

Public Document Pack

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Date: 21 June 2022

Dear Sir or Madam

The Health and Wellbeing Board – Wednesday, 29 June 2022, 2.00 pm – New Council Chamber - Town Hall

A meeting of the Health and Wellbeing Board will take place as indicated above.

The agenda is set out overleaf.

Yours faithfully

Assistant Director Legal & Governance and Monitoring Officer

To: Members of the Health and Wellbeing Board

Voting Members:

Councillor Mike Bell (Chairman), Colin Bradbury (Vice-Chairman), Georgie Bigg, Jeremy Blatchford, Councillor Catherine Gibbons, Mark Graham, Matt Lenny, Paul Lucock, Sheila Smith, Hayley Verrico.

Non-voting Members:

Councillor Ciaran Cronnelly, Councillor Timothy Snaden, Councillor Wendy Griggs, John Heather, Sarah James, Shruti Patel, Stephen Quinton, Emmy Watts.

This document and associated papers can be made available in a different format on request.

Agenda

1. Election of the Vice-Chairman for 2022-23 Municipal Year

2. Public participation (Standing Order 17)

To receive and hear any person who wishes to address the Committee. The Chairman will select the order of the matters to be heard. Each person will be limited to a period of five minutes. Public participation time must not exceed thirty minutes.

Requests to speak must be submitted in writing to the Assistant Director Legal & Governance or the officer mentioned at the top of this agenda letter, by noon on the working day before the meeting and the request must detail the subject matter of the address.

3. Declaration of disclosable pecuniary interest (Standing Order 37)

A Member must declare any disclosable pecuniary interest where it relates to any matter being considered at the meeting. A declaration of a disclosable pecuniary interest should indicate the interest and the agenda item to which it relates. A Member is not permitted to participate in this agenda item by law and should immediately leave the meeting before the start of any debate.

If the Member leaves the meeting in respect of a declaration, he or she should ensure that the Chairman is aware of this before he or she leaves to enable their exit from the meeting to be recorded in the minutes in accordance with Standing Order 37.

4. Minutes (Pages 5 - 26)

4.1 Minutes of the Health and Wellbeing Board Meeting on 18th February 2021, to approve as a correct record

4.2 Notes of the informal Health and Wellbeing Board meetings on 1st July 2021, 5th November 2021 and 17th February 2022, for noting.

5. Matters referred by Council, the Executive, other Committees and Panels (if any)

6. Joint Health and Wellbeing Strategy Action Plan 2021-2024 Refresh (Pages 27 - 52)

Report of the Director of Public Health

7. ICS Update (Pages 53 - 66)

7.1 Presentation Area Director (North Somerset) BNSSG CCG

7.2 Presentation of the Locality Partnership – Delivery Plan 2022-23

8. How we can build and share power with people to create resilient, fair and inclusive communities (Pages 67 - 76)

9. Covid-19 Update (Pages 77 - 80)

Report of the Director of Public Health.

10. BNSSG Healthy Weston Phase 2 (Pages 81 - 92)

Report of the Medical Director Weston Hospital, UHBW

11. Leading Healthier Places - North Somerset HWBB Support Proposals (Pages 93 - 98)

Presentation of the Director of Public Health.

12. HWB Work Plan

Exempt Items

Should the Health and Wellbeing Board wish to consider a matter as an Exempt Item, the following resolution should be passed -

“(1) That the press, public, and officers not required by the Members, the Chief Executive or the Director, to remain during the exempt session, be excluded from the meeting during consideration of the following item of business on the ground that its consideration will involve the disclosure of exempt information as defined in Section 100I of the Local Government Act 1972.”

Also, if appropriate, the following resolution should be passed –

“(2) That members of the Council who are not members of the Health and Wellbeing Board be invited to remain.”

Mobile phones and other mobile devices

All persons attending the meeting are requested to ensure that these devices are switched to silent mode. The chairman may approve an exception to this request in special circumstances.

Filming and recording of meetings

The proceedings of this meeting may be recorded for broadcasting purposes.

Anyone wishing to film part or all of the proceedings may do so unless the press and public are excluded for that part of the meeting or there is good reason not to do so, as directed by the Chairman. Any filming must be done as unobtrusively as possible from a single fixed position without the use of any additional lighting, focusing only on those actively participating in the meeting and having regard to the wishes of any members of the public present who may not wish to be filmed. As a matter of courtesy, anyone wishing to film proceedings is asked to advise the

Chairman or the Assistant Director Legal & Governance and Monitoring Officer's representative before the start of the meeting so that all those present may be made aware that it is happening.

Members of the public may also use Facebook and Twitter or other forms of social media to report on proceedings at this meeting.

Emergency Evacuation Procedure

On hearing the alarm – (a continuous two tone siren)

Leave the room by the nearest exit door. Ensure that windows are closed.

Last person out to close the door.

Do not stop to collect personal belongings.

Do not use the lifts.

Follow the green and white exit signs and make your way to the assembly point.

Do not re-enter the building until authorised to do so by the Fire Authority.

Go to Assembly Point C – Outside the offices formerly occupied by Stephen & Co



Minutes

of the Meeting of the

The Health and Wellbeing Board

Thursday, 18th February 2021

held in the Virtual Meeting.

Meeting Commenced: 14:00 Meeting Concluded: 16:05

Voting Members:

- P Cllr Mike Bell (Board Chairman and Executive Member Adult Social Care and Health)
- P Colin Bradbury (Board Vice-Chairman and Area Director BNSSG CCG)
- P Councillor Catherine Gibbons (Executive Member Children and Young People)
- P Matt Lenny (Director of Public Health, NSC)
- P Sheila Smith (Director of Children's Services, NSC)
- P Hayley Verrico (Director of Adult's Services, NSC)
- P Georgie Bigg (Chair Healthwatch)
- P Paul Lucock (VANS)
- P Jeremy Blatchford (ALCA)

Non-voting Members:

- P Councillor Ciaran Cronnelly
- P Councillor Mark Crosby
- A Councillor Wendy Griggs
- P Councillor Richard Tucker
- P Mark Graham (North Somerset Wellbeing Collective)
- A Sarah James (UHBW)
- A Emmy Watts (AWP)
- A Dr John Heather (GP representative)
- A Dr Shruti Patel (GP representative)

P: Present

A: Apologies for absence submitted

Others in attendance: Dr Kevin Haggerty (GP Locality Representative North Somerset Weston and Worle BNSSG CCG), Sebastian Habibi (Programme Director, Healthier Together BNSSG CCG);

NSC Officers in attendance: Georgie MacAurthur (Public Health Specialist), Leo Taylor

HWB Terms of Reference and Membership

7

Resolved: that the terms of reference be amended to provide for appointments to the Board of a (non-voting) nominee from the North

Somerset Wellbeing Collective and a (non-voting) nominee from Avon and Somerset Police.

The Chairman welcomed Mark Graham to the meeting as the North Somerset Wellbeing Collective's nominee. A representative from Avon and Somerset Police would be nominated in due course.

HWB Declaration of disclosable pecuniary interest (Standing Order 37)

8

None

HWB Minutes

9

Resolved: that subject to a correction in the attendance, showing the ALCA representative as a voting Member, the minutes of the last Board meeting held on 17 September 2020 be approved as a correct record.

HWB Health and Wellbeing Strategy and Action Plan Development

10

The Public Health Specialist (NSC) presented the report outlining progress on the development of a new Joint Health and Wellbeing Strategy and seeking the Board's endorsement of its overarching vision, collaborative approach, and extended timeline for delivery; and feedback on themes, priorities and engagement.

The Public Health Specialist responded (as italicised) to Board Member's comments and queries as follows:

- (1) *Was there any risk of the timeline slipping due to covid-19 issues? - the timeline was ambitious but achievable. As the vaccination programme rolled forward, it was hoped that this would allow more time for engagement with partner organisations.*
- (2) *The need for focus on early intervention (particularly around early years) – this had been identified as a key theme in the Strategy. The Director of Public Health also emphasised the importance of the Action Plan, which would accompany the strategy, providing clear priorities and measurable difference about strategy aims. A corresponding resourcing plan was also required, setting out how to refocus investment around priorities as they become apparent across all service areas and organisations. It was important to identify how to use existing commissioning and other new opportunities to have an effect on health inequality and in particular how to “proof” our services around inequalities and early intervention “effect”. The Board's views on how to line-up resources most effectively were invited.*
- (3) *The Chairman said that although the Strategy may be “owned” by the Local Authority, the expectations was that the CCG and authority were equal partners in this process. - The Director of Public Health added that aim was that the strategy should be complementary to the overall development of the integrated care system, working with partners at system level to identify strategic priorities and measurable actions but, at place level in North Somerset, localities would become integrated care partnerships delivering at operational level. The Area Director*

(BNSSG CCG) confirmed that the CCG felt involved in the Health and Wellbeing Strategy process.

- (4) The challenges in Weston around inequalities were understood but the Area Director (BNSSG CCG) questioned whether more work was needed in the north of the district - *the Chairman acknowledged this with the caveat that inequalities were an identified priority, and these were most acute in Weston-super-Mare. The Director of Public Health agreed that a “whole population” approach was needed noting that some priorities, such as healthy aging, were a particular issue in the north of the district. Others such as childhood obesity were prevalent across the region and had lifelong consequences. Additional focus would be required where specific communities needed it.*

In concluding discussions, the Chairman noted comments from Members about the importance of coordinating the strategy across health and social care systems and joining this up with other interventions and strategies around local planning, economic development, sport etc. It was only by doing this that the wider determinants of health would be addressed effectively.

Resolved:

- (1) that (a) the focus of the vision or overarching theme as a shared ambition to reduce health inequalities; (b) the collaborative approach to development and delivery of the strategy; and (c) the extended timeline resulting in publication of the strategy in 2021 - be endorsed; and
- (2) that the Board’s feedback on the progress made on the development of the strategy be provided to officers in the form of the minutes.

HWB Update on COVID response

11

The Director of Public Health gave a presentation on the current Covid response in North Somerset providing the latest information on patterns of infection; a summary of key areas of the public health response; and a review of impact on local health and care services.

Members commented and raised queries on the presentation (officer responses shown in italics) as follows:

- (1) Was there more we could do around enabling on-site testing for those at the workplace? – *The department of Health and Social Care had overall responsibility for workplace testing. Whilst this was possible, there were challenges due to the need for certain conditions to be met and training provided. It was important to get the balance right between convenience and confidence in the test.*
- (2) The high percentage of vaccination of over 75 years age groups was noted but was there any data for those refusing vaccination? Was refusal more prevalent in lower age groups or with different cultural groupings and did this have implications for employment opportunity? - *In analysis of take-up, the CCG was not detecting trends suggesting concerted resistance but had found correlations with areas in North*

Somerset which tended to have higher levels of social deprivation. Although scepticism was an issue of concern, the main focus was on promoting equality of access.

- (3) Given this recognition of the need to make access to the vaccine more inclusive, would it not therefore make sense to bring vaccination centres closer to those communities (Weston town centre, for example)? *The CCG was looking at a variety of sites but there were constraints, for example around the need for specific storage conditions associated with the Pfizer vaccine. It was expected that there would be more flexibility as new vaccines came online.*
- (4) There was a need to reinforce the message that there were voluntary groups that could help with transport (to vaccine centres). North Somerset had a strong network and good liaison was needed to ensure the reach of that message.
- (5) Information and data about the effectiveness of access to vaccinations and, for example, the differences between communications from general practices were useful in identifying best practice and challenge and thereby providing assurance for communities – *The Area Director (BNSSG CCG) reported that there had been requests nationally for closer management of this messaging to ensure greater coherence. He acknowledged that there was a need to get the messaging balance right, but it was also important to recognise and build on the assurance around the high level of vaccination take-up across the district.*
- (6) Reflecting on younger age groups yet to be included in the vaccination programme, were there contingencies in place to address corresponding outbreak risks? *The Director of Public Health reported that contingency planning was in hand, learning particularly from recent experience around surge testing in Bristol and South Gloucestershire. He also welcomed the offer of support from the Council's youth champions (Councillors Ciaran Cronnelly and Huw James) and agreed to follow this up with the Chairman of HOSP.*
- (7) The Director of Adult Social Services updated the Board on the latest data for Adult Social Care staff vaccine take-up: 71% of domiciliary care staff, 87% of residential care staff and 87% of care home residents. There had been a coordinated effort with providers to address some reluctance in domiciliary care staff but it had become apparent that there were anxieties about the vaccine amongst some younger women who want to start a family.
- (8) The Director of Children's Services reported receiving a high level of concern from early years providers about not having access to vaccination. Representations were being made at national level around the wider education workforce, particularly when linked to the hoped-for return to school on 8th March - *The Regional Director (BNSSG CCG) acknowledged the considerable contribution of early years staff, noting that the Joint Committee on Vaccinations and Immunisation (JCVI) set the framework for national policy and were continuing to weigh up emerging evidence for how to balance priorities of different groups.*

In concluding the debate, the Chairman welcomed the constructive debate and paid tribute to all partners for their impressive performance on delivering the vaccination programme and health protection work.

Resolved: that the presentation and report be noted and that the Board's comments be forwarded to officers in the form of the minutes.

HWB SEND Peer review 12

In introducing the item, The Director of Children's Services (NSC) set out the background to the Council's decision to undertake a peer challenge of local area SEND services in North Somerset during late November to early December 2020, with a focus on readiness for an imminent re-inspection following Ofsted's 2018 local Joint Area Review (LJAR).

The Director then presented the Peer Review report which outlined the themes covered by the review, a summary of the findings, and the key recommendations. Board Members were asked in particular for feedback on how the Board could support and influence positive outcomes to meet the recommendations. She also highlighted the Peer Review team's emphasis on the need to link this to children's improvement activity overall and that the SEND Programme Board should be linked to the Children's Improvement Board. Bearing in mind the Children's Improvement board was multi-agency, thought needed to be given on how to avoid potential duplication whilst keeping focus on improving collective services.

Chairman reinforced the Director's comments, emphasising the importance that these critical recommendations were taken seriously and implemented by everyone on the Board.

There was a general discussion about the importance of coproduction as a means of focussing investment in services. The Chairman felt, however, that the Board needed to see more detail on how to achieve a shared commitment collectively across the system. The recommendations in the report were clear and an update on the Action Plan was needed as soon as possible.

The Executive Member for Children's services and lifelong learning (NSC) endorsed the Chairman's comments, noting that despite the good intentions around coproduction, the reality was that many parents perceived themselves as "battling" on a day-to-day basis for services. It was critical that service providers address this perception going forward. She supported the expectation that the Improvement Board drive this agenda and requested regular progress updates to the Board, particularly where leadership was required to unblock progress.

The Director for Children's Services confirmed the Action Plan would be on agenda for the next Board meeting.

Resolved: that the intentions (a) to revise the SEND action plan in the light of this review; and (b) for the Children's Improvement Board to drive delivery of identified activity; be noted

HWB Integrated Care System and Integrated Care Partnership Development

The Programme Director (Healthier Together) presented the report updating the Board on the developing implementation of the Bristol, North Somerset and South Gloucestershire Integrated Care System. He reported that, since circulating the paper, the Government's white paper setting out proposals to introduce legislation about integrated care systems and offered to report back to the Board on this in due course.

Members commented as follows (responses italicised):

- (1) What was envisaged for the role of the Voluntary and Community Social Enterprise (VCSE) sector? - *At its inception, the focus of the Partnership was at system rather than local level. This focus had now widened such that consideration was now being given to inviting the sector formally represented at system level. The Chairman commented that this issue had been raised at joint Health and Wellbeing Board meeting. It was not always clear at what level this voice was being heard and it was very important that the VCSE sector had an integral role in the process.*
- (2) How did Health and Wellbeing Boards and democratic accountability fit within Integrated Care Systems? As we work towards more joint-working and decision making, the need to clarify these accountabilities was critical– and set out in such a way that they were easily communicable to local residents.

There was discussion about the place of healthcare service provision in the context of the wider challenge of reducing health inequality (wider determinants). There was broad consensus around the need to rebalance the current model of healthcare provision, shifting the focus of investment away from “acute need” and more towards community-based interventions.

Resolved: that the report be noted.

Chairman

Draft Notes

of the informal Meeting of the

The informal Health and Wellbeing Board

Thursday, 1st July 2021

Held as a Virtual Meeting.

Meeting Commenced: 14:00

Meeting Concluded: 15:49

Voting Members:

P Cllr Mike Bell (Board Chairman and Executive Member Adult Social Care and Health)

P Colin Bradbury (Board Vice-Chairman and Area Director BNSSG CCG)

P Councillor Catherine Gibbons (Executive Member Children and Young People)

P Matt Lenny (Director of Public Health, NSC)

P Sheila Smith (Director of Children's Services, NSC)

A Hayley Verrico (Director of Adult's Services, NSC)

P Georgie Bigg (Chair Healthwatch)

A Paul Lucock (VANS)

P Jeremy Blatchford (ALCA)

Non-voting Members:

P Councillor Ciaran Cronnelly

A Councillor Mark Crosby

A Councillor Wendy Griggs

P Mark Graham (North Somerset Wellbeing Collective)

A Sarah James (UHBW)

P Emmy Watts (AWP)

A Dr John Heather (GP representative)

A Dr Shruti Patel (GP representative)

P: Present

A: Apologies for absence submitted

Others in attendance: Lisa Manson (Director of Commissioning BNSSG CCG).

