

SOMERSET HEALTH AND WELLBEING BOARD & INTEGRATED CARE PARTNERSHIP



Monday 27 March 2023

**3.30 pm Luttrell Room - County Hall,
Taunton**

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

Cllr B Revans (Chair), Cllr A Dance (Vice-Chair) Mr P Von der Heyde (Vice-Chair), Prof Trudi Grant, Cllr G Slocombe, Cllr L Trimnell, Cllr T Munt, Cllr B Hamilton, Cllr R Wyke, Cllr R Henley, Cllr J Keen, Mr J Higman, Mr B Marden, Dr R Weaver, Mr Peter Lewis, Mr Mark Cooke, Ms K Nolan, Ms Hilary Robinson, Ms Judith Goodchild, Sup Richard Turner, Ms Claire Winter, Ms Mel Lock

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 17
March 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 are included in the annexe to the printed agenda.

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.

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AGENDA

Item Somerset Health and Wellbeing Board & Integrated Care Partnership - 3.30 pm
Monday 27 March 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 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 30 January 2023 (Pages 7 - 22)

The Board is asked to confirm that the minutes are an accurate, albeit not verbatim, representation of the meeting.

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 Integrated Care Strategy Update-HWB/ICP (Pages 23 - 44)

To receive the report and presentation.

6 Somerset Health and Wellbeing Board & ICP Work Programme (Pages 45 - 48)

To discuss any items for the work programme. To assist the discussion, the Board's current work programme is attached to the agenda.

7 Any other urgent items of business

The Chair may raise any items of urgent business.

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.

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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

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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 John Meikle Room at Deane House on 30 January 2022
at 2:30 p.m.**

Board Members in Attendance: Cllr Bill Revans (Chair), Mr Paul von der Heyde (Co-Vice Chair), Cllr Adam Dance (Co-Vice Chair), Prof Trudi Grant, Cllr Janet Keen, Cllr Gill Slocombe, Cllr Lucy Trimnell, Mr Jonathan Higman, Mr Bernie Marden, Dr Robert Weaver, Mr Peter Lewis, Cllr Chris Booth, Ms Emily Fulbrook (substituting for Ms Mel Lock)

Board Members in Attendance Virtually: Ms Hilary Robinson, Ms Judith Goodchild, Ms Katherine Nolan, Cllr Brian Hamilton, Sup Richard Turner, Ms Claire Winter,

Other Elected Members in Attendance: Cllr Heather Shearer

Other Elected Members in Attendance Virtually: Cllr Andy Kendall, Cllr Federica Smith-Roberts

Officers in Attendance: Lou Woolway, Alison Bell, Meg Coakeley, Jasmine Wark, Alice Munro, Mark Leeman, Richard Selwyn (NHS), Andrew Melhuish, Terrie Brazier, Jonathan Hallows

Officers in Attendance Virtually: Gillian Keniston-Goble (Healthwatch), Nicola Miles (SCC), Jai Vick (Mendip District Council), Sarah Stillwell (Sedgemoor District Council), Lee Howell (Somerset & Devon Fire)

Apologies for absence – Agenda Item 1

Apologies were received from Cllr Ros Wyke, Cllr Tessa Munt, Mel Lock (who was substituted by Emily Fulbrook), and Maria Heard (NHS); the following gave their apologies but attended virtually: Judith Goodchild, Hilary Robinson, Cllr Brian Hamilton

Declarations of Interest - Agenda Item 2

The list of declared interests on the website was noted. There were no new declarations, albeit Cllr Janet Keen noted as matter of transparency with respect to Agenda Item 9 that she will no longer be a board member of Homes in Sedgemoor effective 31 March 2023.

Minutes from the meeting held on 28 November 2022 - Agenda Item 3

The minutes were approved as an accurate representation of the meeting held on 28 November 2022.

Public Question Time - Agenda Item 4

There were no public questions or statements submitted.

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

The Chair invited Prof Trudi Grant, Director of Public Health, to give the verbal update. She stated that there will be a more formal discussion at the next meeting, but she wanted to reassure that previous discussions held as a Board are continuing. Somerset Health and Wellbeing Board (HWB) and the Integrated Care Partnership (ICP) are now acting as a joint board but in April will actually become the multi-agency board for Somerset with oversight of all determinants of health and wellbeing, as well as having the ability to make the connections between a healthy lifestyle and positive health outcomes which was previously not possible to do. It will be decided whether to renew or refresh the Improving Lives strategy going forward; this was a 10-year strategy, but a much longer-term vision for Somerset may be needed (perhaps 30 years). Draft Terms of Reference (TOR) are being worked on; once this is further defined, the TOR will be forwarded to members of this Board and brought to the next meeting for endorsement. That will be followed by a formal proposal that will go to the Integrated Care Board (ICB) and to the Full Council in May, with the formal TOR then ready for the new multi-agency board. It is likely that this new board will be bigger than usual, as the interests of both boards need to be brought together, and there are many people and organisations interested in what we are trying to achieve.

Lou Woolway, Deputy Director of Public Health, noted that the agenda for the March meeting of the HWB & ICP will be quite fluid due to the current situation, as will be the scheduling of future meetings.

The recommendation was that the Somerset Health and Wellbeing Board & Integrated Care Partnership noted the verbal update.

The Board approved this recommendation.

