

SOMERSET HEALTH AND WELLBEING BOARD & INTEGRATED CARE PARTNERSHIP



Monday 30 January 2023

**2.30 pm John Meikle Room, Deane House,
Somerset West and Taunton District
Council, Belvedere Road, Taunton TA1
1HE**

To: The members of the Somerset Health and Wellbeing Board & Integrated
Care Partnership

Cllr B Revans (Chair), Cllr A Dance (Vice-Chair) and Paul Von der Heyde (Vice-Chair)

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 20
January 2023

For further information about the meeting, please contact Terrie Brazier -
terrie.brazier@somerset.gov.uk or Democratic Services on
democraticservicesteam@somerset.gov.uk

Guidance about procedures at the meeting is contained in the agenda annexe.

This meeting will be open to the public and press, subject to the passing of any resolution
under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to
Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to
the meeting in large print, Braille, audio tape & disc and can be translated into different
languages. They can also be accessed via the council's website on
www.somerset.gov.uk/agendasandpapers

**Are you considering how your conversation today and the actions you propose to take
contribute towards making Somerset Carbon Neutral by 2030?**



RNID typetalk

AGENDA

Item Somerset Health and Wellbeing Board & Integrated Care Partnership - 2.30 pm
Monday 30 January 2023

*** Public Guidance notes contained in agenda annexe ***

1 Apologies for absence

To receive any apologies from Board Members.

2 Declarations of Interest

To receive any new declarations.

Details of all Members' interests in District, Town and Parish Councils can be viewed on the Somerset County Council website at [County Councillors membership of Town, City, Parish or District Councils](#), and the Statutory Register of Member's Interests can be inspected via request to the Democratic Service Team.

3 Minutes from the meeting held on 28 November 2022 (Pages 9 - 26)

The Board is asked to confirm the minutes are an accurate representation of the meeting held on 28 November 2022.

4 Public Question Time

To receive any relevant public questions or statements received no later than 5:00 pm three clear working days before the meeting.

5 Verbal Update on the Future of the HWB & ICP Board - HWB/ICP

To receive the verbal update.

6 Health and Care Strategy Verbal Update - HWB/ICP

To receive the update.

7 Somerset Health Protection Forum Assurance Report - HWB/ICP (Pages 27 - 64)

To receive the report and presentation, to agree the priorities for the next year, and to approve the report's conclusion that the Director of Public Health is assured and that suitable arrangements are in place to protect the health of Somerset's population.

- Item Somerset Health and Wellbeing Board & Integrated Care Partnership - 2.30 pm
Monday 30 January 2023
- 8 **Safeguarding Children Partnership Report - HWB/ICP** (Pages 65 - 70)
- To receive the twelve-monthly report.
- 9 **Health, Care and Housing Report - HWB/ICP** (Pages 71 - 78)
- To receive the report and agree to the recommendations.
- 10 **Somerset Health and Wellbeing Board & ICP Work Programme** (Pages 79 - 82)
- To discuss any items for the work programme. To assist the discussion, the current work programme is attached to the agenda.
- 11 **Any other urgent items of business**
- The Chair may raise any items of urgent business.

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Guidance Notes for the Meeting

1. **Council Public Meetings**

The former regulations that enabled virtual committee meetings ended on 7 May 2021. Since then, all committee meetings need to return to face-to-face meetings. The requirement is for members of the committee and key supporting officers to attend in person, along with some provision for any public speakers. Provision will be made wherever possible for those who do not need to attend in person, including the public and press who wish to view the meeting, to be able to do so virtually.

Please contact the Committee Administrator or Democratic Services on 01823 357628 or email democraticserviceteam@somerset.gov.uk if you have any questions or concerns.

2. **Inspection of Papers**

Any person wishing to inspect minutes, reports, or the background papers for any item on the agenda should contact Democratic Services at democraticserviceteam@somerset.gov.uk or telephone 01823 357628.

They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers.

Printed agendas can also be viewed in reception at the Council offices at County Hall, Taunton TA1 4DY.

3. **Members' Code of Conduct Requirements**

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: [Code of Conduct](#)

4. **Minutes of the Meeting**

Details of the issues discussed, and recommendations made at the meeting will be set out in the minutes, which the Committee will be asked to approve as a correct record at its next meeting.

5. **Public Question Time**

If you wish to speak, please contact Democratic Services by 5pm 3 clear working days before the meeting. Email democraticserviceteam@somerset.gov.uk or telephone 01823 357628.

Members of public wishing to speak or ask a question will need to attend in person or if unable can submit their question or statement in writing for an officer to read out.

In order to keep everyone safe, we respectfully request that all visitors to the building follow all aspects of the Covid-Secure guidance. Failure to do so may result in you being asked to leave the building for safety reasons.

After entering the Council building you may be taken to a waiting room before being taken to the meeting for the relevant agenda item to ask your question. After the agenda item has finished you will be asked to leave the meeting for other members of the public to attend to speak on other items.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. However, questions or statements about any matter on the agenda for this meeting may be taken at the time when each matter is considered.

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total (20 minutes for meetings other than County Council meetings).

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish.

If an item on the agenda is contentious, with many people wishing to attend the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted to three minutes only.

In line with the council's procedural rules, if any member of the public interrupts a meeting the Chair will warn them accordingly.

If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

Provision will be made for anybody who wishes to listen in on the meeting only to follow the meeting online.

6. Meeting Etiquette for Participants

- Only speak when invited to do so by the Chair.
- Mute your microphone when you are not talking.
- Switch off video if you are not speaking.
- Speak clearly (if you are not using video then please state your name)
- If you're referring to a specific page, mention the page number.
- Switch off your video and microphone after you have spoken.
- There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

7. Exclusion of Press & Public

If when considering an item on the agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, ask Participants to leave the meeting when any exempt or confidential information is about to be discussed.

8. Recording of meetings

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chair can inform those present at the start of the meeting.

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possible use of those images and sound recordings for webcasting and/or training purposes. If members of the public do not wish to have their image captured, they should ask the committee clerk, who will advise where to sit or participate in the meeting. If you have any queries regarding this, please contact the Committee Manager for the meeting.

A copy of the Council's Recording of Meetings Protocol is available from the Committee Administrator for the meeting.

SOMERSET HEALTH AND WELLBEING BOARD & INTEGRATED CARE PARTNERSHIP**Minutes of the Meeting of the Somerset Health and Wellbeing Board
held in the Luttrell Room on 28 November 2022 at 11.00 am**

Board Members in Attendance: Mr Paul von der Heyde (Co-Vice Chair & Acting Chair), Cllr Adam Dance (Co-Vice Chair), Prof Trudi Grant, Mrs Mel Lock, Cllr Ros Wyke, Cllr Janet Keen, Cllr Tessa Munt, Cllr Lucy Trimnell, Cllr Brian Hamilton, Mr Jonathan Higman, Mrs Judith Goodchild, Mr Bernie Marden, Mrs Hilary Robinson, Dr Robert Weaver, Peter Lewis, Mrs Katherine Nolan

Board Members in Attendance Virtually: Cllr Bill Revans (Chair of Committee), Cllr Chris Booth

Other Elected Members in Attendance: Cllr Heather Shearer, Cllr Mike Stanton

Other Elected Members in Attendance Virtually: Cllrs Andy Dingwall, Emily Pearlstone, Evie Potts-Jones, Helen Kay, Leigh Redman, Claire Sully, Simon Carswell, Marcus Kravis, Rosemary Woods, Simon Carswell, Mandy Chilcott, Andy Kendall, Andy Hadley

Officers in Attendance: Lou Woolway, Denise D'Souza, Paul Coles, Andrew Melhuish, Terrie Brazier, Jonathan Hallows, Lee Howell (Somerset & Devon Fire)

Officers in Attendance Virtually: Mrs Gillian Keniston-Goble (Healthwatch), Nicola Miles (SCC), Jai Vick (Mendip District Council), Sarah Stillwell (Sedgemoor District Council), Mr Mark Leeman (South West and Taunton District Council), Keith Perkin (SCC), Lisa Rogers (SCC), Maria Heard (NHS), Kirsty Larkins (South Somerset District Council), Grahame Paine (NHS), Alison Roswell (NHS), Natalie Green (SCC), Katey Davis (SCC), Florence Lock (SCC), Harriet Gliddon (SCC)

Apologies for absence – Agenda Item 1

Apologies were received from Claire Winter and Cllr Gill Slocombe; Cllr Tessa Munt gave apologies but arrived later.

Declarations of Interest - Agenda Item 2

The list of declared interests on the website was noted. There were no new declarations.

Minutes from the meeting held on 26 September 2022 - Agenda Item 3

Judith Goodchild of Healthwatch advised that she had attended the last meeting; this will be corrected. Mark Leeman of Somerset West and Taunton District Council advised of minor corrections to the agenda item on Homelessness.

The minutes were approved with those alterations.

Public Question Time - Agenda Item 4

There were no public questions.

Health and Care Strategy - Agenda Item 5

The Chair invited Maria Heard to give the presentation on Health and Care Strategy.

Integrated Care Strategy -It was noted that this report provides an overview on the requirement to develop an integrated care strategy and a five-year plan. The Health and Social Care Act requires the Integrated Care Partnership to write a strategy which sets out how the needs of the population are assessed through the Health and Wellbeing Board, and this strategy can be met through the joint exercise of functions between the ICB, the County Council, and NHS England. The Health and Wellbeing Board remains responsible for producing the JSNA and joint Health and Wellbeing strategy, which for us is the Improving Lives strategy. This strategy should set the direction for the system and how we work together across the system to join up, and it should build on the existing plan and strategy in Somerset, Fit for My Future, which came into effect in 2018 and has been developing. What we should be able to do is use that strategy to deliver system-level, evidence-based priorities for the short, medium, and long term.

Production of the Strategy - The Integrated Care Partnership (ICP) has the responsibility for publishing the strategy and also, as time goes on, considering how it is being implemented and ensuring that it is. The strategy will have input from many partners (SFT, ASC/CSC, Primary Care, VCSE and Healthwatch) to meet the needs of local people and assess gaps in care, disparities in health and care outcome/experiences, and opportunities for action. This joint committee (HWBB/ICP) will need to sign off on the strategy in January 2023.

Five-Year Joint Forward Plan – This is created from a health perspective but covers all aspects of health and care; it is a statutory requirement for the ICB and their partner NHS Foundation Trusts to prepare one before the start of each financial year. The draft will be shared with the HWBB, who will be consulted on whether it takes proper account of the JSNA and Improving Lives strategy. The Joint Forward Plan will describe

how the ICB and the FTs intend to meet the needs of the population through NHS services.

Statutory Requirements for the JFP – The plan needs to describe the health services for which the ICB proposes to make arrangements, explain how they intend to discharge certain duties, set out any steps proposed to implement the JLHWS as required, and set out any steps proposed to address the particular needs of children and young persons and victims of abuse. This will be done in consultation with partners, will be reviewed by NHS England and the HWBB, and will be updated annually.

Expected National Timescales – 2022-2023 will be a transition period; ICPs will want to refresh and develop their strategies as they grow, taking into account the updated JSNA and national guidance. There will be a two-year operational plan in March 2023 as well as the five-year joint forward plan at the same time.

How Are We Delivering This in Somerset - We are in a strong position here in Somerset, as we have been building on Fit for My Future for years. SCC and the Somerset ICB are working jointly to prepare the strategy, with a cross-system stakeholder working group taking the strategy forward.

Development of Fit for My Future – This has utilised learning from Covid, changed its focus from adults only to all ages, and is based around community models of care. There has been the development of new models regarding mental health and out-of-hospital care, as well as consultation with the public on service changes.

Our Somerset ICS Vision and Strategy – We want the people of Somerset to live healthy independent lives, supported by thriving communities with easy access to high-quality, efficient public services.

Obstacles – These include lack of focus on prevention, inefficient processes, too many resources spent on hospital care, inequalities, of poor coordination of care for complex needs.

Fit for My Future Aims – These include improving the health and wellbeing of the population, providing the best care and support to children and adults, strengthening care and support in local communities, reducing inequalities, and responding well to complex needs.

Our Approach to Working Together in Somerset ICS – Everyone playing their part, removing barriers, living within our means, using resources wisely, having trusting and collaborative relationships, engaged colleagues driving innovation, getting things right the first time, and focusing on and measuring what matters to the people, carers and colleagues.