NSC Officers also in attendance: Georgie MacArthur (Public Health Specialist), Charlotte Cadwallader (Public Health Registrar), Leo Taylor, Brent Cross

HWB Declaration of disclosable pecuniary interest (Standing Order 37)

1

None

HWB Minutes of the meeting held on 18 February 2021

2

The minutes were noted. These would be officially approved at the next formal meeting of the Board scheduled for October 28th.

HWB Election of Vice Chairman - for endorsement at the next formal meeting of the Health and Wellbeing Board (HWB)
3

Members agreed that Colin Bradbury be nominated as Vice Chairman and, noting that this was an informal meeting, agreed that this appointment be officially endorsed at the next formal meeting of the Board.

HWB Health and Wellbeing Strategy and Action Plan
4

The Consultant in Public Health gave a presentation on the Health and Wellbeing Action Plan, seeking the Board's endorsement of the vision, principles, approach and themes of the Plan, while also obtaining the views and suggestions of the Board.

Members discussed the need for working with the Local Plan team to raise awareness of health and wellbeing strategies outlined in the action plan, communicating with Healthwatch so that their engagement could be tailored to the strategy's schedule, the outcomes framework to measure success of the strategy and having an emphasis on 'Starting Well'.

The Chairman thanked the Consultant in Public Health and her team for their work on producing the strategy and action plan.

In concluding the item, Members supported the vision and principles underpinning the strategy together with the approach and priority themes. In addition, Members noted a Task and Finish group was being established to agree a framework outlining resource commitments, targets and modes of delivery for the action plan which would be brought before the Board for approval in Autumn 2021.

HWB Multi-agency Response to Ofsted & CQC SEND LJAR Revisit
5

The Director of Children's Services (NSC) and Director of Commissioning (BNSSG CCG) presented the report summarising the findings of the Ofsted and CQC inspectors following their revisit to North Somerset in May 2021.

The report contained feedback from the inspection team, a timeline for the publication of the report by Ofsted, the process following this publication, and the actions to be carried out by the Local Area SEND partnership.

Members had questions about:

- The role of the HWB – to bring elected Members, officers and health colleagues together at a high level.
- Resourcing – this was a concern, as budgetary pressure on resourcing was being felt and was being looked at by officers in light of the forthcoming Medium Term Financial Plan (MTFP); some funding had already been put in.
- Accountability – ownership of LJAR-SEND was jointly between NSC and the BNSSG CCG.
- How the JSNA would fit into the response – it would enable the use of wider data sets and cross-referencing between them so that commissioning and resources could be more effectively used. More information on this would be available at the October 2021 meeting.

In concluding the item, it was agreed:-

- (1) that the report be noted; and
- (2) a progress update with focus on outstanding barriers to progress be brought to the October HWB meeting.

HWB 6 BNSSG Integrated Care System, Integrated Care Partnerships and Community Mental Health Update

The CCG's North Somerset Area Director started the presentation with a caveat – namely the appointment of a new Secretary of State for Health who might want to review the detail of the draft legislation.

He went into more detail on the draft guidance on partnership structures in all ICSs and the key areas of agreement for health partners resulting from this, the Healthier Together outcomes framework and system goals, the core partners in the area, and how ICS Boards would be accountable. He then updated Members on the Integrated Community Mental Health Service which was aiming to be delivered through Integrated Care Partnerships from April 2022.

Members commented as follows (responses italicised):

- (1) How would the ICS deliver the step change between Local Authorities and local health partners, e.g. Primary Care Networks (PCNs) with Local Authorities/Health and Wellbeing Boards? – *Engagement with PCNs was about timings and logistics and critically, for any future relationship to be effective, commonly held objectives between partners and the Local Authority would be needed.*
- (2) The governance slide (slide 11 of the slide pack) would be more effective if it showed the 'People in their communities' as being less hierarchical than currently, where this sits at the bottom.
- (3) What could be done to communicate to people the ways in which this system was an improvement? – *the message was that the new system would more effectively erase the boundaries between different services, and better integrate technologies and data, such in the provision of patient information.*
- (4) How would the ICS help to make commissioning better? – *it would ensure that resources were used in a more joined up and innovative manner.*

In conclusion it was agreed:

- (1) that the report be noted; and
- (2) that a progress update be brought to the October meeting.

HWB 7 H&WB Forward Plan

The Scrutiny Officer discussed the forward plan for the October meeting with the Board.

The following items were proposed to the next meeting of the Board in October:

- A Health and Wellbeing Strategy and Action Plan update;

- An update on the Joint Strategic Needs Assessment;
- An Integrated Care Systems / Integrated Care Partnerships update;
- A report on winter preparedness;
- An update on the response to Ofsted if anything were to arise on this subject in the interim.

Chairman

Draft Notes

of the informal Meeting of the

Informal Health and Wellbeing Board

Thursday, 5th November 2021

Held as a Virtual Meeting.

Meeting Commenced: 14:00

Meeting Concluded: 16:30

Voting Members:

P Cllr Mike Bell (Board Chairman and Executive Member Adult Social Care and Health)

P Colin Bradbury (Board Vice-Chairman and Area Director BNSSG CCG)

P Councillor Catherine Gibbons (Executive Member Children and Young People)

P Matt Lenny (Director of Public Health, NSC)

P Sheila Smith (Director of Children's Services, NSC)

P Hayley Verrico (Director of Adult's Services, NSC)

P Georgie Bigg (Chair Healthwatch)

A Paul Lucock (VANS)

P Jeremy Blatchford (ALCA)

Non-voting Members:

P Councillor Ciaran Cronnelly

P Councillor Mark Crosby

P Councillor Wendy Griggs

P Mark Graham (North Somerset Wellbeing Collective)

A Sarah James (UHBW)

P Emmy Watts (AWP)

A Dr John Heather (GP representative)

A Dr Shruti Patel (GP representative)

P: Present

A: Apologies for absence submitted

Others in attendance: Dr Natasha Ward (Harbourside Family Practice).

NSC Officers also in attendance: Emma Diakou (Head of Business Insight, Policy and Partnerships) Finlay Kidd (People and Communities), Dr Georgie MacArthur (Public Health Specialist), Leo Taylor and Brent Cross (Democratic Services)

HWB Declaration of disclosable pecuniary interest (Standing Order 37)

1

None

HWB Notes of the meeting held on 18 February 2021

2

Noted

HWB Integrated Care Systems/Partnerships – verbal update Colin Bradbury

3

The Area Director (BNSSG CCG) updated Members on ICS and ICPs developments.

Concluded: that this should be a standing item on future H&WB meetings.

HWB Update on Accelerated Progress Plan following LJAR revisit

4

The Director of Children's Services confirmed that since the update at the last meeting, the Accelerated Progress Plan was now in place. She emphasised that this was a "whole system" response involving the CCG and providers - and in evidencing progress, referred to the strengthening support focussed on schools, the appointment of an interim of Director in Education and the implementation of a new governance structure chaired by the Executive Member Children and Young People.

The Chairman sought assurance from the Board that each of the contributing partners were perceived as delivering their part in the plan. The Area Director (BNSSG CCG) confirmed that the CCG recognised the importance of the workstream and was working positively and constructively.

The Director of Children's Services praised the provider, Sirona, in addressing the challenges (eg reducing waiting lists). There were, however, still challenges around CAHMS, but progress was being made by AWP (subcontractor). There were also outstanding challenges in respect of commissioning such as around the tripartite funding of children with most complex needs. This was being escalated but before referral to the Improvement Board, regular sessions were being held with Chief Executives (CCG & Council). The key was challenging each other around the whole system approach to delivering improved outcomes.

Concluded: that the update be noted.

HWB Joint Health and Wellbeing Strategy Action Plan

5

The Public Health Specialist (NSC) presented the report setting out the Action Plan which contained a range of planned actions to achieve agreed Health and Wellbeing Strategy objectives - for implementation between 2021 and 2024. This was a "live" plan which would be refreshed annually, and it was anticipated that an accessible dashboard showing progress would be available in due course.

The Director of Public Health encouraged partners to consider opportunities to draw down additional time/resource, particularly around inequalities as we move into business planning. It was important to see this plan as the partnership "binding point".

In response to a query about when the board would see evidence of impact (supported by data), the Board noted that, in addition to the interactive dashboard, quarterly update reports would be provided, incorporating an impact assessment. The Chairman emphasised the need to distinguish between long- and short-term interventions: tracking was particularly important for monitoring and evaluating short-term intervention impacts.

In response to a question about impacts of housing on mental and physical health and the importance of ensuring that different strategies were integrated, it was acknowledged that more effective relationships with “place-based” partnerships were needed. The Director of Public Health commented that there was lots of interest in these structures and consideration was being given to integrating this theme into the Board’s work plan.

Dr Natasha Ward referenced challenges around community-based opportunities (eg social prescribing) and delivering against “wider determinants” objectives. She said the bottle neck was around funding and involvement of the community sector. Chairman agreed that this was a recurring theme, noting that these structures and funding streams were not well developed in North Somerset. Mark Graham commented that there was a real desire to develop this in the sector, agreeing they were starting from a low base. He also referenced issues around commissioning competition and the need to look more to local agencies.

There was also discussion around “front end issues” such as transport in rural areas. There were significant challenges around widening inequalities in accessing health care and the Chairman noted, for example, that there were just two vaccine centres in the Area. It was also noted these issues were not exclusive to more rural areas – eg people with disabilities also faced transport challenges in urban areas.

Concluded;

- (1) that the report be noted; and
- (2) that the mode of delivery and implementation of the action plan and resourcing of the action plan be endorsed.

HWB Joint Strategic Needs Assessment (JSNA) update

6

The Head of Business Insight, Policy and Partnerships and Director of Public Health presented the report outlining the suggested approach for the refresh of the North Somerset JSNA, the governance arrangements, and timescales. The presentation also included a preview of the JSNA interactive data dashboard which would bring together data sets, providing the evidence base for understanding Health and wellbeing in North Somerset. Members noted that this activity would be overseen by the JSNA Advisory Group.

As well as quantitative data also looking at adding qualitative data through research initiatives and looking to pick up evidence reviews as a way of identifying the most effective interventions.

Members were very supportive of the dashboard and particularly around the aspirations around evidence reviews.

Action The Vice-Chairman noted that that data was largely demand focussed and suggested that consideration be given to incorporating supply-side data (eg around workforce/capacity). It was **agreed** that this be brought to the next Advisory Group meeting as a discussion point

Georgie Bigg suggested that qualitative work undertaken by Healthwatch around patient experience could be incorporated and agreed to contact officers to discuss.

Members noted that there would be a regular “insight” newsletter providing updates (board added to circulation) and, in considering future Board engagement, it was agreed that an annual “deep-dive” into the data to help inform work etc would be arranged.

Concluded:

- (1) that the update be noted; and
- (2) that the approach for the refresh of the JSNA be endorsed

HWB Winter preparedness

7

The Director for Adult Services presented the report for social care services on planning for winter pressures together with the challenges arising from Covid-19.

The presentation included:

- an update on vaccination (and risks to the Care Home Sector)
- support to care providers
- the innovation and sustainability grant
- Discharge to Assess
- Technology enables care (new opportunities, local integration and system wide collaboration)
- Updates on Care Homes and Domiciliary Care

The Area Director BNSSG CCG provided an update on health sector plans, referring to work around managing GP and hospital visits/consultations and more broadly around the need to manage demand through sensible use of a scarce staffing resource and the challenge around balancing the impacts of increasing non-elective demand with elective waiting lists longer term.

Dr Natasha Ward, in providing a frontline perspective, referred to the need to address the significant bureaucracy and pathway bottlenecks in hospitals (mainly covid treatment protocols and Discharge to Assess issues) which were having significant knock-on effects on primary care. The Area Director emphasised the guidance on infection control at acute hospitals were provided nationally and there was a balance between productivity and risk of hospitals acquired infections.

In response to a question about the local implications of treatment backlogs, The Area Director said the challenges tended to be on a discipline-by-discipline basis (eg affecting all areas in the district rather than there being geographical hotspots).

There was also discussion around the significant labour market and workload pressures facing both the Health and Social care sector which were significantly impacting staff recruitment and retention.

In concluding the debate, the Chairman, commenting on the range and extent of the interventions speculated that there must come a point where we are doing more harm than good by adding further pressure on already overworked health and social care staff.

Concluded: that the report be noted

HWB **H&WB Work Plan**
8

Members noted that this would be a standing item on future agendas.

Proposed agenda items for the next meeting and beyond included:-

- (1) Updates to the next meeting on:-
 - Health & Wellbeing Strategy: Action Plan and performance framework to include a thematic “deep dive”.
 - JSNA development: including a data “deep dive”.
- (2) Regular updates on ICS and ICP developments. In particular on the “place-based” approach, providing assurance that appropriate links are being made and that ICPs refer matters to the H&WB as needed.
- (3) A further update on the SEND accelerated Improvement Plan.
- (4) With reference to OFSTED’s inspection emphasis on children’s wellbeing, a standing agenda item was proposed to ensure continued board focus.

There was also a suggestion that the Board might seek to encourage momentum around Community Wellbeing Partnerships and that further community representation would help. The Chairman noted that VANs and the North Somerset Wellbeing Collective were represented on the H&WB. He saw the board’s role as encouraging joined-up thinking and consideration was being given to how this might be further promoted and integrated into the Board’s work plan.

Chairman

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Draft Notes

of the informal Meeting of the

Informal Health and Wellbeing Board

Thursday, 17 February 2022

Held as a Virtual Meeting.

Meeting Commenced: 14:00

Meeting Concluded: 16:18

Voting Members:

P Cllr Mike Bell (Board Chairman and Executive Member Adult Social Care and Health)

P Colin Bradbury (Board Vice-Chairman and Area Director BNSSG CCG)

P Councillor Catherine Gibbons (Executive Member Children and Young People)

P Matt Lenny (Director of Public Health, NSC)

A Sheila Smith (Director of Children's Services, NSC)

P Hayley Verrico (Director of Adult's Services, NSC)

P Georgie Bigg (Chair Healthwatch)

P Paul Lucock (VANS)

P Jeremy Blatchford (ALCA)

Non-voting Members:

A Councillor Ciaran Cronnelly

A Councillor Mark Crosby

P Councillor Wendy Griggs

P Mark Graham (North Somerset Wellbeing Collective)

A Sarah James (UHBW)

P Emmy Watts (AWP)

P Stephen Quinton (Avon Fire and Rescue)

P Dr John Heather (GP representative)

A Dr Shruti Patel (GP representative)

P: Present

A: Apologies for absence submitted

Others in attendance: David Moss (Delivery Director – Woodspring Integrated Care Partnership); Erin Blackburn (Work Experience Student)

NSC Officers also in attendance: Emma Diakou (Head of Business Insight, Policy & Partnerships); Pip Hesketh (Assistant Director, Education Partnerships), Samuel Hayward (Public Health Specialty Registrar), Dr Georgie MacArthur (Public Health Consultant), Sandra Shcherba (Public Health Researcher); Leo Taylor, Brent Cross (Democratic Services)

HWB 1 Notes of the informal Board meeting held on 5 November 2021

1

Noted

HWB 2 Terms of Reference & Membership

2

Concluded: that, subject to endorsement at the next formal meeting of the Board, Avon and Fire Rescue be appointed as a Member of the Health and Wellbeing Board and that the Board's Terms of Reference be amended accordingly.

HWB SEND Improvement Plan update (Agenda Item 7)

3

This item was taken early.

The Assistant Director, Education Partnerships (NSC) presented the report setting out the background to the requirement that the Local Area produce a SEND Improvement Plan together with progress made to date.

In opening discussions, the Chairman said he was reassured by the pace of work and investment by the Council and health sector but wanted to hear more about the gaps and initial challenge.

The Director of Public Health said that the initial focus of the Integrated Care Partnership (ICP) had been on older adults and a key challenge was to ensure that the needs of children were now “plugged into” the ICP agenda going forward.

The Assistant Director referred to the importance of two related strategies: the Education and Early Years strategies and the need to ensure these were focussed effectively. She said much had been done to ensure there were no partnership barriers, citing the Executive Member for Children’s Services’ initiative to establish a Health and Voluntary Sector practitioner forum.

Concluded: that the update be noted.

HWB Joint Health and Wellbeing Strategy Action Plan (Agenda Item 4)

4

The Consultant in Public Health (NSC) presented the report setting out progress on the implementation of the Health and Wellbeing Strategy 2021-2024 Action Plan with particular focus on those actions that aim to improve mental health and wellbeing and diet, nutrition, and food insecurity (outlined in the ‘prevention’ theme).

Members welcomed the progress made, particularly in respect of the development of the dashboard which they felt offered great potential. The Chairman commented that this approach would provide a useful tool, enabling effective monitoring and coordination across partners around agreed outcomes.

Stephen Quinton, Avon Fire and Rescue (AFR) agreed, welcoming the coordination opportunities, noting for example that there were areas where the AFR could contribute to supporting positive outcomes. Mark Graham (North Somerset Wellbeing Collective) also agreed but felt that, for this to work, a more sophisticated approach to engaging with the third sector was needed in the first place.

In response to a question about integration with other partner monitoring systems, the Director of Public Health confirmed that there were different approaches, but the key would be to linking this into the Integrated Care Partnership Action Plans and other work plans the Integrated Care Partnerships were delivering. There was discussion around monitoring and the need for a reporting mechanism as ICP processes took shape, with general agreement that it would be useful to plan a schedule of focussed (“deep-dive”) reports.