Health and Care Strategy Verbal Update - Agenda Item 6

The Chair invited Jonathan Higman, ICB Chief Executive, to give the verbal update. He noted the five main points he wanted to update:

- A high-level document for the Health and Care Strategy was brought to this Board's last meeting; this was published in December and was also placed on the SCC website with a link from the ICB. It has yet to be finalised, but the timescale for development of the full document is the beginning of April, and then it will come to the next HWB & ICP meeting finalisation.
- In parallel, further engagement has been taking place, including the launch of a survey called "Building a Healthier Somerset Together" which closes on 5th March. It asks the population for feedback on their priorities within the five published aims. They have commissioned an analysis of the results.
- The NHS is undertaking a planning process, which began with planning guidance setting out the national priorities from the government and continues with developing a detailed five-year plan and a two-year operational plan.
- To support the implementation of the Health and Care Strategy, the first meeting of a Collaboration Forum was held last week; it is an executive group made up of the chief executives from across the system and is a forum where the delivery of the Health and Care Strategy can be prioritised. A People Board for Somerset has also been established to examine the workforce plan, which is essential to support any strategy.
- In conjunction with Somerset County Council, the "My Time to Care" campaign was launched last week, which focuses on the recruitment and retention of workers in the care sector. Also, a formal stroke consultation was launched on 30 January following approval by the Overview and Scrutiny Committee at the Care Board, for which they are keen to get public feedback on the proposals contained in it.

The Chair invited the Board to make comments. Cllr Janet Keen asked if the planning process for the operational strategy would focus on how the hospital foundation trusts communicate, given that their communication is not always good regarding patients treated at different sites. It was replied that with the potential upcoming merger of the two Somerset FTs, a proposal has been considered for an integrated health care record across Somerset, which is critical to enable integrated care across the county. There is currently a programme called [SIDeR - NHS Somerset](#) which joins up records. Cllr Gill Slocombe agreed that data sharing was vital but was not always happening, and she used her own example of having to inform many different people at different sites of her allergies. She noted that many facilities did not have them on record, which could in some cases lead to a patient's death. It was responded that there is a joined-up record system that includes hospitals and primary care, but this has not been rolled out everywhere yet.

The recommendation was that the Health and Wellbeing Board & Integrated Care Partnership noted the verbal update.

The Board approved this recommendation.

Somerset Health Protection Forum Assurance Report - Agenda Item 7

The Chair invited Alison Bell, Strategic Manager and Public Health Consultant, and Meg Coakeley, Service Manager-Health Protection, to make the presentation. They noted that the purpose of the report was to assure the HWB & ICP, as well as the Director of Public Health, that there is a system in place to protect the health of the residents of Somerset.

- It was defined that, “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”, and it was noted that much knowledge about this has been gained by dealing with the pandemic.
- The Health Protection Forum includes the County and District Councils, NHS Somerset and the UK Health Security Agency, with all partners working together on communicable diseases, environmental hazards, infections prevention and control, resilience, screening and immunisation. There are 11 NHS screening programmes and an all-age NHS immunisation programme.
- The response to incidents has changed; the national policy shifted in 2022 to a “living with Covid” approach, and there has been more reporting of infectious disease from the population. There has also necessarily been a system-wide catch-up for health protection workstreams that were on hold during the height of the pandemic.
- The key areas of success included:
 - The response to communicable diseases like avian influenza, mpox, and blood-borne viruses, as well as evaluation of air quality;
 - The collaborative approach toward infection, prevention and control, including development of a risk assessment to support the safe discharge of care home residents (this was submitted to the National Infection Prevention Society Impact Awards and won gold);
 - The creation of the Somerset Local Health & Care Resilience Partnership;
 - Securing funding to undertake a study of barriers to accessing and taking up immunisations;
 - Catching up with the backlog of most programmes.
- The key areas for improvements included:
 - Breast cancer screening, where the catch-up date has been moved to February 2023;
 - Agreeing locations for the Radiological Monitoring Unit capacity;
 - Childhood immunisation coverage;
 - Infection prevention and control, particularly gram-negative bloodstream infections and scabies outbreaks;
 - TB treatment completion, where despite a low incidence of TB in Somerset, treatment completion (68.8%) remains lower than national and international standards.

- A diagram/organisational chart of the Health Protection Board and its subgroups was presented; it was pointed out that the pandemic demonstrated the big impact of working together, so this year an Integrated Care Health Protection Board will work differently than before and sustain collaborative work. This diagram will be updated, as in 2024 the 11 immunisation programmes will be delegated to the ICB.
- The focus of 2023 is to ensure the strengthening of a whole-system approach to health protection. The Health Protection Forum will retain the capacity to respond and build a stronger system in the future. The following priorities were identified to assure the Director of Public Health that suitable arrangements are in place to protect the health of Somerset's population:
 - Maximizing immunisation uptake
 - Filling health protection commissioning gaps
 - Communicable disease framework
 - Refresh Memorandum of Understanding (MOU)
 - Transform system-wide communication of outbreaks to cover all diseases
 - Health Needs Assessment for health protection, which will inform the commissioning going forward
 - Transforming the IPC across the system
 - Translating the TB service specification into the clinical service deliver
 - Migrant health, which is an issue with many foreign workers being recruited, many of whom come from countries with high rates of infectious diseases and possibly less robust immunisation programmes

The Chair invited Board members to discuss and raise questions about the presentation.

Cllr Chris Booth enquired about breast cancer screening and asked what the initial target date was for catching up; it was replied that initially this was September 2022, but because of the inability to have in-person appointments during Covid, this has not been met. Figures as a percentage are not available, but 200 women have not yet had their screening. Cllr Slocombe noted that there is over a 36-month wait, and new patients are being taken first, which leaves some patients very worried about relapse and needs to be rectified. It was replied that this feedback will be taken to NHS clinical teams to get answers, with it being noted that it has been hard to balance all needs in the face of a national shortage of radiographers. ACTION

Cllr Slocombe raised the issue of Covid vaccines, observing that she, like many people, needs to have the Astra Zeneca vaccine because of her allergies; however, this is now unavailable, and therefore many people have not had boosters. It was responded that Astra Zeneca had been removed because there was a better vaccine for the fourth dose, and there are arrangements for people with adverse reactions to any vaccine;

but Cllr Slocombe advised that she had been waiting three months for answer. It was replied that there is surely a publicised pathway for allergy sufferers, which will be investigated and an answer put out by early in February. ACTION

Cllr Keen commented that when the Covid vaccine was first introduced there was resistance to it in certain quarters; she wondered if these patterns were being repeated now with child vaccination due to cultural, religious and other motives. She asked if there were the budget and means to persuade such groups. It was replied that there is an awareness of 'sustained myths' in certain communities, which may be due to certain documentation being published only in English; so work is being done with those communities and parents. There is also an issue of access as regards complicated immunisation schedules where vaccines are offered only during working hours, making it difficult for working parents to take their children. Work is being done with the ICB and primary care providers in an attempt to hold more clinics on Saturdays, but it is difficult due to less staff working on those days. There will be more control once the ICB is responsible for commissioning. Cllr Keen asked for confirmation that where there is resistance, the emphasis is on persuasion and not penalties such as refusing childcare or school to unvaccinated children, which would be quite unacceptable. It was replied that this immunisation is not a requirement for those services in the UK, and it is necessary to act in good will, although that might change. There are not enough resources or data in Somerset to be able to do targeted persuasion, but some practice nurses and managers are calling certain parents in a small pilot programme.