Enablers – Excellent communication, the right people, a single agreed strategy, the best use of collective assets and resources, connected digital technologies, and working in partnership with communities, volunteers, and carers.

Next Steps – November has seen strategy development work, December will see the draft strategy produced, January 2023 will involve sign-off of the ICP strategy and engagement on the Joint Forward Plan, February will see the draft JFP being reviewed by the NHS Executive and the organisation review, while in March the HWBB will review the JFP before a collaboration forum signs off on it and it is published (along with the strategy).

The Chair then invited Board members to comment. Cllr Keen referenced Page 21 of the agenda, noting that she had written to Maria Heard regarding the health and care strategy and had pointed out that the word “explore” is not strong enough with respect to gaps in care. She suggested that the term be changed to “urgently identify” these gaps, as accountability is needed. She added that having seen the makeup of the Board on this day, she feels that elected Members are vastly outnumbered by representatives of statutory services; therefore, she questions the accountability of putting any strategy into practice, especially if something goes wrong in the future. The Chair replied that the nature of the board will progress and there will indeed be good governance; he understands the anxiety, but as the unitary council is vested, the representation will develop. Maria Heard added that the wording comes from the statutory guidance.

Cllr Trimnell asked if the five-year plan is a rolling plan and commented that lack of engagement should be listed as one of the obstacles to living better lives. It was responded that it is indeed a rolling plan with an annual refresh and adjustment, according to the needs of our population. As far as engagement, there is the need to look at how we talk to people, but engagement is one of our enablers, as excellent communication is at the heart of our work. However, she will take that point into the next iteration of the strategy.

Lou Woolway, Deputy Director of Public Health, addressed Cllr Keen’s concern by saying that this was a joint committee comprising the Health and Wellbeing Board and the Integrated Care Partnership; but in the new government guidance going forward, it will be the Health and Wellbeing Board which will have oversight of this plan, the operational plan, and the joint capital resources. As far as the agenda items, they will be marked as either HWBB, or ICP, or HWBB/ICP, but as we move forward to the Somerset Board, we will be thinking about the Terms of Reference and the board membership. She and Prof Trudi Grant are currently working with colleagues in the ICB regarding that. She noted that in the new guidance that came out last week, Somerset was listed as a case study for good practice with respect to the work we’ve done so far.

Cllr Shearer, Adult Social Care lead in Somerset, said she was very pleased with all of the progress and asked with respect to the delivery of the strategy (Page 25 of the agenda) what the likelihood was of coming back with the answers to those key questions. Maria Heard replied that with regard to difficult questions, they were working through them now and will give an update in January; measuring is very important, especially as regards outcomes and impact.

Cllr Chilcott referenced Fit for My Future, which has been a four-year process with many consultations, saying that, given how much time it has taken to develop that, will it be possible to achieve the right set up for this strategy and review it annually? She also enquired if our obstacles would be specifically monitored and brought back to future meetings, perhaps using a performance dashboard. And finally, she asked whether there would be enough time during meetings to discuss everything necessary, given that this board has a lot of subjects to cover. It was replied that the right conditions exist now to deliver with system partners around the table, and there is the right set-up and governance and joint working. With respect to monitoring, there is a performance dashboard, and they will be looking at how measurements are made and displayed. As for the time necessary for bringing everything before this Board, that remains in discussion; a new body called the Collaboration Forum will be responsible for delivering and overseeing the strategy, so there will be another body scrutinising these matters before they come to the Board.

Lou Woolway elaborated that she and the Director of Public Health are discussing how the Somerset Board will work, how often it will need to meet, what the membership will be, and how workshop development sessions will be used. There are many boards in Somerset, so we need to make sure that the strategic direction is going up and down across all of them; the Health and Wellbeing Board has more statutory functions than the ICP does, so it needs to be discussed how we would discharge some of those but still allow for governance to go upwards and downwards.

The Director of Public Health noted that we have come a very long way in bringing these two boards together over just six months and have been recognised nationally already, despite it being very tricky to do so nationally. It is a work in progress but has been very productive, while other groups in other areas have not been so successful. The past six months have been a real watershed moment, as we've potentially got a grip on the system and have really focused on prevention, tackling inequalities, and improving the health and wellbeing of our population. It's a testament to all of the conversations we've had over the last 10 years which have got us to this point; now we need to translate all of it into action.

Jonathan Higman, ICB Chief Executive, agreed with this assessment of how far they had gone with the high-level strategy and governance structure, while he noted that the workshop about the impact of health and housing had been very useful and the

workshop model would be the way forward. Cllr R Woods agreed, stating that she was very grateful for the workshops with Maria Heard and other members from the health service regarding the way people can improve their health to avoid getting ill.

The Chair summed up that this is a new way of working and has been quite a journey for both the NHS and local authorities. He has been delighted by the fact that so many different partners have been open to taking part, and we need to make the most of this. There is some anxiety about governance and monitoring, but those will be taken into account as we move through to the formal committee in April. The strategy is a live issue and there will be ongoing development; we need to be outcome focused rather than focusing only on what someone did or didn't do, and we need to make the most of it.

The recommendation was that the Somerset Health and Wellbeing Board & Integrated Care Partnership:

- **Receive the information about the requirement to develop an integrated care strategy**
- **Endorse the Fit for my Future strategy as our Somerset Integrated Care Strategy**
- **Agree that they will receive the Somerset strategy at the January 2023 meeting**
- **Agree that the five-year joint forward plan will be a system plan inclusive of health and care**

The Board approved these recommendations.

Better Care Fund - Agenda Item 6

The Chair invited Denise D'Souza, Interim Director/Assistant Director ASC Commissioning, to make the presentation, supported by Paul Coles, Strategic Manager Adult Services and Alison Roswell of NHS Somerset. It was noted that this would be a brief introduction to what the Better Care Fund is and the role of the HWBB in signing off the 2021 outturn and 2022-23 plan, as well as being a discussion about the opportunities for developing the 2023 plan.

What is the BCF

The Better Care Fund began in 2013 as a way of pooling budgets, directing funding to adult social care, and providing a mechanism to support integration and system working with partners. There is a pool budget under Section 75, which is a formal agreement; within that pool budget is funding to protect adult social care. The principles adhered to, which have not changed much, are the right care at the right

place at the right time, with people supported to stay safe and independent in their homes for as long as possible.

Financial Details - 2022-23 Plan

The total pooled fund is just under £74 million, with the majority of the spend to support Disabled Facilities (£4.9m), Adult Social Care services (£24m), Intermediate Care services (£30m), and the voluntary/community sector (£9m).

Challenges – Because guidance often comes out very late in the year, plans have often rolled over, especially due to Covid. We have to produce an outturn plan for last year, which has to be signed off by the HWBB. As for this year, the guidance only came out around August, but the plan was to have been submitted by September; that is now going through a governance process, although the plans are about to be signed off. So the HWBB is required to sign off both the outturn and the plan. Somerset is like no other authority in that this is always retrospective, which provides one of the challenges.

Opportunities – There will be another BCF process next year, and there will be a two-year plan. One question is whether the guidance should be waited for, or if the process should begin before receiving the guidance. We know more or less what the guidance will say, since the metrics that have been used for the last four years probably haven't changed very much with respect to admission avoidance, discharge to the usual place of resident, residential admission, and reablement.

Narrative Plan

As well as the key metrics, it is necessary submit our plans for the use of the Disabled Facilities Grant, support to informal carers, health inequalities, and integration of systems and services.

Next Steps – 2023 Onward

The plan, which will be developed by working with partners, will reflect the work underway and future aspirations, ensure that we have the appropriate governance structure in place to monitor plans and performance, and consider how the HWBB will be involved. So aside from formally signing off on both plans, which have already been signed off by the NHS, the views of all partners are being sought.

The Chair then invited Board members to discuss the presentation and raise questions, particularly regarding the budget, as he noted that there is a substantial amount of money involved, and he welcomes the transparency in the report regarding how the money will be spent and how it will help different partners. Mel Lock, Lead Commissioner Adults and Health, stated that some of this funding is part of the bottom line for their budget for social care, and beyond that, discussion is needed on how to use the funds to meet their needs, especially given the extensive guidance from the

NHS on how it can and cannot be spent. A workshop could be held to discuss linking the budget with the strategy and the need to move funding from one place to another.

Jai Vick, Head of Housing Services at Mendip District Council, stated that District housing teams have been innovative with BFC and DFG funding in undertaking proactive improvements, so they and their private sector housing colleagues would like to ensure that they are involved in these discussions and involved with the DFGs and making improvements to housing, not just as regards crisis and intervention services but also proactive measures.

Jonathan Higman noted that this was a massive opportunity that will be an enabler for delivering the strategy, with examples being the hospital discharge scheme and improvement of intermediate care services.

Lou Woolway pointed out the need to emphasise that it is the statutory function of the Health and Wellbeing Board to have oversight of the BCF, and this needs to be true oversight. A workshop could be held to develop this, and all decisions that the Board makes about everything should be considered, including housing. Denise D'Souza reminded that DFG is ring-fenced within the BCF for prescribed items and protecting adult social care.

Cllr Chilcott offered that there will be many statutory delivery items within the BCF, but there is also much potential for delivering the strategy by doing things better and improving outcomes. Initially, this may not be possible to a great extent, given the huge budgetary pressures, the place to start is with prevention, keeping people out of hospital, and keeping them fit for longer. She welcomes the clarity around what the BCF funding is doing for residents around Somerset.

Peter Lewis, Somerset Foundation Trust CEO, noted that there was an opportunity here that they had not historically taken, so now was the best time to do so.

Cllr Wyke asserted that the prevention agenda is critical across the strategy, and the BFC could be the way to deliver it.

Lee Howell of Devon and Somerset Fire and Rescue observed that this funding is for a range of services, but there is a need to consider other services like fire and rescue. An awareness of all activities is needed in order to align all activities and add value through what is already being done.

Katherine Nolan, SPARK Somerset CEO, said it was heartening to see £9 million allocated for the voluntary sector, and she agreed that discussions about new funding need to link with what is already being done, such as warm spaces (more than 60 have already been set up) and other work in the communities.

The Chair stated that it was a classic moment for working together to use funds wisely, that the prevention agenda was fundamental, and that the transparency with respect to the effective use of funds was fantastic.

The recommendation was that the Health and Wellbeing Board & Integrated Care Partnership:

- **Note the outturn report for 2021/22**
- **Sign off the Better Care Fund plan for 2022/23**
- **Discuss opportunities for future plans**

The Board approved these recommendations.

Healthwatch Update and Annual Report - Agenda Item 7

The Chair invited Gillian Keniston-Goble, Manager of Healthwatch Somerset, to make the presentation. She was joined by Judith Goodchild, the Chair of Healthwatch (and HWB Board Member) and noted that she would be explaining who they were as an organisation, what they had achieved, and what their plans were.

Who Are Healthwatch

Healthwatch Somerset speaks up for local people on health and social care in order to ensure that services in the county reflect the needs of the people and communities. Healthwatch is independent from the NHS, the local authority, and other local health and care services. People can speak to Healthwatch confidentially about their views and experiences.

Where Did Healthwatch Come From – The Health and Social Care Act 2012 was introduced under a coalition government; it put clinicians at the centre of commissioning and freed up providers to innovate, empowered patients by giving them a voice through Healthwatch, and gave each county focused public health under Healthwatch England, which is an independent subcommittee of the Care Quality Commission, as well as an independent statutory member of the HWBB & ICP.

How Are We Funded – Healthwatch is funded by the Department of Health and Social Care. The funds are essential to ensuring the resources for every local Healthwatch to run a high-quality service for their community and enable the government to track what happens with its investment. Healthwatch England asks each local Healthwatch on an annual basis to publish the amount of funding they expect to receive, as DHSC gives the funding to local councils (like SCC), who then commission Healthwatch services. Additionally, Healthwatch Somerset is hosted by an organisation called

Evolving Communities, who support Healthwatch with services such as HR, payroll, and communications.