Concluded;

(1) that the report be noted; and

Action

(2) a follow-up email would be circulated to Members including a link to a survey inviting proposals for “deep-dive” topics in order to generate a list for forward planning purposes.

HWB 5 Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment (Agenda Item 5)

The Head of Business Insight, Policy and Partnerships, Public Health Researcher and Director of Public Health presented the report which provided updates on:-

- the Joint Strategic Needs Assessment (JSNA) refresh, focussing in particular on the dashboard approach to presenting supporting data and progress on the development of a series of spotlight reports; and
- the development of the Pharmaceutical Needs assessment (PNA)

Members welcomed the dashboard, with comments on the opportunities this would provide around effective and consistent engagement with partners on local and strategic priorities.

Other specific discussion points included the following:

Action

- there was agreement that the data sets needed to be clearly dated.
- how to engage with Parish and town councils (and other stakeholders at community level)? – it was agreed that a question be added to the Members email/survey referred to above for suggestions.
- ensuring we get the best out of this by building-in ongoing surveillance together with analysis and predictive value. Members noted that this was work in progress and the current development phase was focussed on basic data sets and initial analysis. It was understood that more analysis was needed, hence the focus on the next phase on deep dives. It was also noted that more data sets were being added.

In concluding discussions, the Chairman agreed that this was the start of a conversation around embedding the JSNA as an agreed foundation for the on-going development of the joint health and wellbeing strategy and wider policies across partners.

Further to discussion about the PNA, the Public Health Researcher confirmed that the scheduled statutory public consultation on the draft PNA would take place between 1st March and 15th June 2022. Statutory consultees including Parish and Town Council's and the GP Forum would be included. Board Members would be given sight of the consultation draft for review prior to the commencement of the consultation.

Concluded: that the report be noted.

HWB 6 Update on ICS and ICP developments (Agenda Item 6)

The Delivery Director (Woodspring Integrated Care Partnership) gave a presentation updating Members on progress towards integrating Health and Wellbeing Board and Integrated Care Partnership planning.

The ensuing discussion focussed on key challenges ahead and thoughts on how these might be addressed:

- Ensuring strong relationships between the ICPs and the Health and Wellbeing Board, recognising the plurality of different entities working on one plan that all have a stake in.
- The work around the JSNA and H&WS was a good start. The main challenge was getting “need” down to the systems on the ground.
- Cultural change was needed across the partnership: leadership needed to be better aligned together with more integrated meetings. This was a marathon, not a sprint and “learning was in the doing”.
- A fundamentally different mindset was needed: the existing model of care focussed on “medical” escalation. This model was the opposite: about de-escalation and de-medicalisation and getting away from a transactional approach around “thresholds”.
- Work in Social Care needed to be a critical integral part of this but recognition that more work was needed with front-line practitioners. This would take focussed effort and time to achieve.
- Need to engage differently including a discussion around the need for a better understanding of what “well-being” actually meant to people and communities.
- The critical need for ICPs to understand the need for engagement with the voluntary sector and social prescribers – these groups were well embedded in the wider landscape

In addressing comments about community engagement, the Delivery Director said that he had been overwhelmed by the energy of the third sector. He gave assurance that there was full recognition that they were the answer to what we were trying to solve. The need now was to focus on what sort of infrastructure was required to support these important community assets.

In concluding discussions, the Chairman said that it had been a helpful conversation and noted that this would be a standing item on Board agendas going forward to keep pace with developments.

Concluded: that the presentation be received.

HWB
7

H&WB Work Plan

In discussing proposed agenda items for the next meeting the following were agreed:-

- HWBS action plan delivery
- ICP/ICS progress
- VCSE sector overview
- Covid-19
- Healthy Weston (phase 2) priorities

In also addressing other matters arising, the Chairman referred to the Better Care Fund agreement reached in in partnership with the CCG and the Board was content that this be signed off”.

Chairman

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North Somerset Council

REPORT TO THE HEALTH AND WELLBEING BOARD

DATE OF MEETING: 29 JUNE 2022

**SUBJECT OF REPORT: JOINT HEALTH AND WELLBEING STRATEGY
ACTION PLAN 2021-2024 REFRESH**

TOWN OR PARISH: ALL

**OFFICER/MEMBER PRESENTING: DR GEORGIE MACARTHUR,
CONSULTANT IN PUBLIC HEALTH**

KEY DECISION: YES

**REASON: APPROVAL OF RECOMMENDED OPTIONS FOR REFRESH OF THE
HEALTH AND WELLBEING STRATEGY ACTION PLAN**

RECOMMENDATIONS

Members of the Health and Wellbeing Board are invited to review the options outlined for refresh of the joint Health and Wellbeing Strategy 2021-2024 Action Plan and to approve recommended next steps.

1. SUMMARY OF REPORT

The North Somerset joint Health and Wellbeing Strategy 2021-2024 (available [here](#)) sets out the vision, shared ambitions, principles, and actions to be taken over this time period to improve health and wellbeing and reduce health inequalities across the local authority. The Health and Wellbeing Strategy (HWBS) action plan (available [here](#)) incorporated in the strategy was intended to be a live and iterative document, subject to refresh on an annual basis to account for changes in need, service provision and evidence, guidance or policy.

The refresh process for 2022- 2024 commenced in April 2022 and allows for an expansion of activity across priority theme areas as well as greater integration of action to improve health and wellbeing and to address inequalities across partners. This process has been facilitated by additional resource contributed by Bristol, South Gloucestershire and North Somerset Clinical Commissioning Group (BNSSG CCG) alongside funding already allocated from the public health ringfenced grant as well as support from external funders (the Office for Health Improvement and Disparities (OHID) and Pier Health Group Ltd).

The action plan refresh has included a call for proposals for grants to support new actions to be included in the action plan, a stakeholder workshop and engagement, and review of existing actions in light of new strategy, policy and/or need, with ongoing oversight from the HWBS Oversight Board. This paper summarises the refresh process, the recommended

actions to be incorporated, and next steps. The Health and Wellbeing Board are invited to consider the options presented and to approve recommended next steps.

2. DETAILS

The North Somerset joint Health and Wellbeing Strategy 2021-2024 centres around the three main approaches of prevention, early intervention, and thriving communities, using the Population Intervention Triangle (Figure 1) as a framework, and with actions addressing seven priority themes: mental health and wellbeing; food, nutrition and food insecurity; physical activity; tobacco use; alcohol use; substance use; and the wider determinants of health. Actions aim to encompass the vision *'for people to be enabled to optimise their health and wellbeing and to lead long, happy and productive lives in thriving communities, building on their strengths in a way that reduces inequalities in health'*.

During the first year of the strategy and action plan, 90% of actions for 2021/22 have been completed or have been initiated and are in progress with the remaining actions to be completed in 2022/23.

The action plan is now in the process of being refreshed to ensure that it most effectively addresses local need and incorporates actions across partners that contribute to meeting our shared objectives. The refresh process for 2022-24 is underway and supported by funding allocated via the public health ringfenced grant and recent investment from BNSSG CCG for 2022-2024, together totalling £1.4 million for this process, as well as support for specific actions via external funding from Pier Health Group Ltd and OHID.

2.1. Process

The first stage of the refresh process in April 2022 involved a call for proposals for grants of up to £99,999 each, for actions addressing the objectives of the action plan. A total of 53 proposals were received. Proposals were evaluated by the Public Health Directorate Leadership Team (PH DLT) using criteria including: the extent to which the proposal addressed health and wellbeing need; alignment with the ambitions of the HWBS; evidence of effectiveness and cost-effectiveness; anticipated outcomes and impact on inequalities. Review and prioritisation of proposal summaries was also conducted as part of the HWBS action plan refresh stakeholder workshop held at Weston Museum on 5 May.

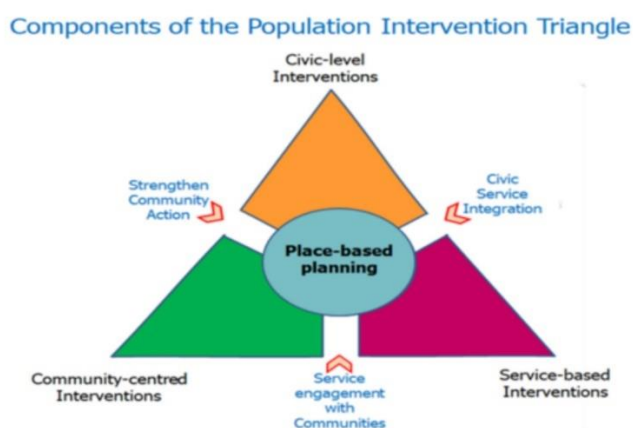
Proposals were considered in relation to the Population Intervention Triangle (PIT): (i) civic, (ii) service and (iii) community interventions. The PIT provides a framework for action as part of the place-based approach to addressing health inequalities,¹ by bringing together the constituent elements for effective place-based working. The framework highlights how:

- Each element of the PIT can contribute to reducing inequalities individually
- How the three segments relate to each other
- How joined up, place-based planning is required to maximise impact, ensuring that action is implemented in civic, service and community interventions and that action also focuses on the interfaces between segments to further enhance impact.

The existing action plan aimed to ensure that actions were balanced across each segment of the PIT. Refresh of the action plan has similarly aimed to ensure that actions span each segment.

¹ <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>

Figure 1. Place-based approach for reducing inequalities: Population Intervention Triangle²



An outline of the steps taken as part of the refresh process is provided in Table 1 below.

Table 1. Process and timeline for review, prioritisation and approval of action plan refresh.

Group/ Forum	Date	Purpose
Proposals for action received	25/4/22	
Public Health Directorate Leadership Team	3/5/22	Proposal review, evaluation and prioritisation.
Health and Wellbeing Strategy Action Plan Refresh Workshop	5/5/22	Engagement with stakeholders and partners to review and prioritise proposals and to help to generate recommendations for a set of clearly defined, measurable actions to be included in the updated action plan.
Health and Wellbeing Strategy Oversight Board	16/5/22	Review and discussion of workshop outcomes and next steps
Public Health Directorate Leadership Team	23/5/22	Review of workshop outcomes alongside feedback from HWBS Oversight Board and DLT prioritisation with consideration of evidence of impact on health and wellbeing and inequalities, evidence of need, costs, and sustainability. Identification of gaps for refreshed action plan.

² <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>

Health and Wellbeing Strategy Oversight Board	30/5/22	Review, discussion and agreement regarding options and recommendations.
Public Health Directorate Leadership Team	6/6/22	Review and finalisation of options and recommendations for action plan refresh.
NSC Member briefing	13/6/22	Review and overview of HWBS and action plan refresh process and discussion.
NSC Corporate Leadership Team	15/6/22	Review and consideration of proposed recommendations for action plan refresh and timeline for next steps.
Health and Wellbeing Board	29/6/22	Review of options and approval of next steps.

2.2. Outcome and recommendations for action plan refresh

The outcomes of the steps outlined in Table 1 together have enabled the development of options for action.

- **Option 1:** commit all of the available budget to proposals now.

This option is not recommended since it is considered that only proposals that fit most closely with the objectives of the HWBS and are most likely to maximise beneficial outcomes be funded.

- **Option 2:** fund only those bids viewed as high priority by PH DLT and stakeholders.

This option is not recommended owing to the opportunity to allocate resource to targeted action that will address gaps and support the implementation of forthcoming strategies.

- **Option 3 (recommended):** fund the bids reviewed and considered a high priority by PH DLT and/or stakeholders; and maintain part of the total budget for a focus on high priority areas or gaps to support forthcoming strategy action plans.

This option is recommended owing to allocation of resource to high priority actions alongside a targeted process enabling a greater focus on additional priority themes. It is considered that this option would bring about the best outcomes for the North Somerset population.

Option 3 involves allocation of part of the budget to twenty-one proposed interventions at an indicative cost of approximately £840K. The interventions recommended for funding are outlined in Appendix 1 and span civic, service and community-level interventions across the priority topic areas of mental health and wellbeing; food, nutrition and food insecurity; physical activity; tobacco use; alcohol use; and the wider determinants of health. Of the 21 proposals recommended for funding: 6 are civic interventions (approximate indicative budget £197K); 8 are service-level interventions (approximate indicative budget £329K), and 7 are community interventions (approximate indicative budget £314K).

Option 3 also includes a proposal to retain part of the budget to enable a focus on priority areas or gaps in the current action plan, where more in-depth and targeted work would enable investment in priority actions to ensure greatest impact. This would also enable resource to be provided to support implementation of action plans for forthcoming strategies, due to be published by December 2022. Areas considered for further investment include:

1. **Mental health – adults:** development of an all-age mental health strategy is currently underway, building on the findings of adults and children and young people (CYP)'s needs assessments, and will be published towards the end of 2022. As such, it is proposed that part of the budget be retained and used to support implementation of actions relevant to the adult population in the forthcoming linked action plan. Proposed investment £100K.
2. **Mental health – CYP:** as highlighted above, the forthcoming mental health strategy will focus on the mental health needs of CYP, and actions required, and it is therefore proposed that part of the budget be retained and used to support implementation of priority actions. Proposed investment £100K.
3. **Risk behaviour and harm in young people:** Linked with growing mental health need among CYP and the prevention and early intervention approaches outlined in the HWBS, it is proposed that targeted work be undertaken to address risk behaviours and/or determinants of harm, such as alcohol use, drug use and sexual health among young people to reduce short- and long-term harms to health and wellbeing and to reduce the likelihood of a widening of inequalities through the lifecourse. Analysis of need, evidence for effective interventions and stakeholder engagement would be used to outline priority actions to be undertaken to address these themes. This work would link to CYP-related actions in the mental health strategy. Proposed investment £50K.
4. **Physical activity:** development of a physical activity strategy is due to commence in July 2022, with publication anticipated in December 2022. As outlined for the mental health strategy above, it is proposed that budget be retained to enable support to be provided to implementation of the action plan. Any physical activity-related actions not funded in phase 1 of this process may be considered during phase 2. Proposed investment £80K.
5. **Green infrastructure and sustainability:** this area would facilitate targeted investment in nature-based actions and those that focus on developing sustainable and health-promoting environments through place-based approaches to health and wellbeing. Proposed investment £65K.
6. **Equality, diversity and inclusion:** a significant proportion of actions are focused on geographical inequalities in North Somerset, and it is proposed that resource be allocated to targeted programmes focused on population groups experiencing health inequalities, including Black, Asian and minority ethnic groups, people with disabilities and LGBTQ+ people. Proposed investment £50K.
7. **Health and wellbeing of carers:** several proposals focused on carers of adults and children and young people were received and it is considered that further targeted work is needed to examine carers' health and wellbeing needs and how best to support the carers' strategy to address priorities in this field and to achieve the greatest impact for carers. Proposed investment £40K.

2.3. Refresh of existing actions in the action plan

In light of the above refresh process, it is proposed that two actions in the existing action plan be refreshed and removed at this stage, but incorporated into the updated action plan within the themed workstreams above during phase 2 if identified as priority actions to be implemented. These two actions are:

- We will explore opportunities to develop interventions or modes of advice and support to address high levels of screen time, sedentary behaviour and/or gaming among young people (2022/23 and 2023/24)
- We will promote active travel for journeys to school among children by creating a pilot programme including school reward-based games and resources linked to support for schools, using targeted mapping to identify where this is needed most. (2022/23 and 2023/24)

3. FINANCIAL IMPLICATIONS

The total budget indicatively allocated to implementation of the HWBS action plan 2022-2024 via phase 1 and phase 2 outlined above is approximately £1.32 million, with approximately £840K to be allocated in phase 1 and £485K to be allocated in phase 2. This comprises budget from the public health ringfenced grant and BNSSG CCG. Additional actions have been resourced by Pier Health Group Ltd and OHID. Implementation of the action plan and allocation of this budget will be monitored by the Health and Wellbeing Strategy Oversight Board and reviewed by the Health and Wellbeing Board.

4. LEGAL POWERS AND IMPLICATIONS

Funding is to be allocated as grant funding, including a requirement to monitor health and wellbeing outcomes of activity in line with the HWBS objectives.

5. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The option for funding recommended includes plans to allocate resource towards actions and interventions that address sustainability and access to, and use of, green spaces as well as physical activity, which may incorporate actions around active and sustainable travel. Existing and proposed actions in the action plan aim to strengthen accessible and locally available community programmes to improve health and wellbeing which is likely to reduce travel and associated emissions.

6. RISK MANAGEMENT

Delivery and implementation of the HWBS and action plan is overseen by the Health and Wellbeing Board via quarterly updates and any risks to delivery of this work will be identified to the Board for discussion and resolution. The Health and Wellbeing Strategy Oversight Board also has regular oversight of implementation of the HWBS action plan and any risks or issues to be discussed and managed.

There is a risk that service pressures in the health and care sector might affect capacity in the wider system to support actions to improve health and wellbeing, while the cost-of-living crisis may deleteriously affect health and wellbeing thus potentially affecting the impact of the actions being implemented. However, the actions incorporated aim to provide effective and accessible support and interventions to mitigate such impacts and ongoing monitoring and evaluation is in place to examine impact of the action plan in relation to a range of outcomes over the course of the strategy.

7. EQUALITY IMPLICATIONS

Almost all of the actions proposed in phase 1 of the action plan refresh are targeted to groups experiencing health inequalities, either via a geographical focus in areas of greatest deprivation (e.g. in and around Weston-super-Mare) or via a focus on particular demographic groups that are at highest risk of poor outcomes. In this way, the action plan is oriented around a central aim to reduce health inequalities across all priority themes. In addition, it is proposed that in phase 2, resource be allocated to programmes that aim to improve health and wellbeing in demographic groups experiencing health inequalities (e.g. people in Black, Asian and minority ethnic groups, people with disabilities and complex needs and LGBTQ+ people).

