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## MESSAGE FROM THE CHAIR

It is a pleasure to present to you the annual report of the Somerset Health and Wellbeing Board 2016/17. The Board has had some notable achievements in the past year and has made good progress in achieving improvements in health and wellbeing in Somerset.



The Board has strengthened its role to champion prevention, putting prevention at the heart of all we do throughout public services in Somerset. Ten Somerset organisations have now signed up to a *Prevention Charter*, demonstrating a real commitment to Somerset becoming a 'prevention first' county.

One of the notable impacts of the Board in 2016/17 has been the development of a well-received '*Lets End Loneliness in Somerset*' campaign, led by the voluntary sector and our District Councils. BBC Radio Somerset and the local press have taken a great interest, helping to raise awareness and to promote the campaign.

An important annual event for the Board each year is undoubtedly the Health and Wellbeing Conference. This is one of the ways in which the Board engages with local partners including the voluntary sector and town and parish councils. This year the event focused on mental wellbeing, with over eighty delegates considering issues such as approaches to developing stronger communities and improving the emotional health and wellbeing of children in our schools. This was also an opportunity to listen to the issues and concerns of our wider partners and we will use this information to inform work of the Board.

This year, there has been a focus on Sustainability and Transformation Plans (STP) both nationally and locally. Sustainability and Transformation is a new planning framework for NHS and social care services. It is intended to be a blueprint for delivering the ambitions for improved local services, as set out in a national document called The NHS Five Year Forward View. The Health and Wellbeing Board plays an important role in setting the shared strategic direction of the plan and ensuring that the proposals address prevention and are in line with the needs of the local population. The Sustainability and Transformation Plan will form an ever-increasing part of the work of the Health and Wellbeing Board going forwards.

I would like to take this opportunity to thank all the Board members and all those who contribute to the work of the Board. I have very much enjoyed my time as Chair and I wish the Board every success in the future, building on the excellent achievements of the past year.

A handwritten signature in black ink that reads "Ann Bown". The signature is written in a cursive, flowing style.

**Cllr Ann Bown**  
**Chair Health and Wellbeing Board 2015–2017**

## INTRODUCTION

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



The Health and Wellbeing Board has the following four statutory duties:

**The Board must have in place a Health and Wellbeing Strategy for its population.**

**The Board must produce a Joint Strategic Needs Assessment to inform planning and commissioning.**

**The Board must produce a Pharmaceutical Needs Assessment for the area.**

**The Board must oversee the Better Care Fund and promote the integration of Health, Public Health and Social Care where appropriate.**

In addition to fulfilling its statutory duties the Somerset Health and Wellbeing Board undertakes to progress health improvement through a number of specific workstreams each year as well as taking an oversight and influencing role across the whole health and wellbeing system.

The work of the Board for 2016/17 can be seen summarised on the plan on a page in Appendix 1.

This report sets out the progress made under each of the following Board functions:

- Fulfilment of Statutory Duties
- Health Improvement Workstreams
- System Oversight and Influence

## COMMUNICATION AND ENGAGEMENT

In order to carry out its duties and functions, the Health and Wellbeing Board needs to develop ways and means of listening to and engaging with partners and the public. The diverse voices, views and experiences of the people of Somerset are important in shaping the work of the Board; and the Board needs to communicate with a wide range of partners who are keen to know about the strategic direction for health and wellbeing in Somerset. This happens in a number of ways.

Members of the public are able to attend the board in person to make a short statement. The Board welcomes this and this year statements have been received on autism, the needs of carers and stroke services.

Healthwatch, as a member of the Board, brings the patient and public voice directly to the Board through regular thematic reports and constructive challenge.

District Health and Wellbeing Networks and NHS Patient Forums provide opportunities for more local engagement and, when required, consultation.

The annual Health and Wellbeing Board Conference is a high point of the year, bringing together Board members with partners from the statutory and voluntary sectors. This year the event was jointly hosted with the Somerset Towns Forum on the theme of Building Mental Capital for Health and Wellbeing. Beginning with a challenging presentation about the impact of allowing communities the control to develop their own solutions, the day progressed with presentations about innovative community programmes being led, and funded, by Parish Councils; and inspiring and effective work taking place in schools using an approach called Emotion Coaching. During the conference we began to collect stories on how investing in mental and social capital makes a real difference. These stories are published on the Health and Wellbeing webpage.

