Members of the Cabinet
(Councillors A H Trollope-Bellew (Leader), M J Chilcott (Deputy Leader), M O A Dewdney, A Hadley, C Morgan, S J Pugsley, K H Turner and D J Westcott)

Our Ref DS/KK
Your Ref

Contact Krystyna Kowalewska kkowalewska@westsomerset.gov.uk
Extension 01984 635307
Date 15 May 2018

THE PRESS AND PUBLIC ARE WELCOME TO ATTEND THE MEETING
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Dear Councillor

I hereby give you notice to attend the following meeting:

CABINET

Date: **Wednesday 23 May 2018**

Time: **4.30 pm**

Venue: **Council Chamber, Council Offices, Williton**

Please note that this meeting may be recorded. At the start of the meeting the Chairman will confirm if all or part of the meeting is being recorded.

You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during the recording will be retained in accordance with the Council's policy.

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Yours sincerely

BRUCE LANG
Proper Officer

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CABINET

Meeting to be held on 23 May 2018 at 4.30 pm

Council Chamber, Williton

AGENDA

1. Apologies for Absence

2. Minutes

Minutes of the Meeting of Cabinet held on 7 March 2018 and the Meeting of Special Cabinet held on 19 March 2018 to be approved and signed as correct records – **SEE ATTACHED.**

3. Declarations of Interest

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

4. Public Participation

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

For those members of the public wishing to speak at this meeting there are a few points you might like to note.

A three-minute time limit applies to each speaker and you will be asked to speak before Councillors debate the issue. There will be no further opportunity for comment at a later stage. Your comments should be addressed to the Chairman and any ruling made by the Chair is not open to discussion. If a response is needed it will be given either orally at the meeting or a written reply made within five working days of the meeting.

5. Forward Plan

To approve the latest Forward Plan for the month of July 2018 – **SEE ATTACHED.**

6. Cabinet Appointments to Outside Bodies

To appoint representatives to serve on outside bodies for the period to the Annual Meeting in 2019 (except where specific periods are stated) – **SEE ATTACHED.**

7. Hinkley Point C: Section 106 Agreement – Stogursey Leisure Contribution and CIM Fund ring fenced for Stogursey Parish

To consider Report No. WSC 41/18, to be presented by Councillor M Chilcott, Lead Member for Resources and Central Support – **SEE ATTACHED**.

The purpose of this report is to receive an update on the Stogursey Victory Hall redevelopment project and to make a recommendation to Council to allocate an additional £110,000 from the leisure funds ring fenced to Stogursey Parish and £130,000 from the CIM Fund ring fenced for Stogursey Parish pursuant to the Hinkley Point C Site Preparation Works Section 106 agreement.

8. Health and Wellbeing Task and Finish Report

To consider Report No. WSC 42/18, to be presented by Councillor A Kingston-James – **SEE ATTACHED**.

The purpose of the report is to set out the findings of the Task and Finish Group established by the Scrutiny Committee to look into the matter of Health and Wellbeing in West Somerset.

COUNCILLORS ARE REMINDED TO CHECK THEIR POST TRAYS

CABINET

MINUTES OF THE MEETING HELD ON 7 MARCH 2018

AT 4.30 PM

IN THE COUNCIL CHAMBER, WILLITON

Present:

Councillor A Trollope-Bellew …….. Leader

Councillor M Chilcott
Councillor A Hadley
Councillor S Pugsley
Councillor D J Westcott
Councillor M Dewdney
Councillor C Morgan
Councillor K Turner

Members in Attendance:

Councillor S Dowding
Councillor A Hadley
Councillor P Murphy
Councillor P Pilkington
Councillor R Woods
Councillor S Goss
Councillor B Heywood
Councillor J Parbrook
Councillor N Thwaites

Officers in Attendance:

Assistant Chief Executive (B Lang)
Section 151 Officer (P Fitzgerald)
Assistant Director – Place and Energy Infrastructure (A Goodchild)
Community and Housing Impact Lead (L Redston)
Meeting Administrator (K Kowalewska)

CAB59 Apologies for Absence

No apologies for absence were received.

CAB60 Minutes

(Minutes of the Meeting of Cabinet held on 7 February 2018 - circulated with the Agenda.)

