

# Public Agenda Pack



Notice of Meeting of

## **SOMERSET BOARD**

**Thursday, 14 December 2023 at 10.00 am**

**John Meikle Room, The Deane House, Belvedere  
Road, Taunton TA1 1HE**

To: The members of the Somerset Board

Chair:

Vice-chair:

McClay

Taylor

Trudi Grant

Mel Lock

Councillor Bill Revans

Duncan Sharkey

Councillor Lucy Trimnell

Councillor Ros Wyke

Bernie Marden

Katherine Nolan

Hilary Robinson

Spencer

Paul Von der Heyde

Peter Lewis

Diment

Lennox

Drummond

Revill

Councillor Adam Dance

Alyn Jones

Councillor Tessa Munt

Councillor Dean Ruddle

Councillor Heather Shearer

Claire Winter

Jonathan Higman

Judith Goodchild

Mark Cooke

Ellis

Turner

Dr Robert Weaver

James

Rawlings

Kerr

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For further information about the meeting, including how to join the meeting virtually, please contact .

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This meeting will be open to the public and press, subject to the passing of any resolution under the Local Government Act 1972, Schedule 12A: Access to Information.

The meeting will be webcast and an audio recording made.

Issued by (the Proper Officer) on Date Not Specified

# **AGENDA**

**Somerset Board - 10.00 am Thursday, 14 December 2023**

**Public Guidance Notes contained in Agenda Annexe (Pages 5 - 6)**

**Click here to join the online meeting (Pages 7 - 8)**

## **1 Apologies for Absence**

To receive any apologies for absence.

## **2 Declarations of Interest**

To receive and note any declarations of interests in respect of any matters included on the agenda for consideration at this meeting.

(The other registrable interests of Councillors of Somerset Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes: [City, Town & Parish Twin Hatters - Somerset Councillors 2023](#) )

## **3 Public Question Time**

The Chair to advise the Committee of any items on which members of the public have requested to speak and advise those members of the public present of the details of the Council's public participation scheme.

For those members of the public who have submitted any questions or statements, please note, a three minute time limit applies to each speaker and you will be asked to speak before Councillors debate the issue.

We are now live webcasting most of our committee meetings and you are welcome to view and listen to the discussion. The link to each webcast will be available on the meeting webpage, please see details under 'click here to join online meeting'.

## **4 Introduction to the Board and how it will work**

## **5 Improving Lives Strategy and Integrated Health and Care Strategy (Pages 9 - 48)**

- 6 Board Priorities for 2024/24 (Pages 49 - 54)**
- 7 Update on Housing**
- 8 Questions on Circulated Reports (Pages 55 - 62)**
- 9 Any Other Business**



## Guidance notes for the meeting

### Council Public Meetings

The legislation that governs Council meetings requires that committee meetings are held face-to-face. The requirement is for members of the committee and key supporting officers (report authors and statutory 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.

#### 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](mailto:democraticserviceteam@somerset.gov.uk) or telephone 01823 357628.

They can also be accessed via the council's website on [Committee structure - Modern Council \(somerset.gov.uk\)](#)

### 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](#)

### 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.

### Public Question Time

If you wish to speak or ask a question about any matter on the Committee's agenda please contact Democratic Services by 5pm providing 3 clear working days before the meeting. (for example, for a meeting being held on a Wednesday, the deadline will be 5pm on the Thursday prior to the meeting) Email [democraticserviceteam@somerset.gov.uk](mailto: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, or alternatively can attend the meeting online.

A 20-minute time slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. Each speaker will have 3 minutes to address the committee.

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.

### **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.

There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

### **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.

### **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.

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# IMPROVING LIVES IN SOMERSET STRATEGY

Somerset Health and Wellbeing Board

2019-2028



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## Foreword



I'm delighted to introduce our new 'Improving Lives Strategy' that sets out how Somerset County Council and all its key partners will work together to improve the lives of our residents.

For me, this is the key – improving lives. It is what drove me into politics in the first place and what keeps me motivated and passionate about it now – making a difference to individuals and communities.

The Health and Wellbeing Board is made up of partners from all walks of life, all committed to working across the public, private and voluntary sectors to consider the health needs of the whole community, to look out for our vulnerable adults and children, and to help all our residents understand how they can help themselves to improve their own lives, their own prospects.

This strategy explains how, over the next ten years, we will work together to do that, to improve lives. For example, we are delighted with the progress made over recent years to increase rates of breastfeeding in Somerset, particularly in some of our more deprived areas. We have also made great strides in raising awareness of the support available to older people who might be feeling lonely. We will continue to work together on these and other, similar issues.

Health and wellbeing is paramount to each and every one of us. Keeping well, making sound choices and understanding our own personal health and wellbeing can make a real difference. Overall the health of people in Somerset is good, but some of our communities and groups experience poorer health than others.

We hope you will have full confidence in the strategy – the strategy will only be good if we have your help and input to deliver it.

Thank you,

*Christine,*

Cllr Christine Lawrence

Chair of the Health and Wellbeing Board,  
Cabinet Member for Public Health and Wellbeing,  
Somerset County Council

## 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 is ambitious, confident and focused on improving people's lives
- A county of resilient, well-connected and 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

This vision is owned by all of us; it is not just for decision makers in health and social care services. We want to work together to improve the lives of our residents. We will only achieve this if we work with partners across the county, and with Somerset's residents and communities.

***We can achieve more collectively  
than we can individually.***

## What is the Somerset Health and Wellbeing Board?

The Somerset Health and Wellbeing Board was established in 2013 to bring together key leaders from the local health and care system to work together to improve the health and wellbeing of residents. Current member organisations are:

- Somerset County Council
- Somerset Clinical Commissioning Group
- Healthwatch Somerset
- NHS England
- South Somerset District Council
- Mendip District Council
- West Somerset District Council
- Taunton Deane Borough Council
- Sedgemoor District Council
- Avon and Somerset Constabulary

The Health and Wellbeing Board has a statutory responsibility to understand current and future health and social care needs through the Joint Strategic Needs Assessment, to promote partnership working and integration, and to improve commissioning and delivery arrangements.



In 2013 the Board developed a Health and Wellbeing Strategy for Somerset which described the key priorities for the Board for the next five years to improve the health of the local population.

We are pleased to report that good progress has been made against the original priorities, including:

- Significant reductions in smoking at the time of delivery
- Development of a Somerset Housing Strategy
- Improvements in Delayed Transfers of Care from Hospital
- Adoption of the Somerset Prevention Charter by all key partners
- All partner organisations committing to being 'Dementia Friendly'

## Let's End Loneliness

Loneliness affects health and can have an equivalent impact of smoking 15 cigarettes a day. Somerset has a high number of residents aged 75 years or over who are at higher risk of loneliness. The 'Let's End Loneliness in Somerset' programme was launched in 2015 through District Councils and featured several local events, media campaigns and small grants to support local work. Local 'Let's End Loneliness' plans were developed and supported by the Somerset Voluntary Community and Social Enterprise (VCSE) forum.

## Somerset Housing Strategy

The Somerset Housing Strategy is prepared by the Somerset Strategic Housing Partnership; a cross-sector partnership with representation from local housing authorities, housing associations, the County Council and public health. The process for updating the strategy has been underway since 2017 and has been supported by the development of local housing profiles, delivered as part of the Joint Strategic Needs Assessment. Housing and Health is one of three key priorities.

## Smoking in pregnancy

Since 2014, Somerset has adopted a multi-agency approach to reducing smoking in pregnancy with great success. The service has input from the CCG, Trust midwifery services and the County Council stop smoking 'Mums2Be Smokefree' stop smoking service. It is estimated that the programme has seen over 1000 babies delivered to smokefree mums.

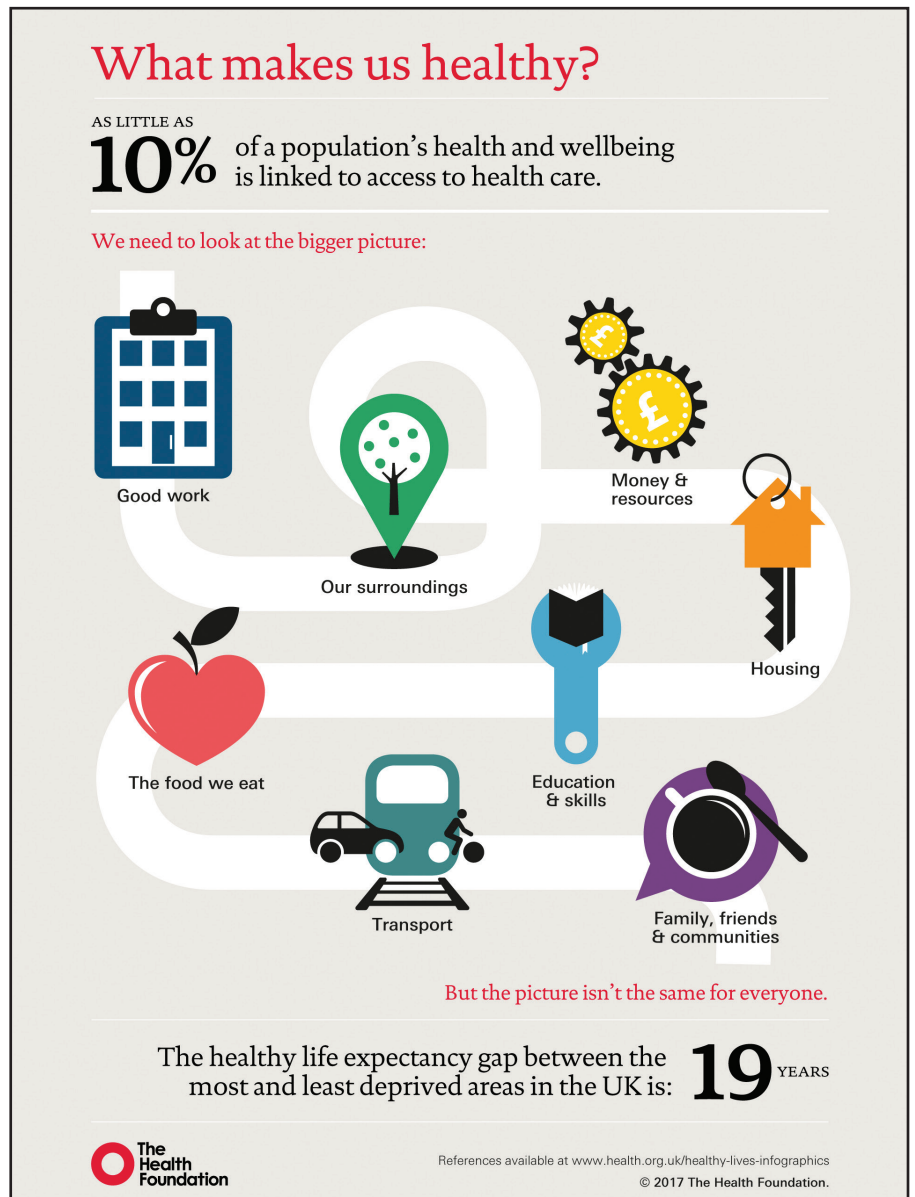
## Improving Lives... the next ten years

In the last five years we have seen a good deal of progress and development. However, there is still much to do. We are all in the business of improving lives and this strategy is about setting a common direction and galvanising local partners, organisations, groups and individuals towards that common goal.

The new strategy has a wide remit. Many different factors contribute to improving lives, meaning our challenge is to reflect the breadth of the agenda whilst being specific about the areas we need to focus on to make the biggest difference.