Finally, addressing the fact that formal meetings can be difficult to follow and the formal minutes of such meetings equally challenging, we have been experimenting this year with a plain English, short, one page summary version of Board meetings. This is published on the Health and Wellbeing Board webpage and is made available to members for circulation.



## **SECTION 1 – FULFILMENT OF STAUTORY DUTIES**

### **Somerset Health and Wellbeing Strategy 2013–18**

The Somerset Health and Wellbeing Strategy sets out the shared vision for improving health and wellbeing locally. The strategy is not meant to cover everything that impacts on health and wellbeing. Three themes have been selected to reflect what many people and organisations have said are the most important things that would improve health and wellbeing locally. Information and data which are available for Somerset and local areas has also been used to help agree these priorities. The Strategy sets the scene for Health and Wellbeing Board to make the vision for health and wellbeing in Somerset a reality through its work programme. During the coming year, the Board will begin work on a new strategy for Somerset.

#### **Vision for Health and Wellbeing in Somerset**

People live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-quality and efficient public services when they need them.

#### **Our Priorities**

- Theme 1: People, families and communities take responsibility for their own health and wellbeing.
- Theme 2: Families and communities are thriving and resilient.
- Theme 3: Somerset people are able to live independently.

#### **Joint Strategic Needs Assessment (JSNA)**

The Joint Strategic Needs Assessment (JSNA) is a web-based resource, which is part of the Somerset Intelligence Website ([www.somersetintelligence.org.uk/jsna](http://www.somersetintelligence.org.uk/jsna)) and includes up to date information on health and care needs, as well as the wider determinants of health such as housing and transport.

In addition a thematic report is produced each year on a topic selected by the Board. The thematic report for 2016/17 was on Vulnerable Children and Young People, and written not only to inform the activities of the Board but also to support the production of the Children and Young People's Plan for Somerset. This report found that the majority of children and young people lead healthy and productive lives, but that there are considerable inequalities. The report showed that several thousand

children, concentrated in the most deprived areas of Taunton, Yeovil and Bridgwater, bear a disproportionate burden of illness, poverty and crime in the county. This information identifies an opportunity for focused, place-based services to deliver significant improvements. There are some needy children everywhere, of course, and it was clear that those small numbers of children at risk who are dispersed across the wide rural areas of Somerset require careful, joined-up attention from agencies if they are not to fall through the net.

The thematic report for 2017/18 was presented to the Board in draft in January 2017. This examines what helps people in Somerset to 'age well'. The themes of physical and mental health, personal independence and good social contact in strong communities have emerged as important. The next Joint Strategic Needs Assessment will focus on the development of the new Health and Wellbeing Strategy.

### **Pharmaceutical Needs Assessment**

A Pharmaceutical Needs Assessment must be produced every three years. The last was published in 2015 and the next is due before April 2018. Unlike the Joint Strategic Needs Assessment, which is a report *to* the Board, this is a report *from* the Board to NHS England (NHSE), intended to be the evidence base required by NHS England to make decisions in the 'market entry' process for pharmacies.

The Board is required to state whether there are gaps in access to pharmacies (or pharmaceutical services provided by dispensing GPs), or particular types of pharmaceutical service; if commercial pharmacy providers do not fill the gaps, then NHS England is required to commission services to fill them. In 2015 the only gap found was the provision for palliative care in the Chard, Ilminster and Crewkerne commissioning locality, and this service was duly commissioned by NHS England.

Preparation of a Pharmaceutical Needs Assessment takes approximately 12 months, including a statutory 60 day consultation on a draft. The Board therefore began the process of production in January 2017 by setting up a working group, including Somerset CCG, Healthwatch, the Somerset Local Pharmaceutical Committee, the Somerset Local Medical Committee, and Somerset County Council consultation and public health teams, as well as NHS England.

