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## Annual Report

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### Summary:

Health and Wellbeing Boards are an important feature of the reforms introduced by the Health and Social Care Act (2012). These Boards are constituted as formal committees of all upper tier local authorities and form part of the role that local authorities now have to improve the health of their population. The Health and Wellbeing Board has the following five statutory duties:

- The Board must have a Health and Wellbeing Strategy for its population in place
- The Board must produce a Joint Strategic Needs Assessment (JSNA) to inform planning and commissioning
- The Board must produce a Pharmaceutical Needs Assessment (PNA) for the area
- The Board must oversee the Better Care Fund (BCF) and promote the integration of health, public health and social care where appropriate
- The Board must oversee the implementation of the statutory requirement within the Children and Families Act 2014, for local services to work together providing care and support for children and young people with special educational needs and disabilities (SEND), ensuring that local services are fulfilling their role and that children are getting the care they need.

In addition to fulfilling its statutory duties, the Somerset Health and Wellbeing Board undertakes to progress health improvement through a number of specific workstreams each year, as well as taking an oversight and influencing role across the whole health and wellbeing system. The Board has 20 Members from SCC, CCG, District Councils, NHS England and Avon and Somerset Police.

Details below give further information on the topics discussed at each of the Boards.

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|  | <p>A standard agenda item at each Board is an update on the development of the Integrated Care System for Somerset and, in line with the statutory functions of the Board reports for the last year, included SEND, safeguarding for both adults and children, the JSNA, and the Better Care Fund.</p> |
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## **1. Health and Wellbeing Board Meetings 2021/2022 (since the last Full Council Meeting in July 2021)**

### **1.1. 27 September 2021**

#### **Community Adult Mental Health**

The main discussion centred on the Open Mental Health initiative, an alliance of voluntary organisations, the NHS, social care, Somerset County Council, and individuals who have lived experiences of mental health. The emphasis is on prevention, flexibility, inclusion, with access to specialist services including NHS support, housing advice, debt and employment advice, volunteering advice, and peer support. Key achievements include more people accessing support (3800 per month), lower waiting times, a recovery rate significantly higher than the national average, no patients placed out of area, training, assistance from physical health support workers, and no waiting time for care coordinators in the majority of localities. Somerset's Open Mental Health model has been cited as an exemplar nationally.

#### **Somerset Integrated Care System (ICS)**

The new Integrated Care Board (ICB) is a standard agenda item at the Board and reports on progress since the last Board meeting. Resources are being allocated to deliver the plan and establish governance arrangements. The Integrated Care Partnership (ICP) is also being constructed; it will bring together partners to deliver the actions required through joint working, with input from Directors of Public Health, clinical and professional experts, representatives of adults' and children's social services, health and care services, the VCSE sector, Healthwatch, and volunteer organisations. The ICS is also working together with Adult Social Care regarding Intermediate Care, which manages the flow of persons into and out of hospitals.

#### **Governance Arrangements for Health & Wellbeing in Somerset**

New legislation calls for Integrated Care Partnerships (ICPs), which are designed to cover large geographical areas with multiple authorities and boards. As Somerset has a single Health and Wellbeing Board and a single Integrated Care Board, there is the potential for some duplication between the ICP and the Health and Wellbeing Board in Somerset. The ICP will be a statutory body of the ICS. The decision made to hold a workshop to discuss further.

## **1.2. 22 November 2021**

### **JSNA Update**

This report is a statutory requirement for the Health and Wellbeing Board and enables understanding of the health and care needs in Somerset, which are very different now after the onset of the pandemic. The first focus of this year's JSNA was on the highest 10% of deprived areas in Somerset, where some changes occurred quickly, others more slowly; A&E attendance, unemployment claims, domestic abuse, anti-social behaviour, hunger, stress and anxiety, volunteering, rural vs urban poverty, and other topics were examined. In summary, significant need in the poorer communities of Somerset was reported, and the impact of Covid on the welfare, wellbeing, and mental health of residents has also been significant, albeit slow to develop. On the positive side, the pandemic generated stronger community interaction. A development session on those issues was later held using updated figures on the pandemic and its effects.

### **Children and Young People Mental Health**

A report on "Somerset's Children and Young People's Mental Health and Emotional Wellbeing" was presented, which focused on the situation beginning two years ago, where matters now stand, and hopes for the future. The report involved input from Somerset CCG, Children's Services at SCC, Somerset NHS Foundation Trust, and Young Somerset/Somerset Big Tent. The report discussed the NHS long-term plan and funding, the continued operation during the pandemic of Somerset's statutory and VCSE providers, the differing experiences of families, the system's response to the pandemic including increased joint working, challenges for young people in Somerset, emotional wellbeing services, intensive support for young people with complex needs, and development of a local transformation plan for children's and young people's mental health including working with families.

