

# Somerset Board

## Integrated Neighborhood Working

### Update

Date 26 November 2024



**Somerset**  
Council



# Update

- Somerset Board 23 July endorsed high level vision and underlying principles, and agreed four senior champions – Claire Winter, Jonathan Higman, Katherine Nolan and Ewan Jones to help champion, shape and lead this work.
- We have something of a twin-track approach at the moment which is converging...
- We have committed as SROs to meeting more regularly
- Recognise the importance of language and that neighbourhood working means different things to different people and trying to articulate the approach we are working to
- It is very much relational – how we interact with the person / individual / patient, understanding what is important to them, but also how we work with each other.
- Overall aim is very much centred around improving the healthy years lived by people in Somerset from birth and reducing health inequalities at all ages – building individual and community resilience
- Recognition that we should not be too prescriptive, that some local autonomy is needed, but also to provide enough structure so the right thing to do becomes the easier thing to do, and to hold ourselves to account for progress
- Acceptance that geographic footprints don't align but need to work across boundaries (lines not wall)

- Recognition that need to look to other partners as we move forward e.g. police.
- Noted need for a tiered approach, with some conversations at county level and others more localised.
- Need to understand and build on what we already have, and look more strategically and tactically at the totality of resource and how it is used, and collectively identify the gaps and priorities for action.
- Expanded upon the principles underpinning our approach.
- Agreed a number of key enablers which will strengthen our ability to work together and include:
  - To develop and use data in way that helps us focus on what matters (and also resolve data and record sharing)
  - To strengthen and develop leadership across all sectors
  - To create a strong learning and sharing culture across the system
  - To underpin activity with robust resourcing, financing and governance
- Communities are also not held by geographic boundaries:
  - Communities of place – working within defined geographic areas
  - Communities of interest / identity / experience
  - Communities of practice
- Health workshops drew consensus around a number of key ingredients / common characteristics that if put in place might enable each neighbourhood to ‘grow it’s own way’ but maybe a little quicker than if left completely to its own devices (garden trellis concept).