RESOLVED that the Minutes of the Meeting of Cabinet held on 7 February 2018 be confirmed as a correct record.

CAB61 Declarations of Interest

Members present at the meeting declared the following personal interests in their capacity as a Member of a County, Parish or Town Council:

Name	Minute No.	Member of	Action Taken
Cllr M Chilcott	All	SCC	Spoke and voted
Cllr C Morgan	All	Stogursey	Spoke and voted
Cllr A Trollope-Bellew	All	Crowcombe	Spoke and voted
Cllr K Turner	All	Brompton Ralph	Spoke and voted
Cllr D Westcott	All	Watchet	Spoke and voted
Cllr S Goss	All	Stogursey	Spoke
Cllr P Murphy	All	Watchet	Spoke
Cllr J Parbrook	All	Minehead	Spoke
Cllr P Pilkington	All	Timberscombe	Spoke
Cllr N Thwaites	All	Dulverton	Spoke

In addition, the following interests were declared:

Name	Minute No.	Description of interest	Personal or Prejudicial	Action Taken
Cllr M Chilcott	CAB65	Lives near to Minehead Recreation Ground	Personal	Spoke and voted
Cllr D Westcott	CAB65	Lives near to Minehead Recreation Ground. Sent in letter of support for Watchet Bowling Club project	Personal	Spoke and voted
Cllr S Dowding	CAB64	RNLI Member	Personal	Spoke

CAB62 Public Participation

Item 7 – HPC Planning Obligations Board – Allocation of CIM Funding, Grant Applications over £100,000

Mike Webber, Chairman of Watchet Bowling Club, and Jan Ross, Engage Development Worker, both spoke in support of the Watchet Bowling Club application and provided detailed information on the project. They were devastated that the Planning Obligations Board had recommended not to approve the project.

CAB63 Forward Plan

(Copy of the Forward Plan for the month of May 2018 – circulated with the Agenda.)

The purpose of this item was to approve the Forward Plan.

RESOLVED that the Forward Plan for the month of May 2018 be approved.

CAB64 HPC Planning Obligations Board – Allocation of CIM Funding, Grant Applications under £100,000

(Report No. WSC 11/18 – circulated with the Agenda.)

The purpose of the report was to present the recommendations of the Hinkley Point C Planning Obligations Board (POB) for the allocation of monies from the Community Impact Mitigation (CIM) Fund for grant applications under £100,000 received on 1 January 2018.

The Lead Member for Resources and Central Support presented the report and provided information on the three applications submitted for grant funding under £100,000. She proposed the recommendation which was duly seconded by Councillor M Dewdney.

Members expressed support for the West Somerset Young People's Outreach Sexual Health Support project. This was believed to be a good and beneficial project as it was important to have regular professional health advice and support for the young people in West Somerset. Members were also pleased that the project would focus on mental health issues as well.

A brief discussion ensued on the Minehead D Class Lifeboat Appeal project and the Assistant Director for Place and Energy Infrastructure provided further clarification on the POB comments in relation to the applicant working with others to understand the need and the most appropriate location for additional craft requirements if required.

RESOLVED that it be recommended to Council to endorse the recommendations of the Hinkley Point C Planning Obligations Board, as follows:

(1) To not approve the allocation of funding to the Minehead RNLI for the D Class Lifeboat project.
(2) To not approve the allocation of funding to the ATWEST for the Grow Moor Rover project.
(3) To approve the allocation of £71,150 from the 2nd Annual Payment to Minehead Eye for the West Somerset Young People's Outreach Sexual Health Support project.

CAB65 HPC Planning Obligations Board – Allocation of CIM Funding, Grant Applications over £100,000

(Report No. WSC 12/18 – circulated with the Agenda.)

The purpose of the report was to present the recommendations of the Hinkley Point C Planning Obligations Board for the allocation of monies from the Community Impact Mitigation (CIM) Fund for grant applications over £100,000 received on 1 December 2017.

The Lead Member for Resources and Central Support presented the report and provided information on the six applications submitted for grant funding over £100,000. She advised that the process for dealing with applications over £100,000 had changed and applicants were now invited to meet with the Planning Obligations Board to answer questions as well as having an opportunity for them to present their project in more detail to the Board. The Lead Member drew attention to Appendix A of the report which detailed the funding criteria comments and provided extra background information for each of the applications.