8. CORPORATE IMPLICATIONS

The HWBS reflects North Somerset Council's vision of being open, fair and green outlined in the Corporate Plan 2020-2024, via its central aim to reduce health inequalities, the focus on green infrastructure, insight and engagement, and enhanced community-focused action. The strategy also links with, and/or supports, North Somerset Council strategies including the Empowering Communities Strategy, Green Infrastructure Strategy, Active Travel Strategy, Carers Strategy, and Social Isolation and Loneliness Strategy among others. Implementation of the strategy and delivery of a range of actions is led by North Somerset Council, but the plan also crosses organisational boundaries and through the refresh, a greater proportion of actions will be implemented by partners.

AUTHOR

Dr Georgie MacArthur, Consultant in Public Health

APPENDICES

Appendix 1: Table of Proposed Interventions Recommended for Funding as Phase 1 of Health and Wellbeing Strategy Action Plan Refresh.

Appendix 2: Table of Proposals Received Not Included in Recommended Phase 1 of Action Plan Refresh.

Appendix 3: Summary powerpoint presentation

BACKGROUND PAPERS

None

Appendix 1. Table of Recommended Interventions to be Funded as Phase 1 of Health and Wellbeing Strategy Action Plan Refresh.

1. Civic interventions

Title/ topic area	Lead	Indicative budget	Summary
Licensing-related interventions to reduce alcohol-related harm	NSC PHRS	£30,000 (2 yrs)	Activity in Weston-super-Mare to implement multi-agency interventions including inspections, purple flag award support, Security and Vulnerability Initiative (SAVI) award for good practice, MAVIS bus outreach, and multi-agency nights of action programme.
Warmer Homes, Advice and Money scheme to support the most 100-120 more vulnerable residents living with fuel poverty	NSC PHRS	£96,000	Support for additional caseworker for Warmer Homes, Advice and Money service enabling access to fuel and financial advice and repairs.
Adult Weight Management	NSC PHRS	£63,000 (18 mo) (p/f)	Adult weight management groups lasting 12 weeks, delivered to an anticipated 12 groups of 20-30 people.
Workplace-based Eat Well and Weight Loss groups (pilot scheme)	NSC PHRS	£2,540 (6 mo)	Fortnightly weight management and lifestyle support for groups in workplaces over a 6-month period (Weston College and employers in Weston-super-Mare).
Understanding the health and wellbeing needs of taxi drivers	NSC PHRS	£5,000	Evaluation and assessment of health and wellbeing needs of taxi drivers with a view to identifying interventions to improve health and wellbeing.
Parkplay initiative on a weekly basis in four local parks/ open areas	NSC PHRS	£28,000 (2 yrs)	Programme to encourage families in areas of highest deprivation to play together and connect with others in local parks and open spaces at no cost.

2. Service-level interventions

Title/ topic area	Lead	Indicative budget	Summary
Alcohol-liaison (early help and support) at Weston General Hospital	WAWY & NSC PHRS	£99,000 (2 yrs)	Providing early help and more intensive support to individuals at highest risk to reduce alcohol use, hospital admissions and health and social care costs.
Wellbeing Walks	NSC PHRS	£18,000 (2 yrs)	Expansion of Wellbeing Walks (supported by core PH funding) to give increased availability of sessions e.g. locations, times.
Oral health programmes for children and young people	NSC PHRS	£60,000 (18 mo)	Targeted toothbrushing packs, commissioning of fluoride varnishing programmes, and targeted interventions to support specific groups of children and young people at higher risk of poor oral health.
Healthy Lifestyle Support following Health Trainer programme	NSC PHRS	£2,900 (1 yr)	Support groups for adults who have successfully used the Eat Well and Weight Loss support from Healthy Lifestyle Advisor 1:1 service for 12 weeks and wish to continue to access light-touch support, to maintain their healthy lifestyle behaviour changes.
Breastfeeding peer support	NSC PHRS	£20,000 (2 yrs)	Creation of a bank of paid breastfeeding peer supporters who can support with coordinating local community activities linked to local Breastfeeding Support Groups.
Smokefree homes	NSC PHRS	£32,753 (1 yr pilot)	Awareness raising, and provision of tailored, behavioural stop smoking support and aids to assist people to stop smoking and to create smokefree homes.

Reclaim Counselling for adults and children who have experienced domestic violence and abuse	VANS	£79,800 (18 mo)	Free counselling for people who have experienced domestic violence and abuse, including children and young people aged 11-17.
Holiday playschemes for early years disabled children	Springboard Opportunity Group	£17,000 (p/f)	Holiday playschemes for EY disabled children during summer holidays 2023. Family support 'stay and play' sessions. Enables respite, peer support, parent-sibling time, and professional support and advice.

3. Community interventions

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Community-level interventions	Lead	Indicative budget	Summary
Community food projects: grants programme	NSC PHRS	£62,500 (2 ys)	Grants for community organisations to strengthen accessibility and consumption of healthy foods to address diet and food insecurity. Targeted to those with greatest need and experiencing inequality.
Mental health community grants programme	NSC PHRS	£50,000 (1 yr)	Grants for community organisations to improve mental health, incorporating social prescribing destinations and support for perinatal mental health. Targeted to those with highest need and experiencing health inequality.
Weston-super-Mare Food Club Development	Weston-super-Mare Food Bank	£35,000 (1 yr) (p/f)	Food club aiming to recruit 50 members in year 1 and 50 in year 2. Incorporates provision of emergency food; financial advice; life skills support; Food Club enabling fresh food provision (via surplus food); and community hub supporting education and food/cooking skills development.
South Ward Asset Build	For All Healthy Living Company	£77,750 (2 yrs)	Support for project worker over two years to enable an asset-based approach in Weston-super-Mare South Ward.

Befriending Alliance	VANS	£25,000 (18 mo) (p/f)	Aims to strengthen the befriending offer, via a co-ordinator role, grant funding for befriending programmes.
Physical activity programmes for older people	Age UK	£32,000 (p/f)	A project to increase the number and variety of exercise and movement classes and events for older people and establishment of a referral pathway for Weston Hospital to access events.
Outdoor activities and skills development	Osprey Outdoors	£31,500 (2 yrs)	Engagement activity days and nature-based short courses (including skills development) in Weston-super-Mare. Core members to be those with mental health needs or disabilities.

Appendix 2. Table of Proposals Received Not Included in Recommended Phase 1 of Action Plan Refresh.

Civic-level interventions		
Intervention	Organisation	Proposal value
Housing retrofit assessment	Burnham and Weston Energy CIC	£98,900
Physical activity co-ordinator	NSC	£48,000
Active travel guides in different languages	NSC	£63,680
Evaluation of healthy weight intervention for children and young people	NSC	£10,000
Training around men's health	NSC	£75,000
Young adult safeguarding pathway development	NSC	£99,999
Writing club for retired people who have experienced scams	NSC	£12,000
Expansion of the Get Active Pass Scheme	NSC	£90,000

Nature and Health Ranger Service	NSC	£85,000
Service-level interventions		
Intervention	Organisation	Proposal value
Dementia wellbeing service: new delivery model	BNSSG CCG	£97,000
Dementia training for professionals in social care	NSC	£99,999
North Somerset Online Directory	NSC	£99,999
Wellbeing activities for parent carers of children and young people aged 0-25 with disabilities or additional needs	North Somerset Parent Carers Working Together	£99,787
Unpaid carers wellbeing check	NSC	£14,700
Contingency planning for carers	NSC	£24,400
Wellbeing group courses for carers	Wellspring Counselling	£27,210
Community-level interventions		
Intervention	Organisation	Proposal value
Physical activity bursary for children and young people	NSC	£96,000
Green social prescribing	BNSSG CCG	£25,000
Nature-based mentoring	Uncle Paul's Chilli Farm	£91,000
Improved provision of activities for adults with learning disabilities	Clevedon YMCA	£13,312
Community gardens	Alliance Homes	£95,282

Men's Shed	NSC	£10,000
Mentoring for children and young people	Clevedon YMCA	£14,662
Community Youth Worker	Clevedon YMCA	£40,000
One Stop Shop for youth and community support	Portishead Youth Centre	£90,000
Cold Water Therapy	Open Minds Active	£8,480
Embracing Complexity	Wellbeing Collective	£30,360

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North Somerset Council

Joint Health & Wellbeing Strategy 2021-2024 Action Plan Refresh



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June 2022

Introduction

- **Year 1 (2021/22) completed:** 90% of actions completed *or* in progress
- Action plan refresh underway for 2022/2023 and 2023/2024
- BNSSG CCG match-funding for strategy implementation alongside public health ringfenced grant
- Aim to expand action plan incorporating new multi-agency actions across priority themes, building on stakeholder engagement

Action plan refresh: process and timeline



Evaluation of bids

- Evaluated on the basis of:
 - Fit with strategy and objectives
 - Responsiveness to health and wellbeing need
 - Duration, reach and/or intensity
 - Costs
 - Evidence of effectiveness
 - Likely beneficial impact on HWB and inequalities

Place-based approach as a framework for action

Components of the Population Intervention Triangle

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- **Actions balanced across the three 'segments'**
- **A focus on the 'seams'**
 - Community-based action
 - Engagement with people and communities
 - Integration of services
- **Place-based planning**
 - Strong partnerships & multi-agency action
 - Shared vision & planning
 - Linked strategies
 - JSNA

Recommendation

- **Recommended option:**

- Fund bids evaluated and considered high priority by PH DLT and/or stakeholders
- Maintain budget for focus on high priority areas/ gaps/ to support forthcoming strategy action plans

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- Option 2: Commit all of budget to proposals now

- Not recommended in order to maximise beneficial outcomes and tackle inequalities most effectively

- Option 3: Fund only those bids viewed as high priority by PH DLT and stakeholders

- Not recommended owing to opportunity for targeted work to address gaps and support forthcoming strategies

Proposed successful bids: civic interventions

Title/ topic area	Lead	Indicative budget	Summary
Licensing-related interventions to reduce alcohol-related harm	NSC PHRS	£30,000 (2 yrs)	Activity in Weston-super-Mare to implement multi-agency interventions including inspections, purple flag award support, Security and Vulnerability Initiative (SAVI) award for good practice, MAVIS bus outreach, and multi-agency nights of action programme.
Warmer Homes, Advice and Money scheme to support the most 100-120 more vulnerable residents living with fuel poverty	NSC PHRS	£96,000	Support for additional caseworker for 'WHAM' service enabling access to fuel and financial advice and repairs.
Adult Weight Management	NSC PHRS	£63,000 (18 mo) (p/f)	Adult weight management groups lasting 12 weeks, delivered to 12 groups of 20-30 people.
Workplace-based Eat Well and Weight Loss groups (pilot scheme)	NSC PHRS	£2,540 (6 mo)	Fortnightly weight management and lifestyle support for groups in workplaces over a 6 month period (Weston College and employers in Weston-super-Mare).
Understanding the health and wellbeing needs of taxi drivers	NSC PHRS	£5,000	Evaluation and assessment of health and wellbeing needs of taxi drivers with a view to identifying interventions to improve health and wellbeing.
Parkplay initiative on a weekly basis in four local parks/ open areas	NSC PHRS	£28,000 (2 yrs)	Programme to encourage families in areas of highest deprivation to play together and connect with others in local parks and open spaces at no cost.

*p/f: part-funding

Proposed successful bids: service interventions

Title/ topic area	Lead	Indicative budget	Summary
Alcohol-liaison (early help and support) at Weston General Hospital	WAWY & NSC PHRS	£99,000 (2 yrs)	Providing early help and more intensive support to individuals at highest risk to reduce alcohol use, hospital admissions and health and social care costs.
Wellbeing Walks	NSC PHRS	£18,000 (2 yrs)	Expansion of Wellbeing Walks (supported by core PH funding) to give increased availability of sessions e.g. locations, times.
Oral health programmes for children and young people	NSC PHRS	£60,000 (18 mo)	Targeted toothbrushing packs, commissioning of fluoride varnishing programmes, and targeted interventions to support specific groups of children and young people at higher risk of poor oral health.
Healthy Lifestyle Support following Health Trainer programme	NSC PHRS	£2,900 (1 yr)	Support groups for adults who have successfully used the Eat Well and Weight Loss support from Healthy Lifestyle Advisor 1:1 service for 12 weeks and wish to continue to access light-touch support, to maintain their healthy lifestyle behaviour changes.
Breastfeeding peer support	NSC PHRS	£20,000 (2 yrs)	Creation of a bank of paid breastfeeding peer supporters who can support with coordinating local community activities linked to local Breastfeeding Support Groups.
Smokefree homes	NSC PHRS	£32,753 (1 yr pilot)	Awareness raising, and provision of tailored, behavioural stop smoking support and aids to assist people to stop smoking and to create smokefree homes.
Reclaim Counselling for adults and children who have experienced domestic violence and abuse	VANS	£79,800 (18 mo)	Free counselling for people who have experienced domestic violence and abuse, including children and young people aged 11-17.
Holiday playschemes for early years disabled children	Springboard Opportunity Group	£17,000 (p/f)	Holiday playschemes for EY disabled children during summer holidays 2023. Family support 'stay and play' sessions. Enables respite, peer support, parent-sibling time, and professional support and advice.

Proposed successful bids: community interventions

Community-level interventions	Lead	Indicative budget	Summary
Community food projects: grants programme	NSC PHRS	£62,500 (2 ys)	Grants for community organisations to strengthen accessibility and consumption of healthy foods to address diet and food insecurity. Targeted to those with greatest need and experiencing inequality.
Mental health community grants programme	NSC PHRS	£50,000 (1 yr)	Grants for community organisations to improve mental health, incorporating social prescribing destinations and support for perinatal mental health. Targeted to those with highest need and experiencing health inequality.
Weston-super-Mare Food Club Development	Weston-super-Mare Food Bank	£35,000 (1 yr) (p/f)	Food club aiming to recruit 50 members in year 1 and 50 in year 2. Incorporates provision of emergency food; financial advice; life skills support; Food Club enabling fresh food provision (via surplus food); and community hub supporting education and food/cooking skills development.
South Ward Asset Build	For All Healthy Living Company	£77,750 (2 yrs)	Support for project worker over two years to enable an asset-based approach in Weston-super-Mare South Ward.
Befriending Alliance	VANS	£25,000 (18 mo) (p/f)	Aims to strengthen the befriending offer, via a co-ordinator role, grant funding for befriending programmes.
Physical activity programmes for older people	Age UK	£32,000 (p/f)	A project to increase the number and variety of exercise and movement classes and events for older people and establishment of a referral pathway for Weston Hospital to access events.
Outdoor activities and skills development	Osprey Outdoors	£31,500 (2 yrs)	Engagement activity days and nature-based short courses (including skills development) in Weston-super-Mare. Core members to be those with mental health needs or disabilities.

Summary of proposed funding

Support proposed for **22** proposals:

- Civic interventions: **6** (~£197K)
- Service interventions: **8** (~£329K)
- Community interventions: **7** (~£314K)
- Total indicative funding for first wave **~£840K**

Target areas for further investment

Addressing gaps for addressing inequality

HWB of carers

£40K

Equality, Diversity, Inclusion

£50K

Green infrastructure & sustainability

£65K

Linked to forthcoming strategy development

Mental health - adults

£100K

Mental health - CYP

£100K

Risk behaviour – YP

£50K

Physical activity

£80K

Total indicative funding for second wave ~**£485K**

Thank you

Questions and Comments

Health.wellbeing@n-somerset.gov.uk

ICS Update

Colin Bradbury
North Somerset Health and Wellbeing Board
2pm, Wednesday 29th June 2022

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The Integrated Care System in Bristol, North Somerset and South Gloucestershire

What is the Integrated Care System (ICS)?

Our Integrated Care System (ICS) brings a range of partners together to improve the health and wellbeing of everyone in our area. Known locally as the Healthier Together Partnership, the ICS includes Councils, NHS Hospitals, GP practices and community and mental health services.

What do we do?

Together, we work to improve health and wellbeing, reduce inequalities, and provide services for the 1 million people living in Bristol, North Somerset and South Gloucestershire. The ICS is made up of an Integrated Care Partnership (ICP), an Integrated Care Board (ICB) and six Locality Partnerships.

What is the Integrated Care Partnership (ICP)?

The Integrated Care Partnership is a statutory committee jointly formed between the ICB and the three local authorities in our area. It brings together a broad range of partners - including from the local voluntary sector and community groups - and sets strategy to meet the population's health, care and wellbeing needs. The ICP in our area has evolved from the Healthier Together Partnership Board.