**If we are to truly make a difference to the lives of our population we need a radical upgrade in prevention, moving from a demand-driven system to one that prioritises prevention and early intervention.**

For many years we have focused on caring for people when they are ill, not keeping them healthy. We know that as little as 10% of a person's health and wellbeing is linked to health care – it is the environment, jobs, food, houses, education, social networks, families and local communities which affect health and wellbeing the most<sup>1</sup>.



<sup>1</sup>What makes us healthy? An introduction to the social determinants of health. The Health Foundation, March 2018. <http://reader.health.org.uk/what-makes-us-healthy>

A Prevention Charter for Somerset has been developed which supports all organisations to contribute effectively to the prevention agenda. The Improving Lives Strategy will build on this, committing all partner organisations to the vision and principles of prevention.

This time, we are taking a longer-term view, setting four strategic priorities which will inform the work we do for the next ten years. There is enormous capacity and potential available across this partnership which we need to harness to achieve the ambitious outcomes outlined in this strategy.

### Strategic Priorities:



**Priority One:** A county infrastructure that drives productivity, supports economic prosperity and sustainable public services



**Priority Two:** Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment



**Priority Three:** Fairer life chances and opportunity for all



**Priority Four:** Improved health and wellbeing and more people living healthy and independent lives for longer

## How did we decide on our priorities?

The Improving Lives Strategy needs to reflect current priorities from elsewhere in the system whilst maintaining a local focus that is evidence based and reflects local people's views. The priorities in this strategy are backed by a strong evidence base considering the local Joint Strategic Needs Assessment (JSNA <http://www.somersetintelligence.org.uk/jsna/>) which provides information about the local population and its current and future health and care needs.

The Improving Lives Strategy is not meant to cover everything. We are focused on the big issues in the population that can be tackled only through collective action and a willingness to continuously improve lives. These priorities have been chosen because they:

- Are issues that affect a lot of people in Somerset
- Are issues that will have even more impact in years to come
- Require strong leadership, consensus and a co-ordinated approach across organisations
- Will improve the lives of Somerset residents without disadvantaging specific groups

Stakeholder engagement events and formal consultations with local people, the voluntary and community sector, members of the Health and Wellbeing Board and key partners were undertaken throughout the development of this strategy. Feedback from these have been incorporated.

A full report of the results of the public consultation is available on:

<http://www.somerset.gov.uk/health-and-wellbeing/somerset-health-and-wellbeing-board/>

## Joint Strategic Needs Assessment

A more detailed profile of health and wellbeing in Somerset is described in the Joint Strategic Needs Assessment which can be read online here: <http://www.somersetintelligence.org.uk/jsna/>

**healthy, safe and independent**

7.7% of adults on GP registers are recorded for depression  
The last 16 years of life are typically spent in ill health; dementia is set to double  
'Home First' has seen 35% fewer delayed hospital discharges

**strong and productive local economy**

Unemployment (3.9%) is consistently lower in England  
Somerset's productivity gap with the UK is about 1.3%  
Somerset average income is £20,636 p.a compared to £23,350 nationally

70% of adults volunteer at least once a year  
58% of internet connections are >10MB  
33,500 people aged 65 live on their own

9.1% of schools are good or better  
Breastfeeding rates are 19% lower in deprived communities  
421 households were accepted as homeless in 2016/17

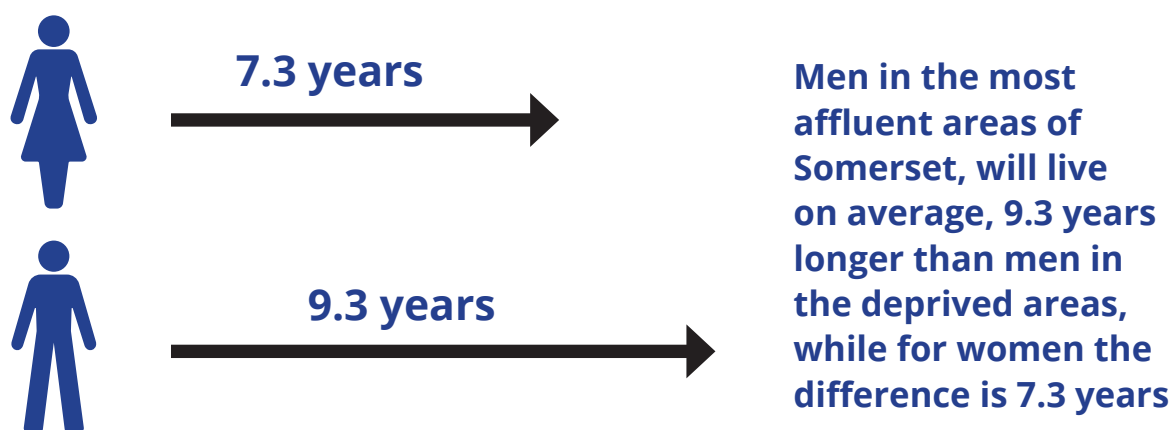
**Improving Lives**

**strong, vibrant, balanced communities** **fairer life chances**

## What are we trying to achieve?

We want to improve the lives of people in Somerset. Over the next ten years we expect to achieve the following overarching outcomes for health and wellbeing:

1. Increased healthy life expectancy – taking account of the quality of life as well as the length of life
2. Reduced inequality in life expectancy and healthy life expectancy between communities – achieved through greater improvements in more disadvantaged communities



## Delivering the Strategy

The Somerset Health and Wellbeing Board is responsible for the leadership and delivery of this strategy. However, to deliver our vision we need everyone who lives and works in Somerset to play an active role.

The Improving Lives Strategy has a wide remit. We have selected four key priority areas for action; however, delivery of the strategy will include close working with existing organisations and partnerships. We have identified several partnership boards who are already working to deliver aspects of the vision through existing plans and strategies (table 1). Implementation of these will be key to the delivery of the vision and outcomes of this strategy.

**Table 1. Lead Partnerships for delivery of the Improving Lives Priorities**

Priority Area	Lead Partnership(s) for delivery	Related strategy(s) or plan(s)
A county infrastructure that drives productivity, supports economic prosperity and sustainable public services	• Somerset Growth Board	Somerset Growth Plan (2017-2030) Heart of the South West Productivity Strategy (2018-2038)
Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	• Safer Somerset Partnership • Somerset Stronger Communities Board	Safer Somerset Partnership Plan (2017-2020) Stronger Communities Strategy
Fairer life chances and opportunity for all	• Children’s Trust Board	Children and Young People’s Plan (2016-2019) (undergoing refresh)
Improved health and wellbeing and more people living healthy and independent lives for longer	• Sustainability and Transformation Partnership	Fit for My Future (Health and Social Care Strategy)
<b>Cross-cutting: Somerset Housing Strategy</b>		

The Somerset Improving Lives Strategy does not replace existing strategies, commissioning plans and programmes, but influences them. As plans are refreshed and new plans are developed, the Health and Wellbeing Board will ensure they are aligned to priorities set out within this strategy and the Joint Strategic Needs Assessment.

The Health and Wellbeing Board will provide system leadership across these partnerships, bringing together all the different parts of the system that impact on people’s lives and identifying issues where collaborative approaches are required. For the strategy to be effective we also need to galvanise the efforts of other partnerships and forums such as the Local Enterprise Partnership, Local Nature Partnership, Voluntary, Community and Social Enterprise (VCSE) Strategic Forum, and all Town and Parish Councils.

## How will we know if we have been effective?

Ultimate responsibility for the monitoring of the implementation of the strategy lies with the Health and Wellbeing Board who are accountable to the public. A monitoring framework will be developed which will monitor progress against the statutory duties of the Board, vision, and strategic priorities.

Each of the partnership boards have their own performance dashboards which will be presented to the Health and Wellbeing Board on an annual basis.

Every year the Health and Wellbeing Board will review the priorities, the progress made by the partnership boards, the local picture (JSNA) and any relevant national policy changes before setting a new annual action plan to drive work for the next 12 months. Partnership boards will be encouraged to identify 'wicked issues' – issues that are escalated for action where system leadership and unblocking are required.

## Our Approach

The strategy aims to improve the lives of all people who live and work in Somerset. However, to make the most of the resources available, all work contributing to this strategy will apply the following principles:

**Equity:** Provision of resources and services should be proportional to need and targeted to the areas, groups and individuals that need them the most.

**Accessibility:** Services should be accessible to all, with factors including geography, opening hours, and physical access being considered.

**Integration:** Where the integration of services provides an easier system and better outcomes for people within the same overall cost, all relevant organisations should work together to maximise the local benefits.

**Effectiveness:** Activities and services should be evidence-based and provide value for money.

**Sustainability:** The work contributing to this strategy should be developed and delivered with due regard to the environmental, economic and social dimensions of sustainability.

**Diversity:** Activities and services should have due regard to the specific needs of protected groups and foster good relations between different people when carrying out their duties.



## The story behind the priorities

### Priority One: A county infrastructure that drives productivity, supports economic prosperity and sustainable public services

#### Why is this important?

- We know that to make the biggest change to improving lives we need to focus on the social and environmental factors that impact on people's lives. Education, employment, housing and connectedness all affect our mental and physical health and wellbeing.
- Good work offers stability, security and a regular income. Good work provides the opportunity for people to afford basic living standards and participate in community and social life.
- A healthy home is one that is affordable, warm and stable, and somewhere that helps connect people to community, work and services.
- People who are connected to the types of information and support they need are more likely to access support in a timely manner. Better digital and transport connections will also enable our businesses and communities to thrive.

#### What are the challenges?

- In Somerset we have lower unemployment rates than the national average. However, many people are employed in part-time and low-wage jobs and the average income for Somerset residents is lower than for the rest of England.
- There are not enough affordable homes for all the people that need them. The difference between average earnings and average house prices is higher in Somerset than seen nationally.
- Many of our residents live in rural areas, some of which have poor access to high speed broadband and mobile phone signal. There are also parts of the county where transport access is difficult which impacts on education, employment and business opportunities.
- Many of the public services in Somerset are facing financial challenges where levels of funding do not match the increasing demand.

**We want to see economic growth and development in Somerset. However, our priority as a partnership is to ensure that this growth benefits everyone and creates jobs and housing opportunities that are available to all.**



## Priority Two: Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment

### Why is this important?

- We know that to make people feel happy, supported and able to access all the opportunities that can help to improve their lives, we need to create safe, strong and supportive communities. Good places, indoor and outdoor spaces and buildings help people to be more physically active, use facilities and services, socialise and play.
- Feeling safe and secure in the area they live and work has a significant impact on people's health and wellbeing.
- People who have access to green space and the natural environment have more opportunities to be physically active. Furthermore, increasing access and participation in green spaces has an important positive impact on mental health.
- A lack of social contact and feelings of isolation and loneliness can have a significant impact on mental health and wellbeing. Happy and positive friendships and feeling part of a community helps to reduce the impact of social isolation.
- The word community means different things to different people, but we know that people who feel part of a community enjoy a sense of belonging, have more opportunity to develop resilience and have the support necessary to deal with any challenges they may face.

### What are the challenges?

- Nearly half of our population live in rural areas. Many of these areas can be distant from services and can be cut off during periods of harsh weather. Global climate change is likely to increase the risk of severe weather in coming decades.
- Over 70% of adults in Somerset volunteer at least once a year. However, there are over 2800 charities to support and hundreds of community groups who require increasing voluntary and financial support.
- The population in Somerset is getting older and there are over 33,500 people aged over 65 years living alone. In some areas of the county there are high numbers of people experiencing social isolation and loneliness.
- Somerset has many environmental assets with a coastline, four Areas of Outstanding Natural Beauty, 15 National Nature Reserves and Exmoor National Park. However, we need to make sure all our population have easy access to the benefits which nature and the natural environment can offer.