What We Do – Healthwatch offers help, advice and signposting and has an 0800 phone number, a website, and an email address where people can contact them. They also anonymously record people's experiences with the NHS and social care and use them to represent the voice of the community in order to address the services, their commissioners, regulators, and funders. Healthwatch also visits services to see how they function, goes out in the community to work with other organisations, and produces workplans and reports focusing on important issues for the residents of Somerset. Because they are a statutory organisation, they need to publish an annual report every year by the end of June and make it public.

Advice, Information and Signposting

Healthwatch provides confidential, free information and guidance on options, services, and making complaints; this includes providing information on Covid-19, supporting the vaccination and booster programme, and helping people to access the services they need.

Feedback – Feedback is gathered from a wide variety of services, including NHS 111, Mental Health, Children's Services, doctors, pharmacies, dentists, care homes, ambulances, hospitals, home services, and secure settings. This feedback is collated quarterly, then shared with stakeholders about whom we have received feedback.

Volunteers

As Healthwatch Somerset is a very small team with four paid members of staff, they could not manage without their volunteers.

Our Board – There are seven volunteers on the board, each with a specialism within the health and social care system, including Judith Goodchild as the Chair (also on the HWBB and ICB) and representatives who sit on many other boards including SEND, secondary care, the armed forces, dentistry, and others.

What Our Volunteers Do – Healthwatch Somerset has over 34 volunteers who do a variety of work including acting as ambassadors, giving talks, holding events, completing surveys over the phone, and reviewing NHS publications for readability. They are Healthwatch's eyes and ears in the local communities and also work with colleges like Bridgwater and Taunton; some volunteers were involved in the interview process for the nursing degree apprentice posts.

Enter and View Visits – Healthwatch has the statutory authority to make these visits to publicly funded health and social care premises, visits which are sometimes requested by the CQC and which are sometimes unannounced. The teams making the visits must be qualified and have their names registered on the Healthwatch website; the visits

give them a holistic view of facilities such as care homes as the team speaks with staff, carers, people in care, families, and friends.

Reports – With respect to the reports published last year, a work plan was created using the feedback that had been gathered, and the work plan was agreed by the Board and published. Then proposals were created using the evidence, and the public was asked to contribute their thoughts and experiences, which were included in the reports. After review by stakeholders and the publication of the reports, follow-up takes place later to ascertain if changes have been made to the relevant services. There were three main reports last year, including the District Nursing Service, The Young Listeners, and Referrals for Treatment which dealt with the impact of waiting for surgery in Somerset. (See slides included in the agenda for details of these reports)

2021-22 Outcomes – Changes to the services have been noted, including the three examples above as well as the NHS 111 service, urgent care services, emergency departments, and digital access to primary care.

Our Current Priorities 2022/23

These include reducing barriers faced when accessing services, and in particular digital access; examining experiences of being discharged from hospital to intermediate care or back home; championing the voices of young people needing mental health support; engagement work on behalf of Foundation Trusts with respect to the 2023 proposed merger; and resumption of Enter and View visits after the pandemic.

What Shall We Focus On For 2023/24

A Workplan Short List for 2023/24 was provided to those in the room, containing five proposals and asking Board members to choose two, as well as write any other suggestions at the bottom. Those online were able to respond in the chat. Healthwatch must work to a quality assurance framework involving stakeholders to ensure that their work is effective for local communities. For the first time, they would like to ask members of the public this year to provide input on the proposals as well. The proposals included a follow-up to a health visiting project done in 2019, dentistry (which was responsible for over 77% of the calls to their helpline), health and homelessness, a follow-up to the discharge report with the focus on intermediate care, and the cost of living crisis. There are normally work on three topics in a financial year, and their first project of 2023/24 will deal with face-to-face GP appointments and the extended access programme, so they need two more.

The Chair invited Board members to discuss and raise questions about the presentation. Lou Woolway suggested that there is a need for caution in using these topics going forward, as the emphasis should be not on what we already know but on lessons learned, for example, and how they can be used with future work. The cost of

living crisis could be a good topic for that. Gillian Keniston-Goble agreed, saying that they want their work to complement the other work in the system; and she emphasised that they were there to support their stakeholder partners, not criticise them.

Cllr Trimnell opined that the services provided by Healthwatch are the exact things that the public cares about most, and that often people feel that services are provided from medical services downward, rather than from the people/recipients upward. She asked how Healthwatch was promoting its services and how it would avoid becoming a customer complaint line rather than being able to examine larger issues. It was replied that the board members are hugely experienced in looking at themes rather than individual complaints, and the CQC also takes feedback on organisations, while individual complaints can go through the Ombudsman system.

The Chair thanked Healthwatch for the difference they make and asked them to thank all of their volunteers. He noted the interesting projects, perspectives, and lessons from them and observed that communication is key.

The recommendation was that the Health and Wellbeing Board & Integrated Care Partnership:

- **Receive the Healthwatch annual report for information.**
- **Share their opinions on our workplan suggestions for 2023/24.**

The Board approved these recommendations.

SSAB Annual Report - Agenda Item 8

The Chair invited Keith Perkin, Independent Chair-Adults and Health Services, to present the annual report from the Somerset Safeguarding Adults Board. He noted that the SSAB is a statutory body with three statutory safeguarding partners; i.e., the local authority, the ICB and the Police. He stressed that there is a misconception about the SSAB, i.e. that it is a catch-all for all vulnerable adults, when in reality it needs to focus on the care and support needs of those who are experiencing, or at risk of, abuse, neglect, or exploitation and cannot protect themselves. The SSAB works closely with other boards such as the Children's Board and the Community Safety Partnership, but its focus is on the cohort with those specific care and support needs. The report notes that the SSAB's role is to have oversight of safeguarding arrangements within the County, not to deliver services or be involved in the operations of individual organisations; and they are required to produce and publish an Annual Plan and Report each year.

Section 2.1 of the report relates to Improving Lives, priorities, and outcomes; Paragraph 2.1a offers some good news, in that Somerset has seen a decline in the rate

of safeguarding concerns, contrary to current national trends. This has been made possible in part by the work done with Somerset Direct and much triaging, which has helped in signposting those people with concerns to the most appropriate person or group who can assist. Also, the SSAB and their partners have worked hard on producing practice guidance for the website, particularly about what to do if a concern does not regard safeguarding; certain concerns may require care and support but are missing the elements of abuse, neglect or exploitation, so they will be signposted elsewhere. Coming out of the Covid pandemic, the referrals are now more complex and take longer to resolve, so it is necessary to allow those specialist resources to prioritise and focus on those who need safeguarding. In order to ensure that this decline in the rate of safeguarding concerns is genuine, the performance sub-group has set up a task-and-finish group to test the hypothesis that this decline is the result of the work that has been done, in order to ensure that nothing is being missed.

Paragraph 2.1b discusses the national trend toward neglect in people over 65, including self-neglect; there are many referrals regarding this, and reports reveal that it is the predominate category. They will have a thematic board in 2023 picking up the learning from local and national reviews and developing a strategy and plan for dealing with this problem.

Paragraph 2.1c relates to the work which Healthwatch led about a quality assurance framework and templates which the board has picked up; the performance subgroup is trying to get more information into the system and support the work.

Safeguarding Adults Reviews (SARs) – This is a statutory responsibility; there is a structure and criteria for reviewing the cases of those who have died or suffered severe neglect, and we feel that there could be improvements made within the partnership system where partners/agencies could have worked better together. There is a safeguarding adult review group that analyses the referrals and then makes a proposal as to whether a SAR should be commissioned; in this analysis, a spike in SAR referrals since Covid was seen both nationally and in Somerset. Reviews can be expensive, particularly if they involve full methodology with an independent lead reviewer; there are alternatives, such as a one-day learning event or a local learning review. Where there is a complex case with a number of agencies involved and new learning for the partnership/agency, they tend to utilise the full methodology approach. This process involves a specialist carrying out an audit and analysis of the agency and chronologies of their service to the person in question, with the agency providing documentation; then the lead reviewer brings in practitioners who come together to discuss and make recommendations. After this, a report is written by the lead reviewer, and most reports are published, excluding those where the individual in question is still alive, which will be signed off only by the executive.

A case study about a SAR for a man named Matthew was discussed; Matthew died from pneumonia and COPD after substance abuse, obesity and self-neglect despite a number of agencies trying to help him. The review identified several missed opportunities, whether they contributed to his death or not, that could be learned from; these related to community hospital admission and monitoring of the safeguarding and the response on an ongoing basis, especially the allegations of financial abuse. A principal theme around the case was Matthew's mental capacity, as he refused help and advice, which made it very difficult for agencies to deal with. Seven recommendations came out of the review for the SSAB, the SCC, ASC, the ICB and the Somerset FT.

Finally, it was pointed out that SSAB's SARs link into the national system; in January there will be a meeting of regional chairs in the South West where they will discuss a review that is about to be published on exploitation. They feel that there is a gap in the legislation regarding the protection of those adults who are being "cocooned", so the review will be brought to the Home Office in an attempt to enhance the support for those suffering from exploitation.

The Chair invited the Board to discuss and ask questions. Lou Woolway said that if the Board could get things right, they could then pull together all of the reviews being done regarding domestic homicide, non-accidental injury, and others in order to make the most of the similar themes that are emerging. Keith Perkin agreed with this point and noted that 12 months ago the ICB (formerly the CCG) established a lead quality improvement role which will bring together these reviews. They have often had joint reviews with the Community Safety Partnership, as they have members in common, so learning has taken place across a piece of work rather than within separate entities.

Prof Trudi Grant agreed with Lou Woolway's comment, observing that there were so many different death reviews and asking if there could be a section in the report going forward that gives a combined view of all of them.

Cllr Trimnell questioned whether there was a contradiction in the report regarding Paragraph 2.1a, which has seen a decline in the rate of safeguarding concerns, and another part of the report stating that Somerset has seen a rise in SAR referrals. Keith Perkin responded that there are two separate processes; Section 2.8 reflects a decline in overall concerns, but with respect to SAR referrals specifically, the increase in referrals may be due to increased awareness of the issues on the part of agencies. Also, sometimes there are referrals which could regard single agency concerns, but there will not be a SAR undertaken.

Cllr Trimnell also asked about self-neglect, noting that sometimes people refuse help and don't help themselves, and wondered if there is a way of reporting it if someone becomes aware of potential self-neglect by another person. In response, Mel Lock

made the important point that people may have the capacity and make the choice to live in different ways, so there is a real balance between choosing a certain lifestyle versus having a lack of capacity, and we must work with individuals and respect their choices. We will work with those who do not have capacity, and also those who are considering changing their lifestyle. We don't always know about self-neglect behind closed doors, but if someone has a concern about someone else, they can ring Somerset Direct.

Katherine Nolan stated that the situation in Somerset is very fortunate, as the voluntary sector is very vibrant and there are large organisations that are very well linked with adult social care. However, there are some small, informal groups who aren't yet aware of safety responsibilities, so SPARK is working to raise their awareness and support them, as a DBS registered provider. She wanted to make the Board aware of this assistance in case members come across voluntary sector organisations that need help. She is grateful to the SSAB for their work and support.

Cllr Keen asked if, as part of the review, first-hand evidence could be taken from housing providers, both in the social and private sector, regarding early warning signs when there is a need for intervention regarding self-neglect, albeit while still respecting individual choice. She also noted that many females over 65 are very vulnerable to exploitation. Keith Perkin replied that there are good links with housing providers, who do give them information and a chronology of the situation during reviews.

Dr Robert Weaver noted that as a medical examiner, he can advise that starting in April there will be a new legal process requiring scrutiny of all community deaths, so referrals must be made to the coroner in all self-neglect cases ending in death. This will be an opportunity for an increase in the number of referrals, which will allow scrutiny of those deaths.

Mel Lock advised that this would be Keith Perkin's last meeting as Independent Chair of SSAB, as every three years there is a change in that post, so she wanted to thank him for all the work he had done; he expressed his thanks to all partners and board members and agencies, noting that there were very strong partnerships in Somerset with individuals working together, as evidenced throughout Covid and the recent care homes inquiry.

The Chair stated that this was the type of working that this Board hoped to achieve as well, and he summed up that there were many learning opportunities across the system.

The recommendation was that the Health and Wellbeing Board & Integrated Care Partnership:

- **Receive and consider the 2021/22 SSAB Annual Report**

- **Continue to promote adult safeguarding across the County Council and in the services that are commissioned.**

The Board approved these recommendations.