The Lead Member proposed the recommendation which was duly seconded by Councillor A Hadley.

During the debate the following main points were raised:

- A new community and sporting facility such as the one proposed by Watchet Bowling Club was needed in Watchet.
- Support was expressed for the Minehead Recreation Ground project as it would benefit both local people and the wider community. The addition of a condition to reinvest surplus monies back in the building and community activities was welcomed.
- It was noted that further information was required in the Watchet Bowling Club's business plan in terms of demonstrating the sustainability of the project.
- The opportunity of obtaining section 106 planning obligations funding for the Watchet Bowling Club had been discussed with the applicants as there was potential for match funding.
- Assurance was requested that the governance concerns raised by the S106 Planning Obligations Group (POG) in relation to the application submitted by Minehead Town Council were also addressed by POB when dealing with the CIM fund application. It was agreed that a written response be provided in this regard due to no representative from POB being present at the meeting.
- The impact of the Watchet Bowling Club new build proposal on other community facilities in the locality and the need to ensure these all complemented each other to be financially sustainable and to meet the needs of the community and the range of users was discussed.
- Various other detailed points and questions were raised by Cllr P Murphy in regard to the consistency of how POB decisions were made, and the governance arrangements for the Watchet Bowling Club application. The Leader requested that these be submitted in writing prior to the report being discussed at the next full Council meeting.
- Reference was made to the fact that the POB comments contained within the report represented the views and comments made by all four organisations and voting partners.

RESOLVED that it be recommended to Council to endorse the recommendations of the Hinkley Point C Planning Obligations Board, as follows:

(1) To allocate £382,047 from the 1st Annual CIM Fund Payment to Minehead Town Council for the New Changing Rooms and Community Hall at Minehead Recreation Ground.
(2) To not approve the application for funding for Watchet Bowling Club for funding towards the Watchet Bowling Club, Gym and Community Facility.
(3) To allocate £112,235 from the 1st Annual Payment to Somerset Activity and Sports Partnership for the Naturally Active project.
(4) To allocate £159,035 from the 1st Annual Payment to Somerset Wildlife Trust for the Brilliant Coast project.
(5) To not approve the allocation of funding for the Somerset Rural Youth Project for the Coastal Character project.
(6) To allocate £500,000 from the 1st and 2nd Annual Payments to YMCA Somerset Coast for the Great Western Hotel project.

CAB66 Financial Monitoring 2017-2018 as at 31 December 2017

(Report No. WSC 13/18 – circulated with the Agenda.)

The purpose of the report was to provide Members with an update on the projected "outturn" – end of year – financial position of the Council for the financial year 2017-2018 (as at 31 December 2017).

The Lead Member for Resources and Central Support presented the report proposed the recommendations of the report which were seconded by Councillor M Dewdney.

A discussion took place on the Scrutiny Committee comments and Cabinet considered the recommendations proposed by the Committee. The Chairman of the Scrutiny Committee drew attention to the recent Council decision to put in extra funding into the sustainability reserve to support the employment of a member of staff to bring forward 'invest to save' projects, and he reminded Members that during the debate at Council it was considered that this extra resource would not be sufficient to fund the post.

The Section 151 Officer advised that the recommendations contained within the report were based on prudent proposals to mitigate financial risk.

On consideration, the Lead Member committed to review the figures and the final position at the end of the financial year, and to then consider options for allocating additional funds to the Sustainability Fund from residual underspends if they were to arise.

RESOLVED (1) that the Council's forecast financial performance as at 31 December 2017, with the estimated position at the end of the financial year, be noted.

RESOLVED (2) that it be recommended to Council to approve the transfer of:

(a) £600,000 to the Business Rates Smoothing reserve;
(b) £70,000 to the Transformation reserve; and
(c) £30,000 to the Asset Management and Compliance reserve.

The meeting closed at 6.12 pm.