**As a partnership we want to make sure Somerset is a safe and healthy place to work, with healthy communities that are strong and resourceful and able to make the most of the natural and social assets that we have.**

## Priority Three: Fairer life chances and opportunity for all

### Why is this important?

- We know that what happens to us in childhood and adolescence is very important for the rest of our lives. Many of our health behaviours are formed from a very young age.
- Good education and lifelong skills can help to build the foundations for accessing good work, problem solving and feeling empowered and valued. Education also provides a basis for learning valuable healthy lifestyle skills such as healthy sexual behaviours, emotional resilience and healthy eating.
- A positive family life provides a child with the opportunity for a healthy life by creating the foundations for them to develop intellectual, social and emotional skills. Positive family life can also help children to develop healthy lifestyle habits and feel loved and valued.
- Enabling good mental health and wellbeing is vital for the educational and life chances of children and young people in Somerset. Early identification and access to effective support are essential to improve outcomes.

### What are the challenges?

- Most children and young people have access to high quality education with many of the schools in Somerset rated as good or better by OFSTED inspectors. Somerset does not have a university and fewer young people go into higher education than is seen nationally. Almost 6% of the adult population have no academic qualifications at all.
- There are some significant inequalities between communities in early life experiences. For example, breastfeeding rates are 19% lower in the most deprived communities compared to the least deprived. Furthermore, there is a gap in GCSE attainment between pupils who receive free school meals and those who do not.
- The numbers of young people in Somerset being admitted to hospital for self-harm or alcohol-specific conditions is higher than we would expect it to be compared to the rest of England.
- The West Somerset District was recently ranked as the lowest area nationally for social mobility, meaning that there are fewer education, employment and housing opportunities for deprived children and young people.

**Our priority as a partnership is to ensure every child in Somerset is happy, healthy and prepared for adulthood.**

## Priority Four: Improved health and wellbeing and more people living healthy and independent lives for longer

### Why is this important?

- We all have a role to play in maintaining and improving the health and wellbeing of ourselves, our families and our communities, by trying to live a healthier way of life. However, we also need access to the health and care services that we need when we need them.
- Joining up the different parts of our health and care system and enabling them to communicate effectively will allow us to best meet the needs of our population and ensure we do not miss opportunities for prevention and early intervention.
- We want people to feel supported to live the life they aspire to, by helping them earlier and more efficiently. Providing the necessary care and support at home and in communities can enable people to live independently for longer and reduce unnecessary admissions to hospital.
- People should feel supported to choose healthy and active lifestyles and improve their own physical and mental health and wellbeing. Some people will need more support than others but all partners should be doing what they can to provide the information and support for people to make positive lifestyle choices.

### What are the challenges?

- The life expectancy in Somerset has increased by around two years in the last 15 years, with men now expected to live until 80.5 years and women 84.1 years. This is higher than for the national average.
- As life expectancy increases, the time spent in ill health also increases. We now expect the last 16 years of life to be spent in ill health and in the next 20 years we may see a doubling in dementia rates.
- In some of our communities in Somerset, 20% of the adult population are living with a disability and over 7% of adults are recorded on GP registers for depression.
- The way health and social care services are currently delivered may become unsustainable if demand continues to increase and our population gets older, with more long-term conditions.

**Our priority as a partnership is to ensure we have a health and care system that is fit for purpose and can manage the challenges of increasing demand, support those with long-term conditions and help residents take responsibility for improving their own health outcomes.**



## What have people said about the strategy?

*There should be use of existing forums and established 'bodies' like Parish Councils, National Parks, etc. These should all be encouraged to act with 'one voice' and engage with local communities.*

*As a strategic voice, the Board Should be driving a commitment to bring everyone (all partner) organisations along the journey with them...they should be an advocate for change and improvement.*

*We need a joined up approach contributing to the priorities through the day to day work our organisation delivers.*

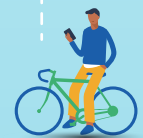
*I would like to be involved in building cross-sector relationships to ensure a coordinated approach to these four priorities, so that health, social care, education, voluntary sector and other partners are all involved.*

**You can find out more about Improving Lives in Somerset by visiting:**

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Our  
ambition for  
a **healthier**  
**future** in  
Somerset  
2023-2028





**Foreword**

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**We want all people who live and work in Somerset to have healthy and fulfilling lives. We want people to live well for longer than they do now.**

And we want Somerset to be an attractive place for people to bring up their families, for all people to have good mental health and wellness, living meaningful and fulfilling lives and employment, and to have good lives outside of work. We want people to be willing and able to support each other to be the best that they can be.

We want our communities in Somerset to be supported to create positive and sustainable futures for all people.

We also want Somerset to be a safe, healthy, and positive place for people to come and visit, and to move into and create a life here.



If you need this document in another language or format please contact us: Tel: 01935 384000 or email: [somicb.enquiries@nhs.net](mailto:somicb.enquiries@nhs.net)

**We have ambitions and aspirations to improve the health and wellbeing of all Somerset people but we know that the experience of all our people is not the same. Particularly in our most deprived and disadvantaged communities, where people are the least likely in our county to receive the support they need.**

This Integrated Care Strategy for Somerset, which originated in the health and care programme called Fit for my Future, aims to address these differences and improve the overall health of the people who live in our county. This strategy also supports the Council Plan 2023-27.

Somerset health and care partners have been working together for several years to make improvements, using data from the Joint Strategic Needs Assessment for the county to guide the direction. We have seen many positive changes. However, there is much more we can do by working together as employers, volunteers and volunteer organisations, communities, and unpaid and parent carers to make more progress.

Many of the changes that are needed are long-term goals, but we must start now. If we truly want Somerset to be the best county it can be, then our ambitions need our collective action for change. This strategy outlines what we can do to make these ambitions a reality for all.

**Our Somerset Ambitions and Aspirations are to:**

- ✔ **Establish** health and wellbeing as a community and individual asset. Good health and wellbeing are building blocks for better lives for all people regardless of where they live, their backgrounds or personal ambitions.
- ✔ **Focus** on children and young people, engaging them in their future choices to make great decisions about their lives.
- ✔ **Create** services that are universal and personalised, with equity of access.
- ✔ **Use** data and intelligence to help us tailor and personalise support for people.
- ✔ **Work** together on the basis of what is best for our population, then best for our system and finally best for our organisations both for now and the future.
- ✔ This will help our paid and unpaid workforce to work across the system in genuinely integrated ways.
- ✔ **Make** the health and care workforce representative of our communities by making it an attractive place to work and develop.
- ✔ **Increase** resources and investments in wellness such as prevention of ill-health, as well as supporting frail people to remain independent in their own home, reducing the need for hospital and social care interventions.
- ✔ **Spend** our money wisely for longer term sustainability, and take every opportunity to build social and economic regeneration.
- ✔ **Engage** with people. To listen with care and be transparent about our decisions.

*Bill Revans*

**Councillor Bill Revans.**  
On behalf of the Somerset Board



# Introduction

The changes to the Health and Care Act 2022 enable health and care organisations to **improve services and outcomes through stronger joint working**, and to take shared responsibility for tackling growing health inequalities within their population.



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**The Act requires the local authority alongside the NHS Somerset (formerly the Clinical Commissioning Group) to form a joint statutory committee, the Integrated Care Partnership (ICP).**

A key accountability of the ICP is to produce an Integrated Health and Care Strategy, setting out how the assessed needs of the local population will be met, including those from the Joint Strategic Needs Assessment (JSNA). This strategy covers social care, primary, community and hospital care, physical and mental health, and health related services across the whole population regardless of age.

This document is our first Integrated Health and Care Strategy for Somerset, and it supports Somerset's Council Plan 2023-2027, and the Health and Wellbeing Strategy.

It provides our strategic direction and key aspirations at a high level. We have based this initial strategy on our current understanding of health and care needs across Somerset. Our strategy will develop over time, particularly as we do more work to understand our population's health needs and involve our key stakeholders, partner organisations, patients and our public.



## Section 1 Somerset and our people



1.1 Somerset

58 miles of coastal trail along the England Coast Path

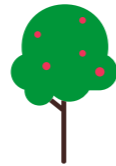
572,000 people



250,000 households



4,000 square kilometers



Page 30

Somerset lies within the South West of England and is home to 572,000 people that live within 250,000 households.

In terms of ethnicity, 96.4% of residents identify as White with the remaining 3.6% identifying as Asian/ Asian British/ Asian Welsh or Black/Black British/ Black Welsh or Caribbean or African or mixed ethnic group.

Just over 106,000 residents have a disability (as defined under the Equality Act).

The population within the county is older than the national average, with the number of people aged 75+ set to double over the next 25 years.

The county spans an area of over 4,000 square kilometers. It is characterised by large expanses of rurality, provincial towns and coastal communities along the Bristol channel.

This strategy sets out how the organisations within the Somerset Integrated Care Partnership (ICP) will work with neighbourhoods and local communities to reshape health and care services to enable people to remain healthier for longer, regardless of their preferences or circumstances.

2/3

Around two-thirds of households are single family (65%)

30%

30% of people living on their own.

If Somerset was a village of 100 people...



4 people would be aged 20 - 24



17 people would be aged 25 - 39



33 people would be aged 40 - 64



13 people would be aged 65 - 74



12 people would be aged 75+



5 people would be aged 0 - 4



16 people would be aged 5 - 19



9 people would live in a deprived neighbourhood



14 children would be in low income families



20 people would not have access to a car



15 people would live with depression



62 adults would be obese or overweight



Inequality in life expectancy would be 6 years for men and 5 years for women



80 years would be the average male life expectancy at birth



84 years would be the average female life expectancy at birth



48 people would live in a rural area



Much of South West Somerset would be at risk of digital exclusion



11 adults would smoke



3 people would identify as lesbian, gay or bisexual



19 people would have a long term health problem or disability



3 people would not speak English as their first language



11 adults would identify themselves as carers



64 people would be Christian and 27 would not have a religion or belief



14 people aged 65 or over would live alone



95 people would identify themselves as white British



3 people would be veterans of working age



## Partnership working

The way in which health and care services are delivered is changing. There are new arrangements now in place that bring together how decisions are made about planning and providing services.



**In Somerset we have a track record of working in partnerships as well as the Council and statutory NHS organisation. The partners in Somerset include: unpaid carers (including parent carers); Healthwatch; GPs and primary care; care homes; and the voluntary, community, faith and social enterprise sector (VCFSE).**

Involving a wide range of partners mean we are better able to plan at a local level, with services centred around towns and localities, communities and local populations, where it makes sense to do so. Some of the planning for services will be county-wide too where it is more effective to do so.

**We now have a better opportunity to deliver a healthier future for our residents.**

The main organisations involved in the planning and provision of health and care services have come together to develop this strategy. They are also now working together in a different way to help refine and deliver it.

**The Somerset Board** is where the Integrated Care Partnership and the Health and Wellbeing Board for Somerset come together.

The primary purpose of the Board is to prepare, maintain and publish a strategy (this strategy), that sets out how the assessed health and care needs for the population of Somerset are to be met by the functions of the partner organisations in the Somerset ICS.

The aim is to achieve greater integration across health, care, public health, and the voluntary, community, faith and social enterprise sector, together with other public sector partners and public voices to facilitate cooperation and collaboration to improve health and care across the population of Somerset.



**Somerset ICS** is a partnership of organisations, including Somerset Council, the NHS, and the voluntary, community, faith and social enterprise sector (VCFSE). Its purpose is to remove barriers to providing joined up care for local people and communities.

It will build collaborative leadership; a focus on quality improvement; innovations in the workforce; in the use of digital solutions and information sharing; and work with communities where the impact of decisions is best understood.



**NHS Somerset** is the statutory NHS organisation responsible for developing plans aimed at meeting the health needs for its population. It is responsible for managing the NHS budget and arranging for the provision of health services in Somerset. It is also the statutory NHS organisation responsible for implementing the Somerset Health and Care Strategy (this strategy).