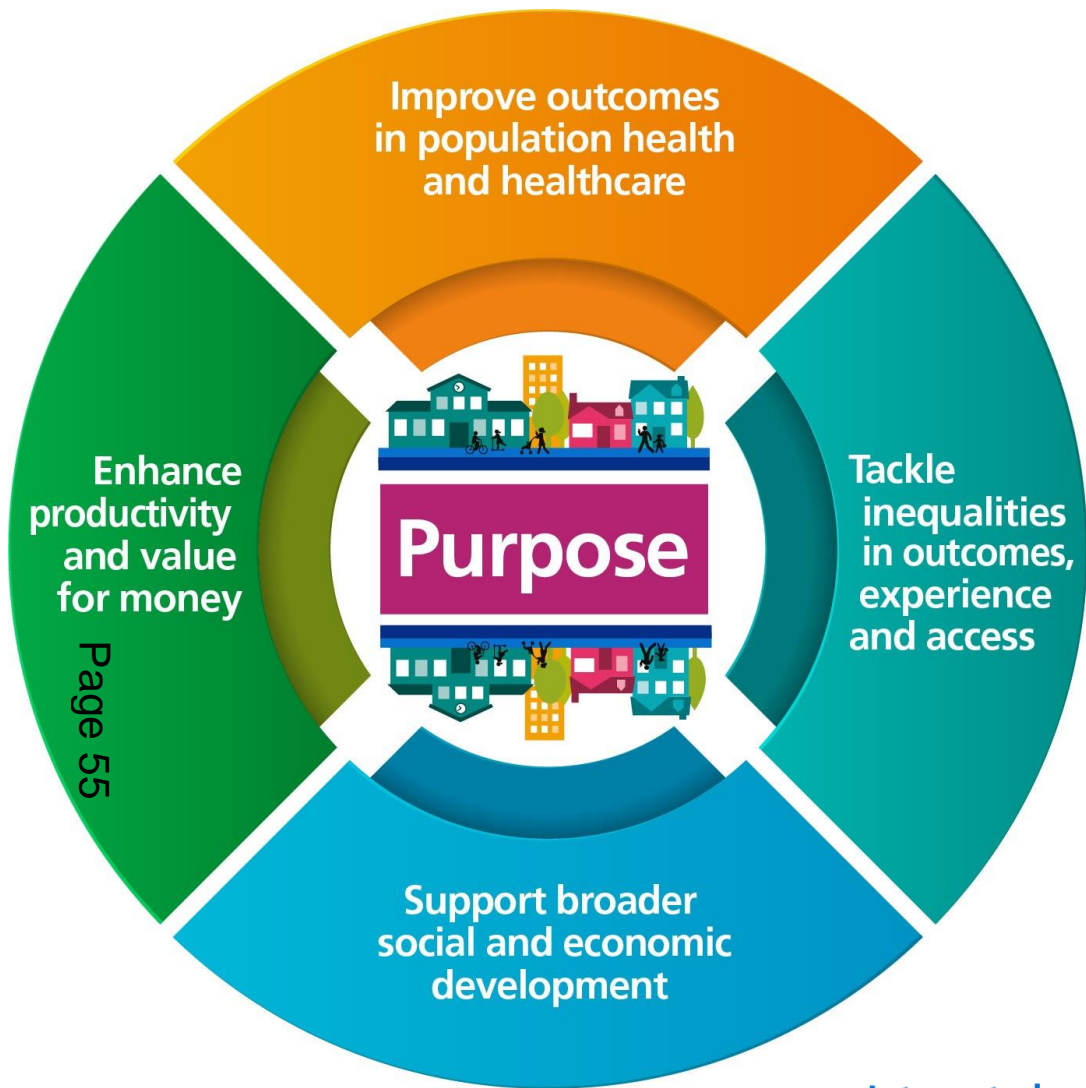
What is the Integrated Care Board (ICB)?

The Integrated Care Board is the new organisation responsible for the day-to-day running of the NHS. The NHS Bristol, North Somerset and South Gloucestershire ICB takes account of population needs, arranges for the provision of services and manages the NHS budget. Now that ICBs are legally established, Clinical Commissioning Groups across the country have been abolished.

What are Locality Partnerships?

Locality Partnerships operate on a smaller scale within the ICS, responding to the unique needs of their local populations. The six Locality Partnerships in our area are South Gloucestershire, North and West Bristol, Inner City and East Bristol, South Bristol, Woodspring, and Weston, Worle and Villages. Locality Partnerships may include general practice, social care, community services, hospitals, voluntary sector, and mental health services – working alongside local people and communities to improve health and wellbeing.

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Integrated
Care Systems



Working together for
better health and care

What will be different?*

- Redefining health policy around all the major factors that shape health, not just the activities of health and care providers
- Develop and implement system/ place wide solutions on complex problems such as access, hospital discharge and care for long term conditions, by:
 - incentivising outcomes rather than incentivising activity
 - meeting need rather than meeting demand
 - moving resources upstream
 - making decisions with the full involvement and input from those who are affected by those decisions

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*Based on articles by NHS Confederation CEO

How might we do this?

- Realistic assessment of what can be achieved in the short term
- Focus more on what can be achieved and less on where the problems come from or where the solutions lie
- A bottom-up approach to strategy development
- Recognising that system working and collaboration are as demanding as market making and competition

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Health and Wellbeing Board Locality Partnership Delivery Plan 22/23 and beyond

**One Weston,
Worle and Villages**
Locality Partnership

Woodspring
Locality Partnership



Overview for 22/23

Locality Partnerships are developing an overarching plan for 22/23 . Our Key areas are:

- Start Well
- Live Well
- Age Well
- Dying Well

Each of these workstreams will have top priorities which are currently being defined within the partnership to include :

- Key priority areas of the JSNA for North Somerset
- Actions arising from the North Somerset Council Health and Wellbeing Board.

Key priorities agreed so far:

- Our Integrated Mental Health Team is our top priority and will be in place by September 22
- Increased number of Care Homes supported by the Care Home Team (WWV)
- Increased support to the VCFSE sector including commissioning services for CMH and Ageing Well
- Joint investment into the Virtual Hub to link VCFSE across North Somerset to support the CMH Team
- Locality partnership board members will take lead roles (SROs) in specific workstreams, responsible for overseeing delivery, outcomes and outputs

Model of Care Design & Delivery

Area	Objective(s) for 2022/23
Start Well	<ul style="list-style-type: none"> • Top 5 priorities developed for 22/23 • Clinical lead in place to support the programme
Live Well	<ul style="list-style-type: none"> • Enhanced support to people with mental health needs with the Integrated Mental Health Team, mobilised by Sep 22 • Befriending service(s) commissioned to support people typically feeling isolated, lonely: a CHM ‘gap’ in provision • Personalised care OD work to support teams on the ground • CMH Small Grant Schemes 22/23 complete with reported outcomes, supporting grassroots VCFSE organisations to offer more support to local people • Development and implementation of the community light houses across North Somerset • British Red Cross HIU pilot complete with clear evidence of improved outcomes for local people • Develop live well top 5 priorities for 22/23 in addition to CMH • Community Virtual VCFSE Hub supporting the social prescribing offer to local people
Age Well	<ul style="list-style-type: none"> • Increased number of local care home residents and staff supported by the Care Home Team • Reduced number of NELs from Care Homes • Enhanced integrated ageing well end-end pathway for adults living with frailty and older adults • Top 5 priorities developed for 22/23 by end of June • Ageing Well Pilot Schemes 22/23 (£4.4m) complete with reported outcomes with opportunity for Locality Partnerships to assess • Ageing well VCFSE development lead in post from VANS – scoping and mapping exercise to understand existing provision and gaps
Dying Well	<ul style="list-style-type: none"> • Top priorities developed for 22/23 – Programme and name TBC • Clinical lead in place to support the programme

Model of Care Design & Delivery

Area	Objective(s) for 2022/23
Communication & Engagement	<ul style="list-style-type: none"> • Website content management to inform our staff and population • Engagement with local groups and forums as part of a 'Big Conversation' July – Sept 22 • Communication with partner organisations • Co-design with lived experience representatives
Co-production	<ul style="list-style-type: none"> • Co-design and co-production with lived experience reps in planning and implementation • Involvement with people with Lived experience in 'starting well, living well, ageing well and dying well ' workstreams
Workforce	<ul style="list-style-type: none"> • Develop a locality Workforce strategy
OD Page 62	<ul style="list-style-type: none"> • Support organisations to have a place to obtain insight into each other's roles, people, and organisations • Create a culture that supports staffs to embrace, show appreciative enquiry and supports staffs to work across boundaries • CMH Team development
Financial Management	<ul style="list-style-type: none"> • Balance budget • Monthly forecasting • Oversight form CCG Finance team • Financial reporting
Governance	<ul style="list-style-type: none"> • Scrutiny and oversight of decision making, risk and finance
Estates	<ul style="list-style-type: none"> • Locking parklands development TBC October '22 • Central Weston development, timeframe TBC • Move Locality Partnership Strategies into delivery

Principals for designing the medium term plan (2-5 yrs)

- Continuation of the **Start Well, Live Well, Age Well and Dying Well** program as an Anchor for our joint priorities
- Consultancy support from North of England Commissioning Support Unit (NECS) to support each locality Partnership with:
 - ❖ Joint Locality Partnership planning
 - ❖ NHS Long Term plan refresh and Locality Partnerships input to this
 - ❖ Draw together key priorities such as North Somersets directorate plans , the Health and Wellbeing strategy, H&WBB priorities
- JSNA and Population Health driven
- Governance and progress monitored via the Locality Partnership Board , HWBB, ICB/ICP
- Development of a 2-5 year plan that Locality Partnerships can sign up to

Healthier Together



Improving health and care in Bristol,
North Somerset and South Gloucestershire

Thank you

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**One Weston,
Worle and Villages**
Locality Partnership

Woodspring
Locality Partnership



We are aligning our priorities to the Health and Wellbeing Strategy

Outcomes developed by NS Council

Health & Wellbeing Strategy Outcomes

The outcomes from the strategy will underpin our Locality Partnership plan, either directly or as enablers, notably:

- Reduction in the prevalence of self-reported poor mental health in the NS population
- Improvement in access to timely mental health support
- Prevention of adversity and trauma during childhood
- Improvement in access to, and early provision of, perinatal support
- Prevention of suicide
- Reduction in social isolation
- Increase in the prevalence of good mental health and emotional wellbeing
- Reduction in inequality in prevalence of unhealthy weight at ward-level (all ages)
- Reduction in inequality in inactivity by increasing engagement in physical activity in the most deprived areas in North Somerset
- Reduction in the prevalence of falls (as measured by hospital admissions for falls)
- Reduction in the rate of alcohol-related admissions among those aged
- Reduction in exposure of [young] non-smokers to cigarette smoke and role modelling of smoking
- Improved treatment outcomes for people with substance-use dependence
- Introduction of strengths-based approaches to improving health and wellbeing
- Enhanced capacity to implement community-based approaches to improving health and wellbeing

In addition to the NS HWBS outcomes, we will also be aligning our workplan to meet system outcomes.

Domain	System Outcome	
The health and wellbeing of our POPULATION	POP1	We will increase population healthy life expectancy across BNSSG and narrow the gap between different population groups
The health and wellbeing of our RESIDENTS	RES2	We will reduce early deaths from preventable causes in the communities which currently have the poorest outcomes
	RES3	We will lower the burden of infectious disease in all population groups
	RES4	We will reduce the proportion of people in BNSSG who smoke
	RES5	We will improve everyone's mental wellbeing
	RES6	We will give the next generation the best opportunity to be healthy and well
The health of our SERVICES	SER7	We will increase the proportion of our residents who report that they are able to find information about health and care services easily
	SER8	We will increase the proportion of our residents who report that they are able to access the services they need, when they need them
	SER9	We will increase the proportion of our residents who report that their health and care is delivered through joined up services
The health and wellbeing of our STAFF	STA10	We will increase the proportion of our health and care staff who report being able to deliver high value care
	STA11	We will reduce sickness absence rates across all our Healthier Together partner organisations
	STA12	We will improve self-reported health and wellbeing amongst our staff
	STA13	We will improve Equality and Diversity workforce measures in all Healthier Together Partner organisations
The health and wellbeing of our COMMUNITIES	COM14	We will reduce the number and proportion of people living in fuel poverty
	COM15	We will reduce the number of people living in poor housing conditions
	COM16	We will increase the number of people in homes and communities where they are safe from harm
	COM17	We will reduce levels and impact of child poverty
	COM18	We will increase the number of our residents describing their community as a healthy and positive place to live
The health and wellbeing of our ENVIRONMENT	ENV19	We will improve the overall environmental impact and sustainability of our services
	ENV20	We will reduce the impact of our services on the environment by achieving net zero carbon across all emissions scopes by 2030
	ENV21	As anchor institutions, we will support a cultural change amongst local citizens and businesses resulting in wider improvements in air quality, biodiversity and the quality of the natural environment



North Somerset Wellbeing and Health Board Briefing Paper

“How we can build and share power with people to create resilient, fair and inclusive communities”



29th June 2022

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DRAFT

Main Contributors:



1. Executive Summary

1.1 The paper gives an overview of the voluntary, community, faith and social enterprise (VCFSE) sector activity and strategic thinking currently underway across health and social care in North Somerset. From a North Somerset Wellbeing Collective perspective, this paper looks at the potential opportunities for further integration of health-based provision, amplification of community voices and joining forces more effectively with all agencies to improve the wellbeing of every resident of North Somerset.

2. Overview of Partners

2.1 North Somerset VCFSE sector is made up of over 1500 third sector organisations, including registered charities, social enterprises, sports, faith and unincorporated community organisations, providing a breadth of social support and interventions to meet the needs of people in our communities across North Somerset.

2.2 Voluntary Action North Somerset (VANS) provides infrastructure support as the umbrella partner for the VCFSE sector in North Somerset. Setup in 1997, its objectives are to help to build capacity within communities and to represent, develop and empower those organisations and communities to build capacity and sustainability.

2.3 Citizens Advice North Somerset (CANS) offers free, confidential, impartial, and independent advice and information. Services provided are for people living and/or working in North Somerset. Operating from various drop-in advice centres, dedicated telephone advice and a range of outreach locations, CANS is important VCFSE partner and employer, supported by a large number of volunteers.

2.4 As an anchor social enterprise partner based in a key area of deprivation in North Somerset, the For All Healthy Living Company (FAHLC), runs the Healthy Living Centre on the Bournville in Weston-super-Mare and is commissioned or grant aided to run other services and projects. FAHLC works in partnership with local people and agencies in order to increase access and ensure residents and key partners are at the forefront in the design and delivery of local services.

2.5 As three of the four founding partners, working alongside 65 High Street Nailsea, North Somerset Wellbeing Collective (NSWC) was formed in May 2020 as a collaboration of independent groups who all share the common goal of improving the wellbeing and health of people in the area. The Collective is a 'coalition of the willing' committed to the principle that collaboration is the only way to provide high quality 'joined-up' support and listening to people and communities: this is based on the principle that 'what matters to me' as an individual should be what matters to organisations providing support.

2.6 The Collective has a strategic purpose in promoting our objectives, creating a common goals by drawing on the experience and collaborative creativity of its members. It is non-bureaucratic and non-competitive. Our organisational structure will be at the minimum possible level necessary to achieve our goals.

3. Intro to VCFSE Locality Lead Partner Role

3.1 As part of the Integrated Care System (ICS) development process, from April 2021, community health provider Sirona Care and Health commissioned six VCFSE Locality Lead Partners (LLP's) across BNSSG to provide a strategic link as anchor partner organisations to support and further enable the embedding of healthier lives within communities and provide a strategic link to the VCFSE sector across each of the localities.

3.2 On behalf of the NSWC, VANS in partnership with CANS was successful in being awarded both North Somerset localities on a nine-year contract, with reviews every three years. As part of the bidding process, it was agreed that VANS would lead for One Weston locality, with Woodspring being subcontracted to CANS for the first three-year period.

3.3 Following an internal review after the first year of LLP delivery, VANS has agreed to work in partnership across One Weston to strengthen VCFSE sector representation on the Integrated Care Partnership (ICP) and Board (ICB) and across the multiple strands of work involved in the ICS development process. A subcontracting arrangement has been put in place with FAHLC, as one of four founding members of the NSWC and a key anchor community partner based on the Bournville in Weston-super-Mare to jointly deliver the LLP role for One Weston from April 2022, for two years initially, falling in line with the three-year contract review.

3.4 The LLP's take a system wide approach working alongside partners across BNSSG to integrate VCFSE into the future service design and commissioning within ICP's. As part of the BNSSG Building Healthier Communities strand of work, the LLP's work alongside health, social care, public health, commissioned partners, and other system wide third sector organisations to embed the VCFSE as an equal partner within the ICS implementation at a locality level. The key elements of this delivery have been set out in section 6 of the briefing paper.

4. Integration with the Empowering Communities Strategy

4.1 North Somerset Empowering Communities Strategy (ECS) outlines the key principles, objectives, and actions which over the last two years has developed the North Somerset Together (NST) partnership work. The NST partnership was formed at the start of Covid to bring together the network of mutual aid – community and volunteer led delivery, alongside system partners enabling these communities to meet the needs being identified at a local level in a safe and responsive way. Post Covid, the NST remains a focal point for engagement between NSC, health, town and parish councils and VCFSE partners delivering a hyper-local level.