Cllr Brian Hamilton raised the issue of the monitors around the county which measure particulate emissions and asked if the rise in numbers is due to increased traffic, or if there has been a rise even when traffic levels fall due to wood burners. He asked if there was some way to analyse the data further. It was replied that there are five monitors in Somerset which measure particulates and weather; there will not be enough data until a year passes to be able to extrapolate the data and understand it better. Traffic dropped significantly during Covid, while this year the level is at 31/32 compared to a national average of around 40, meaning it is of good quality. Somerset has the highest Aga ownership in the country, but it does not appear that the data can distinguish between wood burning particulates and others. This will be investigated. ACTION

Cllr Hamilton also pointed out that there are now a considerable number of NHS staff arriving from other countries and asked about their immunisations, querying whether they would be refused employment in the UK if they did not have them. It was responded that anyone staying in the UK for more than six months must agree to tuberculosis screening; as for immunisations, it is not clear what the employment terms are, but Public Health is doing their best to ensure the health of these workers.

Cllr Heather Shearer asked where in the public health brief would be the responsibility for looking after people in homes with mould spores, and also asked for clarification regarding which issue it was where Somerset was performing least well. It was replied that it is with respect to gram-negative bacterial infections that Somerset has the worst rating; some of these infections are hospital-acquired, but the number remains small and the ICB infection-control team are working on the issue. As regards mould, guidance has been issued and the matter has been cascaded to housing/district council colleagues. The problem is often caused by lack of ventilation because many people cannot afford sufficient heating and therefore don't ventilate enough. Although the guidance on the issue has been sent out, it is difficult to resolve.

Lou Woolway, Deputy Director of Public Health, referenced the Health, Care and Housing paper that she would be presenting later in the meeting and noted that housing standards were something that they wanted to pursue across the housing stock and housing sector.

Cllr Lucy Trimnell commented that wood-burning stoves are a lifeline for many people, but all wood used must be kiln dried. She asked with respect to immunisations if any work is being done on a vaccine for chickenpox, and she also asked for clarification of "community onset" versus "hospital attributed". It was responded by Dr Robert Weaver that there is a chickenpox vaccine, but because chickenpox is a self-limiting disease, no vaccine is required as a vaccine would lead to more people contracting it as adults rather than gaining immunity through natural transmission. The vaccine is available, but it is complicated and requires two courses. As for hospital-attributed disease, this denotes where the disease was contracted, although it cannot always be certain if this was the origin; these infections call for different measures than those contracted in the community.

Prof Trudi Grant, Director of Public Health, noted with respect to the diagram in the presentation that the progress made since the pandemic has been incredible, and that the most pertinent element entails taking a multi-agency approach to health protection and emerging risks. This did not exist before the formation of the Health Protection Board, which has been very useful, as has the integrated health system. She thanked Alison Bell and Meg Coakeley for their sterling work.

Prof Grant also noted that a third recommendation had been added since publication of the report, i.e., the Health Protection Board is requesting to stand down the Covid public dashboard (which had been a daily report and was now weekly) due to the move toward 'living with Covid' and the previous standing down of the Covid Engagement Board. Specifically, it is recommended that the HWB & ICP approve the request to stand down the Covid dashboard and delegate authority to the Health Protection Board to stand it back up should the situation arise.

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

- **Endorsed the priorities for next year.**
- **Approved 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.**
- **Approved the request to stand down the Covid dashboard and delegate authority to the Health Protection Board to stand it back up should the situation arise.**

The Board approved these recommendations.

Safeguarding Children Partnership Report - Agenda Item 8

The Chair invited Jasmine Wark, Business Manager-SSCP, to make the presentation, with Claire Winter, Director of Children's Services, and Sup Dickon Turner, Avon and Somerset Police, available online to assist in answering questions.

The Somerset Safeguarding Children Partnership's Twelve-Monthly Report for 2021-2022 was published in October 2022. Key developments during that time included:

- Commissioned a Thematic Child Safeguarding Practice Review about non-accidental injuries to infants
- Devised a Children and Young People's Plan
- Designed a Partnership Information Sharing Agreement
- Updated and renamed the Neglect Toolkit to the Family Strengths and Needs Toolkit
- Refined the Rapid Review process
- Published a new Somerset Child Exploitation Strategy
- Restructured the multi-agency process
- Promoted multi-agency learning and networking through Safeguarding Forum weeks in June and December 2021, with the December theme being how to improve engagement with fathers and male carers to support them in becoming good role models; a Forum Legacy group was also set up to focus further on this. A short video on the subject from the Youth Forum was then played for the Board.

The impact of the SSCP's work on families (understood through feedback) included:

- Increased safeguarding of unborn children through pre-birth tracking meetings

- Improvement of strategy meetings through agenda development and creation of a guidance video for attendees
- SSCP training leading to higher awareness amongst practitioners of the signs of neglect and the methods to support these families effectively
- A greater ability by practitioners to identify strengths and needs within families via the guidance provided in the Effective Support documentation
- Positive improvements across agencies following the focus on fathers and male carers
- The creation of a partnership approach with families and positive culture change around their use of language via the renaming of the Neglect Toolkit to the Family Strengths and Needs Toolkit

It was noted that the Voice of the Child in the SSCP is reflected in both their Youth Forum and the SSCP's Somerset Participation Strategy for 2022-2024. Another development this year is a Young Person's Champion, who will bring the voice of children to the SSCP's meetings and scrutiny.