## Section 2

### Where we are now and why we need change



## 2.1

### The need to improve life expectancy, healthy years lived and reduce inequalities.

The needs of the population for support and services in Somerset are best understood using data and information from the county's Joint Strategic Needs Assessment (known as the JSNA). This data provides the intelligence that underpins the strategic plans for services across the county.



### Where our challenges are:

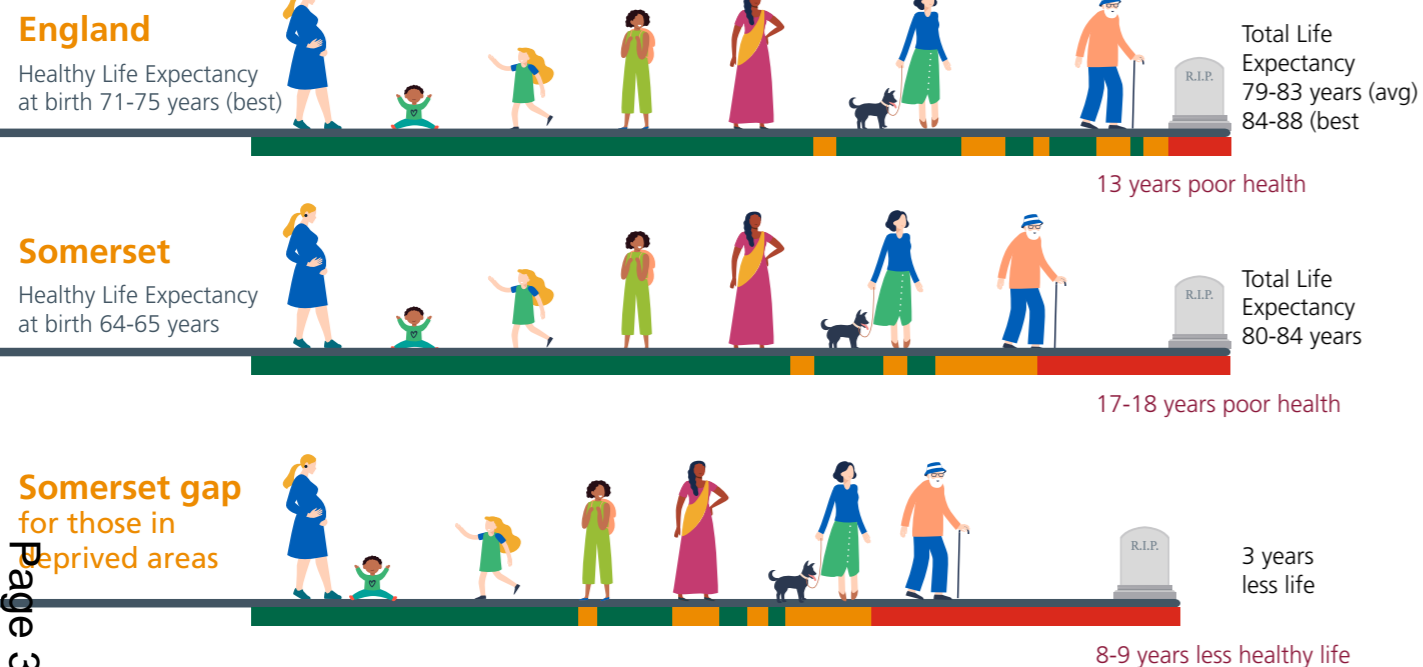
1. Latest population projections suggest that the number of **over 75s in Somerset will double by 2041**.
2. Half the Somerset population lives in rural areas, where **access to services can be difficult**.
3. There were **1,435 hospital admissions for self-harm** in 2020-21, mostly of young people and significantly higher than the England average.
4. There were **2,150 hospital admissions of people over 80 for falls** in 2020-21, significantly worse than the England average.
5. Figures suggest more than **100,000 people** in Somerset **suffer from back pain**.
6. Although the rates are falling, there are approximately **80,000 smokers** in Somerset. Smoking is the most significant risk factor for ill-health.
7. At age 11, **36% of children were overweight** (2021/22); the rate is better than the England average but getting worse.
8. There were **8,575 people** aged over 18 in Somerset **suffering from depression** in 2021/22.

This Integrated Care Strategy is aimed at providing the direction for the county in delivering one of the four strategic aims of the overarching Somerset Improving Lives Strategy. Two important outcomes from the Improving Lives Strategy are focused on health and wellbeing and these are:

- 1 increased life expectancy: taking account of the quality of life as well as the length of life
- 2 reduced inequality in life expectancy and healthy life expectancy between communities: achieved through greater improvement in more disadvantaged communities.



The image below summarises the stark difference in both the number of years lived and the numbers of years lived in good health for those living within the most deprived areas of Somerset when compared against the Somerset and national averages.



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### Communities and health inequalities

Health inequalities are unfair and reflect avoidable differences in health across our population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Not all people in our communities have the same life opportunities and chances of good health. Some of the reasons for these differences include the age of the population, access to work, life styles, and access to education and housing.

Some of our communities need extra support to improve their life experiences in health and care. An example of inequalities in our coastal communities include:

- By 2028, we expect **more than half** of West Somerset residents will be aged over 65 years.
- In our Somerset coastal communities **23%** of people aged 16+ live with a long-term condition. It is lower at 17% in non-coastal communities.
- In West Somerset young people are more likely to be overweight. For example: **12.9%** of children in reception year are very overweight **vs 10.1%** for Somerset. In year 6 of school, **24.7%** are very overweight **vs 17.4%** for Somerset.





## 2.2 Improving experience and outcomes

There have already been a number of positive and successful developments delivered by partners working together across Somerset, which aim to improve the experiences and outcomes for our population.

### Continuity of Care in Maternity

In Yeovil District Hospital the maternity service has championed the delivery of a training programme for midwives to help understanding of implicit bias and care of black and brown babies. This training programme has received national recognition and was presented at the National Maternity and Midwifery Festival. The training programme will be adopted across all of Somerset.



### First Contact Centre

Somerset Council's Contact Centre team helps residents to find the services that they need and solutions to their problems quickly, through strengths-based conversations. The Contact Centre is the first point of contact for people who need to access services, and as well as supporting and caring for those who contact them, they also help the Council to improve the services it provides by offering valuable feedback to the appropriate teams.



### GP Primary Care Services

GP Primary Care services in Frome (Frome Medical Practice) have fostered a connected, community-based approach to preventing avoidable illness by taking an early-intervention approach. They have also reduced emergency admissions through their 'Compassionate Communities' project.



Although a number of improvements have happened, people tell us that things could be better.

The voices of our communities are very important in understanding what is needed as well as how we can achieve our aims.

The engagement work for this strategy has been done with the support of voluntary organisations including Healthwatch, Spark Somerset, and health and care professionals. We are grateful for all the support we have received so far but there is more to do.

In 2018, we listened to a range of communities and interest groups as well as adults and children across the county. We listened to views about community-based beds, stroke services, waiting times and the mental health of children and young people.



People told us that the following three issues were important to them and their families:

- I want to receive care in my own home
- I want services to be local to me
- I don't want services that are disjointed and confusing



More recent engagement with Somerset residents during the first 3 months of 2023 has shown that what people want from their health and care services is largely unchanged. The feedback received can be grouped into two broad headings:

## Staying healthy



## Accessing care



### Respondents indicated a need for improved:

- Access to green space for exercise and leisure.
- Provision of healthy living advice.
- Dietary advice and support.
- Signposting to information, advice and health and care services.
- Provision of village agents or signposting support within communities.

### When the need to access health and care services arises, respondents set out a need for improvements in the following areas:

- Ambulance response times.
- The time it takes to access GP and primary care nursing services.
- A desire to have greater choice over how they access care, wanting a choice over whether their appointment is face-to-face or virtual online.
- Quicker access to NHS dental services.
- Easier access to mental health and social care services for children, people of working age, and older adults.
- Better use of community hospitals, minor injuries units and walk-in centres to ensure services are joined up between providers and are locally accessible, particularly in areas with poor public transport provision.



# MY TIME TO CARE

Proud to Care  
SOMERSET



"I have a Downs Syndrome daughter. She gets excellent care but we support her. I think it is people without family support who tend to miss out."

"A holistic approach needs to be taken rather than existing distinct silos of health care"

**"Prevention - more focus on free health lessons on healthy eating, helping people to help themselves freeing up NHS for us when we need their support."**

"Mental and physical health go hand in hand to me. When I feel physically unfit or unwell it impacts my mental health"

**"From my own experiences as an autistic person, I think health and care services in general could do with a lot more training around autism and the reasonable adjustments that are required for autistic people to access better healthcare..."**

Whilst the focus of this strategy is on meeting the needs of the people of Somerset, there is also a need to ensure we are spending our resources as effectively and efficiently as possible.

The current spend across health and care services is c£2bn per annum. At the present time we are spending more money than we receive. Given the forecast changes in population, and therefore demand on services, there is a pressing need to work with local neighbourhoods to remodel how care is provided so that people’s needs are met in the most efficient and effective way possible.

It is recognised nationally that health and care bodies could be making better use of data and technology to provide care to people in a more effective way. Examples include data to identify people who are becoming unwell and supporting them enabling them to return home as soon as they can, before they need hospital-based care; improving the sharing of data between health and care professionals to reduce duplication; and technology to remotely monitor people in their place of residence where they are most comfortable.

To support the improved use of data and technology, the NHS is developing developing closer links with regional and national research bodies, with the aim of improving the outcomes for our population.

It’s important to note that Somerset health and care bodies spend 50% of our money supporting 4% of the population. This is why we have placed a focus on improving the care for those with the most complex needs to ensure the right care and support is available when those people need it.

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**2,305**  
interviews and direct feedback through partners, including Healthwatch

We worked with **over 300** Voluntary, Community, Faith and Social Enterprise Organisations

Engagement with communities who experience health inequalities and marginalised groups during 9 different projects

**5,976+**  
Individual pieces of feedback

**611**  
Public engagement events and drop in sessions

**2,747**  
Questionnaires completed

Online communication reaching more than **368,465** people across website and social media

Although this strategy will be first published at the beginning of July 2023, we will continue to involve the people of Somerset as part of the delivery phase.

We also know that we have more to do, so that we hear the voices of communities and people who find public services difficult to engage with. Our engagement work with the people of Somerset will require a clear set of principles and we aim to build a Community Based Asset approach in Somerset. To support this we will work with organisations within the voluntary, community, faith and social enterprise (VCFSE) sectors to develop a way of working that builds on their connections within communities to deliver a new model of community involvement.



### Section 3

## Where we want to get to: Somerset’s vision for healthier lives and healthier communities





# Our Vision

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.



To achieve our vision, and considering the data and voices we have heard, we have developed three design principles around which to orientate our services:

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## Principle 1:

### Prevention – living well with healthier lives for longer



We know that where people are able to maintain their own wellbeing for as long as possible, they are much less likely to require support from health and care services and are more likely to live longer with good health. This means that if we focus on prevention and creating good health in the population, we will be in a stronger position to use our limited resources efficiently and more sustainably.

We also know that if people have a health problem and it is detected early because

they know when and where to ask for help, it is more likely that people need less treatment, more serious illnesses can be prevented, and we can stop diseases getting worse.

By focusing our energy on building the knowledge and willingness of people to engage with preventative practices we can make improvements where there are inequalities. This is best achieved working in partnership across all areas of a person's life including education, work and housing.

## Principle 2:

### Reduce inequalities of access and experience – creating equity and fairness



We know that there are individuals and communities that are not receiving the care they need in a way that others do. This is because they do not have equal access to support and services. To create equity means that we will prioritise those individuals and communities that we identify as having inequity in their outcomes or access to support.