CABINET

MINUTES OF THE SPECIAL MEETING HELD ON 19 MARCH 2018

AT 8.40 PM

OAKE MANOR GOLF CLUB, OAKE, TAUNTON

Present:

Councillor A Trollope-Bellew …….. Leader

Councillor M Chilcott
Councillor A Hadley
Councillor S Pugsley
Councillor D J Westcott
Councillor M Dewdney
Councillor C Morgan
Councillor K Turner

Members in Attendance:

Councillor I Aldridge
Councillor B Heywood
Councillor P Murphy
Councillor B Allen
Councillor K Mills
Councillor N Thwaites

Officers in Attendance:

Chief Executive (P James)
Assistant Chief Executive (B Lang)
Section 151 Officer (P Fitzgerald)
Senior Transformation Lead - New Council (E McGuiness)
Media and Communications Officer (D Rundle)
Principle Lawyer – SHAPE (L Dolan)
Democratic Services Officer (M Prouse)
Meeting Administrator (K Kowalewska)

CAB67 Apologies for Absence

No apologies for absence were received.

CAB68 Declarations of Interest

Members present at the meeting declared the following personal interests in their capacity as a Member of a County, Parish or Town Council:

Name	Minute No.	Member of	Action Taken
Cllr M Chilcott	All	SCC	Spoke and voted
Cllr C Morgan	All	Stogursey	Spoke and voted
Cllr A Trollope-Bellew	All	Crowcombe	Spoke and voted
Cllr K Turner	All	Brompton Ralph	Spoke and voted
Cllr D Westcott	All	Watchet	Spoke and voted
Cllr I Aldridge	All	Williton	Spoke
Cllr P Murphy	All	Watchet	Present
Cllr N Thwaites	All	Dulverton	Present

CAB69 Public Participation

No members of the public had requested to speak at the meeting.

CAB70 Transitioning to a New Council

(Report of the Joint Chief Executive and the Director of Operations and Transformation, circulated prior to the Meeting.)

Following the decision made by Taunton Deane and West Somerset Councils in July and September 2016 respectively to submit a business case to the Secretary of State to become a single council, it was now necessary to consider a number of matters for inclusion in draft Orders that the Secretary of State would lay before both Houses of Parliament to bring about the change and to provide for appropriate delegations.

The Full Councils of both authorities had now given "consent" to the Secretary of State to lay the legislation in Parliament.

The Leader presented the report and advised of an addition to the wording printed in recommendation 2.1 (d) of the report to include "and provision be requested for 1 substitute from each Council".

The Leader went on to propose the recommendations, as amended, which were duly seconded by Councillor S Pugsley.

The number of councillor seats on the new Council was very well received. It was recognised to be very important in order to maximise the representation for West Somerset. It was also very important that as many Members should be involved in the Cabinet Model of Governance and it was believed that democracy functioned better due to increased involvement. Therefore the provision for an Executive to comprise of a membership of up to 10 Members was welcomed.

The Assistant Chief Executive provided further clarification on the name of the new Council. He explained that it would be the name used in the draft Structural Order, and reiterated that the new Council could change the name at some stage in the future.

During the discussion on the review by the Local Government Boundary Commission, it was highlighted that a boundary review would have been undertaken for both Taunton Deane and West Somerset at some point in the future almost certainly resulting in a reduction in numbers of Councillors, irrespective of the process in forming a new Council.

Members were pleased to hear that comments from the public would be listened to and that there would be open discussions concerning the name of the new Council as it formed part of a bigger picture. It was essential for local businesses and for tourism, on which Somerset relied upon heavily, to get the name right.

Cabinet was requested to consider appointing an Opposition Councillor onto the proposed Shadow Executive in the interests of having political inclusion in the process.

Following a question raised regarding the composition of the Executive of the new Council, it was clarified that it would consist of no more than 10 Members; and the actual size and which Councillors were appointed onto it would be at the discretion of the new Council's elected Leader.

RESOLVED (1) that, subject to the Secretary of State agreeing to create a new council, the name of the new Council be designated as "Somerset West and Taunton".

RESOLVED (2) that, subject to the Secretary of State agreeing to create a new council, the preferred number of councillors for the new Council be 58 subject to a review by the Local Government Boundary Commission for England (LGBCE).

RESOLVED (3) that, subject to the Secretary of State agreeing to create a new council, the Cabinet Model of Governance be adopted for the new Council with an Executive comprised of up to 10 Members.

RESOLVED (4) that, subject to the Secretary of State agreeing to create a new council, a Shadow Authority be created to comprise of all existing councillors of Taunton Deane and West Somerset Councils, together with a Shadow Executive to comprise of the respective Leaders and 3 further councillors from each Authority, and provision be requested for 1 substitute from each Council.