There were four main priorities for 2021-2022 and progress was made on all:

- Early Help – The Early Help Strategy 2021-2024 was produced, as was a one-minute guide to Early Help; a Trauma Informed Approach was developed, and free Early Help training was offered.
- Neglect – There was redevelopment of the toolkit, and neglect training supported practitioner development.
- Multi-Agency Safeguarding – The Forum Week focusing on Fathers and Male Carers, the roll-out of ICON, and the development of Effective Support guidance were noted.
- Child Exploitation – The strategy was refreshed, the Child Exploitation Screening Tool was relaunched, and Brook Traffic Light training was held.

The current priorities for 2022-2023, much of which is based on input from young people, entail:

- Children and Young People's Mental Health and Emotional Wellbeing
- Reducing bullying and promoting positive communities
- Continued focus on reducing risks to children under two years

Developments for 2022-2023 include:

- Offering more face-to-face training opportunities and a conference to build multi-agency/partner working relationships
- Redesigning learning review methodologies
- Promoting practitioner understanding of tools and documents

- Supporting practitioner understanding of the Resolving Professional Differences protocol
- Continued rollout of the Brook Traffic Light tool training on sexual abuse

Links to the SSCP's social media sites were then provided:

- Twitter - @Somerset_SCP
- Facebook - @somersetscp
- Newsletter – www.sscb.safeguardingsomerset.org.uk/newsletter/

The Chair invited the Board to discuss and ask questions.

Cllr Lucy Trimnell raised the issue of social media bullying and mental health, noting that there are problems with regulation. There are also problems with children going into school very unprepared by their parents, which was exacerbated by Covid. She opined that information needs to be shared with parents in order to inform them of the standards needed. Claire Winter responded that both the benefits and the risks of social media have been recognised, and schools are doing work on this. Prof Trudi Grant added that a key part of Public Health nursing is making regular assessments via the health visitor to check each child against normal development for their age, followed by measures put in place to help with any deficiencies. This is called "Ages and Stages", and there has been a good response to it from families in Somerset. Cllr Trimnell asked if those checks were more frequent than before, or if it is just left up to the parents to recognise problems; it was replied that there are not many families who do not engage with the programme, although all information is also available online. All children develop in different ways, but it is essential that health visitors work with families on this issue.

Cllr Janet Keen noted that it had been an excellent report; regarding the recommendations in the report and full transparency, she asked if future reports should include any adverse incidents that have occurred, in order that there is evidence of the effectiveness or appropriateness. She also asked about excluded children, saying that this would be highly relevant as they are extremely vulnerable, and asked if that would be a topic at the March meeting. It was asked if she was first referring to the increase in serious harm to children in the report and a desire to include these incidents, and it was noted that the safeguarding of children who have been excluded is being considered currently by the SSCP's Quality and Performance subgroup and Education Safeguarding subgroup, with a multi-agency group of resources being drawn together. With respect to including the topic at the next meeting or not, Lou Woolway, Deputy Director of Public Health, pointed out that an update had been sent out to all Board members regarding the SEND agenda and survey in which exclusions were addressed.

Cllr Heather Shearer stated that she was happy to see the word “neglect” replaced with “strengths and needs”, and she was pleased about the Voice of the Child, although the words in the report seemed too complex to have come directly from children. Claire Winter replied that the work done via Children and Young People’s Plan involved children who were 10 to 12 years old and up, and they did indeed use words such as “domestic abuse”, which is one of their key concerns. They often hear such terms on the news, in the press, and on social media.

Cllr Slocombe observed that she had noticed on news reports a great deal of work going on regarding problems of social media. She asked if work was being done on early diagnosis of autism, noting that many parents were angry because it had not been. Claire Winter responded with respect to bullying that there is no evidence that it is increasing, but there are higher stress levels amongst children due to unpleasant relationships; therefore, schools are doing considerable work on mental health issues and providing access to support and are very keen to work with families directly. A parents’ group has been set up through social care to help parents help their own children. Jonathan Higman, ICB Chief Executive, stated with regard to autism that a great deal of work has been done over the past years, but more needs to be done, with the focus on initial assessment and follow-up. He added that the report on SEND services at schools is due to be published this week.

The recommendation was that the Health and Wellbeing Board & Integrated Care Partnership noted the Somerset Safeguarding Children Partnership’s Twelve-Monthly Report.

The Board approved this recommendation.

Health, Care and Housing Report – Agenda Item 9

The Chair invited Lou Woolway, Deputy Director of Public Health, to make the presentation. She noted that this issue is a priority for this Board but is a very wide topic, so the endeavour at the moment is to determine where to start.

First, there have been two multi-agency workshops held, with a small group of officers, including Alice Munro, Consultant in Public Health, working together at a system level to further define the work programme, put together the report, and gain approval from this joint Board. Alice Munro spoke about the work in defining a set of health, care and housing principles which could be applied across all work in the county by relevant strategic and operational boards, which includes:

- A culture of doing the right thing
- An approach which is person-centred, trauma-informed, and strengths-based and considers the whole person

- Homes that are adaptable in the future
- Integrated services, directorates and partner organisations to consider issues of housing standards, suitability, security of tenure, and affordability
- Improving practice through learning, evaluation, and building on existing good structure
- Equity and the reduction of inequalities in housing
- Active engagement with people and communities to understand their priorities
- Effective and efficient resource usage

Mark Leeman, Specialist in Housing Strategy, then spoke about the focus on rough sleepers and homelessness, pointing out that two people die every day in the UK from homelessness, and at least seven died in Somerset last year; the average age for rough sleepers is 42 years old, with a life expectancy of 44 years. They have extreme vulnerability, often due to childhood trauma. He noted that the diagram being viewed was a very simplified version of the Integrated Care System relating to homelessness, with the stated objective of collating the learning from the Homelessness Reduction Board, the Better Futures Programme, and the Make Every Adult Matter (MEAM) Approach to identify the opportunities for embedding systemic change around homelessness and to identify opportunities where homelessness can be prevented in future. He pointed out that one of the organisations on the chart, Creative Solutions, is an extensive multi-agency team working to create solutions for very vulnerable people; they need the support of this Board as well as directors of services, politicians, and commissioners. The request to this Board is that the learning gained from this work is utilised to change the way that prevention and intervention takes place. MEAM are experts in this matter, and on February 28 here at Deane House the next MEAM workshop will take place with Gavin Roberts, a nationally recognised systems expert, attending. All Board members are encouraged to attend in order to become part of improving the front-line system for these extremely vulnerable people.