In future we know that we will need to deliver our services in a more personalised way to meet the different needs of our communities. In addition, Somerset residents have told us that we need to consider transport links and access when planning services to ensure they are accessible to all communities.

## Principle 3:

### Integration in all we do



What we know is that health is affected by several factors, not just the ones we often think of, such as what we eat and drink and our lifestyle choices.

Many health problems are affected by the conditions in which people are born, grow up, live, work and age. They include factors like socioeconomic status, education, neighbourhood and physical environment, employment, and social support networks, as well as access to health care.

We want all partners across the Somerset ICS to work as a single system. Organisations that work in isolation of one

another can lead to a fragmented and tiring experience for people accessing their services. By working collaboratively, we can engage people as a whole person, and partners are able to do things together, do things once, saving time and resources.

In Somerset, integrated working includes partners in the Voluntary, Community, Faith and Social Enterprise (VCSFE) sector, health (including our primary care networks (PCNs)), social care, housing, police, education, fire and rescue, Local Community Networks, City/Town/Parish councils, and our employers.

# The Model of Care



**The Somerset 'Model of Care' shows how we intend to support people through their health and care needs, with a focus on prevention as the basic building block. The Model has been formed using the principles described earlier in this strategy.**



**1. Prevention**

Prevention is built into level 1 (Living Well) and level 2 (Advice and Support) in the model, where living well and advice and support are the greatest part of an individual's life; with the need for high level support (levels 3-5) reduced.

Our ambition is that levels 1 and 2 feature in every moment of a person's life, with living well and advice and support also being a foundation throughout any other health and care interventions (levels 3, 4 and 5).



**2. Equity and fairness**

Our ambition is that our people and communities will have equity of access to all levels of health and care (levels 1-5). Some people and communities will require additional support to achieve this. In focusing on equity, partners in the Somerset Integrated Care System commit to reducing and eradicating inequalities in health outcomes such as likelihood of obesity or cancers.



**3. Integration in all we do**

Each level of support or intervention will be experienced without an emphasis on the different organisations that provide the services. The ambition is that when people need to engage in health and care it is simple and well-timed.



## Examples of the system health and care you will experience at each level:



### Level 1: Living Well

We will work differently with communities to promote the 8 areas of wellbeing that contribute to living well including: emotional, physical, occupational, social, spiritual, intellectual, environmental and financial wellbeing.

Under this strategy we will focus on the areas that affect health such

as healthy living, including eating a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol.

People have told us they want to live their lives the best that they can by making great choices, and to have a good balance between physical and mental wellbeing.

### Level 2: Advice and Support

We will work with people to provide them with support when they need to be listened to and cared for in making their own choices. We will provide people with an improved understanding of how to navigate

their own care pathways and take increased responsibility for their care.

We will also provide people with advice to build on the opportunities to live well.

### Level 3: High Level Support

For both mental health and physical health the people of Somerset will be able to continue to access high level support in their community, at home or if required in a hospital.

### Level 4: Specialist and Complex Support

We will ensure that people who have rare and or complex conditions are able to receive the specialist care and support they need. This may involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions.

### Level 5: Inpatient or Emergency Care

Our inpatient services across physical and mental health and care will meet the needs of the population, and people will stay only as long as they need to.

Our emergency care will be responsive to needs, will be accessed appropriately and will be timely.







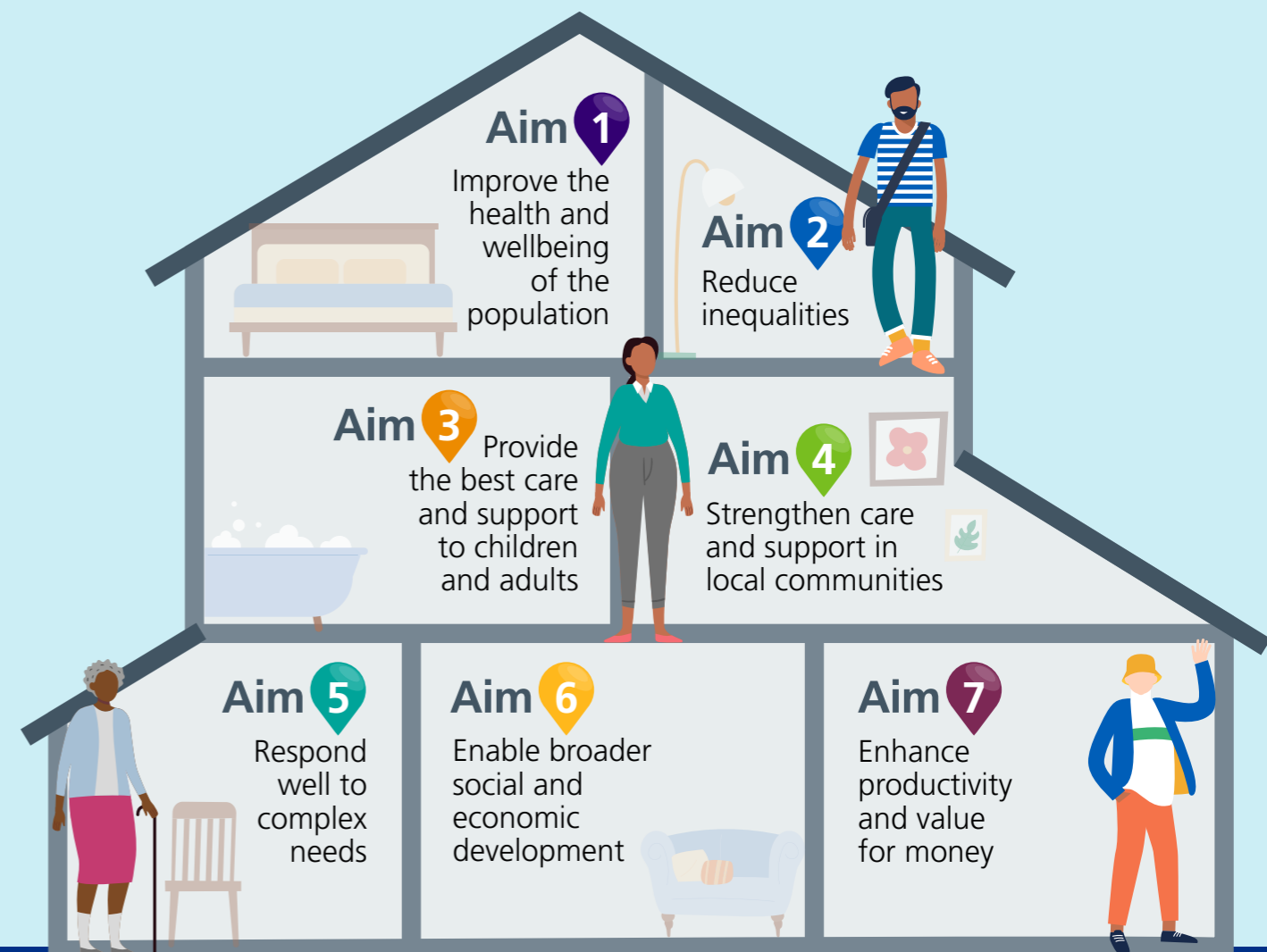
## Section 4

### The steps we will take



## Our aims for the future

Working together, Somerset has identified seven key strategic aims, focused on achieving the ambition of enabling people to live healthier lives. To achieve these aims we all need to take some action now. If we work together, take collective action, and support one another we can go much further than if we work alone.



## Aim 1:

### Improve the health and wellbeing of the population



Our ambition is to create an environment in Somerset where people relate to one another in their communities and across the county. We want people to feel connected and not isolated and be able to support one another.

Our ambition is for people to live as healthily as others, where information is available for people to make the best choices for themselves and their families. We want people to stay independent because they don't require health or care services and to see more people living well into their later lives.

We want people to avoid getting ill or needing support, but where they start to develop a need for support from services, they can access them as early as possible.

We want Somerset to be vibrant, with a population that can live full and fulfilling lives, not spoiled by avoidable illnesses.

Partners will need to commit to a different distribution of resources so that we can stop preventable health issues to enable people to have the best chances of living a fulfilling and healthy life.



## Aim 2:

### Reduce inequalities

We know that there are many people experiencing inequalities across a range of services in Somerset. This means that some people living in Somerset do not have the opportunity to live as healthy lives as others.

The factors that lead to inequalities include: socio-economic factors (e.g. income), geography (eg where people live, such as in coastal communities or urban areas), access to good education. Other factors include gender, ethnicity or disability, and socially excluded groups including people experiencing homelessness.

The consequence of health inequalities is that some people have a shorter life expectancy than others, and higher chances of developing cancers, heart disease and other life changing illnesses.

Our ambition is to reduce inequalities and improve population health with a focus on specific groups. This requires a systematic and systemic change in our approaches to educating and supporting people.

We will support specific groups and individuals more than others, to reduce the gap by improving the health outcomes for people who experience disadvantage.

## Aim 3:

### Provide the best care and support to children and adults



For their future, we must ensure that children across our county experience the dedicated care that they require.

There are many children and families who require support for additional needs including those with special educational needs and disabilities (SEND) and working together means that we can offer personalised interventions. This is also the case for adults who require care.

In Somerset we will put the child or adult at the centre of everything, ensuring they have more control and choice in how,

where and when their care is planned and delivered. The individual's identity, their history, hopes, strengths, preferences and ambitions will be the starting point. This requires a radically different approach to how we work together as organisations, the types of conversations we have and the willingness not to be the expert.

We will be prioritising our intermediate care services in Somerset to ensure that we support people to get home from hospital as soon as possible, and remain at home and enjoy their lives more.

## Aim 4:

### Strengthen care and support in local communities



Our ambition is to support communities and local community networks to build an asset-based approach, where we help people to help themselves. We want people to live as part of a community, connected to the people who are important to them and benefit from a range of local, flexible, high-quality services and support them to live a good life together.

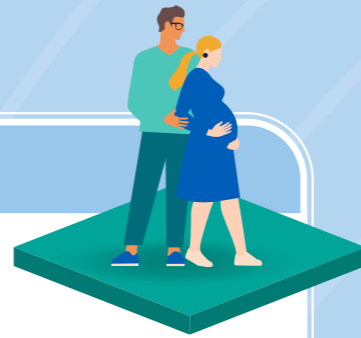
For most people, care begins at home, within their own local communities.

We want to ensure, as part of promoting our independence and person-centred approach, that people are able to live full and happy lives as part of a community and can access the services they require with ease.

Our voluntary sector organisations (and there are over 2,100 in Somerset) are critical partners in this plan, and we will ensure that we work together with local carers too, to make a difference.

## Aim 5:

### Respond well to complex needs



When a person has complex needs, they have two or more needs that affect their life. A person with complex needs will often experience physical, mental, social and or financial difficulties.

For instance, if a person has problems with their mobility (e.g. they are struggling with walking) they may become isolated and experience mental health difficulties, and if they are not able to work they may experience financial challenges too. This combination of needs means that their life is affected in a negative way.

For children, their complex needs may limit their interactions with friends and school, and their ability to become independent as they grow up.

Each need is usually supported by a different organisation in Somerset. By integrating and working collaboratively we aim to make sure that the whole person is considered in a personalised way, and that their wants and needs, ambitions and hopes are placed at the centre of the support.

## Aim 6:

### Enable broader social and economic development



The World Health Organisation (WHO) cite numerous studies that suggest the social determinants of health account for between 30-55% of health outcomes. Social determinants are things like whether people are in employment, how much they earn, the level of education they achieve, food security and the quality of housing.