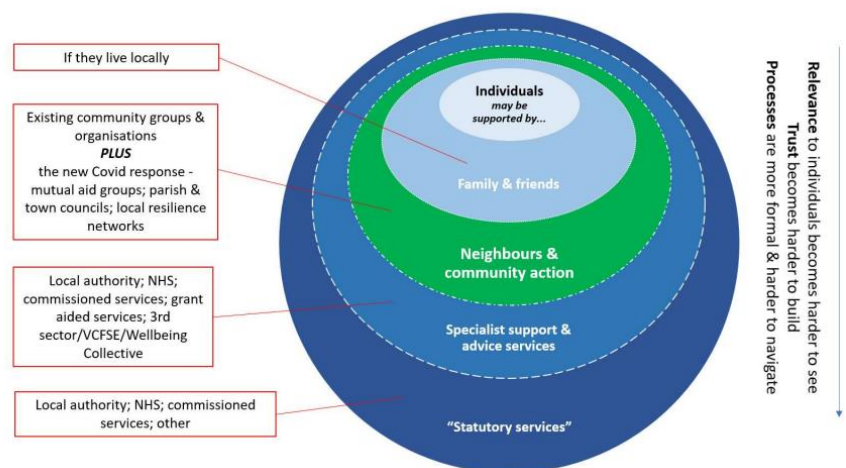
4.2 Building on the partnership approach, the Collective works to continue to embed and deliver against the ECS directly engaging with people and communities, commissioned service providers and commissioners themselves to drive a holistic approach to person centred wellbeing and support. NSWC continues to build on the objectives of the ECS by continuing to improve community connectivity, collaboration, resilience, capability, efficacy, and cohesion, whilst seeking approaches to measure the impact through the use of best practice evaluation tools.

4.3 The ECS has a direct correlation to the outcomes set out within Wellbeing and Health Strategy (WHS) through a commitment by the Wellbeing and Health Board (WHB) to increasing access and availability of tailored community-based approaches to wellbeing and health. An agreed action within the strategy agrees to:

“introduce strengths-based approaches to improving wellbeing and health linking with the North Somerset Empowering Communities Strategy, Carers Strategy and Volunteering Strategy and aiming to build communities that are connected, collaborative, resilient and cohesive and which have the capability and efficacy to identify and implement their own solutions. We will ensure actions include those targeted to areas of greatest need.”

4.4 Though improvements have been made towards active engagement with communities through the development of the ICS and ICP’s, service design and commissioning across North Somerset, health in particular, is still far from being inclusive and/or codesigned with communities. Not only should health, the public sector and VCFSE partners embrace the community empowerment

Figure 1: North Somerset Model of Community Empowerment



model (on figure 1) as a mechanism for engagement as part of future service design, the collective recommends that a programme of learning for professionals targeted around complex system thinking and asset-based community develop (ABCD) should be made available to all health professionals delivering in and around North Somerset.

4.5 In addition, a community outcomes framework has been developed by Alliance Homes as a means to assess the impact of community building work; it has been adopted by other agencies including NSC Empowering Communities, NSWG, Weston Town Council, VANS, CANS, FAHLC and other partners.

4.6 The outcomes are intended to test its value as a way to determine the impact of the Empowering Communities programme, providing a consistent approach across the VCFSE sector. The six outcomes are:

1. **Connectivity** - reflects the patterns (density and extent) as well as the quality of *informal relationships, contacts and formal links* between individuals, groups, and organisations within the neighbourhoods. It is also about the *networks of connections* that cross the social and geographic boundaries between local residents and agencies based outside the area.
2. **Collaboration** - refers to the willingness and opportunities within the communities to work together on joint projects or in ways that provide complementary services and activities. It reflects improved co-operation and better co-ordination, and a decrease in unhelpful competition and unresolved conflicts.

3. **Community Cohesion** - refers to the values of Equality, Diversity & Inclusion. It is about taking positive action to form and maintain a culture which recognises differences between people and ensuring equality of opportunity whilst recognising diverse needs. It is also about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual. It reflects improved co-operation and better co-ordination, and a decrease in unhelpful competition and unresolved conflicts.
4. **Collective efficacy** - is based on a shared belief that the community or group is able to influence decisions that affect what happens in the area and to make things happen through its own efforts. It is about the confidence and loyalty that community members have in themselves and each other, and in their trust that local organisations will act in the interests or on behalf on the whole community.
5. **Community capability** - is about the combined knowledge, skills, energy and shared resources that are available within the neighbourhoods' populations so that members of the community can independently establish and maintain projects, activities and locally run organisations. It includes the level of people's willingness to volunteer to help run and manage small-scale initiatives, as well as those able to take on leadership positions, such as representing residents on wider forums or steering campaigns.
6. **Resilience** - describes the ability or resourcefulness of communities to respond positively to change and disruption. It is about recovery and creativity, requiring flexibility and persistence rather than rigidity. It shows that communities are able to adapt and evolve new ways of operating by adjusting activities, modifying expectations, or changing course to set alternative goals and strategies for reaching them.

4.7 In line with the six priorities, NSWC recommends that the WHB should adopt the community outcomes framework as a mechanism for community led service design across North Somerset.

4.8 NSWC also recommends that a programme of training and support should offered to health and public sector employees to broaden understanding of complex system thinking and community led codesign to support service design and improvement.

5. Community links to the North Somerset Wellbeing and Health Strategy

5.1 Communities play a vital role in the delivery of the WHS. Whilst stewardship of the HWBS could potentially be held by NSWC, the role of the VCFSE sector is much broader, seeking to develop systems which meet the needs of each and every resident in North Somerset.

5.2 Page 8 of the WHS sets out the framework for "A place-based approach" and considers places, settings, and a joined-up services, rather than focusing on individuals' issues as part of starting well, living well and ageing well. The aim of this seeks to address the complexity of underlying inequalities to achieve greater impact.

5.3 With the VCFSE taking a lead on developing community centred interventions and to maximise engagement between the public sector, health and the third sector, the Collective’s role within this focusses on the two areas circled in yellow (on Figure 2), through the strengthening of community action and better service engagement with VCFSE partners.

5.4 **NSWC recommends By strengthening community action through a cohesive package of support to the VCFSE sector, communities cand share and build power and experience to design and develop their programmes of “Community-centred interventions” through an Asset Based Community Development (ABCD) approach.**

5.5 Alongside the ABCD model, there is a role for local authorities to effectively engage within communities, particularly those most distanced from council and health services, such as communities of interest and hard to reach groups. The role of LLPs’ aims to effectively communicate and engage at this level.

5.6 Aligning to this, NSWC has been working closely with system partners to understand the VCFSE offer for North Somerset, building on a person-centred approach to health service design and building the evidence base for a Joint Strategic Strengths Assessment (JSSA) and refreshed Joint Strategic Needs Assessment (JSNA) for North Somerset. Alongside the existing NSWC offer, the knowledge gained through the JSSA and JSNA will help to shape the tailored programme of provision to enable communities to take control of their own health interventions in a timely way.

Figure 2: Place Based Planning and Link to VCFSE



The population intervention triangle (PIT), which captures key elements of the place-based approach. Source: Public Health England (2019). Place-based approaches for reducing health inequalities.

5.7 Building on existing communication channels with the VCFSE and as part of the LLP’s, two Locality Cooperative Boards (LCB’s) are being established for the two localities across North Somerset. The boards act as subgroups of the ICP providing a voice for place based VCFSE partners and social prescribing providers, needs identified through the LCB’s will inform and support the implementation of the ICP’s through 2022.

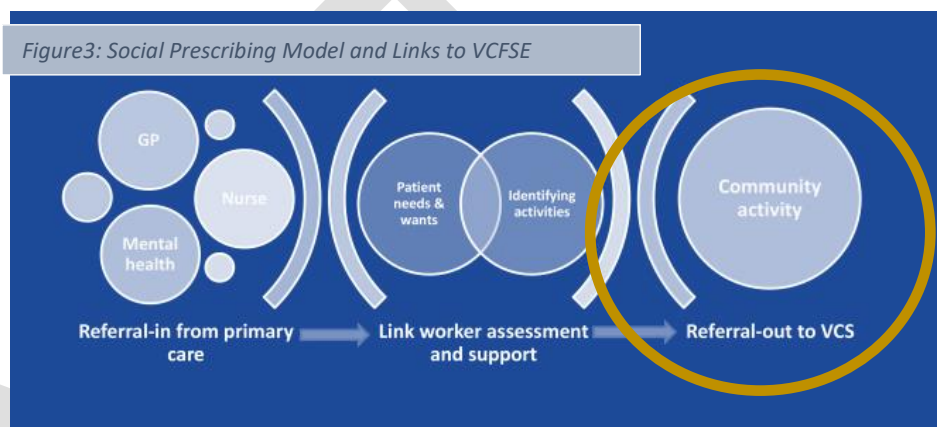
5.8 North Somerset has a spectrum of Social Prescribing provision funded through the NHS England programme of Link Workers contracted through Primary Care Networks (PCN’s) at General Practice (GP) level, with some deciding to recruit Link Worker in-house, whilst others have contracted to community led providers, including CANS as one delivery partner of Social Prescribing across North Somerset.

5.9 The next phase of Social Prescribing delivery is seeing Mental Health Community Navigators being recruited to engage specifically with those suffering from challenges associated to mental health and wellbeing. In addition, North Somerset has local authority contracted Social Prescribing services working specifically with older people (50+) across North Somerset.

5.10 It has been recognised nationally that the Social Prescribing model is exerting additional pressure on VCFSE sector organisations to meet increased referrals, this is no different in North Somerset. The network of Link Workers effectively provides a signposting service for those requiring social interventions, with the aim of de-medicalising support for presenting at GP's where medical intervention is not always the best solution. The model (on figure 3) shows the process for social prescribing referrals to take place.

5.11 The challenge with the current model concerns the lack of funding invested in the VCFSE to manage the increased referrals into their provision from social prescribing link workers. VANS role as umbrella partner to the VCFSE focusses on the need to work with the sector to develop and build their own capacity to manage any potential increases in referrals, in addition to building the capability to support the individuals being referred, many of whom often have complex health and mental health challenges.

5.12 The section circled (on figure 3) highlights VANS role in particular in providing organisational development support through development areas including policy, skills, training, funding, employment, and access to volunteers.



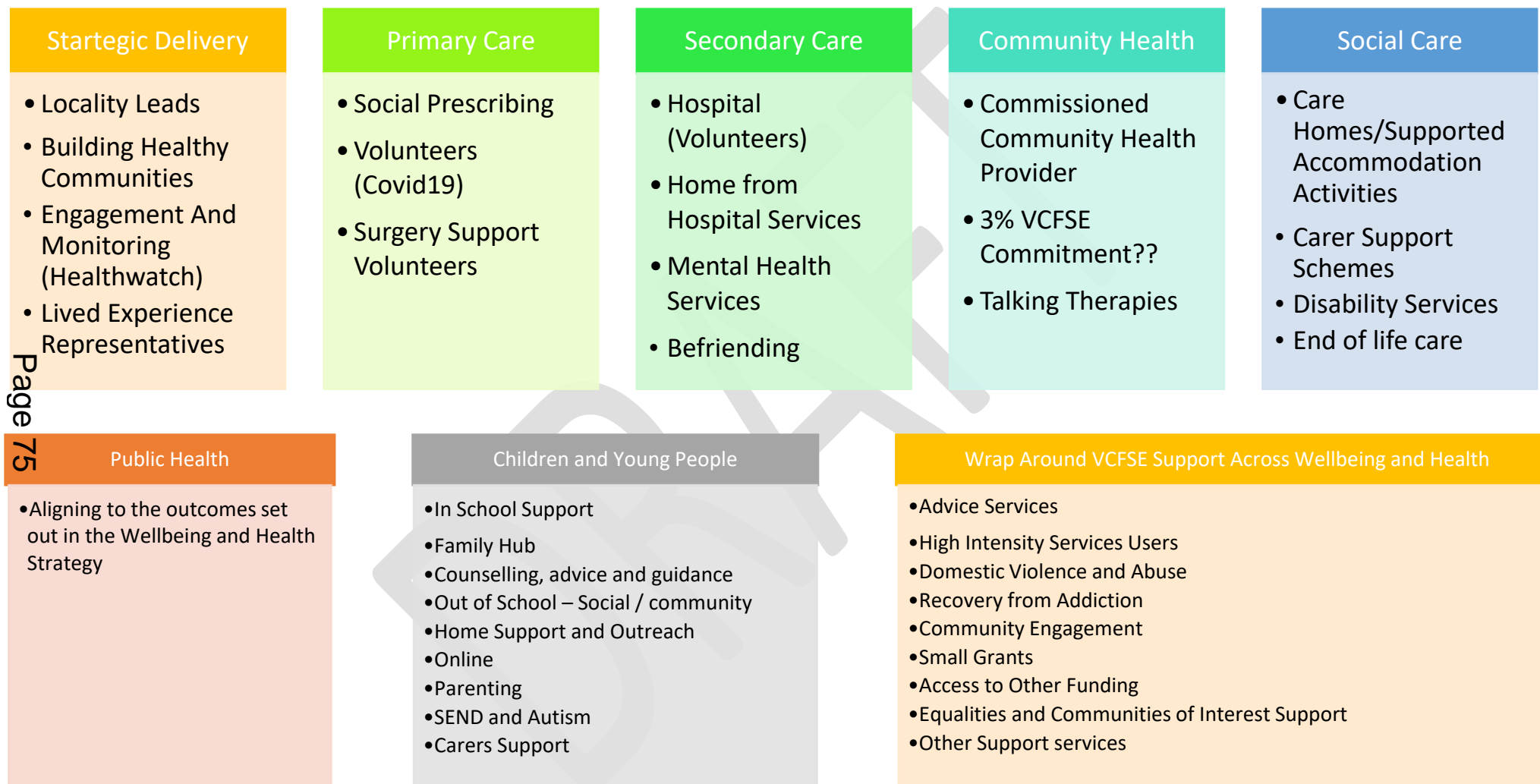
5.13 As representative bodies' covering the whole North Somerset region, it is important that both VANS and the Collective take a county wide approach to delivery. It is recognised that whilst many place-based partners deliver on a geographical basis, health is not defined by boundaries. Much of the provision delivered by the VCFSE is thematic and works across localities. In line with this, section 6 provides an overview of VCFSE led delivery across North Somerset.

6. Wider VCFSE Sector Delivery

6.1 The VCFSE sector has a broad remit over community led delivery in health from a strategic level through to service delivery on the ground within communities. Due to the scale of this delivery, there is currently no directory of VCFSE led delivery and services.

6.2 To provide an overview of this activity, a high-level picture of themed areas of delivery through community led and VCFSE commissioned services has been provided on 6.3.

6.3 Shows an overview of VCFSE delivery across Wellbeing and Health in North Somerset.



This is not a conclusive list of the local offer, but it gives an overview of the breadth of the VCFSE sector involvement across health.

7. Gaps in the Offer

7.1 It is recognised that though the VCFSE sector plays a vital role in the delivery of health-based provision, there are still a number of gaps which impact on its ability to meet all identified need within the community.

7.2 Alongside short-term contracting and a lack of investment in infrastructure, funding is consistently a challenge identified at all levels of third sector delivery.

7.3 Whilst many are supported and run by volunteers, registered charities, and social enterprises function in the same way as small businesses, with annual reporting and auditing requirements. Aligning to this capacity is regularly raised as an issue for VCFSE's. Access to leadership and management development opportunities and skilled workforce supply have also both been suggested as areas of need across the sector.

7.4 Over and above these known gaps, there is an ongoing requirement for continued engagement with the sector to better understand its changing needs and requirements, especially when considering more integrated work between health and VCFSE.

7.5 To assist with future commissioning and service design, NSWC recommends that the WHB supports delivery of a scoping exercise to map VCFSE led provision and further explore gaps in the current community offer.

8. Summary of recommendations to the WHB

- 8.1 In line with the six priorities, NSWC recommends that the WHB should adopt the community outcomes framework as a mechanism for community led service design across North Somerset.**
- 8.2 NSWC also recommends that a programme of training and support should offered to health and public sector employees to broaden understanding of complex system thinking and community led codesign to support service design and improvement.**
- 8.3 NSWC recommends By strengthening community action through a cohesive package of support to the VCFSE sector, communities cand share and build power and experience to design and develop their programmes of "Community-centred interventions" through an Asset Based Community Development (ABCD) approach.**
- 8.4 To support future commissioning and service design, NSWC recommends that the WHB supports delivery of a scoping exercise to map VCFSE led provision and further explore gaps in the current community offer.**

9. Appendices

1. [Empowering Communities Strategy](#)
2. [North Somerset Wellbeing and Health Strategy](#)
3. [North Somerset Social Isolation and Wellbeing Strategy](#)

V4 Produced by:
NSWC – PL/FC/MG
20th June 2022

North Somerset Council

REPORT TO THE HEALTH AND WELLBEING BOARD

DATE OF MEETING: 29 JUNE 2022

SUBJECT OF REPORT: COVID-19

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: DR ANDREW CROSS, CONSULTANT IN PUBLIC HEALTH

KEY DECISION: NO

REASON: TO SET OUT COVID-19 WORK WITHIN THE NORTH SOMERSET COUNCIL PUBLIC HEALTH TEAM

RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to note the contents of this paper and be aware that a North Somerset Living Safely with Covid Plan is in development. The Plan will be presented for sign off at the October Board meeting.

1. SUMMARY OF REPORT

The risk from Covid-19 has not gone away but has reduced, allowing changes to national policy that mean fewer restrictions on daily life. Further peaks of infection are possible.

This report outlines continuing work by the North Somerset Council Public Health Team to respond to the pandemic. This includes supporting outbreak management in high risk settings, providing advice to professionals and the general public, and planning ahead to manage the ongoing risk from Covid as we do for other infectious diseases.

2. POLICY

Policy relating to Covid-19 has changed rapidly throughout the pandemic. In February 2022 the national Contain Framework was replaced by COVID-19 Response: Living with COVID-19 Plan. This initiated a national de-escalation of Covid specific measures such as testing and contact tracing and a move towards normalising the management of Covid alongside other respiratory infections. National Covid-specific infection prevention and management guidance remains in place for high-risk settings including healthcare facilities and adult social care settings.