Mark Leeman also discussed the second priority, which is the topic of independent living, the focus is on keeping people safe in their homes and able to maintain their independence in a home that is affordable and suitable for their needs, rather than entering the health and care networks. It also encompasses hospital discharge, so that they can return to their homes quickly; better use of the Better Care Fund; understanding demand and need for specialist accommodation; dementia; learning disabilities; and mental health, all of which need to be addressed further. It was pointed out that landlords are not equipped to support tenants with complex needs, as services aren't available to them to prevent such problems; and this issue desperately needs widespread discussion.

Other important elements of getting healthy housing into all policies includes:

- Health Needs Assessment (HNA) – To inform the delivery of the strategic priorities, a baseline understanding of housing needs across Somerset is needed.
- Health Impact Assessment (HIA) – A process for new developments that meet agreed criteria will contribute to maximising opportunities to improve health through healthy homes, although effective local policies of enforcement are also needed to work hand in hand.
- Workforce Planning – Housing must be considered within this planning.

Lou Woolway stated that the request to this Board is to continue the level of work related to these issues, to define the work programme, and to bring these matters, when finalised, back to the Board for approval. It is also requested that there be an agreement to employ a systems approach via the 'systems thinking and leadership framework'. The main question is: What are the county's needs with respect to housing and what type long-term planning will be involved with those needs.

The Chair invited comments and questions from the Board. Cllr Slocombe raised the issue of minimum space standards, declaring that these need to be made part of Somerset's new housing as the lack of space can cause mental health problems. With respect to Fit for My Future, there is not enough preparation for the ageing of people in their homes, who ideally should be able to continue living independently in the same house. There should be "homes for life" where it is possible to install aids, wheelchairs, and other adaptations. She was reassured that there is an awareness of the need to prepare for life stages. Cllr Heather Shearer advised that the Strategic Somerset Housing Group works on this issue and is brilliant; she added that housing is involved in all care decisions and that the design of inter-generational housing with the ability to adapt through time is important. She mentioned that many different members of the County Council's executive will have a part to play in local and strategic planning; and she noted with respect to housing in workforce planning that the My Time to Care recruitment campaigns were already bearing results with many enquiries about employment in the care sector.

Lou Woolway stated that this Board needs to agree that, where there are problems, everyone will get involved; and Jonathan Higman agreed that this is exactly the place to have these discussions and work together. He said that this had been a very good conversation about how that can be done. The Chair suggested that conversations also need to be held with developers and those involved with local planning.

Cllr Andy Kendall addressed homelessness in his own area, speaking for those in the armed forces and others in Yeovil. Although the system appears to be working for most, he is concerned about certain individuals, noting that there are homeless people

in Yeovil who don't seem to have help to get off the streets. The Chair asked that the Councillor email the Executive in regard. Jai Vick, Head of Housing Services at Mendip District Council, stated that she will take Cllr Kendall's issue back to her team contacts; she observed that homelessness is very complex, and it is sometimes hard to convince the homeless to accept assistance. She advised that there are many people performing outreach to the homeless, but concerns can also be reported to StreetLink.org.uk, as that intelligence will then be passed on directly to the outreach teams.

Cllr Lucy Trimnell noted that there will be 44 new houses built without any outdoor space or gardens that are supposedly designed for families; it appears that developers actually promote the lack of space as a new way of living. This could be very detrimental, with young children pushed to play in parks where they could be vulnerable. Cllr Slocombe asked for Cllr Revan's involvement in instituting minimum standards throughout Somerset, as if this were to be made a countywide policy, developers would not be able to avoid it.

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

- **To define a set of health, care and housing principles which can be applied across all work in the county by relevant strategic and operational boards.**
- **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.**
- **To 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).**
- **To continue to develop these recommendations and to define the work programme further, with recommendations coming back to the committee in common for approval.**

Work Programme – Agenda Item 10

Lou Woolway, Deputy Director of Public Health who manages the work programme, advised that the agendas for March and May will be fluid; March will have a Health and Care Strategy report and a report on the Integrated Care Strategy, and one more topic could be added.

Prof Trudi Grant, Director of Public Health, advised that the draft Terms of Reference need to be brought to this Board for discussion and agreement. She is also keen as the Board moves into a new structure to have a strategic level of conversation regarding a long-term plan. She would therefore welcome a conversation regarding the system-wide view on how we are working with our communities, and also one on possible priorities to take forward to the new Somerset Board. The Chair suggested that it might be beneficial to discuss this last topic on its own in an informal meeting.

Cllr Brian Hamilton advised that he had sent out to Board members a question via email regarding the change from the telephone network to all digital in 2023, which poses a risk to certain health systems and devices that use copper telephone lines and would need more than an hour's backup capacity in the case of power outages. He added that 91% of people don't even know about this planned change. Prof Grant advised that they were looking at systematic power outages under the Civil Contingencies Unit and with power suppliers, especially in vulnerable sites such as nursing homes and hospitals. It is a very good question, which she is happy was flagged by Cllr Hamilton, and she will return with a more detailed answer. ACTION

The Somerset Health and Wellbeing Board & Integrated Care Partnership noted the tentative Work Programme and potential future items.