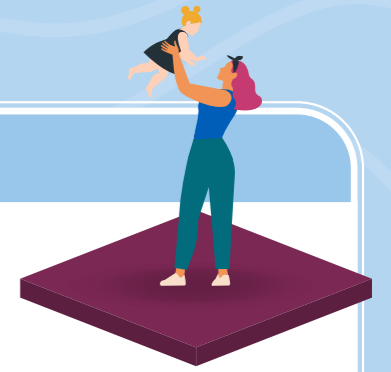
Indeed, there is research evidence that suggests the factors outside of health have more impact on population health outcomes (how long people live and

whether they enjoy good health) than the quality of health services they receive.

It is for this very reason that partners within the ICS are now working more closely together to take a broader, integrated and longer-term view so that the right level of support can be provided to enable people to stay healthier for longer.

## Aim 7:

### Enhance productivity and value for money



Data we hold, and feedback from Somerset residents, tell us that that whilst the vast majority of the money spent on health and care services is invested wisely, there is always room for improvement. Reducing duplication between organisations, making better use of data and technology, and taking the time to design services around the needs of residents are all ways that we can make the Somerset pound spent on public services go further.

Of course, teams right across the county are making these changes each and every

day, however; we recognise there is more that could be done to ensure we live within our means. This aim commits us to working together to redesign how and where health and care is delivered as well as ensuring that the preventative steps set out earlier in this strategy are implemented. We know that by preventing people becoming unwell, and by providing tailored support to people with complex needs, that this should improve outcomes and demonstrate that we are making the most of the money allocated to us.







## Section 5 How we will achieve our aims: Preparing for delivery



We recognise that this is our new integrated health and care strategy for Somerset, and we commit to continually involving our stakeholders, patients, and our public to ensure our strategy develops further as we gain more insight and evidence of health and care needs across Somerset to ensure our strategy remains current.

## Delivering our system strategy

To support the delivery of this strategy we have developed a five year Joint Forward Plan, which forms the basis of our delivery plan for our strategy. It is a whole system plan covering both health and social care. The

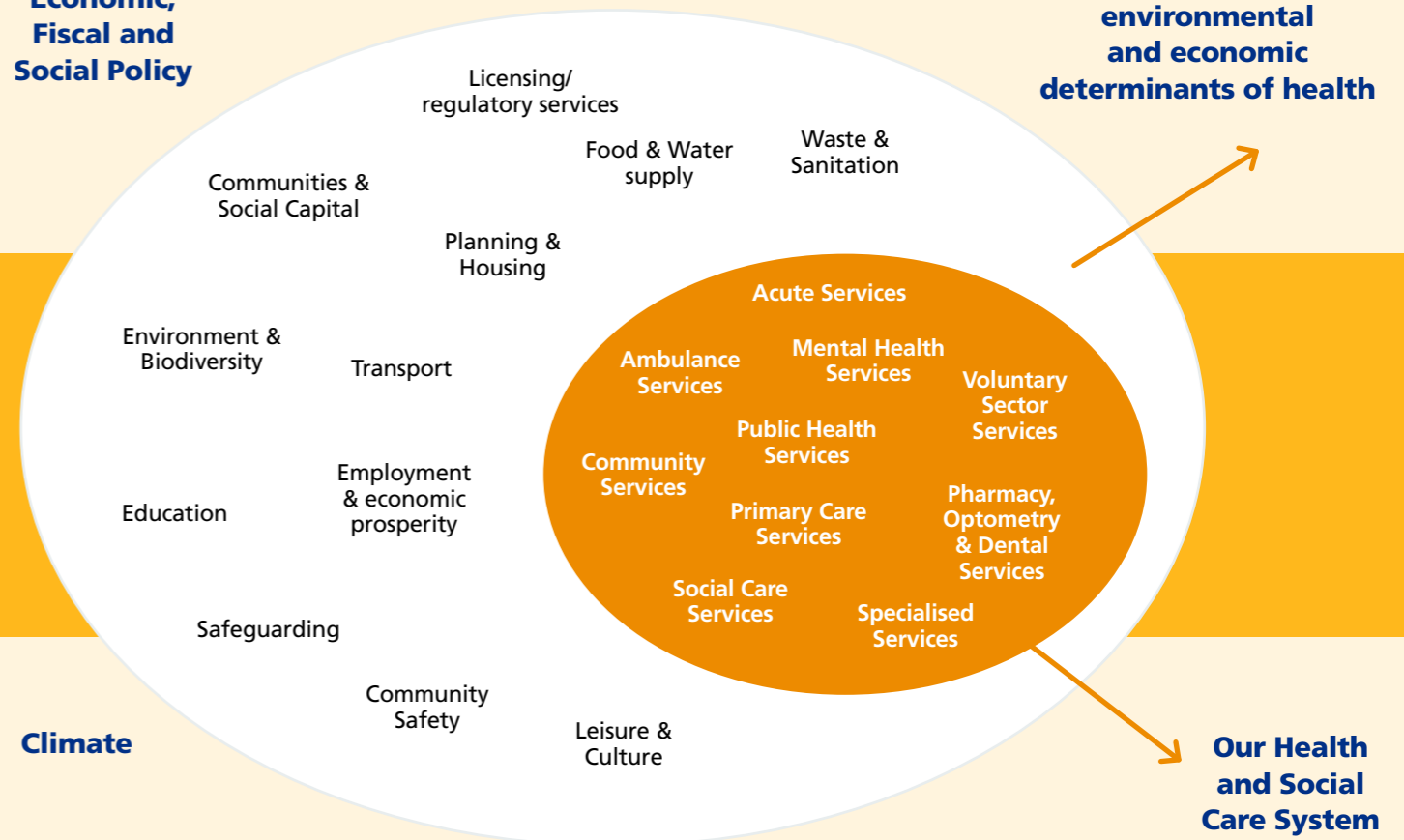
actions from this will be delivered and monitored through our system governance arrangements, overseen by the Somerset Integrated Care Partnership.

### Our approach to working together in Somerset ICS

Our commitment is to work as one system, putting collaboration at the heart of all we do to deliver on this strategy. This applies to those organisations within health and care (outlined in the orange oval below). However if we are to address the wider determinants of ill-health then all agencies within the oval will now need to collaborate in a new way.

**Economic, Fiscal and Social Policy**

**Wider social, environmental and economic determinants of health**



**Our Health and Social Care System**

## Shifting our focus to neighbourhoods



We know from public health data, and feedback from residents, that needs vary both across and within communities. Whilst it will make sense to provide some services once across the county, there is also a need to engage and involve neighbourhoods in how services are delivered in their area.

Involvement with neighbourhoods will enable a more detailed conversation to happen on what is important within that neighbourhood and how organisations and services within the ICS can work differently in that area to improve the experience and outcomes of residents.



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### Working with people and communities

Involving our people and communities is an essential part of making sure that effective and efficient health and care services are designed and delivered with people and communities at the centre. We already work closely with all our partners, members of the public, all carers (including parent carers and young carers), staff, and stakeholders and will continue to build on our existing relationships across Somerset.

There is more that we can do, and we are committing to working with people in different ways that meet their needs. We want to hear from and engage with all voices in their communities.

## Our Somerset 10 principles for working with people and communities

Our 10 principles for working with people and communities have been developed through engagement with engagement leads across the ICS including Healthwatch and with our Somerset Engagement Advisory Group (SEAG).

These principles outline our shared approach for effective public involvement across the ICS and build on national ICS guidance.



- 1 Put the voices of people and communities at the centre of decision making and governance.
- 2 Understand our community's needs, experience and aspirations for health and care, with a strong focus on underrepresented communities.
- 3 Involve people at the start in developing plans and feed back how their engagement has influenced decision-making and ongoing service improvement, including when changes cannot be made.
- 4 Ensure that insight from groups and communities who experience health inequalities is sought effectively and used to make changes to reduce inequality in, and barriers to, care.
- 5 Build relationships with underrepresented groups, especially those affected by inequalities, ensuring their voices are heard to help address health inequalities.
- 6 Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
- 7 Through partnership working, co-production, insight and public engagement address system priorities in collaboration with people and communities, demonstrating accountable health and care.
- 8 Use community development approaches that empower people and communities, building community capacity.
- 9 Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
- 10 Learn from what works and build on the assets of all ICS partners – networks, relationships and activity in local places - to maximise the impact of involvement.



Ref: NHS Confed



# Engagement from June 2023

## - Our vision

Embed engagement at the heart of planning, priority setting and decision-making at ICB (including ICS transformation work)

Embed processes for continuous engagement that support long lasting relationships with people in Somerset which are transparent and accountable

To deliver a systematic approach to reaching, understanding and supporting the needs of groups that are not currently heard, investing in meaningful relationships which empower communities

## External facing activity - what Somerset will see

### Continuous engagement

Inclusive and representative involvement

### Gathering insight

listening more so we understand the needs of our people and communities

### Working together

working with people and communities with a focus on people impacted by health inequalities

### Health inequalities

working with equality leads and wider networks to reach people

### Communications

widely communicating our work and opportunities to have your voice heard

### Feedback

continuously providing updates on the difference engagement has made

## To achieve this, we will

Deliver continuous engagement that ensures people and communities are empowered and involved in the development of the ICS

Take a community-assets based approach

Strengthen our relationships with children and young people's networks to actively include their voice and drive collaboration

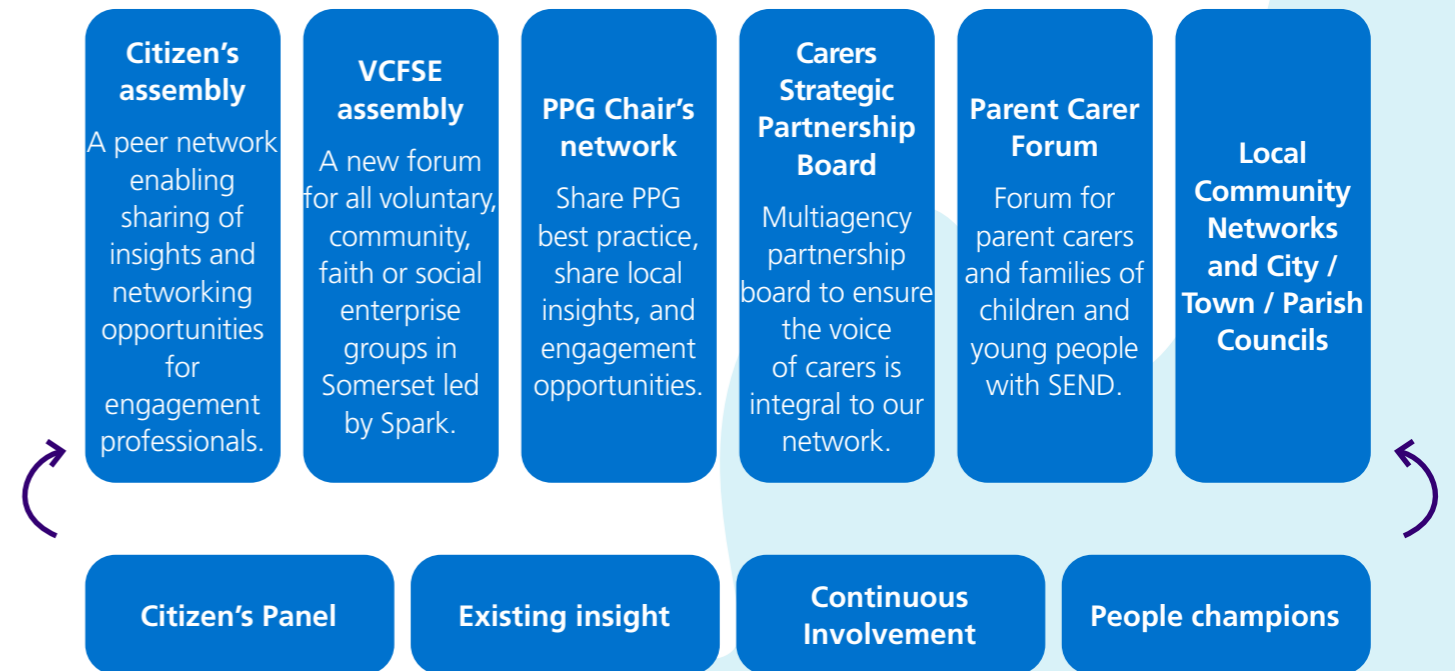
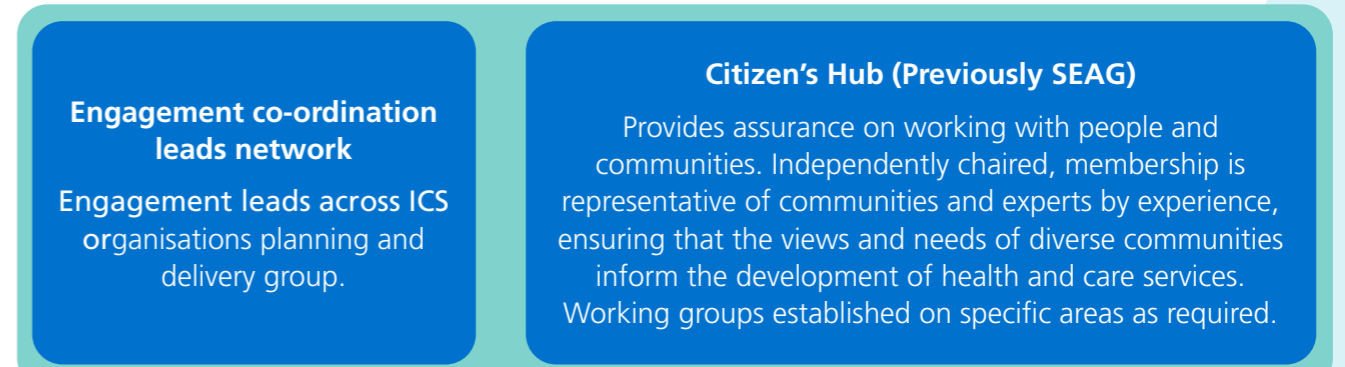
Improve our mechanisms for gathering insight and feeding these into decisionmaking