### **The Better Care Fund 2016/17**

The Better Care Fund brings together health and social care funding to support the integration of health and social care. The fund is an opportunity for local services to transform services and improve the lives of the people who need it the most. The Health and Wellbeing Board has an oversight and assurance role around health and care integration and must sign off the annual Better Care Fund plan. During 2016/17 four key Better Care Fund Schemes were identified and there have been achievements in all of these schemes.

### *Reablement*

Two new reablement schemes were piloted, and funding of home-based reablement care was continued: the purchase of block-booked nursing home beds and a reablement/homecare service provided by Somerset Partnership NHS Foundation Trust. Both schemes were intended to assist with winter pressures and have had a positive impact on delayed transfers of care, seen by a reduction in the total number of lost bed days since October 2016

### *Person-centric care and support*

Building on the well-established new models programme in Somerset; this was developed out of the insights provided by the Symphony dataset (an integrated service utilisation and patient characteristic analysis). These pilots targeted people who benefitted from a health coaching/connecting intervention and/or proactive multi-disciplinary care management for complex conditions. Local dataset analysis is beginning to show that these approaches have reduced individual's overall need for services, as well as improved the working lives of those in primary care.

### *Improving Discharge from Hospital*

A collective effort to improve delayed transfers of care has resulted in:

- Multi-agency Practice Development Forums taking place in both acute trusts and community hospitals, enabling a multi-disciplinary approach to early identification of potential issues
- An improved and streamlined discharge process
- A community-based discharge manager within each trust to facilitate and oversee timely transfers to community hospitals
- Development of a county-wide reluctant discharge policy that is consistently applied
- Work towards two joint pathway managers (acute and social care) at Musgrove Park Hospital and Yeovil District Hospital.

### *Housing adaptations (Disabled Facilities Grant)*

This scheme enables people to remain living independently by making adaptations to their home. These are adaptations such as ramps and handrails, enabling access by widening doors or installing accessible washing facilities. These adaptations can support people to live independently; making caring for someone at home more possible; preventing unnecessary hospital admission and support timely discharge home from hospital. The provision of the Disabled Facilities Grant has enabled many people to have access to essential facilities.

## **SECTION 2 – PRIORITY WORKSTREAMS 2016–17**

Workstreams are one of the means by which the Board implements the Health and Wellbeing Strategy. Progress on workstreams is monitored through a performance score-card. This is considered bi-monthly by the Health and Wellbeing Board Executive Group and twice yearly by the full Board. Each Workstream has a nominated officer lead and Board Member Champion.

### **Worksteam 1: To provide joint leadership for prevention across the county**

#### *Aims of the workstream*

- To produce and oversee the delivery of the Prevention Plan to support the NHS Sustainability and Transformation Plan.
- To develop a Prevention Charter for Somerset which addresses the health and wellbeing gap.
- To produce a minimum of three prevention case studies.

#### *Key achievements in 2016/17:*

The Board has developed and agreed a Prevention Framework for Somerset to support a shared understanding of what prevention means to people working in different parts of the system and addressing different levels of need. This was followed by the publication of a Somerset Prevention Charter (see Appendix 2). All organisations represented on the Board, as well as other organisations within the health and wellbeing system, have signed or are signing up to the Prevention Charter at the highest level of their organisation.

The Charter commits the organisation to take action to address prevention in different ways and by different means as part of their everyday business. Partners are invited to send in case study examples of prevention in action and these are currently published on the Health and Wellbeing Board web page along with partner health and wellbeing action plans.

#### *Officer Lead and Board Member Champions for 2016/17:*

Trudi Grant, Cllr Anna Groskop, Cllr Jane Warmington

**Workstream 2: To give system leadership to build strong, resilient and healthy communities**

***'Loneliness is as damaging to health as smoking 15 cigarettes a day'***



*Aims of the workstream*

- To further develop the *Let's end Loneliness in Somerset* Programme through the District Councils and the Somerset Voluntary Community and Social Enterprise (VCSE) forum.
- To continue to raise the profile of loneliness through the media.

*Key achievements in 2016/17:*

This theme was identified by members of the public as being vital for health and wellbeing and is specifically described in the Health and Wellbeing Strategy. Building resilient communities through the development of individual mental and social capital was the theme for the Board's annual conference this year.