Any Other Items of Business - Agenda Item 11

The Board noted that a briefing paper was earlier circulated to joint Board members entitled, "Review of Support for Speech Language Communication Needs (SLCN) in Early Years".

Cllr Adam Dance, Co-Vice Chair, advised that HIV Testing Week is taking place next week and communications will be sent out in regard.

The next meeting is scheduled for Monday 27 March 2023.

The meeting ended at 16:45

CHAIR

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27 March 2023
Report for information

Update on the Initial Integrated Health and Care Strategy in relation to engagement and the Joint Forward Plan

Lead Officer: Victoria Downing-Burn, Director of Workforce Strategy, NHS Somerset
Author: Caroline Greaves, Programme Manager, Fit for my Future
Contact Details: 07584 530727

<p>Summary:</p>	<p>The integrated care strategy for Somerset will set out how commissioners in the NHS and local authorities, working with providers and other partners, will together deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.</p> <p>The integrated care strategy for Somerset signals an opportunity to do things differently than before including reaching beyond traditional health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.</p> <p>This report is an update on the development of Somerset’s Integrated Health and Care Strategy in relation to:</p> <ul style="list-style-type: none"> • engagement with the public in understanding the wants, needs and views of the local population • how the engagement work influences the strategy • the role of the Joint Forward Plan in underpinning the delivery of the strategy
<p>Recommendations:</p>	<ol style="list-style-type: none"> 1. The Health and Wellbeing Board is aware of the engagement on the Integrated Health and Care Strategy. 2. The Board recognises that the engagement will shape the strategy and the joint forward plan. 3. To consider and comment on the 3 underpinning principles in section 2.3 4. To recognise that the Joint Forward Plan is in development as the strategy evolves. 5. To delegate the approval of the strategy during May / June 2023 to the Chair and Vice-Chair, should the new Board not be fully constituted and operational.
<p>Reasons for</p>	<p>To provide the Health and Wellbeing Board with an update on</p>

recommendations:	the public engagement in relation to the Integrated Health and Care Strategy, and to seek delegated for the approval of the strategy to the Chair and Vice-Chair as required.
Links to The Improving Lives Strategy	<p>Somerset’s Integrated Health and Care Strategy supports the vision of the Somerset Health and Wellbeing Strategy, by encompassing its underlying principles and priorities to improve the lives of people Somerset and, in particular, to:</p> <ul style="list-style-type: none"> • Increase healthy life expectancy, taking account of quality as well as length of life, and • Reduce inequality in life and healthy life expectancy between communities, through greater improvements in more disadvantaged communities. <p>We recognise the disparity in service access and the need to establish parity of esteem between mental and physical health services.</p>
Financial, Legal, HR, Social value, and partnership Implications:	No financial, legal and HR implications to note at this stage, however, as the Joint Forward Plan (detailing the 5-year prioritised plan, with financial and workforce implications) is developed all implications on resources will be considered.
Equalities Implications:	The strategy is aimed at addressing inequalities in outcomes, experience, and access to services.
Risk Assessment:	A key risk to the successful achievement of the Integrated Health and Care Strategy is poor collaboration (of health and care systems across Somerset including health and social care providers, local government, the voluntary, community, and social enterprise (VCSE) sector, and other partners).

1 Background

1.1. The Integrated Health and Care Strategy development:

- Builds on the previous work from the Fit for My Future programme engagement during 2018
- Is based on the Joint Strategic Needs Assessment (JSNA) aims (2016-2018). These describe the current and future health, care and wellbeing needs of the local population.
- Responds to Priority four of the Improving Lives in Somerset Strategy (2019-2028).
- Is aligned to the recently published Council Plan 2023-2027, and the priority: **A healthy and caring Somerset**

1.2. Integrated Health and Care Strategy

The inaugural meeting of the Somerset Health and Wellbeing Board and Integrated Care Partnership on 28 November 2022 endorsed the founding principles of our emerging Health and Care Strategy for Somerset which we published as the first step in development of the full version of the strategy. These principles form the basis for more wider engagement with the public and key stakeholders this year.

We published the initial strategy on behalf of the Partnership, this is available on the Somerset County Council website (link below). We continue to develop the detail of our strategy and its associated delivery plans.

<https://www.somerset.gov.uk/social-care-and-health/somerset-health-and-wellbeing-board/>

2. Developing the Integrated Health and Care Strategy

2.1. Working alongside Healthwatch Somerset we have asked local people to give their views on what matters most to them, to help us shape the Health and Care Strategy and the plans. This has allowed us to engage more recently with our patients and the public through:

- a) an online survey, which closed on 5 March 2023.
- b) Healthwatch Somerset volunteers also spent time at different public sites listening to members of the public to speak to them about what matters to them and their families. These face-to-face sessions were held at locations in Somerset:
 - Street
 - Yeovil
 - Bridgwater
 - Frome
 - Taunton

Through the engagement, we achieved the following:

- 503 completed questionnaires
- 58,237 interactions / reach via social channels. This does not include posts our partners such as Somerset County Council promoted.

We have engaged an independent company, Darmax Research, to receive all of the feedback, analysis it and conduct an independent analysis of the engagement feedback.

Currently we have some of the themes from this engagement which relate to aim 1 of the strategy: 'Improving health and wellbeing of the population'.