Implement learning process to ensure these functions are effective mechanisms for ensuring the voices of people and communities are heard by the right people at the right time

Map involvement opportunities in partnership with VCFSE

# Our engagement approach

People and communities partnerships and networks approach



## Using our resources well

We are committed to improving the health and wellbeing of the people of Somerset and to put this at the heart of our approach and to work together to address inequality by targeting our focus and resources towards prevention and early intervention, while ensuring the sustainability of our statutory services. We will adopt the following principles:

- ◆ **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.**
- ◆ **We drive innovation by developing high-performing teams, with 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.**

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**This means that we commit to work as one health and care system, taking a single approach to:**



Sustainability



Quality & Assurance



Strategy and Long-term Planning



Digital, Data and Innovation



Improvement



Estates



Workforce



Finance



### Sustainability

The challenge of tackling the climate crisis cannot be met without substantial changes to the way every Somerset organisation operates.

- a. We will develop low carbon, sustainable models of care. As with many elements of sustainability, there is a substantial opportunity to improve health outcomes while cutting carbon, for example through green social prescribing. We will factor sustainability considerations into the design of future services.
- b. We have already adopted a Somerset ICS Green Plan 2022-2025 (on 31 March 2020), which sets out how we will meet NHS national targets of net zero carbon emissions by 2040 and make our contribution to the goal of a carbon neutral Somerset by 2030. Our ambitions for Somerset will go beyond those prescribed for the NHS.



### Quality & Assurance:

Partners within the ICS will remain committed to assuring residents on the quality of the services being delivered. It's imperative that the national standards set out for ICS are achieved, and that we remain transparent about the challenges that exist, and our plans to mitigate them. Quality lies at the heart of our strategy, working collaboratively to share insight, ideas and resources that enable those delivering care to achieve a level of outcome that they can be proud of, and that the public can rely on.



### Strategy and Long-term Planning:

We are aligning our strategy and planning functions to ensure a cohesive view is taken in line with the Improving Lives strategy. This includes a commitment to scenario plan longer term in areas such as public health, workforce and our digital developments.



### Digital, Data and Innovation

We know there are opportunities to use data and technology in more innovative ways that will make it easier for people to maintain good health and reduce the need for hospital care.

- a. Technology – and the smart use of data – has improved our lives in many ways and we will work as one system to review, develop and deploy solutions that will enable people to access care more effectively.
- b. We will use data to support the delivery and development of services and for research into better ways of improving the health of our population.
- c. We will also ensure that data continues to be protected and only shared in line with national guidelines and regulations, and that the increased use of technology does not make inequalities greater.



### Improvement

As a system we will adopt a single approach to delivering change that empowers front line professionals and the public. Over time we'll seek to develop a common approach, skill set and mindset with regards to system improvement, seeking to maximise the social assets within our partners and communities.



### Estates

We will work collaboratively across all partners to ensure we make the best use of the public estate that we have and develop it to ensure we have the right buildings, in the right place, in the right condition that is needed for people to access advice, support and the services they need.

We will respond to the feedback received in the development of this strategy and look to bring services together physically where there is an opportunity to do so.



### Workforce

Our H&C workforce, which is made up of paid and unpaid people, is central to the successful delivery of this strategy.

- a. A positive, happy, satisfied workforce that is also capable, confident and collaborative provides a great opportunity to make the difference.
- b. Many of our colleagues and teams will need to adapt the way that they work. This will require an approach which prioritises the needs of the population first, then the system, and then the employing organisation.
- c. We are aiming for the right people, in the right place, at the right time with the right training to achieve our vision.



### Finance

Our strategic financial aim as set out in the overall system strategy is:

- a. To use our resources wisely to create a sustainable system
- b. We will focus on directing our resources where we want the activity to be in the future, and will use them carefully to create a sustainable system with a key focus on delivering against our strategic aims.
- c. Every decision will review quality and finance together and give weight to both in reaching the right outcome. We will continually monitor and review our services, decisions and change programmes to test delivery of best value and take action to improve.

**NHS**



**our**  
**SOMERSET**  
Together we care

Our  
ambition for  
a **healthier**  
**future** in  
Somerset

2023-2028





**Somerset**

Somerset Board

14<sup>th</sup> December 2023

Report for approval



**Somerset**  
Council

## **Somerset Board priorities**

Lead Officer: Lou Woolway Service Director Public Health

Author: Lou Woolway Service Director Public Health

Contact Details: [lou.woolway@somerset.gov.uk](mailto:lou.woolway@somerset.gov.uk)

<p><b>Summary:</b></p>	<p>Using the Improving Lives in Somerset (2019-2028) and the Integrated Health and Care Strategies two informal workshops have been undertaken for Somerset Board members. The focus of the workshops was to define the priorities for the Somerset Board.</p> <p>Five topic priorities have been identified for the Board. These include:</p> <ul style="list-style-type: none"><li>• Housing</li><li>• Care (all age)</li><li>• Educational attainment</li><li>• Climate</li><li>• Population health and prevention</li></ul> <p>To enable the work of the Board to progress two enabling priorities have also been identified:</p> <ul style="list-style-type: none"><li>• The development of a system intelligence function</li><li>• The development and adoption of neighbourhood and locality approaches</li></ul> <p>A recommendation is made that for the rest of this year and for 24/25 the priorities to focus on are:</p> <ul style="list-style-type: none"><li>• Housing</li><li>• Development of a system intelligence function</li><li>• Development of neighbourhood and locality approaches.</li></ul>
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	<b>Provide the best care and support to children and adults – Ensure safe, sustainable, effective, high quality person-centred support in the most appropriate setting.</b>	<b>x</b>
	<b>Strengthen care and support in local communities – Develop and enhance support in local neighbourhood areas and bring care and support closer to home.</b>	<b>x</b>
	<b>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.</b>	<b>x</b>
	<b>Respond well to complex needs – Improve outcomes for children and adults with complex needs through personalised, co-ordinated support.</b>	<b>x</b>
	The priority areas proposed are fully aligned to both the Improving Lives in Somerset and Integrated Health and Care Strategy.	
<b>Financial, Legal, HR, Social value and partnership Implications:</b>	The Somerset Board is made up of a wide range of system leaders representing the many and varied aspects of the wider determinants of health. Partnership working of Board members is essential to the successful working of the Board.	
<b>Equalities Implications:</b>	<p>The report does not require an Equalities Impact Assessment.</p> <p>The activity under-pinning the development of the priorities 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. In the development of the priorities during the workshop there was a focus on need and tackling inequalities.</p>	
<b>Risk Assessment:</b>		

	There is a risk that the Somerset Board does not achieve its optimal impact if priority topics are not identified and approached systematically as the Board is implemented.
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## **1. Background**

- 1.1.** The Somerset Board is a new Board consisting of both the Somerset Health and Wellbeing Board and the Somerset Integrated Care Partnership. As part of defining the priorities for the Board two workshops were held with Board members to identify priority topic areas. The Somerset Board is now asked to approve these at its first formal meeting.
- 1.2.** Focusing on housing as the first priority area for the Board during 24/25 offers the opportunity to significantly influence the health and wellbeing of the local population. Maslow's hierarchy of needs details the importance of shelter and property as essential to address both physiological, safety and security needs, the most basic needs we have. Prioritising housing will act as a fundamental building block for the other priority areas of the Board.

Somerset Council will also be progressing a Somerset Local Plan replacing the former district council plans. The Local Plan sets out a framework for future development of the area including looking at needs and opportunities relating to housing. The Somerset Board could influence the progression of the Local Plan.

## **2. Improving Lives and Integrated Health and Care Priorities and Outcomes**

- 2.1.** The priorities are fully aligned with both the Improving Lives and Integrated Care Strategies.

## **3. Consultations undertaken**

- 3.1.** Two workshops have been undertaken with Board members to define the priorities for the Board.

## **4. Request of the Board and its members**

- 4.1.** Board members are asked to approve the five topic priorities and the two enabling priorities for the Board to focus on going forwards
- 4.2.** Board members are asked to approve the focus for the first year of the Board on housing and the two enabling priorities.