*Let's End Loneliness* in Somerset events have been held within each district council area and followed by local *Let's End Loneliness* plans. These focus on simple ways of making connections between people, encouraging projects and groups to be inclusive and mindful of loneliness. The Somerset Voluntary Community and Social Enterprise (VCSE) Forum has led work to promote the campaign through the sector and to inform a future funding bid for Somerset. The national campaign provides useful information and resources, <https://www.campaigntoendloneliness.org/> but the focus is on older age and the Somerset Health and Wellbeing Board, while recognising that age can be a risk factor in loneliness, wanted to focus the local campaign more broadly, recognising that loneliness can happen at any age.

*Officer Lead and Board Member Champions for 2016/17:*

Teresa Harvey, Cllr Sylvia Seal, Cllr Ross Henley

### **Workstream 3: To drive and oversee new, integrated and sustainable models of care across the county**

#### *Aims of the workstream*

- To develop and drive a shared vision for a more sustainable and integrated model of commissioning and provision of health and social care across Somerset.
- To influence the development of new models of care across Somerset.

#### *Key achievements in 2016/17:*

The Sustainability and Transformation Plan for Somerset was developed in good time and endorsed by the Health and Wellbeing Board. Prevention is a strong theme within the Plan. Good progress has been reported on the Somerset County Council Adult Services Transformation Programme, with the Community Connect approach, developed initially in Sedgemoor and West Somerset now being rolled out across the county. This approach changes the nature of conversation from a focus on assessment to a discussion about the things which matter to keep people independent and well. The number of people receiving a community-based conversation, support or information is expected to increase over the coming year.

#### *Officer Lead and Board Member Champions for 2016/17:*

Stephen Chandler, Cllr William Wallace, Cllr Nigel Woolcombe–Adams

### **Workstream 4: To improve identification and early intervention to prevent Hidden Harm of children**

#### *Aims of the workstream*

- Implement the new joint protocol for Hidden Harm and audit if adult mental health patients are being identified as parents.
- Ensure early help professionals have accessed identification and brief intervention training for domestic abuse and substance misuse.

#### *Key achievements in 2016/17:*

The behaviours of adults can harm children. The focus here is on a combination of drug and alcohol use, mental health problems and domestic violence. Improvements have been made in the identification of these risks to children, a multi-agency workshop has been held and further training and awareness-raising is planned. This work supports the development of a "think family" approach and a single approach to multiple vulnerability, both now key themes for Somerset.

#### *Officer Leads and Board Member Champions 2016/17:*

Alison Bell, Deborah Howard, Cllr Frances Nicholson, Cllr Ann Bown

## **Workstream 5: To identify and address the impacts of housing on health and wellbeing**

### *Aims of the workstream*

- To build a stronger connection between the Joint Strategic Needs Assessment, in particular the need for sustainable communities, and local housing policy.
- To drive improvements between health providers and the district housing function where housing standards are affecting health.

### *Key achievements in 2016/17:*

Positive results have been achieved in the integration of Joint Strategic Needs Assessment data into strategic housing work. There have also been improvements in developing a shared understanding between health and housing professionals and sectors. Pilot work suggests that signposting is the preferred method of sharing for health professionals rather than having housing staff working within practices. This suggests that raising awareness amongst health staff about housing issues supports better outcomes for residents and this will be focused on as part of future work. Health and housing is a key consideration in the development of the Strategic Housing Framework for Somerset which is being refreshed in 2017/18

### *Officer Leads and Board Member Champions 2016/17:*

Tracy Aarons, Cllr Keith Turner, Cllr Nigel Woollcombe- Adams

## **Workstream 6: To increase use of licensing powers to promote health wellbeing and reduce harm**

### *Aims of the workstream*

- To complete work looking at greater local use of licensing to protect and improve population health and wellbeing with a specific focus on alcohol.
- Research and prepare business cases for town centre schemes and initiatives that promote responsible drinking or reduce the impact of alcohol on public services including hospitals, police and ambulance services.
- Bring together partners to fund and initiate pilot schemes in Yeovil with learning to be shared with Health and Wellbeing Board partners so that similar schemes could be rolled out elsewhere if appropriate.