RESOLVED (5) that, subject to the Secretary of State agreeing to create a new council, the Local Government Boundary Commission for England (LGBCE) be requested to undertake, at the earliest opportunity, a full electoral review of the areas of the new Council including the determination of an appropriate ward structure.

RESOLVED (6) that, subject to the Secretary of State agreeing to create a new council, the Chief Executive or the Director - Operations, in consultation with the Leaders of Taunton Deane and West Somerset Councils, be delegated the authority to:

i) Submit the above decisions to the Secretary of State for inclusion into any Orders drafted to implement the creation of a new Council;

ii) Consent to the laying before Parliament of the required final Statutory Orders.

The meeting closed at 8.55 pm.

AGENDA ITEM 5

Cabinet Forward Plan July 2018

Forward Plan Ref / Date proposed decision published in Forward Plan	Date when decision due to be taken and by whom	Details of the proposed decision	Does the decision contain any exempt information requiring a resolution for it to be considered in private and what are the reasons for this?	Contact Officer for any representations to be made ahead of the proposed decision
FP/18/7/01 19/10/2017	11 July 2018 By Leader of Council	Title: **Corporate Performance Report Quarters 3 and 4** Decision: to provide Members with an update on progress in delivering corporate priorities and performance of council services	No exempt / confidential information anticipated	Richard Doyle, Corporate Strategy and Performance Officer 01823 356309
FP/18/7/02 19/10/2017	11 July 2018 By Lead Member Resources & Central Support	Title: **Financial Monitoring Report Quarters 3 and 4** Decision: to provide Members with details of the Council's financial outturn position in 2017/18 for both revenue and capital budgets, together with information relating to end of year reserve balances	No exempt / confidential information anticipated	Jo Nacey, Financial Services Manager / Deputy S151 01823 356537
FP/18/7/03 19/10/2017	11 July 2018 By Lead Member for Energy Infrastructure	Title: Hinkley Point Decision: to consider key issues relating to Hinkley Point	No exempt / confidential information anticipated	Andrew Goodchild, Assistant Director Energy Infrastructure 01984 635245
FP/18/7/04 19/10/2017	11 July 2018 By Lead Member Resources & Central Support	Title: Allocation of Hinkley Point C Community Impact Mitigation Funding Decision: to present the recommendations of the HPC Planning Obligations Board for the allocation of monies from the CIM Fund	No exempt / confidential information anticipated	Lisa Redston, CIM Fund Manager 01984 635218
FP/18/7/05 19/10/2017	11 July 2018 By Lead Member Resources & Central Support	Title: **Allocation of Section 106 funds held** Decision: to make proposals for the allocation of monies secured through planning obligations to individual schemes, and to update members with the current funding position	No exempt / confidential information anticipated	Tim Burton, Assistant Director Planning and Environment 01823 358403

12

REPRESENTATION ON OUTSIDE BODIES 2018/2019

CABINET APPOINTMENTS (by virtue of office)

ORGANISATION	INFORMATION	REPS 2017/18	NOMINATIONS 2018/19
CLOWNS	Meets 6 times a year.	Lead Member for Community and Customer – Councillor D Westcott	Lead Member for Community and Customer – Councillor D Westcott
South West Councils Employers Panel	Portfolio Holder (HR) or Leader. Meets twice a year in the South West.	Leader – Councillor A Trollope-Bellew Deputy Leader – Councillor M Chilcott	Leader – Councillor A Trollope-Bellew Deputy Leader – Councillor M Chilcott
LGA General Assembly	Normally the Leader and Deputy Leader.	Leader – Councillor A Trollope-Bellew Deputy Leader – Councillor M Chilcott	Leader – Councillor A Trollope-Bellew Deputy Leader – Councillor M Chilcott
South West Councils	Meets twice a year to discuss issues and offer opinions. One vote only.	Leader – Councillor A Trollope-Bellew Deputy Leader – Councillor M Chilcott	Leader – Councillor A Trollope-Bellew Deputy Leader – Councillor M Chilcott
SPARSE	Meets quarterly.	Councillor S Pugsley	Councillor S Pugsley
Dunster Working Group	Meets as and when required	Lead Member for Regeneration and Economic Growth – Councillor A Hadley Ward Member	Lead Member for Regeneration and Economic Growth – Councillor A Hadley Ward Member
Watchet Harbour Advisory Committee	Quarterly meetings.	Councillor D Westcott Councillor R Woods	Councillor D Westcott Councillor R Woods
Somerset Waste Board	Quarterly Board meetings.	Lead Member for Environment – Councillor M Dewdney Councillor B Maitland-Walker	Lead Member for Environment – Councillor M Dewdney Councillor B Maitland-Walker
Safer Somerset Partnership		Lead Member for Community and Customer – Councillor D Westcott Councillor S Dowding	Lead Member for Community and Customer – Councillor D Westcott Councillor S Dowding
Western Somerset LEADER		Councillor A Hadley	Councillor A Hadley
Visit Exmoor	Meets approx six times per year	Councillor A Hadley	Councillor A Hadley
Connecting Exmoor and Dartmoor Board (established 3 Dec 2015)		Councillor K Mills	Councillor K Mills