Work Programme – Agenda Item 9

Lou Woolway, who manages the work programme, advised that it is in a state of transition and they are trying to keep oversight of everything. The plan for the next meeting in January is to bring back the Integrated Care Strategy for approval, the Health Protection Report, Children's Safeguarding, and perhaps some early thinking on this Board's Terms of Reference and membership. She is trying to bring system-level agenda items to this joint Board, so the Health Protection item will look at a system-wide response rather than a standard report. There will be two meetings of this Board, one in January and one in March, before the Council moves to unitary status.

Cllr Keen requested that at the March meeting there be a discussion about the safeguarding of children who have been excluded from school and also those who are home schooled. Cllr Munt responded that it was uncertain if this could be done, as only children who were originally registered for school in Somerset are known, not those who moved into and out of the county; and until there is some national register tying birth certificates with the location of people, this could not be effective.

Cllr Shearer stated that she was interested in bringing such system-wide issues to the meetings, including perhaps a discussion on preventing exclusions. Lou Woolway noted that there had been a SEND workshop in September, for which she had sent out the recording, which had touched on exclusions in relation to children with special education needs and disabilities.

Any Other Items of Business - Agenda Item 10

The Board noted that two workshops had been held this autumn, one on SEND and one on JSNA.

Prof Trudi Grant stated that before the pandemic there was work being done on integrating data with a system-wide information sharing panel; this has not been progressed, but there is a real need for it, as it is a key part of population health management. So this will be revisited and brought back.

Cllr Dance expressed his congratulations to Peter Lewis and the Somerset Foundation Trust for being one of the first to sign up to the NHS smoke-free pledge. Smoking

remains one of the top risk factors in health inequality and causes a significant burden on disease in Somerset.

Cllr Revans, normal Chair of the Board attending virtually, thanked Paul von der Heyde for chairing in his absence and said he looks forward to rejoining the Board in the new year.

The next meeting is scheduled for 30 January 2023 at the offices of the South West and Taunton District Council in Taunton

The meeting ended at 13:20

CHAIR

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Somerset Health and Wellbeing Board and Integrated Care Partnership

30th January 2023
 Report for approval

Somerset Health Protection Annual Assurance Report 2022

Lead Officer: Trudi Grant / Director of Public Health

Author: Alison Bell / Consultant in Public Health & Meg Coakeley / Health Protection Manager

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<p>Summary:</p>	<p>The Somerset Health Protection Assurance Report documents the progress made during the last 12 months and the identified priorities for the next year.</p> <p>In summary the Director of Public Health is assured that systems are in place to protect the health of the population, however there are opportunities during 2023 to strengthen the health protection system.</p> <p>2022 has seen the Health Protection function move to business as usual, following the Covid pandemic. Catch up programmes are in place for workstreams that were not prioritised during the pandemic. There is a maintained response to other non COVID-19 Health Protection incidents/outbreak.</p> <p>This report documents the progress against the 2022 priorities which include:</p> <ol style="list-style-type: none"> 1. Communicable Diseases <p>Ensure robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system.</p> <ol style="list-style-type: none"> 2. Environmental Hazards <p>Ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported and prioritised.</p>
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	<p style="text-align: center;">3. Infection Prevention and Control</p> <p>Recognise the impact on other infectious disease of having effective infection control measures in place, such as enhanced handwashing and social distancing and see how these measures can remain with us beyond COVID-19.</p> <p style="text-align: center;">4. Resilience</p> <p>Working closely with local and regional forums, ensure local and regional emergency response arrangements are in place to protect the health of the population.</p> <p style="text-align: center;">5. Screening and immunisation</p> <p>Ensure screening and immunisation programmes meet national standards and where work is required to increase uptake, reflect local priorities to achieve national standards.</p> <p>The report details the progress made in each of these areas.</p>
<p>Recommendations:</p>	<p>To agree the priorities for next year:</p> <p>It is proposed that the focus of 2023/24 is to ensure the strengthening of a whole system approach to health protection.</p> <p>Local priorities identified are:</p> <ol style="list-style-type: none"> 1. Maximizing immunization uptake 2. Filling health protection commissioning gaps 3. Updating the Somerset Communicable disease framework 4. Refresh the Memorandum of Understanding among Somerset, regional and national partners around roles and responsibilities when outbreaks occur 5. Transform system wide communication of outbreaks to cover all outbreaks, not just Covid 6. Undertake a needs assessment (JSNA) for health protection 7. Refresh the Somerset Infection, Prevention

	<p>Reduce Inequalities – Value all people alike, target our resources and attention to where it is most needed, giving equal priority to physical and mental health.</p>	Yes
	<p>Respond well to complex needs – Improve outcomes for children and adults with complex needs through personalised, co-ordinated support.</p>	
<p>Financial, Legal, HR, Social value and partnership Implications:</p>	<p>This is a statutory role of the Director of Public Health acting on behalf of the Secretary of State for Health.</p> <p>There are no direct financial implications as a result of this report.</p>	
<p>Equalities Implications:</p>	<p>There are no equalities implications arising directly from accepting this report. The identified priorities for the coming year will help to address health inequalities.</p>	
<p>Risk Assessment:</p>	<p>Failure to address the identified priorities could lead to the Director of Public Health being unable to be assured about arrangements in place to protect public health in the county.</p>	

1. Background

- 1.1.** The Director of Public Health (DPH) of Somerset County Council has a statutory duty to seek assurance that measures are in place to protect the health of the Somerset population. In order to make sure that the DPH is fully informed about the work of partners and can be so assured, the Somerset Health Protection Forum was created in March 2013.

2. Improving Lives and Fit for my Future Priorities and Outcomes

- 2.1.** By protecting the health of the population of Somerset we 'improve the lives' of Somerset's residents, by ensuring partners work together for the benefit of our residents and that we work to reduce health inequalities.

3. Consultations undertaken

- 3.1.** As this is an assurance report, no consultations have been undertaken.

4. Request of the Joint Committee and its members

- 4.1. To consider the information presented within the Health Protection Annual Report
- 4.2. Recommend that the HWBB are in agreement that the Director of Public Health is assured that systems are in place to protect the health of the population in Somerset during a time of transition.

5. Background papers

- 5.1. [Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) regulations 2013 \(Department of Health, Public Health England & Local Government Association, May 2013\);](#)

6. Report Sign-Off

6.1

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	Click or tap to enter a date.
	HWBB chair & Leader of the Council	Bill Revans	Click or tap to enter a date.
	Executive Member (if applicable)	Adam Dance	Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.
	Somerset Integrated Care Partnership Chair	Paul Von Der Heyde	Click or tap to enter a date.

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Somerset Health Protection Forum

Assurance Report

2022

January 2023

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Somerset Health Protection Annual Assurance Report 2022

Introduction

Health Protection seeks to prevent or reduce harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation¹.

The Somerset Health Protection Forum comprises professional partners, across agencies, holding health protection responsibilities. The Forum has a collective role to provide assurance on behalf of the Director of Public Health, to the Health and Wellbeing Board.

Working alongside accountability structures of individual partner organisations, the aim of the Health Protection Forum is to ensure effective and integrated systems are in place for protecting population health, with specific reference to: communicable diseases; environmental hazards; infection prevention and control; resilience; and screening and immunisation.

Providing a mechanism for strategic multi-agency working, the forum enables professional discussion in relation to maintaining effective and efficient health protection systems across Somerset. This ensures that, as a collective of responsible organisations, challenges, risks and opportunities are identified prioritised and addressed as efficiently as possible.

The purpose of this report is to give an overview of the work that has taken place during the past 12 months, the key issues and risks arising, and the priorities for the year ahead.

¹ PHE, *Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public health Functions and Entry to Premises by Local Healthwatch representatives) Regulations 2013*, 2013.

1. Strategic Action Plan Priorities 2022

To ensure the Health Protection Forum has a focused agenda and forward plan, a Strategic Action Plan is developed annually. This identifies the priorities and actions to be taken across the system over the coming 12 months, as approved by the Health and Wellbeing Board in December 2021. The priorities for 2022 were:

Communicable Diseases

- Translate the Tuberculosis (TB) service specification into the clinical service delivery
- Ensure the Blood Borne Virus (BBV) work continues to make progress on the Health Needs Assessment recommendations

Environmental Hazards

- Somerset Climate Change Strategy – deliver Somerset Air Quality workstreams.

Infection Prevention and Control

- As part of the Integrated Care System development ensure system wide infection, prevention and control support, regardless of organisational boundaries or funding streams, to effectively tackle infections.

Resilience

- Resolve Radiation Monitoring Unit capacity and plan
- Hinkley Point B Offsite Plan – update post stopping generation

Screening and Immunisations.

- To support the recovery programme to catch up from immunisations and screening missed due to the COVID-19 pandemic.
- Explore options to manage the COVID/Flu programmes jointly.

1.1 Communicable Diseases

Ensuring robust communicable disease incident and outbreak response arrangements were in place and embedded across the Somerset system was an important priority for 2022. During 2022 national policy shifted to a 'Living with Covid' approach, this has seen waves of infection, but in the context of a highly vaccinated population, mortality, and hospitalisation for Covid remain low. Covid response across the system is now business as usual, but surveillance is ongoing to identify any new potential variants that might behave differently.

During 2022, there have been 147 situations/outbreaks/incidents in addition to the COVID-19 outbreaks that have required a public health response. These threats to public health ranged from complex TB cases requiring multiagency support to ensure treatment to monitoring compliance of several scabies outbreaks in care settings. Also of note was support offered to schools/early years with Invasive Group A Streptococcus (iGAS) and scarlet fever, with the UK's scarlet fever rates hitting the highest rates in 50 years, at a time of year when other respiratory viruses were circulating increasing the risk of complications.

In May 2022 rates of Monkey Pox, now referred to by World Health Organisation (WHO) as Mpox, were identified globally as rising. In the UK for the first time there was evidence of person-to-person transmission of MPox, this triggered a national Level 2 outbreak as transmission was within a defined sub-population, currently gay, bisexual and men who have sex with men (GBMSM) connected by sexual networks. Significant work was undertaken locally to ensure diagnostic pathways were in place and clear public messages were conveyed through trusted networks and partners working largely within sexual health services. Additionally, the targeted vaccination offer was rolled out to individuals and health care professionals in Somerset. Recognition and thanks should go to Somerset Wide Integrated Sexual Health Services (SWISH) and the Eddystone Trust who supported this work

Avian influenza is a notifiable animal disease that mainly affects birds but can also affect humans and other mammals. There is currently a highly pathogenic strain H5N1 in circulation globally, that is being transmitted mainly within the wild bird population. In 2022, there has been year-round maintenance of influenza infection in indigenous wild birds which represents a change compared to the usual seasonal pattern in which infections die out over the summer. A national housing order for farmed poultry was initiated in November 2022, to help control spread and since then nationally there are a reducing number of infected premises, but still high levels of detections in dead wild birds. UKHSA states that the risk to human health remains low, there have been no detected severe human cases associated with Influenza A H5N1 in the UK or internationally. There is no evidence of sustained human to human transmission currently.

In Somerset and along our borders, there have been some outbreaks of this infection amongst domestic flocks, which have resulted in human contacts of suspected bird cases of Avian Influenza, which has tested our response arrangements to safely swab and prescribe antiviral prophylaxis in a timely manner.

How the population responds to infectious disease has changed since the pandemic. There is more understanding of what being a contact of an infectious disease means and there is more reporting of infectious disease through to UKHSA from high-risk settings and also increased presentation of cases at health care settings. This change in behaviour is in the context of what some people are referring to as a 'rebound' in infectious disease prevalence, following the sustained lockdowns and reduction in social mixing, particularly among infants and young children.

Even though many planned workstreams were put on hold during the COVID-19 response, it is clear that a strong Somerset system response to COVID-19 has led to enhanced outbreak management and response processes, which are now being applied to other infections

1.1 2022 Priorities Update

Translate the TB service specification into the clinical service delivery – work is significantly progressed to develop a business case to present to the ICB to fund enhanced capacity within clinical services to support people with active TB. This will be presented by the end of January 2023, with the aim of a strengthened service being in place during 2023.