### **Healthwatch Update**

Healthwatch exists to speak up for local people on issues of health and social care; an example of this is the Young Listeners project, which aims to give young people a chance to speak up about services that they use, including mental health, eating disorders, GP access, and cancer support. Feedback reflected the belief that there is a lack of communication between the different services and with the young users, that there is not enough information about health and social care in schools, and that there is a lack of advertised access to the services. Other areas of work for Healthwatch include projects for determining how people access primary care, evaluation of the NHS 111 service, community care and care homes, the district nursing service, referrals to treatment and the effects of long delays, and the reasons for increased pressure on emergency departments.

### **Better Care Fund Report**

The BCF has focused on joined-up working and joined-up funding; one aspect

of this involves the NHS and CCG with respect to funding for social care and out-of-hospital care and support. Other work involves the flexible use of the BCF to support Healthy Neighbourhoods and Healthy Housing, entailing the sourcing and securing of accommodation, supporting tenants and landlords, etc. Another sector of involvement is Somerset Independence Plus, which sees NHS England, local authorities, and ICS working with the BCF on housing and health matters. Moving forward, the focus will be on out-of-hospital care and keeping people in their own homes, so collaboration and integration will need to be improved. The BCF is already a very complicated endeavour with a complex framework involving the collaboration of many different services; they would like to move towards a larger, more comprehensive schedule of health and care that is jointly managed via engagement with the Health and Wellbeing Board. The Director of Public Health expressed her hope that in future there would be more emphasis on prevention rather than care, with a focus on keeping people out of care and living independent lives, as well as effort put into tackling inequalities; this may become more feasible under a reformed ICS.

### **Integrated Care Services (ICS) Update**

ICS has now appointed a new Chair and new CEO effective from April [delayed to July] of 2022; they will be working with partners, including the Health and Wellbeing Board, to put into place an Integrated Care Partnership (ICP) underneath the ICS. A workshop was held in October on how membership and governance arrangements will proceed, where it was decided that four main issues will be taken into consideration: clarity between the boards and understanding their remit, the need to keep the structure simple, limited membership with possibly some common members, and the desire to maintain the Improving Lives agenda. The workshop's recommendations for the Health and Wellbeing board were to establish a close working relationship with the future ICP, align the agendas and work programmes of both boards, and establish committees in common. The arrangements may continue to develop and morph even after formal establishment of the ICP.

### **1.3. 17 January 2022 (Advisory)**

#### **Somerset Safeguarding Adults Board Annual Report**

Within the statutory duties of the Board, the overarching purpose is to work with local boards and partners to develop safeguarding arrangement for adults with care and support needs, and to seek assurance of these arrangements. This includes three core duties, which include developing a strategic plan, publishing an annual report on the effectiveness of their work, and commissioning Safeguarding Adults Reviews (SARs) for those cases meeting the criteria. Two recent important pieces of work include the Southwest Audit Partnership, from which the recommendations have now been completed, and the 2020-21 self-audit, which revealed that Covid has led to an increase in the complexity of cases requiring a higher level of managerial support, greater engagement and support between agencies, and challenges regarding staffing.

They are now in the last year of the current three-year plan, and highlights of their progress this year include the development of a new self-audit process, public information on "mate crime", a new performance dashboard, supporting national work, and working with other regional boards on a series of webinars during National Safeguarding Adults Review Week. Work has begun on the next three-year plan, which will focus on adults with learning disabilities, transitional safeguarding, and self-neglect. A lengthy discussion was held which touched on retaining the learning gained during the pandemic, addressing inequalities, impacts on older people, preventative measures, etc.

### **Safeguarding Children Partnership Twelve-Monthly Report 2020-21**

The lead for the Partnership is shared between three statutory partners: SCC, Avon and Somerset Constabulary, and Somerset CCG. Work has been done on child exploitation, strengthening links between partners, supporting vulnerable families, lessons learned from Covid, hearing from young people, children's safeguarding training for GPs, early help, and consultation on the next Children and Young People's Plan. The Director of Public Health opined that quantifying the impact of certain types of services like early help will be a challenge, as it is difficult to measure what has been prevented, but traditional way of measuring (like cause and effect) may have to change.

### **Integrated Care Services (ICS) Update**

It was reported that there had been a delay nationally with respect to commencement of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP), which will now take place on 1<sup>st</sup> July 2022 rather than 1<sup>st</sup> April. In the meantime, the designated Somerset ICB Chair and the designated NHS Somerset ICB Chief Executive are involved with the development of the agenda and governance arrangements, while the ICS continues with its current arrangements. It is important to determine how the ICP will function, with prevention and methods of measurement being key. The Improving Lives strategy also needs to be a focus.