### *Key achievements in 2016/17:*

The aim of this workstream was to explore the use of licensing powers to reduce alcohol harms and the individual and social costs that follow. Research elsewhere in the UK, concludes that sharing emergency department data with public health and other bodies can help bring about more informed decisions in licensing applications.



## Section 3 – System Oversight and Influence

A key role of the Board is to influence across the whole system to drive improvements in health and wellbeing and tackle health and social inequalities in line with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. One of the primary responsibilities of the Board is to ensure that significant policy change, strategies and service changes take due consideration of the Joint Strategic Needs Assessment and are aligned to the strategic direction set out in the Health and Wellbeing Strategy.

### Sustainability and Transformation Plan

2016/17 has seen the development of Sustainability and Transformation Plans nationally. This has required joint leadership and oversight from the Health and Wellbeing Board. The Board is required to provide the overall governance for the Sustainability and Transformation Plan. The Somerset Sustainability and Transformation Plan describes a vision for the future of healthcare in Somerset. Key priorities outlined in the plan are:

- To encourage and support everyone in Somerset to lead healthier lives and avoid getting preventable illnesses.
- To move care out of hospital beds and into people's homes wherever possible, providing care designed specifically for each patient's needs, supporting faster recovery and, in many instances, avoiding the need to go into hospital in the first place.
- To invest in GP teams to develop a mixture of skills and time to support the increasingly complex care that needs to be given.
- To make it easier for people to get services closer to home, when they need them, using modern technology that is already transforming other parts of our lives.
- To invest more money in frontline care by being more efficient with how we use our buildings, our equipment and our management and administration. We have recently published a detailed document which sets out some of the plans we have.

The Health and Wellbeing Board has ensured that the Somerset Sustainability and Transformation Plan is in alignment with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. A key role of the Board has been to significantly influence the Sustainability and Transformation Plan to have a strong focus on prevention and this is reflected in the nature of the plans being developed, which include a focus on falls prevention, stopping smoking in pregnancy, mental health and stronger communities.

A full copy of Somerset's Sustainability and Transformation Plan proposals on the Somerset Clinical Commissioning Group's website at: [www.somersetccg.nhs.uk](http://www.somersetccg.nhs.uk)

## **Strategic Oversight of Health and Wellbeing Strategies and Plans**

In addition to the work on the Sustainability and Transformation Plan, this year the Board has also maintained oversight of the following strategies, ensuring alignment with the Joint Strategic Needs Assessment and Health and Wellbeing Strategy and providing an opportunity for the escalation of issues that can only be resolved through multi-agency collaboration or holding partners to account:

- Joint Mental Health Strategy
- Autism Strategy
- Carers' Strategy
- Dementia Strategy
- Personal Health Budgets
- Children and Young People's Plan
- Special Educational Needs and Disability

Progress has been made in developing a closer relationship and better joint working with other Strategic Boards through the adoption of a joint working protocol. This protocol commits the Chairs of Strategic Boards for Health and Wellbeing, Children and Adults Safeguarding, Community Safety, the Children's Trust and Corporate Parenting Boards to work together on issues of common interest. It also requires the annual reports of each of the boards to be shared, in order to raise awareness of prominent issues and to maximise opportunities to join work up where possible.

### **Health Protection Forum**

The Director of Public Health has an assurance role in relation to health protection within Somerset. This duty is discharged on behalf of the Director of Public Health by the Health Protection Forum. Health protection work seeks to prevent or reduce harm caused by communicable diseases and minimise the health impact from environmental hazards. The Director of Public Health presents an annual report to the Health and Wellbeing Board.

In the December 2016 the Director of Public Health reported that she had a high degree of assurance that measures are in place to protect the health of the Somerset population. The overall resilience of the health and social care system to cope with increasing demand and additional winter pressures is stretched and it is recognised within the report that the work of the Sustainability and Transformation Plan is paramount in ensuring the future sustainability of services.

Declining attendance for cervical and breast screening is of concern and some aspects of newborn screening are below expected levels and are a point of discussion for NHS England. There is an ongoing need to improve uptake in the seasonal flu programme across all eligible groups, including vaccinating frontline health and social care staff.