Somerset Energy Infrastructure Group	Meets as required	Councillor A Trollope-Bellew – Leader Councillor C Morgan – Lead Member for Energy Infrastructure Councillor S Goss	Councillor A Trollope-Bellew – Leader Councillor C Morgan – Lead Member for Energy Infrastructure Councillor S Goss
Somerset Rivers Authority	Meets quarterly	Leader – Councillor A Trollope-Bellew Deputy: Councillor M Dewdney	Leader – Councillor A Trollope-Bellew Deputy: Councillor M Dewdney
Somerset Growth Board	Meets quarterly	Lead Member for Regeneration and Economic Growth - Councillor A Hadley	Lead Member for Regeneration and Economic Growth - Councillor A Hadley
Somerset Strategic Housing Partnership	Meets every 2 months	Lead Member for Housing, Health and Wellbeing – Councillor K Turner	Lead Member for Housing, Health and Wellbeing – Councillor K Turner
West Somerset Housing Forum	Meets quarterly	Lead Member for Housing, Health and Wellbeing – Councillor K Turner	Lead Member for Housing, Health and Wellbeing – Councillor K Turner
Director of iESE (Improvement and Efficiency Social Enterprise)		Lead Member for Resources and Central Support – Councillor M Chilcott	Lead Member for Resources and Central Support – Councillor M Chilcott
Somerset West Private Sector Housing Partnership		Lead Member for Housing, Health and Wellbeing – Councillor K Turner	Lead Member for Housing, Health and Wellbeing – Councillor K Turner
Minehead Business Improvement Board of Directors			Lead Member for Regeneration and Economic Development – Councillor A Hadley

Internal Bodies

Asset Management Group - Portfolio Holders: Resources (M Chilcott); Environment (M Dewdney); Regeneration (A Hadley); Energy Infrastructure (C Morgan)

Report Number: WSC 41/18

West Somerset Council

Cabinet – 23rd May 2018

Hinkley Point C: Section 106 Agreement – Stogursey Leisure Contribution and CIM Fund ring fenced for Stogursey Parish

This matter is the responsibility of Cabinet Member Cllr Mandy Chilcott, Lead Member for Resources and Central Support

Report Author : Andrew Goodchild, Assistant Director for Place and Energy Infrastructure

1 Purpose of the Report

1.1 The purpose of this report is for Cabinet to receive an update on the Stogursey Victory Hall redevelopment project and to make a recommendation to Council to allocate an additional £110,000 from the leisure funds ring fenced to Stogursey Parish and £130,000 from the CIM Fund ring fenced for Stogursey Parish pursuant to the Hinkley Point C Site Preparation Works Section 106 agreement.