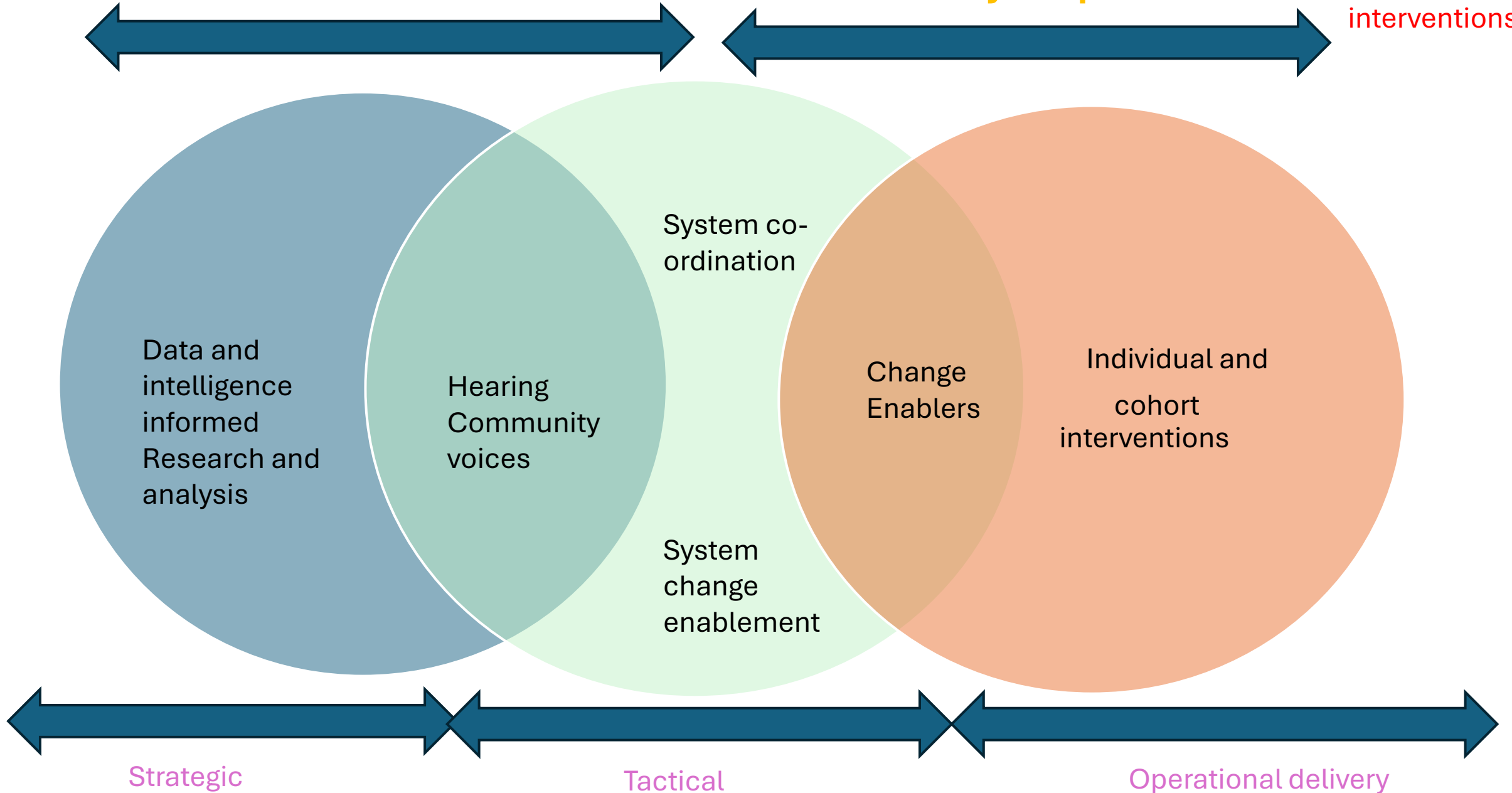
Values	Expanded Principles
<b>Person-centred</b>	<ul style="list-style-type: none"> <li>We will take a proactive, flexible and preventative approach, intervene early and respond to the person in the context of their community – understanding what is important to them</li> <li>We will develop place-based approaches to tackling the social determinants of health that build on the assets within our communities</li> </ul>
<b>We are collaborative</b>	<ul style="list-style-type: none"> <li>We take a whole system approach to addressing the health and care needs of people in Somerset.</li> <li>We will work to build strong, long-lasting, authentic partnerships, supporting each other and sharing knowledge, resources and our estates to achieve the greatest impact in our communities.</li> <li>We will co-design and co-produce services with residents and community partners, implementing ways of working that support collaboration not competition (doing with not to)</li> </ul>
<b>We have integrity</b>	<ul style="list-style-type: none"> <li>We will build trust and act with honesty and transparency.</li> <li>We will listen to and respect each other’s views.</li> <li>We will be accountable to the local population and to each other</li> </ul>
<b>We will strive for equity</b>	<ul style="list-style-type: none"> <li>We are committed to developing a model of shared strategic decision making, planning and impact measurement, in which everyone’s expertise, knowledge and insight is valued.</li> <li>We will empower our workforce to work more effectively across organisational, professional and service boundaries.</li> <li>We will empower our population and support them to take responsibility for their own health and wellbeing</li> </ul>
<b>We are innovative</b>	<ul style="list-style-type: none"> <li>We will create a ‘can do’ culture and proactively seek opportunities to find creative solutions and adapt and evolve so that we can make a real difference to people in need.</li> <li>We will develop a strong learning culture where new ways of working are reviewed and evaluated</li> </ul>