Finally, climate change presents one of the greatest national threats to public health in the coming decades. There is a need to contribute effectively to the worldwide effort to reduce carbon emissions, and minimise the health and other impacts on the population. We are likely to see more heatwaves in summer, alongside warmer,

wetter winters, so planning arrangements for these will need revising as time progresses.

## **Annual Report of the Director of Public Health**

The Director of Public Health is required to produce an annual report, with total freedom over its contents. This provides an opportunity for the DPH to raise any matters of concern, or to describe the broader context of health and wellbeing than may be covered by particular projects.

In 2016 the Annual Public Health report looked back to the reports issued by the first County Medical Officer of Health for Somerset, Sir William Savage, who served from 1909 to 1937. Looking back to 80 years earlier – about a lifetime ago – and comparing with the present, it was possible to gain real perspective on the state of health and wellbeing in Somerset today. It was striking that whilst Sir William Savage felt justifiably pleased in the improvements in health that he had seen during his time in office – on several occasions saying that little further improvement was likely – these pale in comparison to the huge achievements achieved since. Much of the improvement has been the result of better sanitation and central heating, more sophisticated care in childbirth and infancy, and the near-elimination of some infectious diseases through vaccination. In contrast, cancer and dementia have risen in importance as we generally live longer and develop these conditions in older age. Savage’s approach shows us the importance of:

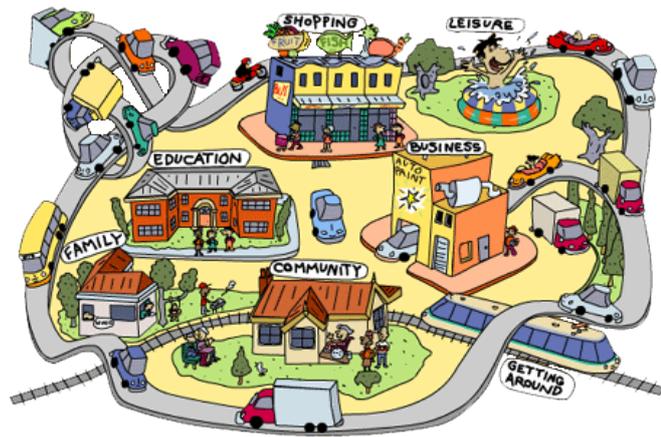
- A relentless focus, at pace, on the most significant areas of disease burden
- Action taken at “industrial scale”, not just small patches of coverage, and
- Prevention activity built-in systematically to all existing processes

This approach is just as relevant now, and the story shows that we should not be complacent about the further advances we could make by tackling inequalities and harmful lifestyles in today’s county.

The 2017 Director of Public Health Annual Report will focus on End of Life Care and how a public health approach to it can bring benefits to patients and carers, as well as the system of health and care.

## WHAT NEXT FOR 2017-2018

During the coming year the Board has a significant work programme and will be continuing to develop in order to undertake a more substantial role in relation to the health and care system as well as health and wellbeing.



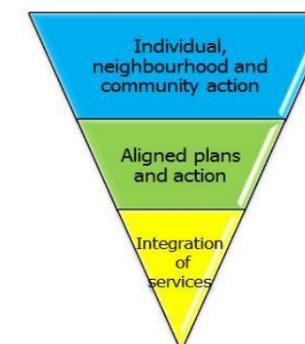
The Board will be taking on increased responsibility for health and care integration through oversight of the Sustainability and Transformation Plan.

The Somerset Health and Wellbeing Strategy will be refreshed and will continue to have a number of visible priority workstreams to support the delivery of the strategy and to add value to complex areas where there are particular opportunities or challenges that require system leadership.

The Board will be revising its work programme to maintain progress on improving health and reducing health inequality.

Health and Wellbeing Board  
Plan on a Page 2016 – 2017

People live healthy and independent lives, supported by thriving and connected communities, with timely and easy access to high quality and efficient public services when they need them.