2 Recommendations

2.1 That Cabinet recommend to Full Council that an additional £110,000 of the leisure fund ring-fenced to Stogursey Parish – making a total of £510,000 – is allocated towards the redevelopment of the Victory Hall in Stogursey

2.2 That Cabinet recommend to Full Council to accept the recommendation of Stogursey Parish Council that an additional £130,000 of the CIM Fund ring fenced for Stogursey Parish – making a total of £330,000 – is allocated towards the redevelopment of the Victory Hall in Stogursey

3 Risk Assessment (if appropriate)

Risk Matrix

Description	Likelihood	Impact	Overall
Failure to allocate monies correctly in line with the requirements of the legal agreement resulting in the need to repay contributions	3	4	12
The proposals set out in the report have been developed to ensure that they accord with the requirements of the legal agreement	1	4	4

Failure to spend contributions before the date by which they need to be returned if they remain unspent	2	3	6
The proposals set out in the report have been developed in advance of the date by which they would need to be returned	1	3	3
That the monies ring-fenced in Stogursey Parish are not spend on priority projects	2	3	6
That proposals are supported by consultation and demonstrate community need	1	3	3

Risk Scoring Matrix

Likelihood	5	Almost Certain	Low (5)	Medium (10)	High (15)	Very High (20)	Very High (25)
	4	Likely	Low (4)	Medium (8)	Medium (12)	High (16)	Very High (20)
	3	Possible	Low (3)	Low (6)	Medium (9)	Medium (12)	High (15)
	2	Unlikely	Low (2)	Low (4)	Low (6)	Medium (8)	Medium (10)
	1	Rare	Low (1)	Low (2)	Low (3)	Low (4)	Low (5)
			1	2	3	4	5
			Negligible	Minor	Moderate	Major	Catastrophic
			Impact				

Likelihood of risk occurring	**Indicator**	**Description (chance of occurrence)**
1. Very Unlikely	May occur in exceptional circumstances	< 10%
2. Slight	Is unlikely to, but could occur at some time	10 – 25%
3. Feasible	Fairly likely to occur at same time	25 – 50%
4. Likely	Likely to occur within the next 1-2 years, or occurs occasionally	50 – 75%
5. Very Likely	Regular occurrence (daily / weekly / monthly)	> 75%

4 Background and Full details of the Report

4.1 The Section 106 agreement for the Site Preparation Works (SPW) at Hinkley Point C provides a contribution of £500,000 for providing new, or improving existing sports/leisure facilities within the parish of Stogursey, this is separate and distinct from the CIM Fund. Having applied indexation, the contribution paid by EDF Energy was £533,632 of which £23,600 has been spent on the delivery of a feasibility study into the

Victory Hall and village facilities in Stogursey, this activity and expenditure was approved by Cabinet in December 2014 and January 2016.

4.2 In addition to the leisure fund, Members will recall the Section 106 agreement for SPW also included the CIM Fund. £500,000 (also increased to £533,632) of the CIM Fund was ring fenced to be spent in Stogursey Parish and unlike all other ring fenced funds, Stogursey Parish Council is the body which makes recommendations to Cabinet and Council as to the use of those funds.

4.3 In January 2016 Cabinet and then Council agreed to allocate £400,000 towards the redevelopment of the Victory Hall following the completion of the feasibility study. In addition to this £400,000 from the leisure fund, a further £600,000 was allocated from the CIM Fund (£200,000 from the Stogursey ring fence and £400,000 from the West Somerset ring fence) at Council in May 2016 making a total of £1m.

4.4 Since those allocations were made the Victory Hall steering group has made a number of applications to potential funders towards the project which was estimated to cost £2.4m. Unfortunately, for a variety of reasons, those applications most notably to the Big Lottery were turned down. This has caused the steering group to undertake a comprehensive review of the project and a significantly different proposal has emerged.

4.5 Previously, the project was to significantly extend the existing Victory Hall, remove the youth club building on site (incorporating the youth club within the main building) and to cover over the existing MUGA with the addition of changing rooms As above, the total project was estimated to cost £2.4m.

4.6 The new project sees the existing Victory Hall demolished, the youth club building remain, the MUGA remain uncovered and a brand new hall erected on the site incorporating changing rooms for sporting activities within the new hall. The revised proposal will cost a total of £1.5m and a planning application was made in March for the new hall.

4.7 The steering group has developed a revised funding plan which includes, at this stage, proposals to allocate an additional £110,000 from the Leisure Fund and £130,000 from the CIM Fund ring fenced to Stogursey Parish bringing the total contributions from the SPWs Section 106 agreement to £1,240,000 (up from £1m) leaving a further £260,000 to be sourced from other funders. Stogursey Parish Council has recently committed £10,000 of its own funds towards the project and the steering group has committed to raise at least £5,000 in local fund raising.