### **Annual Public Health Report**

This year's annual report focused on the specific impact of Covid on children; this information was gained from the school survey involving 8000 children from 92 schools, and from focus groups involving children aged 11-18 across Somerset. The key findings were that there was a wide diversity of reactions to Covid measures and the pandemic; that children's worries included missing out, mental health, digital exclusion, lack of services, not seeing family for long periods or being with them too much, overeating, too much time online, etc. Positive reactions regarded receiving support from peers, spending more time outdoors, and doing more schoolwork and reading. The most important issue was to keep children in schools and not close them if at all possible. Recommendations included addressing more the impact of health and social inequalities in all policies and commissioning, engaging more in a collaborative fashion, extending more help and support to children and young people to remedy the effects of the pandemic, developing and extending the wellbeing

framework, and continuing the vaccine programme and infection control measures. Other issues to note are the rapid change in the social context in which everyone operates since the pandemic, the move toward online tuition, and the long-lasting effects on children and young people of these changes.

#### **1.4. 21 March 2022 (Advisory)**

##### **Integrated Care System (ICS) Update**

The Health and Care Act continues to progress through the Parliament, with 1<sup>st</sup> July 2022 now being the date for institution of the new Integrated Care Board (ICB), which is the successor organisation to the Somerset CCG. Planning for the Integrated Care Partnership (ICP) is less advanced but still progressing. The Integrated Care System (ICS), it has four key aims: to improve outcomes in the population's health and healthcare, to tackle inequalities, to enhance productivity and value for money, and to help the NHS support broader social and economic development. Improving Lives is the statutory health and wellbeing strategy for Somerset, while Fit for My Future is the statutory health and care strategy by which the Somerset ICS will effect the vision of people living healthy independent lives supported by thriving communities with easy access to high-quality public services. The principles of system-working and the structure of the ICS was discussed; the latter has the ICS and the Health and Wellbeing board sitting above the ICB, the Local Authority, and the ICS "engine room", which is a way of working where partners come together to work as a single system. Other aspects of the ICS and ICB include development of professional and clinical leadership and the recruitment of a Chief Medical Director and Nursing Director. The year-one priorities include continuing to lead the pandemic response and recovery, creating the ICS engine room, establishing the ICP and its health care strategies, developing and implementing a strategy for primary care, and developing the five-year financial and workforce strategies as well as the Board and system as a whole. The five-year programme will focus on transforming local health and care services to become more prevention driven rather than demand drive, with the national guidance and policy supporting this approach. It was also reassured that specific issues will not be lost in the transition, as there are six delivery boards focusing on primary care, urgent care, mental health, etc. that will transition into the ICB.

##### **SEND Update**

It was noted that 27% of the Somerset population is under 25, and that one in six of those young people will have some kind of disability or special educational need. SEND entails children and young people with mental health needs, physical and sensory difficulties, learning disabilities such as autism, speech/language/communication issues, and difficulties requiring additional support in school; and the 2014 Children and Families Act set out the framework for new ways of working together across health care and education. In March 2022, the Care Quality Commission undertook an inspection of SEND services across Somerset and found 10 weaknesses; in response, Somerset

SEND produced nine Written Statements of Action to address those deficiencies, along with a plan to implement them involving school leaders, parent carers, the CCG, and DfE/NHS programmes. Somerset SEND is also promoting a culture of inclusion and collaboration, with families involved in the service design. DfE and NHS monitoring in January 2022 found that the local area has maintained good progress in implementing the Written Statements of Action, while those actions that are behind schedule have been identified and corrective measures put into place. A needs analysis will be paramount for the new strategy moving forward from 2023, for which a focused development session with the Health and Wellbeing Board will be held.

### **Homelessness Reduction Board Report**

The Board was established in April 2021 and has been monitoring the progress of their initiatives with the Better Futures programme action plan, which covers six themes, including early help and prevention, commissioning homes and support, appropriate use of short-term supported accommodation, access to permanent homes, sustainable tenancies, and leadership/learning/governance. The Board has also delivered Covid vaccinations to the wider homeless cohort in Somerset, has introduced the Homeless Nursing Team pilot, and is developing other initiatives that adhere to the Improving Lives priorities and outcomes.

### **Health Protection Annual Report**

The Health Protection Forum Assurance Report for 2021 was produced to provide assurance to the Health and Wellbeing Board that they are protecting the community from communicable diseases and environmental hazards. The Forum includes District Councils, NHS Somerset, UK Health Security Agency, Somerset County Council, and other bodies. Although in 2021 the principal activity involved responding to the Covid pandemic, there were many other issues including blood-borne diseases, avian influenza, tuberculosis, environmental hazards including fuel poverty, testing the Offsite Emergency Plan, and screening and immunisations. The priorities for 2022 include collaboration with the Somerset ICS, moving the Musgrove and Yeovil hospitals under one NHS trust, the Local Health Resilience Partnership coming within ICS boundaries, and the transition to the new Somerset Council.