Ensure the Blood Borne Virus work continues to make progress on the Health needs assessment recommendations – significant progress has been achieved in getting more people in 'at risk' groups tested for blood borne viruses and supported into treatment, however, there is still much to do, to ensure we contribute to the ambition to eliminate Hepatitis C

1.2 Environmental Hazards

The priority to ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health were supported and progressed during 2022. The core activity that supports this priority include:

- Maintain oversight of environmental hazards posing a threat to population health (health and safety, food hygiene and standards, air, land, and water)
- Ensure robust multi-agency incident management plans are in place to support individual organisational arrangements; and
- Review significant incidents, making recommendations where appropriate.

1.2 2022 Priorities Update

Ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported and prioritised.

Somerset Climate Change Strategy – deliver Somerset Air Quality workstreams.

Zephyr air quality monitors were installed in five locations across Somerset in early 2022, two each in Taunton and Yeovil and one in Frome. They have been providing live data all year which can be seen on a secure webpage, showing NO_x, NO and NO₂, PM₁, PM_{2.5} and PM₁₀ alongside weather data. While as expected there are clear twice daily peaks related to road traffic, the evening peak often appears to extend well into late evening, perhaps suggestive of emissions from domestic sources such as fires and woodburning stoves adding to traffic emissions. In addition, the website shows modelled data for the whole county.

In early 2023 the Somerset Air Quality Steering Group will reconvene to discuss how to take forward the air quality agenda in the new Somerset Council.

The [Somerset Air Quality](#) website is to be integrated into the new council website and the web team is aiming to include data from the Zephyr monitors, with the potential

to include alerts when air quality is compromised. The website was updated earlier this year to fix broken links and with minor content amendments and additions.

In Taunton, the results of the diffusion tube NO₂ monitoring for 2021 show a reduction in NO₂ levels when compared to results in previous years. The highest levels recorded were annual averages of 32µg/m³ and 31µg/m³ within the Henlade AQMA and 31 µg/m³ and 30µg/m³ in the East Reach AQMA. These are below the national Air Quality Objective set by the government of an annual average concentration of NO₂ of 40µg/m³

In Yeovil, the monitoring results for 2021 show two monitoring locations, Y7 and Y11 exceeded the NO₂ annual mean objective. Both of these locations previously exceeded the objective between 2017 and 2019 and are located within the Yeovil AQMA. No exceedances were observed at all other monitoring locations within the Yeovil AQMA. Although there were no exceedances in 2020, this is likely due to the effects of COVID-19 causing a reduction in road traffic levels.

Trends in 2021 monitoring data were similar to those in 2020 with a 6.9 µg/m³ decrease in NO₂ annual mean concentrations in 2021 when compared to 2019 monitoring data and only a 1.2µg/m³ difference when compared to 2020 averages. The highest concentrations were monitored at two sites (at Ilchester Road and Yeovil College Roundabout) which recorded exceedances of the annual mean objective over the four years prior to 2020 and also in 2021.

Road traffic overall has returned to levels similar to those seen pre-pandemic though with a different vehicle mix and different patterns for car use. Home shopping has led to an increase in light goods vehicles on the roads, while car use has shifted to some degree with highest uses at weekends, perhaps reflecting that working from home continues for many people to some degree reducing peak time commuting. Older diesel vehicles are dropping out of the fleet all the time, and these are by far the most polluting, and electric and petrol hybrid vehicles are increasing in number, so trends for NO₂ pollution should continue in the desired direction.

The Zephyr monitors will provide detailed data on particulates for the first time in the three towns where they are deployed, but we will require a full year's data before it is possible to report fully on status as part of the new council's air quality status report.

The new council will need to review current AQMAs and the Air Quality Action Plans as part of the transition process, with 23/24 seen as a transition year.

1.3 Infection Prevention and Control

The NHS Somerset Infection Prevention and Control Team continue to co-ordinate, monitor, and address infection prevention and control priorities and local needs and reflect national ambition.

At the end of Q1 Somerset was on or under trajectory for all Health Care Associated Infections except E Coli BSI, which had exceeded the Q1 threshold by 9 cases.

The vast majority of Gram-Negative Blood Stream Infections continue to be community onset, whereas methicillin-sensitive *S. aureus* (MSSA) Blood Stream Infections and *Clostridium difficile* were more Trust attributed. There were no Methicillin Resistant Staph Aureus BSIs recorded in Q1.

At the end of Q1 Somerset had the highest regional rates for all 3 Gram Negative Blood Stream Infections, and 2nd highest rates for MRSA and MSSA BSIs, which shows there is much to do

The Somerset system have been working together as part of a regional IPC collaborative focusing on Quality Improvement within IPC and we have focused on "Re-thinking Post Infection reviews across the Somerset System" to address: -

- Too much time investigating HCAI which equates to a reduction in resources
- Allowing for change improvement instead of focusing on reviewing incidents

This will allow for a process:

- Shifting from investigations to quality improvement form learning.
- Small changes collectively can influence culture across a health system.

This piece of ongoing work has been presented regionally.

1.3 2022 Priorities Update:

As part of the Integrated Care System development ensure system wide infection, prevention, and control support, regardless of organisational boundaries or funding streams, to effectively tackle infections.

An example of the progress Somerset has made at working on a system level for IPC, in 2022 we developed a risk assessment to support the safe discharge of care homes residents during covid19 outbreaks; this was submitted to the National Infection Prevention Society Impact Awards, and we won Gold.

1.4 Resilience

2022 saw the formation of the Somerset Local Health Resilience Partnership, as the Somerset ICB took on category 1 responder status under the Civil Contingency Act, this is a system approach to emergency planning and response. As the pandemic illustrated so clearly the health and care systems are so inextricably linked, when an emergency happens, the whole system needs to respond together

1.4 2022 Priorities Update

Radiological Monitoring Unit Capacity – Planning is now managed at a regional level and focuses on equipment and staffing, due to cross boundary elements of the plan. There is still further work to be done locally to agree suitable locations to host decontamination and monitoring sites. Nationally capacity to undertake radiological monitoring has been strengthened

Hinkley Point B Offsite Plan, under REPIRR Somerset LA is responsible for deciding the DEPZ, working with EDF and the specialist team at UKHSA who provide expert advice. Now that generation has ceased at Hinkley Point B, discussion regarding the DEPZ has commenced and the population affected by this will be met early in 2023, pending any decisions taken.

1.5 Screening and Immunisations

The Health Protection Forum undertakes the assurance function on behalf of the DPH to ensure screening and immunisation programmes meet national standards and coverage targets and reflect local priorities for increasing uptake. The core activity that continues includes:

- Monitor local performance of all screening and immunisation programmes.
- Work across the Public Health system to reduce inequalities in accessibility of services and raise local awareness, encouraging uptake of all programmes; and
- Review programme performance and make recommendations for improvement where appropriate.

The report below covers the position as of January 2023:

Breast cancer screening – The programme has a planned recovery date of February 2023 (this is a delay from the original deadline) and is working on increasing the number of women being screened at 36 months, as per national standard. Open invitation letters continue to be used to help clear backlogs. Once the backlog has been cleared the programme will increase their focus on increasing uptake.

Cervical screening - Latest data shows patients referred are being seen in a timely way. There are slight delays in processing samples from the lab which has meant 14-day turnaround target has not been met, but all samples processed in 21 days and performance above national average. Contracts have been finalised to allow sexual health service in Somerset to offer cervical screening opportunistically to patients attending sexual health services, whose screening is due. In areas where there were lower uptakes for cervical screening in 2022; a pack of support information was made by NHS E for PCNs. Focus is on tackling inequalities on cervical screening. Work is ongoing to identify how screening inequalities can be reduced, exploring how best to use targeted advertising and community engagement.

Bowel cancer screening – Providers have increased invitation rates and colonoscopy capacity (compared to pre-Covid) in order to address backlog of invitations and have maintained this despite the recent wave of Covid. Invitations are being sent out a maximum of 6 weeks after screening due date, in line with national standards. 69.9% uptake and continuing uptake due to change in test from 3 samples to 1. Some issues with delays -breached 14-day screening to diagnosis target. This is being monitored closely at the moment, there were some issues with workforce and reduced capacity due to annual leave over summer. Lowering of bowel screening eligibility has been suspended until diagnostic pathway has been recovered – it is planned to be extended to 56-year-olds.

Diabetic eye screening – Uptake at 89.3 % with 100% of results issued within 3 weeks. HEAT tool supports targeted interventions with specific population groups to increase programme uptake.

Abdominal aortic aneurysm (AAA) screening – Somerset and North Devon provider has had minimal numbers of men delaying their screening opportunity. There is a focus on full, sustainable restoration of the programme. Delays to vascular surgery due to hospital pressures are being monitored.

Antenatal and new-born screening programmes – Screening programmes were maintained since the start of the pandemic, some pathways adapted but now restored to recommended guidance. No concerns from Key Performance Indicators. Newborn hearing screening programme is now fully established as a hospital model. Non-Invasive Prenatal Testing (NIPT) rolled out as per national recommendations & timescales.

Pre-school immunisations – low uptake MMR in some areas. Behavioural science team are considering strategies for 2023 to support uptake. This is a priority focus for the immunisation teams. Nationally the measles and rubella elimination strategy is being refreshed.

School-Aged Immunisations – Service has worked hard to vaccinate those due for HPV (human papillomavirus), DTP (Tetanus, diphtheria and polio) and MenACWY (Meningococcal groups A, C, W and Y disease). The Covid programme impacted the delivery of adolescent programme in 2021/22, meaning this not completed in the school year 2021/22 will need to be recovered in 2022/23. Some second doses of HPV will need to be given in 2023 as a six-month gap between doses is required. It is noted fewer parents are consenting for the HPV vaccine in 2023.

Flu programme includes all children from reception – year 11 (an additional 4-year groups on 2021). Some delays in vaccination schedule due to staffing. Secondary schools prioritised for flu vaccination with many primary schools being scheduled up to end January 2023 for flu vaccination (with exception of special schools who were prioritised).

Adult Immunisations –

Significant work was undertaken to ensure a successful flu and covid19 booster campaign was run locally in the Autumn 2022, data is not yet available for these programmes. However, it is noted lower coverage among health and social care workers and also among those Under 50 years in the 'at risk' category was lower than in previous years.

In 2022 priorities updates screening and immunisation

The priorities were:

- To support the recovery programme to catch up from immunisations missed due to the COVID-19 pandemic – this is largely achieved with the exception of breast cancer screening
- Explore options to manage the COVID/Flu programmes jointly – in the summer of 2022 there was a consultation about an integrated immunisation strategy, the Somerset integrated care system responded to this consultation and we await to hear national changes to the commissioning of screening and

immunisation programmes, which may be delegated locally, until there are national decisions taken, we are unable to modify any of the immunisation programmes or their delivery locally.