The [North Somerset Local Outbreak Management Plan](#) (March 2021) set the local strategy for the Covid response. It has since been superseded by the National Living with COVID-19 Plan and there is no requirement to replace it, however, work is underway to define the local approach (see below).

3. DETAILS

3.1. Situation update

Changes to Covid-19 testing means that we are less able to track the number of infections locally than we could at the beginning of 2022. However, testing remains in place for some settings and surveillance testing continues. Based on these measures, the numbers of infections locally currently are low when compared to the previous peaks we have seen.

However, confirmed cases in North Somerset were slightly higher in June 2022 than they were in May 2022 and we could see further peaks of infection. Recent national evidence suggests that Omicron variants BA4 and BA5 are becoming more prevalent (local data is not available). Current assessments are that these variants are more infectious but no more clinically severe than previous omicron variants.

Since vaccination became available, the clinical risk from infection has reduced in those that have received the jab. It is likely that circulation of infection has also boosted natural immunity levels. While the risk has not gone away completely, Covid-related harms as measured by hospitalisation and severe illness are currently low. This will continue to be monitored as infection rates change.

Local data continues to be updated on the [NSC Data Dashboard](#).

3.2. Public health guidance

Public health guidance continues to be updated and it is recommended that people refer to the government website (<https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>) to ensure they are following the latest advice.

At the time of writing:

- routine testing is no longer required for most people – however there is additional guidance for those working in health and social care settings.
- those with symptoms of a respiratory infection do not need to take a test but are encouraged to stay at home and away from other people while they are unwell, particularly avoiding those who are at higher risk of serious illness from Covid-19
- those that do take a test and are positive are advised to try to stay at home and avoid contact with other people while they are considered infectious.

3.2. Covid Outbreak Team in North Somerset Council

The NSC Covid Contact Tracing Team played an important role in advising local people with Covid. This team was stood down in March 2022 after the legal requirement to self-isolate was removed. This has significantly reduced the number of people working specifically on Covid within the public health team.

From 1st April 2022 – 10th June 2022, the Covid Outbreak Team consisted of a COVID-19 manager, a part time health protection practitioner, three assistant practitioners and a business support officer. This team was dedicated to reducing outbreaks in high-risk settings, including schools and care homes.

From 13th June 2022, the team consists of a COVID-19 manager, a part time health protection practitioner, one assistant practitioner and a business support officer. The focus of work related to COVID-19 includes continuing to reduce outbreaks in high-risk settings, managing COVID enquiries and supporting the Covid vaccination programme. As responsive work has decreased, the team are taking on a more strategic role, planning ahead for any future response that may be required and have also expanded their remit to support other areas relevant to health protection, including addressing the needs of asylum seekers and refugees.

3.3 Looking back

The Covid Outbreak Team have participated in a number of local and regional lookback exercises and will produce a summary of learning for the North Somerset Health Protection Assurance Group in 2022/23.

The team will also respond to any relevant call for evidence connected to the upcoming national UK COVID-19 Inquiry.

3.4 Looking ahead

The Covid Outbreak Team will continue to work throughout 2022/23 to support the pandemic response, with priority remaining on answering queries about changing guidance, supporting outbreak management in high-risk settings and supporting the Covid vaccination programme. They are currently drafting a local framework to set out the longer-term approach to Covid-19 in North Somerset focusing on prevention, protection, treatment and preparedness/response to emerging threats. This will include action plans for each of those areas. This North Somerset Living Safely with Covid Plan will be brought to the October 2022 Health and Wellbeing Board meeting for review and sign off.

The pandemic has meant that local authorities have taken on a broader, more responsive health protection role in response to Covid-19. Expanding the local authority role more permanently has been suggested as it brings benefits in utilising local contacts and knowledge in response to threats. However, any permanent changes are unsustainable unless the local authority role is redefined in statute and new responsibilities are supported by appropriate funding. A permanent health protection lead officer is to be recruited into NSC Public Health Team in the coming months and they will help refresh our whole local approach to health protection in the context of evolving national structures and learning from the pandemic.

4. FINANCIAL IMPLICATIONS

The Covid Outbreak Team is funded from the Contain Outbreak Management Funding (COMF). COMF is grant funding for the Local Authority response to Covid and any unspent grant at the end of 2022/23 has to be returned to central Government.

The new permanent Health Protection Officer role will be funded from the Public Health Grant. This new role follows a restructuring within the team and replaces part of a previous post.

5. LEGAL POWERS AND IMPLICATIONS

The Government has revoked remaining Covid legal restrictions in England, including the requirement for people with Covid to self-isolate and The Health Protection (Coronavirus,

Restrictions) (England) (No. 3) Regulations. The local authority continues to hold more general pre-existing public health powers for the management of infectious diseases.

6. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

None considered.

7. RISK MANAGEMENT

Day to day work of the Covid Outbreak Team is overseen by the lead public health consultant for health protection within NSC (or DPH/consultant deputy when unavailable). The team advises on Covid outbreak management in local settings and will escalate to specialist Consultants in Communicable Disease Control within the South West Health Protection Team if a situation is deemed higher risk. They may provide comments on risk assessments within settings but ownership of the risk remains with the individual managing that setting in most circumstances.

8. EQUALITY IMPLICATIONS

The Covid Outbreak Team champion and follow corporate guidance and policies relating to accessibility.

COVID-19 has worsened pre-existing socio-economic and health inequalities across the country. All Public Health programmes within the council relating to Covid (and linked programmes within the NHS, notably the vaccination programme) have targeted areas that experience health inequalities and proactively engaged those at greatest risk of poorer health outcomes to address them and will continue to do so.

9. CORPORATE IMPLICATIONS

Covid continues to be a significant area of work for the Public Health Team, and certain other elements of the council. The approach adopted minimises impact on normal business.

10. OPTIONS CONSIDERED

N/A

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APPENDICES

None

BACKGROUND PAPERS

None

Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire



Health and Wellbeing Board

29 June 2022

Report of: BNSSG Healthy Weston Phase 2

Title: BNSSG Healthy Weston Phase 2

Ward: N/A

Officer Presenting Report: Andy Hollowood,

Contact Email Address: Helen.edelstyn@nhs.net;

Recommendations

The Board is asked to:

1. Note this update report and the progress made by the BNSSG Healthy Weston Phase Two programme team in developing the concluding phase of the work to secure Weston General Hospital as a dynamic and thriving hospital at the heart of the local community
2. Note the plans for public engagement to inform the implementation of the new model of care for Weston General Hospital.
3. Provide feedback against the 5 key engagement themes set out in section 3 of this paper that will help inform plans for implementation.

1. Strategy for Weston

The overall strategy for Healthy Weston – which is a long-term programme of change across primary care, community services, mental health and acute care – follows the key domains of the North Somerset Health and Wellbeing Board’s Strategy. Whilst this paper is about specific proposals to improve the quality and sustainability of services provided at Weston Hospital under Phase 2 of the programme, it is helpful to outline the wider strategy that underpins our objectives. This is broken down into three parts:

Start Well

Weston is a great place to start and raise a family. There is investment in the 24/7 midwifery service, specialist paediatric service is being strengthened because of Healthy Weston Phase 1 and primary care provision is being enhanced, for example by building a new state-of-the-art GP practice in the Villages development. The Clinical Commissioning Group is investing significantly more per head of North Somerset’s population in Children and Adolescent Mental Health Services (CAMHS) than anywhere else in BNSSG.

Live Well

Weston is a great place to live well and the services that people most often need are available locally. Plans are being developed to significantly increase the number of planned operations and procedures at Weston General Hospital, thereby helping to tackle the backlog that has built up over the course of the pandemic. There is also a commitment to mental health services available when people need them most, for example The Safe Haven service, which serves and supports 50-80 people in mental health crisis every week.

Age Well

Weston is a great place to age well. As people age, they are all likely to need healthcare services more often. People should be supported to live in their own home for as long as possible and – if they do need an inpatient stay in hospital – they get tailored treatment and rehabilitation to help them return home as quickly as possible. To do this well, teams are being built that have specialist training in the treatment of older adults, who often have complex and specific medical needs.

Progress to date and the ongoing case for change

The BNSSG Healthy Weston Phase 2 programme, led by clinical and other health service leaders in North Somerset, has an ambitious vision for Weston General Hospital. The ambition is for Weston General Hospital to lead the country as a pioneer for successful local hospitals delivering truly integrated, safe, and high-quality services that meet the specific needs of the population, now and in the future.

We are already on the way to achieving this ambition through the changes implemented at Weston General Hospital a couple of years ago. These have made services safer and more sustainable, particularly for urgent and emergency care, critical care, emergency surgery and acute children's services. We established much closer working between local GPs and hospital staff and put more focus on providing the services needed by the majority of local people, most of the time. These improvements were all delivered as part of the initial phase of the Healthy Weston programme, agreed in 2019. Outcomes we can point to from the first phase of our Healthy Weston programme include:

- An established and stable model of urgent and emergency care including A&E at Weston Hospital, with a sustainable workforce, running 14/7 and serving on average 137 people every day
- Improved cover of paediatric specialists in A&E so fewer children need to be transferred to Bristol
- An intensive care unit that is now fully integrated with the unit at the Bristol Royal Infirmary
- Local GP practices working together under the banner of Pier Health. This meant that operating out of the formerly closed Riverbank practice, Pier Health practices were able to deliver up 1,000 Covid-19 vaccinations per day to local people
- A new Safe Haven mental health crisis service in the heart of the town. Operating since early 2020, Safe Haven is regularly helping between 50-80 people a week,

supporting them to stay well and local rather than having to be referred to more intensive out-of-area services

- Building on our experience of the pandemic to ensure more patients can have virtual consultations by using technology which reduces the risk of infection transmission, reduces travel times/ carbon emissions and enables the waiting list backlog to be addressed more quickly.

This is welcome progress. However, when the decision was made in 2019 to enact the proposals of Healthy Weston Phase 1, we said at the time that more work would need to be done to realise our vision for a sustainable hospital at the heart of the community. This is because there are still several compelling reasons to continue to improve the provision of care for people in the local area, and the way in which we organise services in Weston General Hospital and beyond. Further detail on our case for change can be found in appendix 1.

2. Update on the Healthy Weston Programme (Phase 2)

Developing the new model of care

A structured, clinically led process has been used throughout the Healthy Weston Programme to develop the proposals for improvement. The Decision-Making Business Case for Healthy Weston Phase 1 (published in 2019) set out a potential long-term model for Weston which it undertook to revisit and progress within this second phase of the work. Local clinicians, working in partnership with staff and patient representatives, have refined and developed the proposals, considering the impact of the pandemic and the benefits of the merger with University Hospitals Bristol.

The consensus from the Healthy Weston Programme is that doing nothing carries the greatest risk for both Weston General Hospital and the wider system as it brings with it the possibility of continuing unplanned changes that have the potential to destabilise the system and affect patient care. A Review Panel from the South West Clinical Senate agreed that 'do nothing' is not an option, stating that there is significant and robust clinical evidence that it is neither sustainable nor safe to continue services as they are.

Feedback collated from stakeholders has been used to develop the criteria by which options for improvement and change were assessed. The criteria used to evaluate potential options, which are directly linked to the reasons for change and the themes from engagement activities, were:

- **Quality of care:** clinical effectiveness, patient and carer experience, safety
- **Access to care:** patient choice, distance, cost and travel time
- **Workforce:** scale of impact, impact on recruitment, retention and skills
- **Value for money:** capital costs, income and expenditure,
- **Deliverability:** expected time to delivery, co-dependencies

Two proposed options were evaluated against the criteria at workshop attended by clinicians, patient representatives and operational leads from across the system. The

workshop was independently chaired by the Chair of the Northern England Clinical Senate. Each option was objectively considered based on expected delivery of the service model in 2023/24, drawing on evidence from national guidance and best practice as well as data laid out in the Case for Change and the draft Outline Business Case. The consensus reached was in favour of option two, which was put forward and agreed by the Healthy Weston Steering Group and CCG Governing Body as the preferred model.

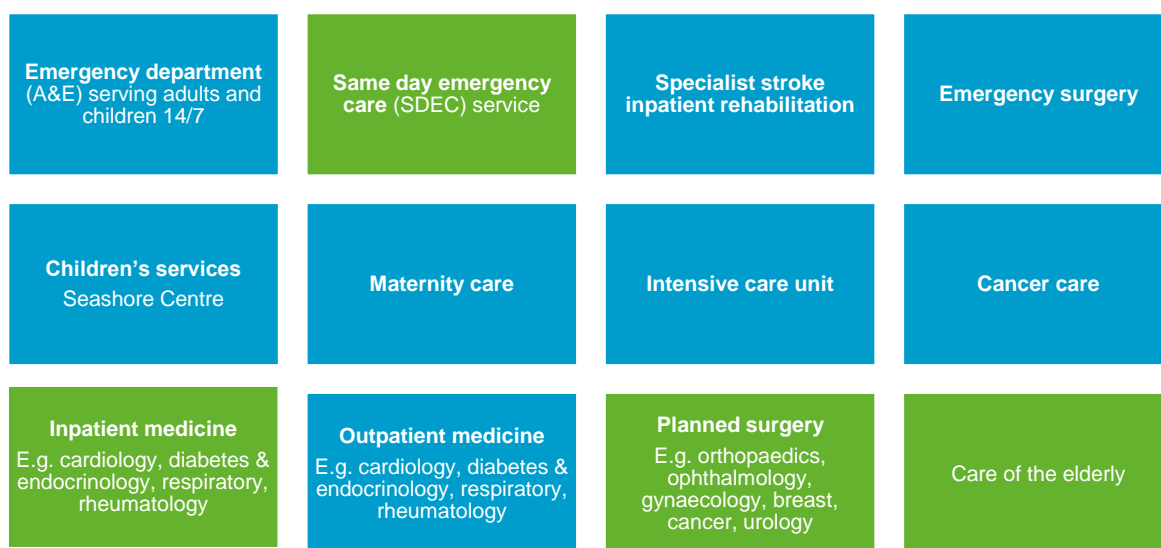
The North Somerset Health Overview and Scrutiny Panel (HOSP) met on 20 April 2022 and decided that the preferred model put forward for Healthy Weston Phase 2 should be considered a process of service improvement. The South West Clinical Senate Review Panel held on 31 March confirmed the Clinical Senate’s assurance of the preferred model.

The conclusion of this work is a series of exciting improvements to the hospital clinical model - supported by clinicians from across the BNSSG and Somerset system and shaped by patient, public and staff representation.

Focus and Objectives

The services that Weston General Hospital currently provides covers 12 different core service areas. Healthy Weston Phase 2 will make improvements to 3 out of 12 of these core services, whilst continue to provide and improve the range of services it offers now. This figure below sets out the programme scope.

Figure 1 - Programme scope



Key:

= no change proposed as part of Healthy Weston phase 2 [but subject to ongoing UHBW service improvement]

= Change proposed as part of Healthy Weston Phase 2

Support service, such as x-ray, pharmacy, pathology, therapies, and palliative care, will continue to be provided across the 12 core services.

The proposed new model of care for Weston General Hospital is focused around three areas of care:

- Urgent and emergency
- Older people
- Planned surgery and procedures

For each area there is a specific objective:

- A:** Providing urgent and emergency care services for all ages 14/7, as now, with those requiring specialist inpatient care being treated at the most appropriate place for their needs
- B:** Creating an integrated centre of excellence for the care of older people
- C:** Developing a surgical centre of excellence, serving a catchment area of ~1m people for a variety of planned operations and procedures.

Under the new model of care Weston General Hospital would:

- Continue to provide an Emergency Department 14 hours a day (8am to 10pm) seven days a week, exactly as now, and the Seashore Centre for urgent children's service (Objective A)
- Re-focus resources to provide more same day emergency care, establish a 24-hour acute monitoring unit, a one-stop urgent surgical assessment clinic and a 72-hour older people's assessment unit. These developments would allow rapid assessment and treatment and reduce the amount of time people need to spend in hospital (Objective A)
- Transfer anyone (other than those people who would benefit from the centre for excellence for older people, emergency surgery or orthopaedics) needing more than a 24-hour medical inpatient stay to specialist teams in other hospitals in the area (Objective A)
- Continue to provide outpatient appointments and diagnostic tests for a wide range of specialties at Weston General Hospital (Objectives A and B)
- Expand the care of the elderly services to create **a centre of excellence for older people** recognising that older people are much more likely to need inpatient medical care than others. This particularly reflects the local need as the population characteristics Weston General Hospital has the highest average inpatient age of any general hospital in the country (Objective B)
- Use the capacity created by changes to urgent and emergency care and unplanned inpatient stays (under Objective A) to establish **a surgical centre of excellence** increasing the amount and type of planned surgery and procedures (such as endoscopies) offered.
- Continue to provide urgent and emergency surgery and critical care for people without complex needs (Objective C).

Clinicians and health service leaders agree that the new model will be more accessible and better able to support the changing needs of the local population.

The new model of care will also address the fact that Weston General Hospital is not able to sustain the wide range of teams and rotas to deliver certain specialist inpatient medical care for areas such as gastroenterology, cardiology and respiratory.