**Statutory duties and functions**

- Somerset Health and Wellbeing Strategy
- Annual Joint Strategic Needs Assessment
- Somerset Pharmaceutical Needs Assessment
- Health and Social Care Integration including the Better Care Fund

**Priority Workstreams 2016 - 17**

Priority workstreams are informed by the Joint Strategic Needs Assessment and selected as an area of activity to which the Health and Wellbeing Board can bring added value. Priorities and Action is supported by or is designed to gather reliable evidence of effectiveness.

<b>W1: To provide joint leadership for prevention across the county</b>	<b>W2: To give system leadership to build strong, resilient and healthy communities</b>	<b>W3: To drive and oversee new, integrated and sustainable models of care across the county</b>	<b>W4: To further develop work to improve identification and early intervention to prevent Hidden Harm of children</b>	<b>W5: To identify and address the impacts of housing on health and wellbeing</b>	<b>W6: To increase use of licencing powers to promote health wellbeing and reduce harm</b>
<p><b>Officer Lead and Board Member Champions:</b> Trudi Grant Cllr Anna Groskop Cllr Jane Warmington (TBC)</p>	<p><b>Officer Lead and Board Member Champions:</b> Teresa Harvey Cllr Sylvia Seal Cllr Ross Henley</p>	<p><b>Officer Lead and Board Member Champions:</b> Stephen Chandler Cllr William Wallace Cllr Nigel Woollcombe –Adams</p>	<p><b>Officer Leads and Board Member Champions:</b> Alison Bell Deborah Howard Cllr Frances Nicholson Cllr Ann Bown</p>	<p><b>Officer Lead and Board Member Champions:</b> Tracy Aarons Cllr Keith Turner Cllr Nigel Woollcombe- Adams</p>	<p><b>Officer Lead and Board Member Champions:</b> Vega Sturgess (until Dec 2016) Cllr Gill Slocombe Cllr Keith Turner</p>
<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Produce and oversee the delivery of the Prevention Plan to support the NHS Sustainability and Transformation Plan</li> <li>• Develop a Prevention Charter for Somerset which addresses the health and wellbeing gap</li> <li>• To produce a minimum of three prevention case studies using the prevention framework to describe the type and level of the intended prevention and its actual outcomes</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• To further develop the <i>Lets end Loneliness in Somerset</i> Programme through the District Councils</li> <li>• To further develop the <i>Lets end Loneliness in Somerset</i> Programme through the Somerset VCS Forum</li> <li>• To continue to raise the profile of loneliness through the media</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• To develop and drive a shared vision for a more sustainable and integrated model of commissioning and provision of health and social care across Somerset.</li> <li>• To influence the development of new models of care across Somerset.</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Audit whether adult mental health patients are being identified as being parents with dependent children</li> <li>• To implement the new joint protocol for Hidden Harm, across adult mental health, domestic abuse and drugs and alcohol services</li> <li>• Ensure early help professionals have accessed identification and brief intervention training for domestic abuse and substance misuse.</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• To build a stronger connection between the JSNA, in particular the need for sustainable communities, and local housing policy.</li> <li>• To drive improvements between health providers and the district housing function where housing standards are affecting health.</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• To complete work looking at greater local use of licencing to protect and improve population health and wellbeing with a specific focus on alcohol.</li> <li>• Research and prepare business cases for town centre schemes and initiatives that promote responsible drinking or reduce the impact of alcohol on public services including hospitals, police and ambulance services.</li> <li>• Bring together partners to fund and initiate pilot schemes in Yeovil with learning to be shared with Health and Wellbeing Board partners so that similar schemes could be rolled out elsewhere if appropriate.</li> </ul>

**Oversight and Influence**

To ensure all HWB members are well-sighted on issues impacting on the health and wellbeing of Somerset and supporting the protection of vulnerable people and implementation of a safeguarding environment the board or its sub-groups will receive reports, at least annually on or from the following:

The Director of Public Health Annual Report	The Health Protection annual assurance report	The Somerset Strategic Housing Framework	Joint strategies and plans relevant to the health and wellbeing of children and adults	Healthwatch Reports	Annual Reports from Safeguarding Adult and Children Boards	Reports, at least annual from other strategic partnerships.
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**Themes for Board Development Workshops 2016 – 17**

- Board Governance and Development
- Health Inclusion and Equality
- Prevention
- New models of care
- Sustainability and Transformation Plan for Somerset



Somerset Health and Wellbeing



# Somerset Prevention Charter

## OUR DEFINITION

*Prevention means different things to different people.*

It can be about:

- preventing harm,
- preventing the need for a service,
- preventing ill health and disease,
- preventing loss of independence,
- preventing risky behaviour
- preventing an existing problem becoming worse.