2. Priorities for 2023

It is proposed that the focus of 2023/24 is to ensure the strengthening of a whole system approach to health protection. Local priorities identified are:

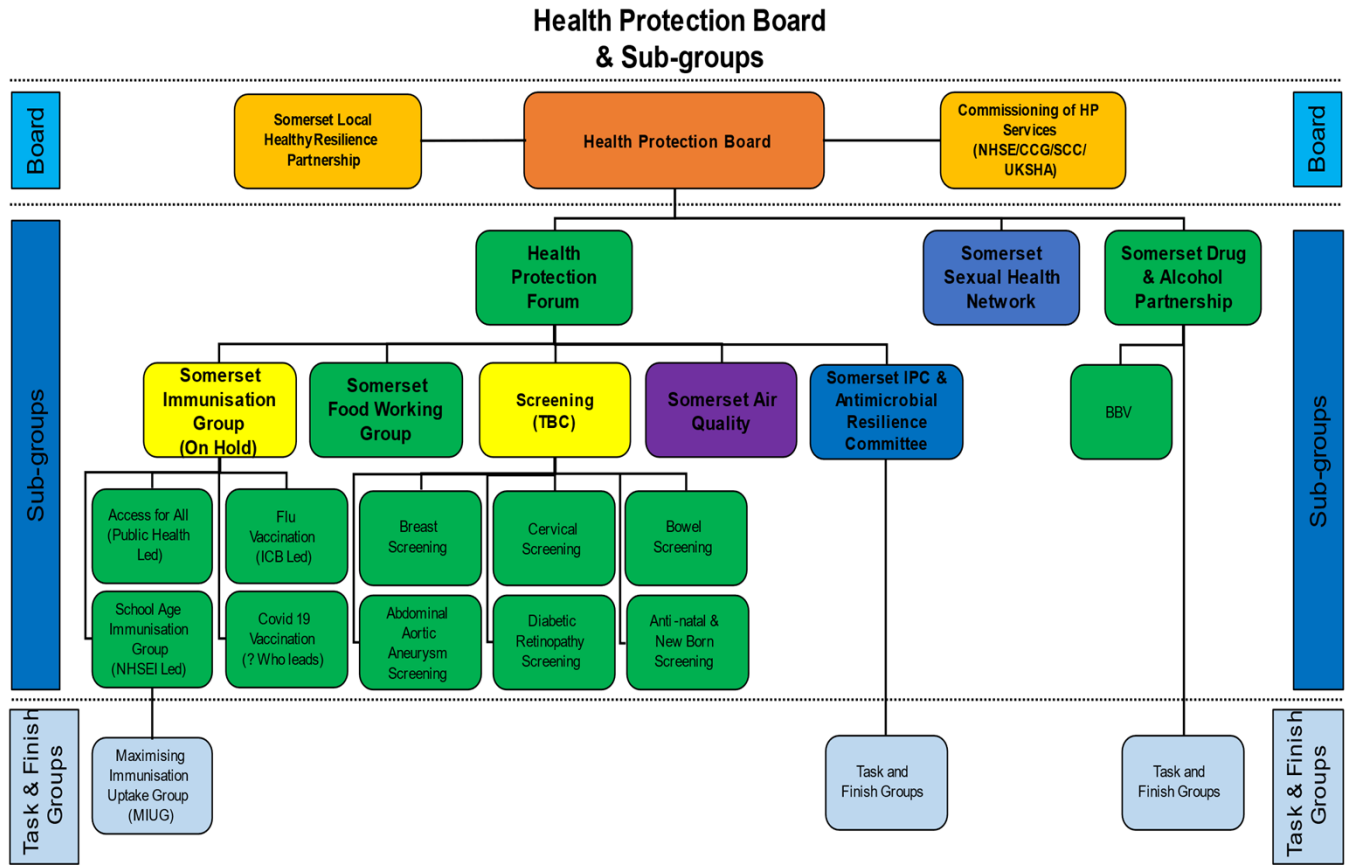
1. Maximizing immunization uptake
2. Filling health protection commissioning gaps
3. Updating the Somerset Communicable disease framework
4. Refresh the Memorandum of Understanding among Somerset, regional and national partners around roles and responsibilities when outbreaks occur
5. Transform system wide communication of outbreaks to cover all outbreaks, not just Covid
6. Undertake a needs assessment (JSNA) for health protection
7. Refresh the Somerset Infection, Prevention and Control strategy
8. Translate the Tuberculosis (TB) service specification into the clinical service delivery
9. Improve migrants newly arrived in Somerset health & well-being

4. Conclusion

The Health Protection Forum will use the strength of its partnership to ensure that during this period of change in creating a unitary authority and a single NHS foundation trust, alongside the developing ICS, as a system we retain the capacity to respond and build a stronger system of health protection for the future.

During 2023 the Health Protection Forum will be joined up with the Somerset Health Protection Board and a forward plan developed to ensure systematic / efficient working that can provide both system improvement and system assurance to the DPH and HWBB.

Annex I – Health Protection Governance



Health Protection Forum Assurance Report 2022

Alison Bell/ Meg Coakeley

December 2022

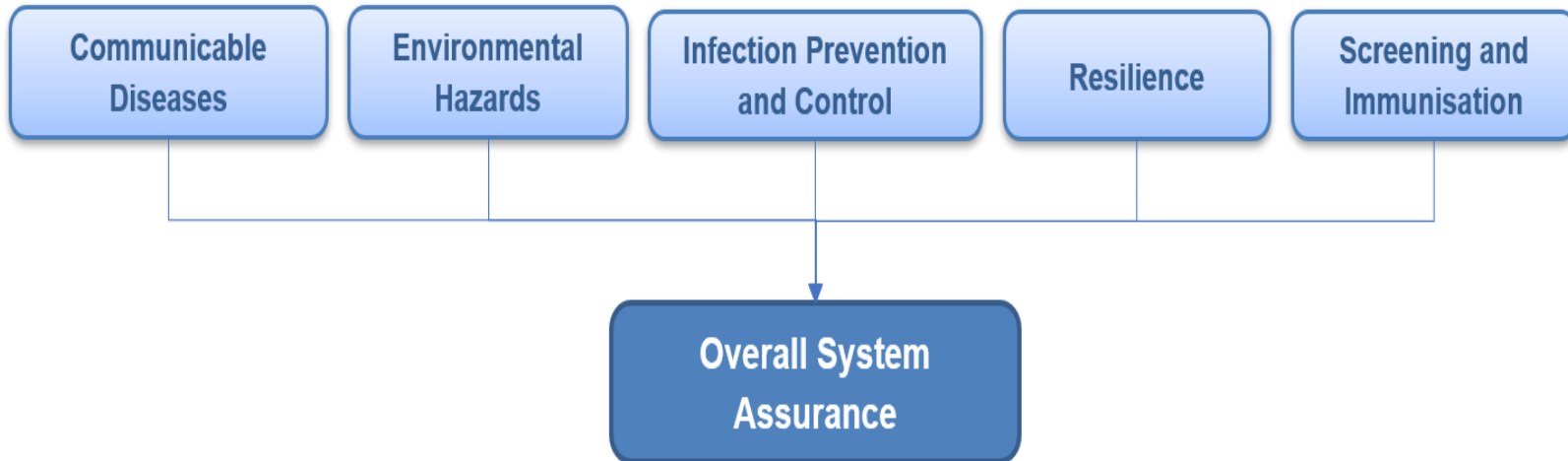




“Health Protection seeks to prevent or reduce harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation”

PHE, Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public health Functions and Entry to Premises by Local Healthwatch representatives) Regulations 2013, 2013.

Health Protection Forum



2022 – Responding to Incidents



- During 2022 national policy shifted to a 'Living with Covid19' approach, this has seen peaks and troughs of infection, but in the context of a highly vaccinated population, mortality and hospitalisation for Covid19 remain low. Covid19 response is now BAU.
- How the population responds to infectious disease has changed; they understand what being a contact means and there has definitely been more reporting of infectious disease through to UKHSA from high risk settings and also increased presentation of cases at health care settings
- This change in behaviour is in the context of what some people are referring to as a 'rebound' in infectious disease prevalence, following the sustained lockdowns and reduction in social mixing, particularly among infants and young children
- System wide catch up programme for health protection workstreams that were put on hold during the height of the pandemic.
- Maintained response to other non COVID-19 Health Protection incidents/outbreak:



Key areas of success

Communicable Diseases

- filled gaps around winter virus outbreak commissioning and avian influenza response
- Somerset Mpox response
- Blood Borne Virus pathways strengthened to increase numbers in treatment

Environmental Hazards

- air quality additional capacity purchased and mobile so can be used to evaluate impact of interventions

Key areas of success

Infection, Prevention and Control

- Good collaborative approach amidst system change
- An example of the progress Somerset has made at working on a system level for IPC, in 2022 we developed a risk assessment to support the safe discharge of care homes residents during covid19 outbreaks; this was submitted to the National Infection Prevention Society Impact Awards, and we won Gold.

Resilience

- Creation of Somerset Local Health & Care Resilience Partnership
- Progressing RMU design with national and regional support



Key areas of success

Screening and Immunisations

- Secured funding to undertake behavioural insights of barriers to accessing and taking up immunisation offer amongst parents
- Most programmes caught up with Covid19 backlog



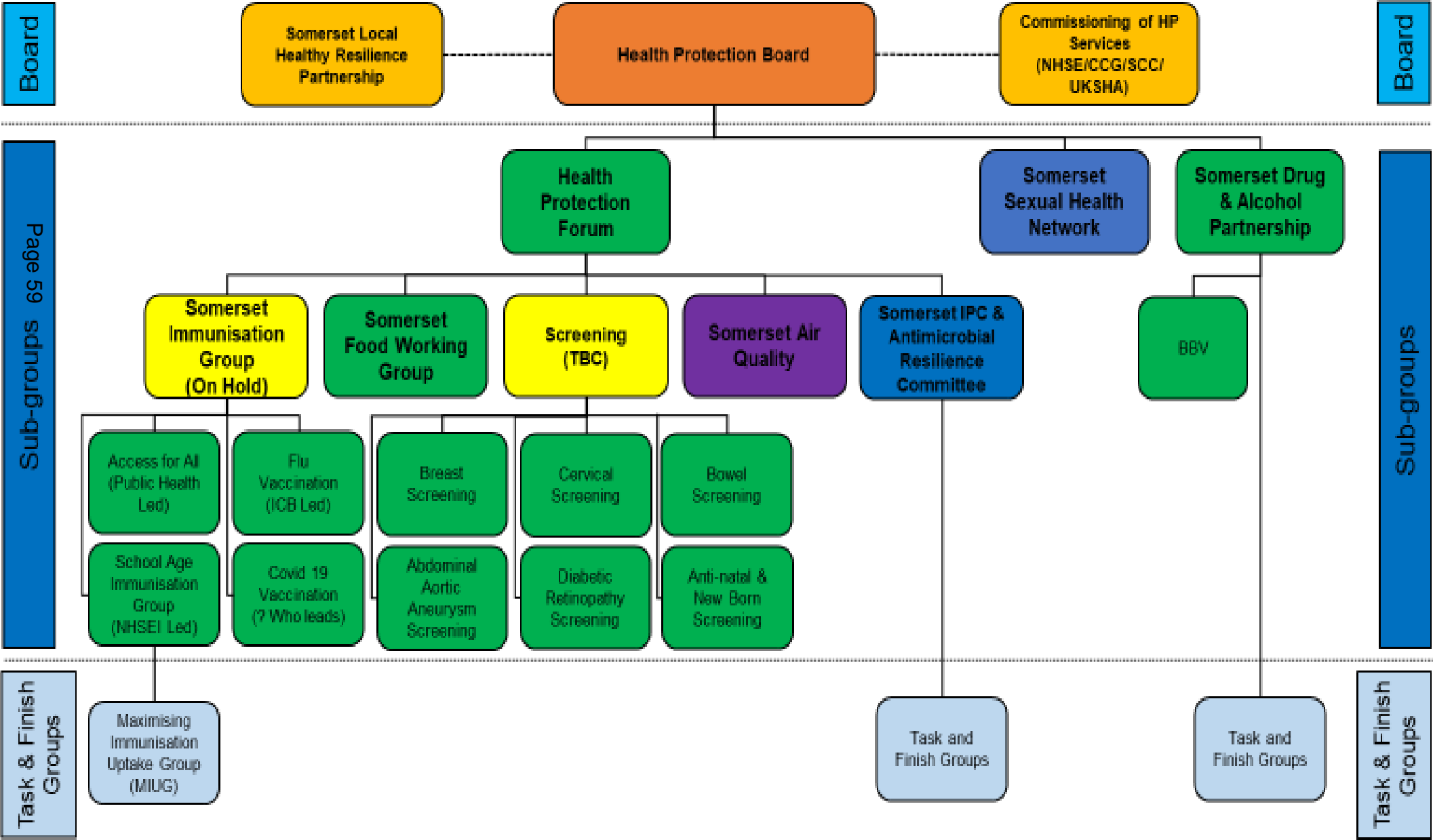
Key areas of improvement



Page 58

- **Breast Cancer Screening** – The planned catch up recovery date has been moved to February 2023 and is working on increasing the number of women being screening at 36 months.
- **Radiological Monitoring Unit Capacity** – Planning is now managed at a regional level due to cross boundary elements of the plan. Still further work to be done locally to agree locations.
- **Childhood immunisation coverage** – particularly MMR and pre-school booster and flu vaccination coverage for at risk populations
- **Infection Prevention & Control**
 - – gram negative blood stream infections
 - Scabies outbreaks
- **TB treatment completion** - Somerset is an area of low incidence for TB, publicly available data shows on average 10 cases of TB are identified every year in Somerset. However, treatment completion at 68.8% (2018-20) remains lower than national levels and international standards.