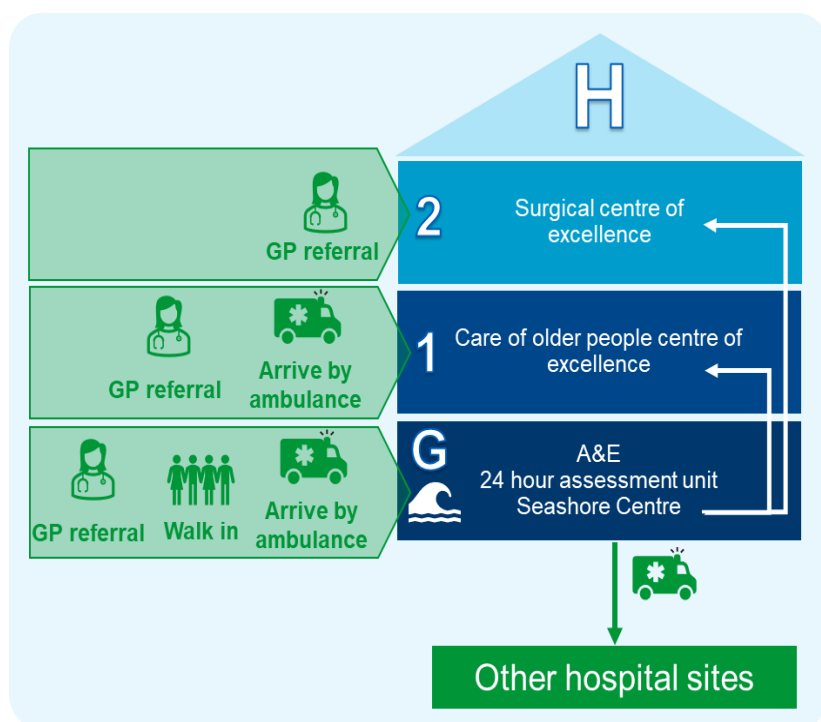
This model ensures that Weston General Hospital:

- treats the majority of emergency cases at Weston
- reduces the number of non-elective beds displaced to neighbouring hospitals
- gives Weston staff a wider range of patients to treat, thereby aiding recruitment and retention.

Weston General Hospital will **continue to provide A&E services from 8am to 10pm**, exactly the same as for the last 5 years.

Other services at Weston General Hospital will continue to be provided and improved the same as now for all people of all ages. This includes outpatient appointments, maternity care, children's services, cancer care, tests and x-rays, intensive care, emergency surgery and stroke rehabilitation.

The main components of the proposed model of care are set out in the figure below.



The clinical model builds on the existing approach taken by hospitals across Bristol, North Somerset and South Gloucestershire that already work closely together on a networked basis to provide specialist services for conditions such as major trauma, stroke, and serious heart attacks. Under existing arrangements, patients with these conditions do not necessarily get treated in their nearest hospital but are instead seen by the specialist team in the relevant lead hospital.

The table below provides more detail on the number of ambulances and walk-in patients that would arrive at Weston General Hospital and the number of transfers of patients from Weston to an alternative neighbouring hospital if needed under the new model.

	Current	New model
Bed capacity at Weston Hospital	Elective: 28 Non elective: 247 Total bed capacity: 275	Elective: 111* Non elective: 164 Total bed capacity: 275
Weston ED attendances (per day)	137	137
Ambulances going to Weston ED (per day)	34	34
Additional people transferred from Weston ED to another hospital (per day) compared to now	N/A	8 extra
Extra non-elective beds needed at other hospitals (and % increase in their total non-elective admissions)	Bristol Royal Infirmary	19 beds (3.1% increase)
	Southmead	9 beds (1.2% increase)
	Musgrove Park	12 beds (2.5% increase)
Extra surgical procedures at Weston	N/A	22 -114 extra procedures per day**

* Note: full delivery of this change would require capital investment.

** The number of patients each day would be dependent on the type of operation or procedure carried out. The range shown here is based on two common procedures which have been used as examples for illustrative purposes: hip replacements and cataract operations.

Travel

People care deeply about travel, transport and where they go for their care, and it is understood that changes to where care is provided can make it difficult to visit loved ones in hospital. The proposals would mean significantly more people than now would be able to receive planned operations and procedures at Weston General Hospital. The proposed changes would facilitate this by freeing up the space for a surgical centre of excellence. Additionally, bringing more planned operations and procedures to Weston would also mean many local people would no longer need to travel to Bristol for outpatient appointments before and after their procedure. For example, someone living in Weston who needs a cataract operation currently must travel to Bristol 4-5 times for each eye treated – this would no longer be the case.

However, the model would result in some people having to transfer to another local hospital for their care. There are several things that will lessen the impact:

- The most life-threatening emergencies (e.g., stroke, major heart attack and major trauma) already go by ambulance to larger specialist centres, improving outcomes for these patients
- People going to hospitals for specialist services will have a shorter length of stay and better outcomes
- Strengthening our community service and same day emergency care offer will mean fewer people will need a hospital admission in the first place
- Where possible, people who are transferred to other hospitals can come back to Weston General Hospital once they have had specialist input, to finish their inpatient stay closer to home.

3. Engaging with the public and other stakeholders

The Healthy Weston programme has worked extensively with staff, system partners, patients and carers, stakeholders, community representatives over the past four years. Over 5, 600 people have been engaged by the programme to influence the model of care and to develop and refine the approach.

The engagement confirmed widespread support for Healthy Weston's vision of joined up and collaborative care, focusing on those services most people in Weston and the surrounding area need most of the time, and with better networked care for specialist services, was found through this engagement work. Elements that people were particularly positive about included:

- the value of working across organisations and sectors to improve quality and efficiency, reduce duplication and streamline care to improve people's experience
- the potential for easier access to some services
- better use of available staff and resources
- improved services and support for vulnerable groups, children, and the elderly.

To strengthen the engagement undertaken over the past four years, Healthy Weston Phase 2 has put the following engagement mechanisms in place:

- The establishment of staff and patient and public reference groups
- System-wide partnership involvement in the Healthy Weston programme, for example through the Clinical Design Group, and the Healthy Weston Steering Group, as well as through regular presentation and discussion to the Healthier Together Executive
- Regular cascades of information to staff, stakeholders, and the public through a range of channels (media, social media, face to face briefings, Q&A sessions, etc)
- Publication of information and updates on the Healthier Together and other system partner websites
- An online survey for staff, patients, and the public to gather feedback on the emerging model of care and to inform the evaluation criteria for assessing potential options
- Cascade of a 'you said, we did' response to the survey

- Regular dialogue with elected representatives – local councillors, council leaders and health overview and scrutiny members; and with local MPs
- Regular meetings and detailed discussion with health and care system partners informally as well as through programme governance meetings
- Work with staff, stakeholders, and community groups (including outreach activities particularly to reach those who are seldom heard, in marginalised groups, and those with protected characteristics under the equalities legislation) to develop our detailed approach to a further period of focused public, staff and stakeholder engagement.

The online survey for staff, patients and the public received a total of 887 responses. Of these 85% of respondents thought that services at Weston General Hospital needed to change and 91% supported the improvements to same day emergency care and making the length of stay at hospital as short as possible.

Focus for this phase in engagement

Given our extensive previous engagement activities to develop and test the Healthy Weston Phase 2 model, the focus of this engagement period is on **gaining information to further inform our implementation plans**.

We will undertake 8 weeks of active listening and engagement (20 June – 14 August 2022), followed by one month of drawing together themes and ideas that will further inform implementation plans (by 30 September 2022).

Based on learning from earlier engagement for Phase 2 and formal consultation from Phase 1 of the Healthy Weston programme, our Equality Impacts Assessment and review of our proposed approach by groups such as North Somerset Health Overview and Scrutiny Panel, South West Clinical Senate and patient and staff reference group, we have identified five themes for engagement.

The five themes are:

1. How should we let people know about plans for Weston General Hospital? We are keen to continue to engage and listen to people as we begin putting plans into action.
2. Most services at Weston General Hospital will continue as they are now, with services for all ages including maternity, children's services, and adults' services. Are we clear that there will be services for all ages at Weston General Hospital?
3. What could we do to encourage people to have a planned operation at Weston General Hospital? E.g. advertising shorter waiting times?
4. Some of our plans mean that people will travel to another neighbouring hospital for their specialist care. What practical things could health services do to help if people and visitors are at a neighbouring hospital away from home? For example, support with technology to help people stay in touch with loved ones.
5. How could we mitigate any concerns staff at the Trust running Weston General Hospital may have?

Our priorities in who to engage with in this 'planning for implementation' period are:

- those who are **interested in identifying potential solutions** to the key themes we are prioritising
- groups that we have **engaged with less** in our previous engagement activities
- groups that may be **disproportionately affected** by the planned Phase 2 approach, including any groups identified by our Equalities Impact Assessment as potentially negatively impacted

How we will engage

Over the 8-week period between 20 June and 14 August we will proactively engage using the following methods:

- Meetings with the Patient Public Reference Group and meetings with the Staff Reference Group.
- Offer key stakeholder groups listed in the engagement plan a virtual or in person visit.
- In person event [30 June] and an online event
- Pop up stand in Weston General Hospital, Pop up stand in Bristol Royal Infirmary
- Short online survey sent to the BNSSG Citizen's Panel, and placed on the BNSSG website
- Seek feedback from UHBW staff meetings

We hope to engage with 300-500 people during this period, though the focus is on quality and detail, not quantity.

Towards the end of August an independent team will compile themes from the feedback, including a list of all suggestions to consider in our onward planning. The theme summary will be reviewed by the Patient and Staff Reference Groups and the Healthy Weston programme team. The programme will prepare a 'you said, we did' document listing how the suggestions was considered and what, if anything, is being done as a result.

We will use the suggestions and what we learn during this engagement period to:

- inform and update our implementation plan
- update our impact assessments
- develop a full communications strategy to support the implementation period, including staff consultation

4. Next steps in delivering the model

Following the decision by North Somerset Health Overview and Scrutiny Panel, [on behalf of Bristol and South Gloucestershire Scrutiny Committees], that Healthy Weston Phase 2 is defined as ongoing service improvement and is not subject to the formal legal framework that is applied to proposals that constitute a substantial variation, there is greater freedom and flexibility on how the programme is delivered, giving the option to progress some elements of the new clinical model quicker than others. This approach is bolstered by the fact that programme resource can now be focussed on service planning, development, and implementation rather than servicing the assurance and procedural requirements of the substantial variation process.

Therefore, the Healthy Weston Steering Group has agreed to move away from a single Full Business Case which contains all elements of the implementation plan of the new clinical model and instead develop a series of phased (and linked) business case/ delivery plans. A knock-on benefit to this flexibility is that we can assess which services may be less resilient and therefore a priority for reform (as per our Case for Change).

A Programme Initiation Document (PID) has been developed that sets out the individual projects within the overall programme that can be delivered sequentially. Within some of the individual projects themselves there are opportunities/ options to phase implementation – most notably in the displacement of inpatient medical beds speciality by speciality and planned care hub capital investment.

This approach will be developed and delivered by the BNSSG CCG and UHBW teams over the forthcoming months.

Appendix 1 – Case for Change

This appendix sets out the case for why change is needed. It builds on the work of Healthy Weston Phase 1 and considers the changes that have occurred over the last two years. It examines the evidence against four key reasons why proposals for improvements to Weston General Hospital must be taken forward:

The health needs of the population are changing: There are more houses being built and the population is growing. Local people are getting older and living with more complex health conditions. Weston General Hospital needs to be able to provide care that local people use the most. Our plans mean we can provide thousands more operations a year close to home and keep up with all the services that people use most, like outpatient appointments, maternity care, children's services, and care for older people.

The current model of care is unsustainable: The whole country has a shortage of healthcare staff. There are not enough specialist staff in some departments at Weston General Hospital, even though we have tried for years to recruit more. This makes it hard for some services at Weston General Hospital to meet national and local clinical quality standards consistently. Our plans adapt services so they can continue for the long-term, safe and strong.

Whole-system changes are required to ensure timely access to equitable, integrated care: Weston General Hospital can work even more closely with general practices, community services and social care to support people close to home. Trusts from Weston and Bristol recently merged to work closely together.

There is an opportunity to better use our resources: The NHS has limited staff, money, and other resources. The COVID-19 pandemic put more pressure on services. Our plans will help get the best outcome for every pound of NHS money spent.

To address these reasons for change, clinicians of all professions, patient and public representatives, social care staff, and service leaders have been working together to develop the new model of care for Weston General Hospital. This second and concluding phase builds on the work that was undertaken for Healthy Weston Phase 1, as well as national standards for the safe and high-quality delivery of care.

**LEADING HEALTHIER PLACES: NORTH SOMERSET
HEALTH AND WELL-BEING BOARD (HWBB)
SUPPORT PROPOSAL:**

03

Draft V2

23.05.22

Care and Health Improvement Programme

Agenda Item 11

Introduction- what is Peer-Led Support?

- The LGA has a long history of supporting local systems through peer reviews and bespoke support offers. Peer-led support is not an inspection or regulatory process; no judgement rating or score is given.
- It is delivered from the position of a **'critical friend'** using expert peers from across health and care to promote ongoing learning and improvement whereby a mirror is held up to the system to reflect on what is working well and where there are areas for development.
- Support is **flexible, bespoke and tailored to address local challenges**, developed in collaboration with you to ensure there is consensus and buy-in from across the partnership.
- We have a variety of methods and tools to draw upon, including **peer-facilitated workshops, peer review, mentoring and leadership courses**.

What is the Leading Healthier Places Support Offer?

- Aimed at Health & Wellbeing Boards, and their wider partners the offer can help to:
 - Establish or **progress effective and sustainable partnership working at system, place and neighbourhood level in line with legislative proposals**, through developing shared purpose, priorities, capabilities, governance and delivery arrangements.
 - Address the **wider determinants of health**, creating the opportunities for health improvement, **tackling health inequalities** and **promoting prevention**
 - Develop and **strengthen the role** of leaders (political, clinical and officer), giving them the skills and tools to be assertive and collaborative, identifying the points of influence within the wider system architecture.
 - Understand each other's **culture** and **governance arrangements**, having invested time in **building relationships and collaboration**
 - Successfully **navigate legislative, performance and regulatory changes and challenges**, as well as embedding gains made during COVID-19.

North Somerset Council: The Ask

- North Somerset Council sits within Bristol, North Somerset and South Gloucestershire Integrated Care System (ICS).
- The Health and Wellbeing Board was formed in 2019 following a change in political leadership. Since its formation, a HWB strategy has been developed (published in August 21), and a 3 year strategy and action plan agreed, recently gaining matched funding from the CCG.
- Initial conversations indicate the Health and Wellbeing Board (HWB) would benefit from some peer-led support to build on progress to date and to fully understand its unique role, purpose and where it adds value.
- Specific objectives will be agreed once North Somerset HWB colleagues have selected their preferred Peers (subject to availability), but based on initial scoping discussions we suggest support could include:
 - Pause, reflect and gain insights from current members, and wider partners on success to date and their aspirations for the HWB
 - Review and refresh the membership of the HWB, providing clarity on the roles and responsibilities of the Board; both as a collective, as well as individuals that are reflective of the new context
 - Review the format of the board and look at good practice models elsewhere to see the art of the possible and establish how the HWB could be best utilised as a driver for change
 - Understand the relationship with, and how the HWB fits with, the wider ICS architecture including the 2 ILPs (Weston and Woodspring), multi-agency officer group and North Somerset Wellbeing Collective
 - Understand the scrutiny function of the HWB for health and wellbeing, children's and adult services
 - Build on collaboration to date with the other HWB within the ICS

Support Proposal: How we work as partners

LGA

- Produce draft support proposal for agreement with system, following initial discussion
- Procure expert peer(s) with a health and/ or local government background.
- All peers will have held, or currently hold senior positions and come as 'critical friends' to provide constructive challenge, a safe space for open and frank conversations and to help determine collective next steps
- A Lead Peer will act as a key point of contact for the system and will scope the support in more detail and agree the content of the sessions/programme with system sponsors and also the delivery dates
- Suggested delivery of 2-3 facilitated workshops (either virtually or in-person depending on logistics and availability). System partners may find it beneficial to make use of an existing meetings.

North Somerset

- Confirm agreement of support proposal
- Nominate a liaison person/point of contact for Peers and LGA
- Co-ordinate diaries, set up interviews, meetings, workshops with members of the HWB and local partners and send out invites in liaison with the Peers
- Follow up/chase any responses to invites/surveys as required
- Manage and administer any workshops and meetings arranged in liaison with the Peers
- Work with Peers to scope the support in more detail and agree the content of the sessions/programme and also the delivery dates

Support Proposal: How & When

Two peers will lead the bespoke support with additional expertise brought in as required, e.g. for good practice sharing.

Mid May

Further scoping conversations to take place between the LGA Peer(s) and HWB leads to shape and agree the support proposal to ensure it meets their expectations.

June

1:1 conversations and/or online survey completed with existing HWB members and other key individuals/wider partners to gain their perspective on ambitions for the Board going forward.

Session 1 (Late June/early July)

Setting the scene: Bringing together HWB members to reflect on the outcome from the 1:1 conversations/survey; talk through successes/challenges, roles/responsibilities in the new context. Review the wish list and agree the focus for the next 3-6 months

Session 2 (September)

To be determined through further scoping, but could look at how the HWB will play into the development of the ICP strategy based on the guidance to be published in the summer.

Session 3

TBC following further scoping but could include and action planning or best practice sharing session.

Next Steps

A stock take on the sessions with support sponsors; progress to date, and whether any further sessions needed to support the Board to implement and embed.

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