# Building individual and community resilience

Prevention

Early Help

Statutory interventions



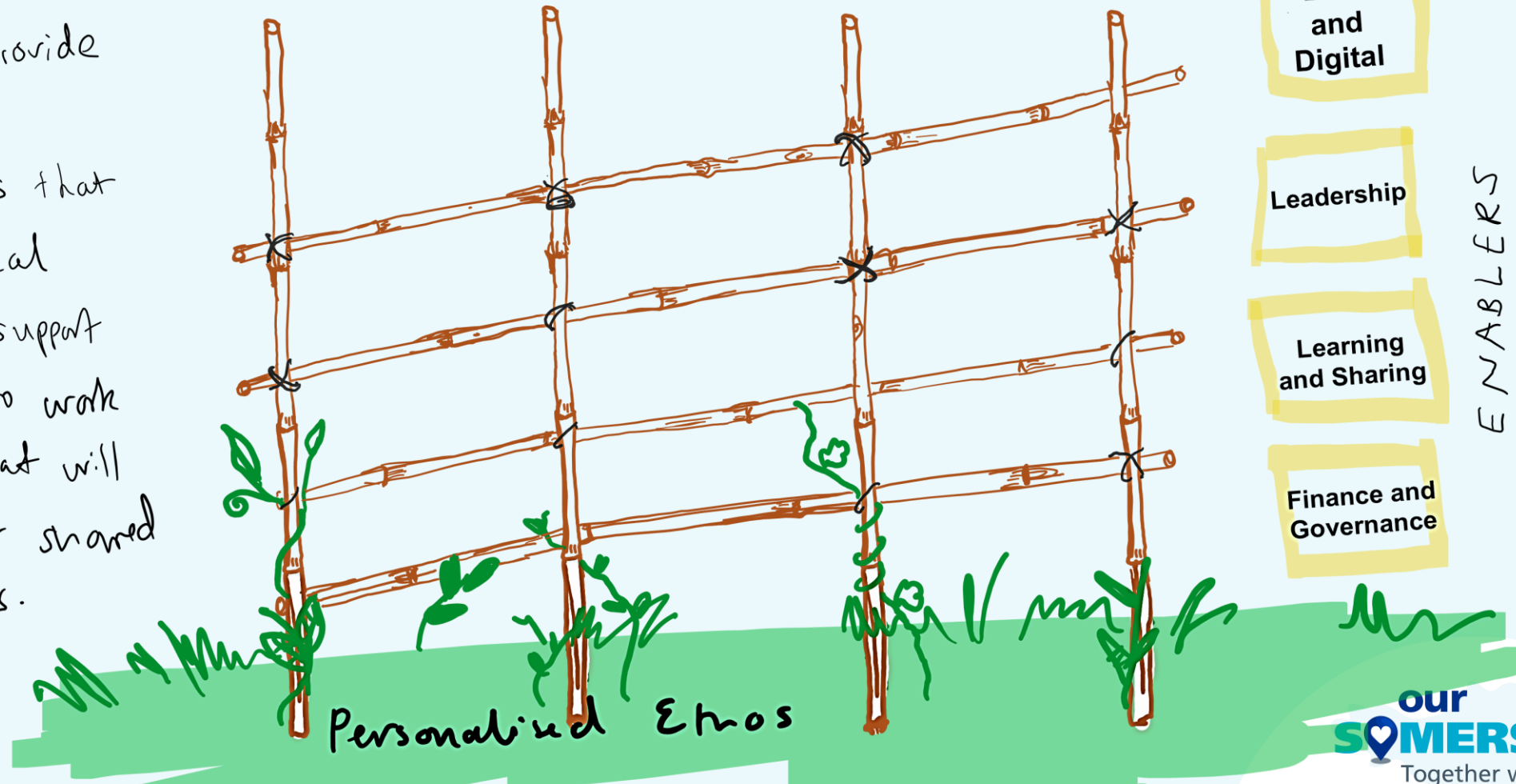
# Trellis Framework

## Shared Outcomes

- Holistic preventative proactive care
- Relational working
- Focus on Health inequalities
- Strengthen VCSFE

We aim to provide a guide for neighbourhoods that gives practical notes and support on how to work in ways that will achieve our shared goals.

- Data and Digital
  - Leadership
  - Learning and Sharing
  - Finance and Governance
- ENABLERS



Personalised Ethos

OUR NEIGHBOURHOOD



# Test through Frailty Pilot - proof of concept

There's a lot to do... but a lot to build on.

We've agreed to segment the population and place initial focus on Frailty as a condition.

Health Goal	Inputs	Outputs	Outcomes	
			Short	Medium
Improved support to those with frailty	Frailty collaborative Workshops	Trellis framework as a way of working	Improved relationships	Established change method
Preventing people developing frailty		Frailty outputs: less reliance on bedded care	Pop health skills	Relational ways of working
			Improved experience of frail population	



# High level implementation proposal

- Sign up to 'trellis concept' as a governance framework, including key enablers and outcomes.
- Building the Somerset place datasets as to key issues in terms of emotional and physical health in communities and across the county (including individual / community voice).
- Analysis of data to inform our understanding of opportunities and deficits.
- Integrating what works locally and elsewhere to inform activity (at both locality and broader levels).
  - Learning from trials and pilots ongoing e.g. proof of concept re: frailty in communities
- Sharing analysis with communities to jointly agree priorities and timescales (geographic and thematic).
- Implementation of plan.