### **Somerset Moves Physical Activity Strategy**

The aim of the strategy is to improve public health via physical activity, as it is known that society has become less active, while the more active anyone is, the better their quality of life. There needs to be an integrated system shaped through engagement with people and through evidence that produces a comprehensive message to increase physical activity. This strategy is overseen by steering groups involving the CCG, Foundation Trust, SCC, SASP and independent expert consultants. There are six focus areas of work and the "Five Asks" to help mobilise the strategy; it was endorsed by the CCG Clinical Executive Committee for Somerset in February 2022. The Physical Activity Strategy is linked to the Improving Lives strategy, while the Five Asks entail

leading by example, empowering people in your care, promoting physical activity within your workforce and in communications, and system-level funding. It is recommended that the Health and Wellbeing Board support the implementation of the strategy through the Five Asks and that all system partners commit to reducing inequality and inactivity for the prevention of ill health, while supporting funding opportunities to achieve this.

## **1.5. 13 June 2022**

### **Integrated Care System (ICS) Update**

The Health and Care Act has now been formally approved, meaning that the CCG will close down on 30<sup>th</sup> June and the ICB (Integrated Care Board), supported by the ICP (Integrated Care Partnership), will commence on 1<sup>st</sup> July. The ICB and ICP together form the ICS (Integrated Care System); the ICB will have a close working relationship with the Health and Wellbeing Board. Everything is currently on track for the new system to be ready in time, with almost all executive and non-executive directors now confirmed; the Somerset ICS Chair/ICB Chair Designate will soon be meeting with the new HWBB Chair.

### **Somerset People Plan**

The ICS People Board is a group with representation from primary care, secondary care, acute care, and the community and voluntary care sectors that deals with workforce initiatives. A presentation was made touching on the definition and responsibilities of the People Board, their achievements in 2021-2022, their priorities for 2022-2023, their focus on the ICS Colleague Health and Wellbeing Programme, their purpose/vision/key objectives, their 10-point plan, and their focus on social care. The Board discussed recruitment and retention initiatives, the perception of social care, and degree programmes for nursing and social workers. It was agreed that future reports from the People Board will be made through the Integrated Care Partnership (ICP).

### **Living with Covid-19**

A presentation by officers of Public Health in Somerset covered the background and context of the Covid-19 pandemic (declared on 11 March 2020) and the response in Somerset, which as a system functioned very well. The last meeting of the Somerset Covid-19 Engagement Board was held on 14 March as the response transfers into the 'Living with Covid-19 Plan' which will be administered by the Health and Wellbeing Board. Other topics covered were the aims of the plan, the ADPH (Association of Directors of Public Health) framework, the prevention of negative outcomes, risk mitigation by and for individuals (including behavioural insights via focus groups), management of local outbreaks (including surveillance), risk mitigations for high-risk settings (including care homes and SEND schools), emergency response, and governance (the Health and Wellbeing Board oversees the Health Protection Board and its Health Protection Team). The Board discuss testing availability in care homes and schools and continued national surveillance of the of the prevalence and variation of Covid, as well as other communicable diseases. It was noted that the Board will in future only receive exception reports on this topic if the situation changes.



## **Pharmaceutical Needs Assessment (PNA)**

As a supplement to his report contained within the agenda, Pip Tucker, Service Manager-Public Health, made a presentation on the Pharmaceutical Needs Assessment 2022-25. In explaining what the PNA is, it was noted that it is part of the 'market entry system' for pharmacies and that the Health and Wellbeing board is required to provide this independent, factual view (due for September 2022) because the NHSE has a conflict of interests. From April 2023, pharmacy commissioning will be the responsibility of the Integrated Care Board. The PNA does not review the quality of pharmacies regarding service or hours or assessment locational conditions. The PNA was written by a working group delegated by the Health and Wellbeing Board in October 2021, which is made up of the principal stakeholders (medical and pharmaceutical committees, Healthwatch, NHS England, Public Health, etc). The findings were also presented, with it noted that the steering group is consulting on two improvements (wider commissioning of Hepatitis C antibody testing and the commissioning of an existing pharmacy in Chard to provide Sunday opening); there were also findings outside the scope of the PNA, which noted a considerable reduction in opening hours currently (largely caused by staffing difficulties) that is affecting prompt service. Within the Board discussion, important points were that 20% of medications are now provided digitally, that there has been a significant reduction in NHS funding to pharmacies, and pharmacies make up part of primary care along with GP surgeries and therefore play a significant role in patient care when GP visits drop off.

## **2. HWBB Work Programme**

- 2.1.** The Executive Group will continue to be used to make suggestions for areas to be covered in future Board meetings, in addition to our need to monitor those bodies for which we have a constitutional responsibility. Suggestions for Work Programme topics are also accepted from Board members via meetings or email.