Health Protection Board & Sub-groups



Priorities for 2023

It is proposed that the focus of 2023 is to ensure the strengthening of a whole system approach to health protection. Local priorities identified are:

1. Maximizing immunization uptake
2. Filling health protection commissioning gaps
3. Communicable disease framework
4. Refresh MOU
5. Transform system wide communication of outbreaks to cover all, not just covid19
6. HNA for health protection
7. Transforming IPC across the system
8. Translate the Tuberculosis (TB) service specification into the clinical service delivery
9. Migrant health



Priorities for 2023

The Health Protection Forum will use the strength of its partnership to ensure that during this period of change in creating a unitary authority and a single NHS foundation trust, alongside the developing ICS, as a system we retain the capacity to respond and build a stronger system of health protection for the future.

These priorities are identified to assure the Director of Public Health and ensure suitable arrangements are in place to protect the health of Somerset's population.



Recommendations

- To endorse the list of discussed priorities
- To approve the report's conclusion that the Director of Public Health is assured that suitable arrangements are in place to protect the health of Somerset's population



Any Questions?



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Somerset Health and Wellbeing Board and Integrated Care Partnership

November 2022
 Report for information

Somerset Safeguarding Children Partnership 12-Monthly Report

Lead Officer: **Claire Winter, Director of Children's Services**

Author: **Jasmine Wark (SSCP Business Manager)**

Contact Details: jasmine.wark@somerset.gov.uk

<p>Summary:</p>	<p>The Somerset Safeguarding Children Partnership's (SSCP) twelve-monthly report summarises the progress in implementing the safeguarding arrangements for children in Somerset, as required by Working Together to Safeguard Children (2018).</p> <p>It sets out key areas of progress against the four priorities of the SSCP 2021-22: early help, multi-agency safeguarding, neglect and child exploitation. It includes the future priorities and focus of the Somerset Safeguarding Children Partnership activity (2022-2023) for scrutiny by the Health and Wellbeing Board.</p> <p>It also evaluates other key areas of partnership activity, including training and learning reviews.</p>
<p>Recommendations:</p>	<p>That the Somerset Health and Wellbeing Board and Integrated Care Partnership receives for information:</p> <ol style="list-style-type: none"> 1. The Somerset Safeguarding Children Partnership's twelve-monthly report
<p>Reasons for recommendations:</p>	<p>The Somerset Safeguarding Children Partnership's twelve-monthly report is a statutory responsibility, as set out in Working Together to Safeguard Children 2018:</p> <p><i>In order to bring transparency for children, families and all practitioners about the activity undertaken, the safeguarding partners must publish a report at least once in every 12-month</i></p>

	<p><i>period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.</i></p>																				
<p>Links to The Improving Lives in Somerset Strategy</p> <p>Links to Fit For My Future Strategy</p>	<p>Please tick the Improving Lives and Fit For My Future priorities influenced by the delivery of this work</p> <table border="1" data-bbox="544 432 1461 1977"> <tr> <td data-bbox="544 432 1291 560">A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td> <td data-bbox="1291 432 1461 560"></td> </tr> <tr> <td data-bbox="544 560 1291 685">Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td> <td data-bbox="1291 560 1461 685">X</td> </tr> <tr> <td data-bbox="544 685 1291 768">Fairer life chances and opportunity for all</td> <td data-bbox="1291 685 1461 768">X</td> </tr> <tr> <td data-bbox="544 768 1291 916">Improved health and wellbeing and more people living healthy and independent lives for longer</td> <td data-bbox="1291 768 1461 916">X</td> </tr> <tr style="background-color: #cccccc;"> <td data-bbox="544 916 1291 981"></td> <td data-bbox="1291 916 1461 981"></td> </tr> <tr> <td data-bbox="544 981 1291 1234">Improve the health and wellbeing of the population – Enable people to live socially connected, healthy, independent lives, promote early intervention and prevent avoidable illness.</td> <td data-bbox="1291 981 1461 1234">X</td> </tr> <tr> <td data-bbox="544 1234 1291 1422">Provide the best care and support to children and adults – Ensure safe, sustainable, effective, high quality person-centred support in the most appropriate setting.</td> <td data-bbox="1291 1234 1461 1422"></td> </tr> <tr> <td data-bbox="544 1422 1291 1610">Strengthen care and support in local communities – Develop and enhance support in local neighbourhood areas and bring care and support closer to home.</td> <td data-bbox="1291 1422 1461 1610"></td> </tr> <tr> <td data-bbox="544 1610 1291 1798">Reduce Inequalities – Value all people alike, target our resources and attention to where it is most needed, giving equal priority to physical and mental health.</td> <td data-bbox="1291 1610 1461 1798"></td> </tr> <tr> <td data-bbox="544 1798 1291 1977">Respond well to complex needs – Improve outcomes for children and adults with complex needs through personalised, co-ordinated support.</td> <td data-bbox="1291 1798 1461 1977"></td> </tr> </table> <p>Somerset Safeguarding Children Partnership is a strategic partnership, which links to the County Vision of partnership</p>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services		Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	X	Fairer life chances and opportunity for all	X	Improved health and wellbeing and more people living healthy and independent lives for longer	X			Improve the health and wellbeing of the population – Enable people to live socially connected, healthy, independent lives, promote early intervention and prevent avoidable illness.	X	Provide the best care and support to children and adults – Ensure safe, sustainable, effective, high quality person-centred support in the most appropriate setting.		Strengthen care and support in local communities – Develop and enhance support in local neighbourhood areas and bring care and support closer to home.		Reduce Inequalities – Value all people alike, target our resources and attention to where it is most needed, giving equal priority to physical and mental health.		Respond well to complex needs – Improve outcomes for children and adults with complex needs through personalised, co-ordinated support.	
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Respond well to complex needs – Improve outcomes for children and adults with complex needs through personalised, co-ordinated support.																					

	<p>working for the benefit of children and families, with a focus on those most in need of safeguarding to promote the best possible outcomes for children.</p> <p>The function of the SSCP supports the vision of all partners working to improve the health and wellbeing of all our communities.</p>
Financial, Legal, HR, Social value and partnership Implications:	There is no financial, legal or HR cost associated with the twelve monthly report.
Equalities Implications:	<p>An Equalities Impact Assessment is not required as there are no service implications.</p> <p>However, in all communications, policies and procedures within the Somerset Safeguarding Children Partnership, regard is given to the following:</p> <ul style="list-style-type: none"> • The use of plain English • Accessibility • Vulnerable Groups <p>The two SSCP Community members also provide support and challenge regarding equalities implications.</p>
Risk Assessment:	<p>Risks to effective safeguarding of children by the Somerset Safeguarding Children Partnership are managed through the SSCP Risk Register. Methods of scrutiny include:</p> <ul style="list-style-type: none"> • SSCP Independent Scrutineer • Multi-agency audit and assurance work • SSCP Twelve-monthly reports • Feedback from SSCP Community members • An annual conversation with young people through Youth Forum arrangements

1. Background

1.1. The Health and Wellbeing Board is the governance structure which takes oversight of the statutory twelve-monthly report from the Somerset Safeguarding Children Partnership (SSCP). Under the arrangements set out in 'Working Together to Safeguard Children' (2018) the SSCP is a partnership between Somerset County Council, Avon and Somerset Constabulary, and the Somerset Integrated Care Board.

Key partner	Delegated member of the SSCP Executive
Duncan Sharkey (CEO of Somerset County Council)	Claire Winter (Director of Children's Services, Somerset County Council)
Sarah Crew (Chief Constable, Avon and Somerset Police)	Dickon Turner (Superintendent, Avon and Somerset Police)
Jonathan Higman (CEO of Integrated Care Board)	Shelagh Meldrum (Chief Nursing Officer, Integrated Care Board)

- 1.2.** The Somerset Safeguarding Children Partnership twelve-monthly report (2021-2022) has been published, detailing progress and outcomes against the four key priority areas: early help, multiagency safeguarding, child exploitation, and neglect. As set out in 'Working Together to Safeguard Children' (2018) this report has also been submitted to the national Safeguarding Children Review Panel and the What Works Centre for Children's Social Care. The report also details the work of the Somerset Safeguarding Child Partnership Youth Forum in contributing to the work of the Partnership and using their voice to inform service development.

2. Improving Lives and Fit for my Future Priorities and Outcomes

- 2.1.** The Partnership arrangements address safeguarding activity for children and promote safety and wellbeing, regardless of geographical differences, to promote a safe community for children. The Partnership hosts the Somerset Children and Young People's Plan. Both the Partnership arrangements and Children and Young People's Plan continue to focus on early help and ensuring that children, young people and their families receive the right help at the right time.

3. Consultations undertaken

- 3.1.** The twelve-monthly report was approved by the SSCP Executive and Independent Scrutineer. Young people hold the SSCP Executive – representatives of the three statutory partners - to account on an annual basis via a face-to-face conversation.

4. Request of the Joint Committee and its members

- 4.1.** The Board and Board Members have received the twelve-monthly report from the Somerset Safeguarding Children Partnership for information.

5. Background papers

- 5.1.** [The Somerset Safeguarding Children's Partnership twelve-monthly report.](#)

6. Report Sign-Off

6.1

Report Sign off	Seen by:	Name	Date
	Relevant Senior Manager / Lead Officer (Director Level)	Claire Winter	Click or tap to enter a date.
	HWBB chair & Leader of the Council	Bill Revans	Click or tap to enter a date.
	Executive Member (if applicable)		Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.
	Somerset Integrated Care Partnership Chair	Paul Von Der Heyde	Click or tap to enter a date.

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Somerset Health and Wellbeing Board and Integrated Care Partnership

30th January 2023
 Report for approval

An update on the priority work programme “Health, Care and Housing”

Lead Officer: Louise Woolway
 Author: Louise Woolway, Deputy Director Public Health
 Contact Details: lou.woolway@somerset.gov.uk

<p>Summary:</p>	<p>The quality of a home (by reason of standards, suitability, and security of tenure) can impact on a person’s health, both physically and mentally. Similarly, the converse is true. Poor health (physical and or mental) can impact on the ability of a person of maintain a home. A decent, suitable, and affordable home is essential to good health and wellbeing.</p> <p>Following approval at the September 2022 Health and Wellbeing Board where it was agreed that health care and housing would be a priority work programme, there have been two workshops delivered under the Integrated Care System ‘Leading for System Change’ offer from the Southwest Leadership Academy. The aims of the workshops have been to work with a wide range of stakeholders to start to define the work programme for the Integrated Care System, led by the Health and Wellbeing Board and Integrated Care Partnership committee in common.</p> <p>The breadth of services, support and advice encompassed within the remit of health care and housing is significant. Therefore, this report aims to capture work to date and make several recommendations for the Committee in Commons approval, to develop the work programme further. There is a need to funnel the work down to two or three priority areas in which the Somerset system* can come together to understand, consider, and develop solutions over the next five years.</p> <p>The recommendations proposed below have been developed following the workshops and discussion with stakeholders across the system.</p> <p>*It is not the role of a single organisation to develop and deliver this work programme; the biggest collaborative advantage can be gained by us all working together as a whole rather than as</p>
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	separate parts.			
Recommendations:	<p>That the Somerset Health and Wellbeing Board and Integrated Care Partnership agree</p> <ol style="list-style-type: none"> 1. To define a set of health, care & housing principles which can be applied across all work in the county by relevant strategic and operational boards. 2. To collate the learning from the Homelessness Reduction Board, Better Futures Programme, and Make Every Adult Matter (MEAM Approach) to identify the opportunities for embedding systemic change around homelessness and identify opportunities where homelessness can be prevented in the future. 3. A focus on enabling a person or family to maintain their independence in a home that is affordable and suitable for their needs (including the availability of necessary support services). 4. The approach to continue to develop these recommendations to define the work programme further with recommendations coming back to the committee in common for approval. 			
Reasons for recommendations:	<p>The recommendations have been developed following engagement with a wide range of stakeholders. The breadth of services, and stakeholders within the agenda of health care and housing is considerable.</p> <p>It is important that this work is progressed at a system level, across the whole county. System working is complex, and this work programme will apply recognised systems thinking tools to 'unfold' the complexity of our local system so that we can understand it better and intervene more effectively. This work will be aligned to system thinking and leadership framework which has been developed to date</p> <p>Discussions from the workshop have been developed into themes with the recommendations made above being the start of the process to define a tangible work programme for the Committee in Common. It is important that those who took part in the workshops can identify with the recommendations and consequently the work programme of the committee in common.</p>			
Links to The Improving Lives in Somerset Strategy	<p>Please tick the Improving Lives and Fit For My Future priorities influenced by the delivery of this work</p> <table border="1" data-bbox="544 2002 1465 2089"> <tr> <td data-bbox="544 2002 1289 2089">A County infrastructure that drives productivity, supports economic prosperity</td> <td data-bbox="1289 2002 1465 2089" style="text-align: center;">✓</td> </tr> </table>		A County infrastructure that drives productivity, supports economic prosperity	✓
A County infrastructure that drives productivity, supports economic prosperity	✓			