In essence it's all of these and more. We agree we need to keep a broad view of prevention so we do not miss opportunities to improve the lives of people in Somerset.

## OUR VISION

*People live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-quality and efficient public services when they need them.*

## OUR PRINCIPLES

**We agree that:**

- Prevention is **everyone's responsibility**; we want children, families, communities and agencies to work together and develop knowledge and skills to live healthily
- We will develop accountability at organisation level for delivery against the charter through regular measuring of progress and achievement
- We want to help everyone to have a **good birth, a good life and a good death**
- We want to provide people **with the knowledge, skills, confidence and environment** to enable healthy living and minimise unhealthy behaviours that can lead to dependence on health and social care services

- Strategically, **a place-based, population, approach to prevention** is better; joined up activity and shared investment funding achieves the best outcomes and best value for money
- Prevention activity needs greater shared investment
- Prevention is **equally important** for physical and mental health, social, environmental and economic issues
- Helping people, families and communities **build protective factors and resilience** to prevent situations escalating or recurring is an important part of our prevention activity
- Providing the **right service** when needed, **in the right place at the right time** helps prevent situations escalating and reduces waste
- Effective prevention needs **joined up information** so all the issues facing people can be understood together and people can receive joined up help.
- **Sharing data** to enable better care, and anonymised data to understand population health, with necessary privacy safeguards, is essential
- We will be clear on what our strengths and weaknesses are and **find practical ways to improve**

## OUR ACTION

### We agree that:

- **We all** have a responsibility to consider prevention opportunities **for everyone**, and will lead by example
- **We will enhance the skills** of our front line staff and volunteers, through training, to make every contact count in addressing risks to health
- We need to improve the lives of Somerset people overall but focus our work to **improve the lives of the worst off fastest**
- We will **join up our prevention approach and resources** to maximise impact at population level
- We will **increase and refocus resources** allocated for preventative activity over time
- For services, prevention will be **done systematically** and built into our systems.
- **No door is the wrong door**, all our staff have a responsibility to help people get the right service at the right time, redirecting supportively if appropriate
- We will have **honest and open discussions** with individuals, families and communities about the issues, their responsibilities and that of public services.
- Where possible and appropriate we will **share information** to help provide people with better support. We will challenge each other and find practical solutions if appropriate information is not being shared.
- We will seek **change in local and national policies, or laws**, if such change would be most effective in improving prevention

## OUR COMMITMENT

On behalf of

(insert organisation name)

I/ We endorse the Somerset Prevention Charter, committing our organisation to the Vision and Principles and to work with our co-signatories and others to deliver Our Actions.

.....

Chair

.....

Chief Executive

### **Somerset Health and Wellbeing Board Members 2016-17**

Cllr Ann Bown (Chair), Somerset County Council

Cllr Frances Nicholson (Vice Chair) Cabinet Member CYP, Somerset County Council

Cllr William Wallace, Cabinet Member Adult Social Care, Somerset County Council

Cllr Anna Groskop, Somerset County Council

Cllr Ross Henley, Somerset County Council

Cllr Sylvia Seal, South Somerset District Council

Cllr Gill Slocombe, Sedgemoor District Council

Cllr Jane Warmington, Taunton Deane Borough Council

Cllr Keith Turner, West Somerset District Council

Cllr Nigel Woolcombe- Adams, Mendip District Council

Judith Goodchild, Health Watch

Trudi Grant, Director of Public Health

Stephen Chandler, Director Adult Social Care

Julian Wooster, Director Children's Services

Dr Matthew Dolman/ Dr Ed Ford Chair, Somerset CCG

David Slack, Managing Director, Somerset CCG

Mark Cooke, NHS England



**Somerset Health and Wellbeing Board**  
**July 2017**

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