## 5. Background papers

### 5.1. [Somerset Local Plan](#)

## 6. Report Sign-Off

### 6.1

<b>Report Sign off</b>	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
	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 Council)	David Clark	Click or tap to enter a date.
Somerset Integrated Care Partnership Chair	Paul Von Der Heyde	06/12/23	

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## Somerset



Somerset Board

Thursday 14<sup>th</sup> December 2023  
Report for approval OR information



### Integrated Health & Care Strategy Update

Lead Officer: Jonathan Higman, Chief Executive Officer (NHS Somerset)

Author: David McClay, Chief Officer of Strategy, Digital & Integration

Contact Details: David.McClay1@nhs.net

<p><b>Summary:</b></p>	<p>This paper provides:</p> <ul style="list-style-type: none"> <li>- A briefing to the Board on the early progress and achievements in the delivery of the Somerset Integrated health &amp; Care strategy;</li> <li>- A reminder on the responsibilities of the Somerset Board in regard to the oversight of the strategy, including a proposal on how the Board will discharge its responsibilities moving forward.</li> <li>- An outline on next steps, which includes the need to develop Outcomes measures for the system, with a proposed focus on Early Years, Long Term Conditions and Complex Care/Frailty.</li> </ul>
<p><b>Recommendations:</b></p>	<p><b>That the Somerset Board agrees / approves / authorises / delegates / endorses / receives for information etc...</b></p> <ol style="list-style-type: none"> <li>1. That the Somerset Board receives for information the early progress made in delivering the Integrated Health &amp; Care Strategy.</li> <li>2. That members endorse the proposal set out for upward reporting to the Board.</li> </ol>
<p><b>Reasons for recommendations:</b></p>	<p>The recommendation is to ensure that the Somerset Board meets its statutory obligations in its remit as the Somerset Integrated Care Partnership.<sup>1</sup></p>

<sup>1</sup> <https://www.gov.uk/government/publications/integrated-care-partnership-icp-engagement-document/integrated-care-partnership-icp-engagement-document-integrated-care-system-ics-implementation#purpose-of-this-document>



## 1. Background

- 1.1. National guidance outlines that the Integrated Health & Care strategy sets the direction for the system across the area of the integrated care partnership, setting out how all partners can deliver more joined-up, preventative and personalised care. There is a strong emphasis in the guidance on the need to do things radically different, including going beyond the historic lens of joining up health and care services.
- 1.2. The first version of a Somerset Integrated Health & Care strategy was published in June 2023, following sign-off from Somerset Board Chair, Councillor Bill Revans. It was developed following stakeholder engagement undertaken in early 2023 and reflecting the views captured under the existing transformation programme within the area.
- 1.3. At the time, it was acknowledged that the strategy reflected current strategic intent and signalled an important step forward, however there was also an expectation that the thought-leadership provided via the Somerset Board would help to stretch the ambition of the strategy towards achieving the aim of radically thinking beyond the integration of health and care services. It was also acknowledged that whilst the five-year term of the strategy was helpful to frame meaningful plans, more long term – generational – approaches to planning was required to truly address health inequalities and embed a preventative ethos within local communities.

## 2. Improving Lives and Integrated Health and Care Priorities and Outcomes

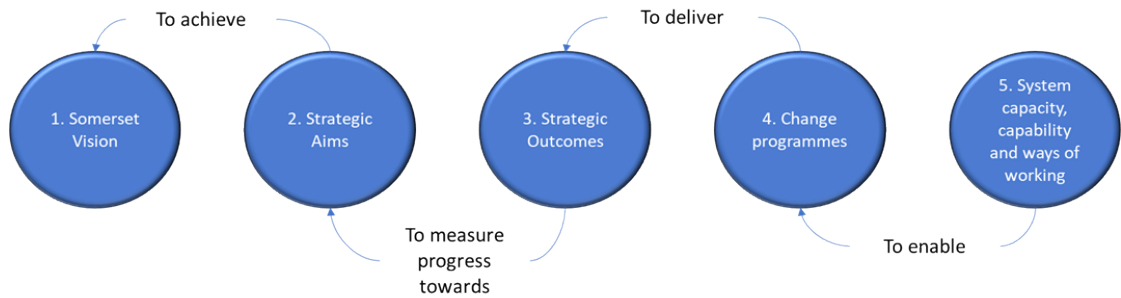
- 2.1. The Integrated Health & Care strategy outlines our vision and ambition for Somerset, a commitment to 'a left shift' towards a more preventative model supporting the growth of community assets and developing social value. It was framed around seven strategic aims.



## 2.2. Early progress:

With the strategic vision and aims set out, attention has moved to developing the system capacity, capability and ways of working to deliver it:

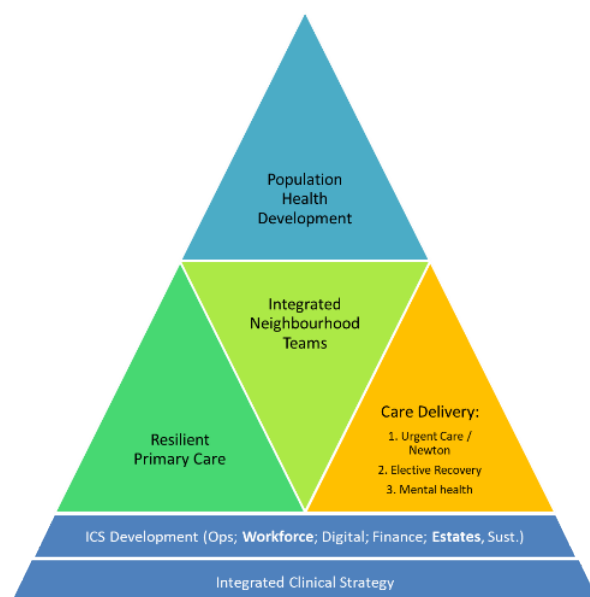
*Fig ii; strategic components*



**2.3.** Considerable organisational change preceded the publication of the strategy with mergers within the Foundation Trust's; across district and unitary councils; and with the Integrated Care Board replacing the Clinical Commissioning Group. Consequently, a feature of the second half of 2023 has been establishing governance, role restructuring and developing new ways of working within organisations.

**2.4.** In addition, progress has been made to develop cross-organisational 'system-level' governance; new ways of working between organisations; a common leadership mindset, and the adoption of change methods. Early focus has been placed on fostering an environment that encourages teams to work across traditional organisational boundaries on the personalised needs of people within Somerset. Examples of this work is set out in section 2.6 below.

**2.5.** Whilst each organisation has maintained internal change programmes, a list of system change programmes is in development. At the heart of this is a need to develop integrated working at neighbourhood level not only to enable personalised care delivery but to support the development of social value within communities. The programme of work to develop successful integrated neighbourhood teams is at the heart of our transformation plans with close working with Council partners to ensure links are made to Local Community Networks.



## 2.6. A summary of achievements during 2023 is as follows:

- Winner of the NHS Parliamentary Awards on population health work to better address the health needs of the homeless population and other inclusion groups;
- The current roll-out of AI machine learning to identify and support people most at risk of admission – now extended to 10 Primary Care Networks. This has recently featured on BBC Radio 4 Today programme;
- Development of a local CVD Dashboard, now with 54 practices signed up to support a whole system approach to secondary prevention of cardiovascular disease, starting with a whole system priority of case finding and optimisation of people with hypertension;
- ICB signature of the Armed Forces covenant in May 2023, and steps to establish Armed Forces Link Workers and Hubs within the County;
- Establishing a System Coordination Centre (with real time data) to improve the timely flow of people needing urgent care and support;
- Memorandum of Understanding with the VCFSE sector signed in September 2023;
- Delivered a programme of scenario-planning exercises visioning the talent needed within health and care in 2038 to enable improved long-term workforce planning;
- 90% of General Practices technically enabled to provide patients access to view their own GP record via the NHS App. Uptake of the App in Somerset is now at 50% of people aged 13+;
- Dedicated support to the West Somerset Primary Care Network (PCN) to improve care coordination and delivery within the area;
- Joint commissioning of the Your Care Your Way transformation programme to ensure that following a hospital stay, people can access the most appropriate support.

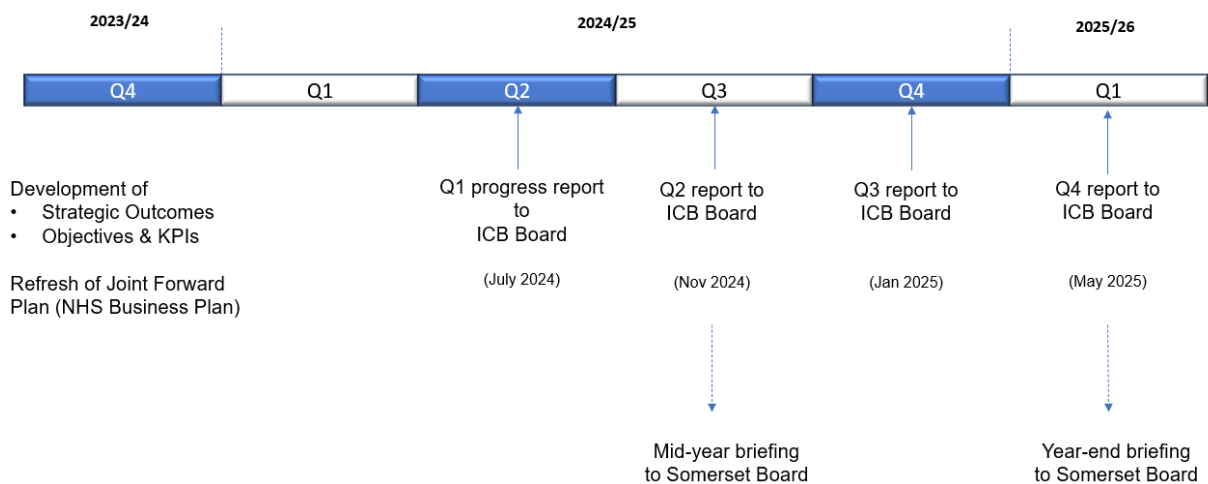
## 2.7. Next Steps

- Whilst Initial steps have been taken to establish both the system capacity and capability required to deliver the strategy, and to frame a change programme to deliver on the commitments made within it; it is only the beginning of the journey.
- A priority for Jan-Mar 2024 is the development of Strategic Outcomes that provide True-North / hero measures for system-wide transformation activities. Although the outcomes are likely to be long term (10-20 years), they will be supported by objectives and indicators that will enable the Somerset Board to assess both the actions/inputs being made and their impact. A schematic (fig iii) detailing the reporting frequency is set out below.

Given the broad reach of the Integrated Health & Care strategy, it is proposed that the focus of Outcomes work is on Early Years (first 1,000 days); people with long term conditions; and complex care / frailty.

- Although a Memorandum of Understanding has been agreed with the VCFSE sector, a priority is turning that commitment into meaningful involvement of the sector in both the delivery of the strategy, and the ongoing refresh.
- Finally, since the time of approving the strategy, the underlying financial position across all organisations within the system has become more acute. Attention is being given as to how the financial context can be used as an accelerant of transformational change by collectively seeking to understand and meet the personal needs of Somerset residents in the most effective and efficient way.

Fig iii: Somerset Board reporting timeline



### 3. Consultations

**3.1.** Engagement was undertaken by HealthWatch in the development of the strategy. Specific consultation has taken place with residents regarding the Reconfiguration of Stroke services, and the outcome of that consultation is currently being fed into the Decision-making Business Case that will be brought to the Integrated Care Board in January 2024. The ICB Communications team is developing a wider programme of engagement and involvement over the strategy delivery and refresh.



#### **4. Request of the Board and its members**

**4.1.** As set out in the Health and Care Act 2022, the primary purpose of Integrated Care Partnerships (ICP) is to prepare, maintain and to publish an integrated care strategy that sets out how assessed needs (from the joint strategic needs assessments) can be met through the exercise of the functions by partner organisations in the Somerset ICS, including the Somerset Integrated Care Board, the Local Authority and providers of health services.

In addition, the ICP will:

- Ensure that adequate engagement underpins the preparation of the strategy, including the involvement of HealthWatch.
- Receive progress reports on the delivery of strategic outcomes against the aims of the strategy;
- Maintain an overview that the strategic aims of the strategy are being delivered through system partnership;
- Consider whether the current Strategy should be revised upon publication of an updated Joint Strategic Needs Assessment;
- Have regard to the NHS Mandate, any guidance issued by the Secretary of State, and the local Somerset Health and Wellbeing Strategy;
- Create a space to develop and oversee population health strategies to improve health outcomes and experiences;
- Support integrated approaches and subsidiarity;
- Be open and inclusive in strategy development and leadership, involving people, communities and partners to utilise local data and insights

**4.2.** Board members are therefore asked to note the early progress made with regards to the delivery of the strategy and to confirm their acceptance over the proposal to provide updates to the Board (via the Integrated Care Board).

#### **5. Background papers**

**5.1.** Board members are asked to note the published Integrated Health & Care Strategy for Somerset available [here](#).

## 6. Report Sign-Off

### 6.1

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	Somerset Integrated Care Partnership Chair	Paul Von Der Heyde	06/12/23