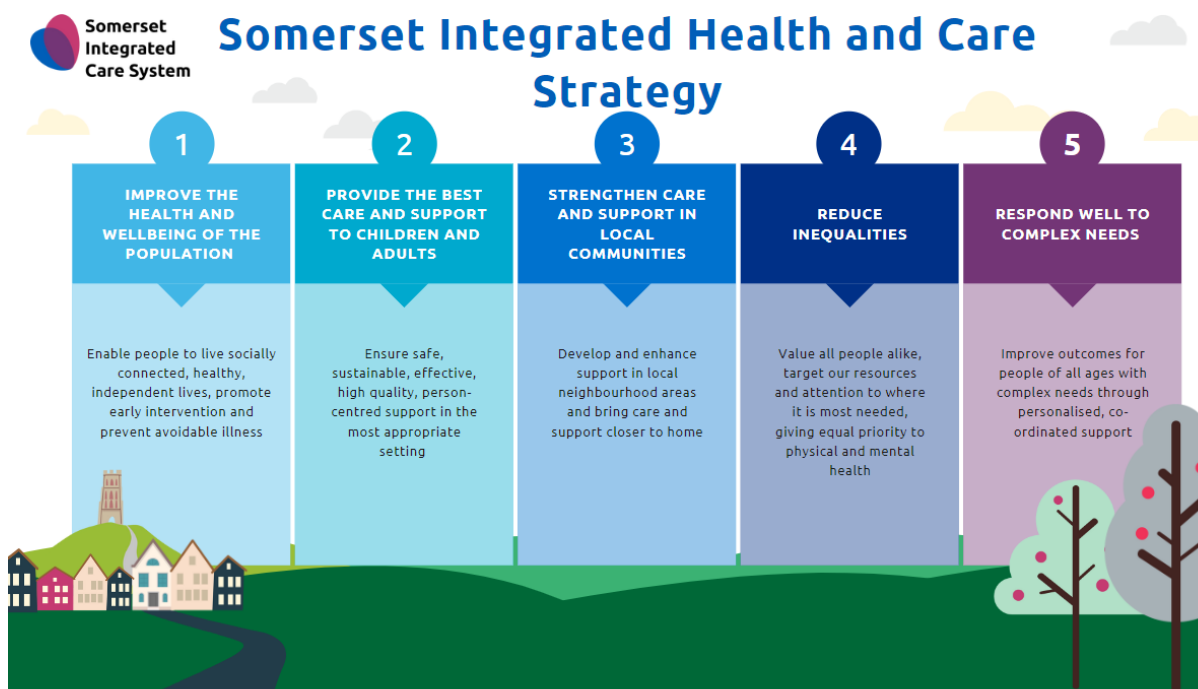
- Want integrated and joined up approaches to health and care
- Want community based care
- Want fast and easy access to quality healthcare
- Access: challenges to access services due to travel; access to GP services; access to facilities such as leisure
- Long-term conditions and illness and disability impact on overall health and wellbeing
- Carers report difficulties and lack of support systems leading to isolation
- Housing is a contributor to Health and WellBeing

This feedback supports the importance for people of Level 1 and Living Well of the Model of Care. It also highlights the importance of the structures of services (see Section 2.3).



2.2 The themes from the engagement work will be reviewed and considered against the five aims of the strategy as shown in Diagram 1 below.

Diagram 1: The Integrated Care Strategy 5 Aims



2.3 It is proposed that there are 3 principles that underpin all the work that the strategy is seeking to achieve and how it will be achieved. These principles reflect the County Plan 2023-27:

- Principle 1: Prevention: living well with healthier lives for longer
- Principle 2: Reduce Inequalities: creating equity and fairness
- Principle 3: Integration in all we do

2.4 The delivery of the strategy will be outlined in the Joint Forward Plan. The plan is a statutory requirement and ensures that the Integrated Care Board and NHS providers of services describe how they will aim to meet the physical and mental health needs of our population through arranging and/or providing NHS services. The Joint Forward Plan will take proper account of the Somerset JNSA and the Improving Lives Strategy

In Somerset we have agreed that the plan will be system-wide covering health and care.

3. Next steps

- 3.1. To continue to review the engagement outcomes and contributions from the public and other partners and to use this in developing the strategy and the joint forward plan.
- 3.2. To confirm the final strategy by the Integrated Care Partnership, ensuring that the Integrated Care Strategy takes into account the Improving Lives Strategy and the JSNA.

4. Report Sign-Off

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Victoria Downing-Burn	17/03/23
	Cabinet Member / Portfolio Holder (if applicable)	Bill Revans	16/03/23
	Monitoring Officer (Somerset County Council)		Click or tap to enter a date.

Somerset Integrated Care Strategy and Five Year Joint Forward Plan Update on process and progress

Health and Wellbeing Exec 16 March

Collaboration Forum 17 March 2023

Health and Wellbeing Board 27 March 2023

Somerset Integrated Care Board 30 March 2023



Our Somerset ICS vision and strategy

Improving Lives is the Somerset strategy owned by the Health and Wellbeing Board. This sets out how we will work to deliver improvements for our population. We take the Joint Strategic Needs Assessment into account when defining the strategy.

The Integrated Health and Care Strategy will deliver the fourth element of Improving Lives and will guide our system planning and prioritisation.

Organisational strategies (for example, the clinical strategy, which underpins the merger of Somerset Foundation Trust and Yeovil District Hospital), will be set in the context of delivering our overall system strategy.

Ahead of the ICS launching, we refreshed the strategy and engaged with a number of stakeholders to make sure it was fit for purpose, what we learnt from Covid; ensuring the strategy is inclusive and covers all ages of our population and meets the requirements of the ICS. We are mapping transformation programmes across the system to identify where we have gaps and need to accelerate activities in order to deliver the strategy.

SOMERSET COUNTY VISION

We have a vision for Somerset. Over the next ten years, we want all organisations to work together as a partnership to create:

- A thriving and productive Somerset that's ambitious, confident and focused on improving people's lives
- A county of resilient, well-connected safe and strong communities working to reduce inequalities
- A county infrastructure that supports affordable housing, economic prosperity and sustainable public services
- A county and environment where all partners, private, and voluntary sector, focus on improving the health and wellbeing of all our communities

Working Vision for the Partnership

In Somerset we want people to live healthy independent lives, supported by thriving communities with timely and easy access to high quality and efficient public services, when they need them.