Links to Fit For My Future Strategy	and sustainable public services	
	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	
	Fairer life chances and opportunity for all	✓
	Improved health and wellbeing and more people living healthy and independent lives for longer	✓
	Improve the health and wellbeing of the population – Enable people to live socially connected, healthy, independent lives, promote early intervention and prevent avoidable illness.	✓
	Provide the best care and support to children and adults – Ensure safe, sustainable, effective, high quality person-centred support in the most appropriate setting.	✓
	Strengthen care and support in local communities – Develop and enhance support in local neighbourhood areas and bring care and support closer to home.	✓
	Reduce Inequalities – Value all people alike, target our resources and attention to where it is most needed, giving equal priority to physical and mental health.	✓
	Respond well to complex needs – Improve outcomes for children and adults with complex needs through personalised, co-ordinated support.	✓
	<p>The work programme will define a small number of strategic priorities (as detailed in the recommendations section) as well as maintaining oversight on and influencing business-as-usual activities across the system (e.g., workforce planning for the health and care system, the work led by housing departments etc. a system level health needs assessment, health impact assessments)</p>	
Financial, Legal, HR, Social value and partnership Implications:	<p>To address this complex and multi-faceted issue of health care and housing partnership working is essential.</p> <p>There are statutory functions sitting in partner organisations of the Committee in Common which will need</p>	

	<p>to be met as the work progresses.</p> <p>It is envisaged that the way staff work across the system will change in order to proactively consider the impact on housing on health and health on housing.</p>
<p>Equalities Implications:</p>	<p>The activity under-pinning the work programme is informed by a need to support vulnerabilities in a holistic manner. Many of the 'protected characteristics' such as age, disability, gender etc can present as vulnerabilities, dependent on the circumstances. As such, a failure among partners to support priority activity can have an adverse impact on those with protected characteristics</p> <p>The Somerset Housing Strategy (2019) and the Somerset Homelessness and Rough Sleeper Strategy (2019) are underpinned by comprehensive Equalities Impact Assessments. As was more detailed activity such as the need to support rough sleepers during 'Everyone In'. These have been used to help drive the work that forms the work programme. As we progress, it is essential that the equalities agenda forms an integral part of our considerations. These will be matters to considered by the various partnerships and services that will be responsible for the suggested areas of work i.e., work programmes within the realm of the ICS, Homelessness Reduction Board, the Gypsy and Traveller Working Group, Somerset Independence Plus, etc</p> <p>Critical to this will be the voice of the customer. It is important that we use data, intelligence and lived experience to shape our future policy, programmes and commissioning intentions.</p>
<p>Risk Assessment:</p>	<p>There are significant risks around the failure to maintain and enhance coordination of service development and delivery within the sphere of health and care and housing</p> <ul style="list-style-type: none"> • Risks to an individual's health • Risks to partner relations • Impacts on budgets across systems as we lose coordination • Duplication of services <p>There are risks to collaborative working should we fail to engage appropriately with all partners on the development and implementation of the work programme.</p>

1. Background

- 1.1.** Following a report presented to the Health and Wellbeing Board in September 2022 it was agreed by the Board that health care and housing would be a priority work programme for the Board. The Board recognised the complex and multi-faceted relationship between health and wellbeing and housing and consequently agreed it as a strategic priority. The Board can then lead the work at a system level.

- 1.2. In recognition of the complexity of determining “where to start” with this important work two workshops have been completed with a wide range of partners and stakeholders. As a system level response is required for this work Somerset was able to access the Integrated Care System (ICS) Leading for System Change programme undertaken by the NHS Southwest Leadership Academy with an independent facilitator supporting the delivery of the workshops.

Discussions from the workshop have been captured and themed to progress the work. This narrowed the focus of the work in the first instance to define a set of principles which can be applied across all work in the county. For example, there are a significant number of strategic and operational boards where the principles must be integrated and implemented into their work to gain the most impact. It is not the role of a single board to develop and deliver the work programme; the biggest collaborative advantage can be gained by all Boards considering and applying the following principles to their work.

- Culture of 'doing the right thing', not 'doing things right' - i.e., being outcomes focused and working in the best interests of people and communities, rather than being wedded to current processes.
- Person-centred/Trauma Informed/Strengths Based: Considering the whole person, what has happened to them, and now what matters to them - to help them resolve not only their presenting housing issue, but the other factors in their lives that are impacting their capacity to maintain or access a stable home.
- Adaptable: We will have an overarching vision -of healthy homes for all, now and in the future. But with a model of governance that allows the focus to move around different parts of the system as work evolves and develops.
- Integrated services, directorates and partner organisations, particularly considering how issues of housing standards, suitability and security of tenure (including affordability) are related and require an integrated response.
- Developmental: improving practice through learning and evaluation, with a preference for building on and strengthening what is good and already exists.
- Equity: all decisions will be informed by the need to reduce inequalities in health, specifically where they are health impacts of unequal housing.
- Active engagement: with people and communities, to understand what their priorities are in relation to housing.
- Effective and efficient resource usage for housing investment at population and stock level.

Somerset has several programmes looking at the complex issue of homeless and rough sleeping. The focus of this work is primarily on vulnerable people. Since 2020 we have established the following:

- The Somerset Homelessness Reduction Board (HRB) - a multi-agency subgroup of the Committee in Common (Health and Wellbeing Board and Integrated Care Partnership)
- Better Futures (BF) for Vulnerable People in Somerset – a key work programme of the HRB, looking at a whole system approach. This includes the establishment

of Creative Solutions Panels for East and West Somerset, and the development of an evidenced based 'commissioning plan' for accommodation and support

- Make Every Adult Matter: MEAM – Somerset became a member of the MEAM Approach Network in September 2022. MEAM focusses on individuals who suffer extreme multiple disadvantages. MEAM sits within the HRB and supports the BF programme; it is a learning approach that seeks to influence and shape a whole system response.

The work under the Homelessness Reduction Board and the Better Futures programme is starting to deliver on several actions and is already demonstrating an example of good system working in practice. Examples include entry to the MEAM Approach Network; the establishment of the Creative Solutions Panels; the design of countywide metrics, consistent with latest government guidance; roll-out of early help and safeguarding training; improved dialogue with Registered Housing Providers; capturing data on need, demand and performance within supported housing; and the establishment of sub groups looking at access to the Private Rented Sector (to improve 'move-on' options), and Gypsy and Travellers.

To assist this work, the HRB, with the help of MEAM, are seeking to capture learning in all areas of activity. However, it requires a system and governance that is supportive of its aspirations. It requires partners to be attentive, and supportive. It requires a multi-agency, whole system approach to problem solving and commissioning.

The priority proposed under this theme is around drawing upon the learning from the work to identify the opportunities for embedding systemic change around homelessness prevention and improvements in access to and quality of housing throughout the work of the strategic and operational Boards across the Somerset system.

The priority proposed at this stage is that the learning from these programmes is shared and applied across the system to identify the opportunities where homelessness can be prevented in the future.

Independent Living refers to the ability of a person or family to maintain their independence in a home that is affordable and suitable for their needs. This includes the availability of necessary support services. The focus is on vulnerable people, often with care and support needs (but not always) and includes young people, the elderly, and working age adults. The aim here is to ensure that people do not lose their independence, and avoid the need for dependence within hospitals, care and other support settings. These are costly options and can have a negative impact on a person's overall health and wellbeing. It should be noted that there is some cross-over here with the homelessness priority. The two priorities do not stand alone from each other.

Recent conversations with partners generated a number of concerns in this area, as well as suggestions for future work:

- Covid, and the impact on neighbourhood support. Post Covid, and the ongoing absence of prevention activity within some of our more vulnerable communities. This includes access and referrals to universal services. Vulnerable households are becoming increasingly withdrawn
- Housing services having to deal with more complex vulnerabilities, often with a gap in support from care and health services (who are extremely pressured currently). Housing services are increasingly carrying and managing risks that they are not trained or equipped to deal with.
- Extra care housing schemes having to take on more complex clients

- Discharge from hospital - the challenge of a lack of appropriate accommodation options, unsuitable conditions within homes, and insufficient support services
- There is work to do to understand the overall 'need' for specialist accommodation and associated support services, and for this to influence commissioning plans
- There is a need to invest in tenancy support services
- There is a need to further develop good relationships between housing providers, and care and health services
- There is a need to continue to develop new and innovative prevention activity via the Better Care Fund
- Generally, the need to deliver prevention activity at scale and pace with the need to find the money to support this
- There is a need to ensure that we have the appropriate governance framework that can help support the above. This would sit with the Committee in Common.

There is need for more dialogue to further develop this priority. It is in itself complex and multi-faceted, and the **priority is to continue to identify and shape a programme of work to tackle this aspect of the overall work programme.**

Work will continue as business as usual in many areas including those areas identified within the Memorandum of Understanding approved by the Health and Wellbeing Board. This includes a focus on:

- Gypsy and Travellers
- Climate Change
- Development and implementation of Health Impact Assessments

Oversight of these will be maintained through this work programme

2. Improving Lives and Fit for my Future Priorities and Outcomes

- 2.1.** The work programme to be developed not only focuses on housing stock (the number, quality, fit for life etc.) but will also focus on the support offered to Somerset residents (particularly those who experience the greatest health and social inequalities) to keep them living independently as far as is possible. This support may take place in a range of settings including the community as well as in people's homes.

3. Consultations undertaken

- 3.1.** Two workshops have been completed with a wide range of stakeholders facilitated by the ICS Leading for System Change from the NHS Southwest Leadership Academy

4. Request of the Joint Committee and its members

- 4.1.** Joint committee members are asked to approve the recommendations made in the recommendations section of the report.
- 4.2.** By doing so joint committee members are pledging their support for this

priority work programme and will use their leadership roles to ensure organisational input to the work

5. Background papers

- 5.1. [Somerset County Council](#) link to September 22 Health and Wellbeing Board papers

6. Report Sign-Off

6.1

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	09/01/23
	HWBB chair & Leader of the Council	Bill Revans	09/01/23
	Executive Member (if applicable)	Adam Dance	09/01/23
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	09/01/23
	Somerset Integrated Care Partnership Chair	Paul Von Der Heyde	09/01/23

Somerset Health and Wellbeing Board & Integrated Care Partnership –

WORK PROGRAMME 2023

	30 January 2023	
Verbal Update on the Future of the HWB & ICP Board (15 minutes)		Trudi Grant
Health and Care Strategy Verbal Update (5 minutes)		Jonathan Higman
Health Protection Report (20-30 minutes)		Alison Bell/Meg Coakeley
Safeguarding Children Partnership Report (20-30 minutes)		Jasmine Wark/Claire Winter
Health, Care and Housing Report (20 minutes)		Lou Woolway
	March 2023	
Health and Care Strategy Approval		Maria Heard/Victoria Downing-Burn/Caroline Greaves/Mel Lock/Claire Winter

	June 2023	
	September 2023	

- Reports should generally be no longer than 6 sides of A4 with detail being contained in appendices or available via contact officer.
- If reports are not received by the deadlines indicated, they will be taken off the agenda for that meeting unless there are exceptional circumstances.
- Draft / final reports and appendices to be sent to Terrie Brazier via email (terrie.brazier@somerset.gov.uk) wherever possible.
- None of the above replaces the need for report authors to consult relevant senior officers on the contents of the draft reports during their preparation.
- **All H&WB meetings will be held in hybrid format with voting members attending face-to-face others attending virtually via Microsoft Teams (or Zoom where required)**

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