Somerset Strategy and Joint Forward Plan

- The strategy development builds on the work from Fit for My Future with 5 aims
- It will take us from 2023 to 2028
- The Integrated Care Partnership is the leading body for the work and there is a recently created Collaboration Forum that is overseeing the engagement and development work.
- We have undertaken engagement on the strategy and the joint forward plan (the what and the how), with a questionnaire supported by HealthWatch, as well as engagement with partners.
- The Joint Forward Plan is a programme and project plan for the effective delivery of the strategy. Work continues to prioritise the key work programmes against the strategic aims and resource requirements

Somerset Strategy and SAMPLE Engagement Themes

Gathered and reported under aim 1: 'Improving health and wellbeing of the population'

- Want integrated and joined up approaches to health and care
- Want community based care
- Long-term conditions and illness and disability impact on overall health and wellbeing
- Access: challenges to access services due to travel; access to GP services; access to facilities such as leisure
- Want fast and easy access to quality healthcare
- Carers report difficulties and lack of support systems leading to isolation
- Housing is a contributor to H&WB

Full report
is under
development

Our Somerset model of care



Somerset Strategy Model of Care

- A key focus remains on Level 1 as the ambition for Somerset.
- Level 1 activity will: reduce inequalities; reduce demand in levels 3 & 4, and 5; enable better use of resources
- Level 1 is achieved through our communities as well as services
- Level 1 also links to the wider determinants of health (housing; geography; education; socio-economic issues)

Somerset Integrated Health and Care Strategy

1

**IMPROVE THE
HEALTH AND
WELLBEING OF THE
POPULATION**

Enable people to live socially connected, healthy, independent lives, promote early intervention and prevent avoidable illness

2

**PROVIDE THE BEST
CARE AND SUPPORT
TO CHILDREN AND
ADULTS**

Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting

3

**STRENGTHEN CARE
AND SUPPORT IN
LOCAL
COMMUNITIES**

Develop and enhance support in local neighbourhood areas and bring care and support closer to home

4

**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

5

**RESPOND WELL TO
COMPLEX NEEDS**

Improve outcomes for people of all ages with complex needs through personalised, co-ordinated support

Integrated Care Strategy

2023-28

1

Improve the health and wellbeing of the population

2

Provide the best care and support to children and adults

3

Enhance community support and services

4

Reduce inequalities

5

Respond well to complex needs

Prevention, Inequalities and Integration

Somerset Strategy 5 Aims

- **Aim 3: Enhance community support and services**, to create greater emphasis on subsidiarity and local ownership; places focus on community-based inequalities and opportunities for local solutions / responses. With services provided in communities and closer to home
- Underpin all of the aims with **3 principles**:
 - Principle 1: Prevention: living well with healthier lives for longer
 - Principle 2: Reduce Inequalities: creating equity and fairness
 - Principle 3: Integration in all we do

What are the obstacles to us achieving our vision?

1 THERE IS A LACK OF FOCUS ON POPULATION HEALTH AND PREVENTION

Healthy life expectancy is decreasing for some groups and we do not focus enough resource and attention on prevention and wellbeing

2 THERE ARE FRACTURED, CLUNKY PATHWAYS AND PROCESSES

Our pathways are disjointed and frequently too long, wasting time and resources for people, carers and colleagues, and negatively impacting the environment

3 TOO MUCH RESOURCE IS SPENT ON HOSPITAL CARE

We are overspent, with too much attention and resource spent on hospital care, and not enough on children's services, mental health and community based services

4 INEQUALITIES ARE WORSENING

We have worsening health inequalities, impacted by COVID, with some groups having life expectancy 10-20 years below others

5 THERE IS POOR CO-ORDINATION OF CARE FOR PEOPLE WITH COMPLEX NEEDS







People with complex needs have poorly co-ordinated care wasting time, and leading to worse outcomes



Somerset Strategy obstacles & intentions

- Reframe the language in the action section to present the opportunity e.g.:
 - Obstacle 1: we will focus on prevention enabling to live longer with good health
 - Obstacle 2: we will reduce the fragmentation that people experience in services by integrating
 - Obstacle 3: we will prioritise mental health, community and children's services and review how we use resources within the acute hospitals
 - Obstacle 4: we will prioritise resources to groups and communities that experience poor outcome, and in doing so reduce inequalities
 - Obstacle 5: we will co-ordinate and integrate services


Our approach to working together in Somerset ICS

-  Everyone plays their part by working together and removing barriers in order to create the conditions which promote healthy, connected communities
-  We live within our means, and use our resources wisely to create a sustainable system
-  We have trusting and collaborative relationships
-  Engaged colleagues drive innovation from within high-performing teams, with strong supportive leadership
-  Our processes and systems make it easy for us to do the right thing and to get it right first time
-  We focus on and measure, things that matter to people, carers and colleagues

Somerset Strategy and working together

- We will use our resources wisely to create a sustainable future the services across our system, to support our people

Our enablers...



Excellent communication, quality improvement and learning are at the heart of our work

Our organisations deliver the right people, working differently, in a compassionate and inclusive culture

We all work on a single agreed strategy

We make the best use of our collective assets and resources

Our digital technologies are connected, driving access and information sharing across our organisations

We work in partnership with communities, the voluntary sector, carers and people with experience



Somerset Joint Forward Plan 2023-28

Joint Forward Plan

- Statutory requirement for the ICB and partner NHS FTs to prepare a Five Year Joint Forward Plan (JFP) before the start of each financial year. The JFP describes how the ICB and FTs intend to meet the physical and mental health needs of our population through arranging and/or providing NHS services. This should include delivery of universal NHS commitments and address the four core purposes of the ICS.
- **We have agreed in Somerset that this will be a system JFP covering health and care.**
- This will be a transition year, recognising that the time available to develop JFPs and Integrated Care strategies is shorter than desired.
- A draft JFP will be shared, to confirm that that draft JFP takes proper account of the JSNA and Improving Lives strategy.

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
	27 March 2023	
Somerset Board Development Workshop (90 minutes)		All HWB/ICP Board Members
Integrated Care Strategy Update (20 minutes)		Victoria Downing-Burn

Thank You to Departing Board Members		Lou Woolway
	19 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) or Lou Woolway (lou.woolway@somerset.gov.uk).
- 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 and others attending virtually via Microsoft Teams (or Zoom where required)**