4.8 Stogursey Parish Council has provided a list of their top 10 projects which were derived from the Parish Plan and refreshed during the consultation and examination phases of the Hinkley Point C development. The Victory Hall is number 1 on that list and has been the subject of much discussion in the Parish as plans for how to mitigate the impact of the Hinkley Point C development emerged.

4.9 Only 1 other of the Parish Priorities relates to a project with a leisure focus, the Burgage Road play area which was largely funded from the CIM Fund and opened a couple of years ago. It is therefore considered appropriate to allocate a significant proportion of the leisure fund towards this project. Stogursey Parish Council have met to consider allocating the additional £130,000 from the Stogursey ring fence and have recommended that Cabinet support the proposal.

4.10 Clearly this is not an insignificant project and it is proposed to utilise a significant proportion of the funds available from the Section 106 agreement for Site Preparation Works at Hinkley Point C. Stogursey Parish is, as Members will know, the host Parish for the Hinkley Point C project and will be the most affected community. Members may wish to note that:

- Every HGV, LGV, bus and car movement will travel into and out of the Parish (unlike any other community) and a number of buses travel through the village past the Victory Hall and the lower school on their way to and from the HPC site;
- Stogursey will host a disproportionate amount of the workforce – around 1 in 6 people in the Parish will be from the workforce while the 500 bed on site campus is in use (compared with around 1 in 40 while the other 1000 bed campus is operational in Bridgwater). At the present time even prior to the opening of the campus a significant number of workers are living in Stogursey Parish;
- the construction at the main site under the Development Consent Order is permitted to take place 24 hours a day, other associate development sites are restricted and construction works there will not take place overnight; and
- the background noise level during the day at residential properties close to the site before construction began was between 32 and 35dB, the Consent requires that noise does not exceed 65dB during the day although the applicant can provide notice indicating that noise will rise to 75dB. Members may wish to note that 70dB is sixteen times louder than 30dB.

4.11 The Panel of Examining Inspectors concluded the following in relation to the impact on Stogursey Parish during their report to the Secretary of State:

"In combination, our view is that Hinkley Point C (if it goes ahead) would have a significant effect on life, particularly in those parts of the parish of Stogursey closest to the site. At times, the levels of noise would be increased and traffic volumes would increase significantly, particularly on the C182. A number of PRoW (public rights of way) would be lost. In addition there would be adverse effects on the landscape and from many viewpoints in the locality the new power station would be readily visible alongside Hinkley Point A and B. There would also be some impacts associated with the plan to house a temporary workforce in the area and the make up of the community would be likely to change as some homeowners choose to sell up and move away, taking advantage of the Property Price Support Scheme.

"The concerns felt by the community was summed up by one interested party at our last open-floor hearing in September in Bridgwater, that should the DCO be made, Stogursey would be 'stuffed'. Although we would not have described the situation in such strident terms, there is no doubt in our mind that the settlements closest to the site would be adversely affected and would face a much more rapid change than would be typical for a rural community of this nature.

"Overall our view is that the combination of specific compensation and mitigation measures for residents living near the site that would be secured by the requirements, together with the further mitigation that would be secured by the s106 Agreement and the two voluntary support schemes noted above, would go some considerable way to provide mitigation for the losses that the community would suffer. Whilst in general we take the view that the losses individuals would suffer would probably not be as severe as they fear, it has to be recognised that the impact would be real. For some, we recognise that no compensation for the losses they would suffer could ever be sufficient."

5 Links to Corporate Aims / Priorities

5.1 Key issue 'e' within Key Theme 3 'Our Place and Infrastructure' within the Corporate Plan 2016/20 is to "*Mitigate negative impacts on the community from the construction phase of Hinkley Point C"*

5.2 The Councils Corporate Plan for 2017/18 includes the following actions in response to the above key issue:

In 2017/18 we will support affected communities to develop plans for mitigating the impacts of the Hinkley Point C development and fund appropriate initiatives and projects from the Section 106 agreement contributions which we have secured.

In 2017/18 we will continue to work with the most affected communities to understand the issues arising from the development and coordinate activity across the Council and amongst partners to ensure that measures are put in place to minimise the impacts of the Hinkley Point C project.

6 Finance / Resource Implications

6.1 This proposal will have no impact on the WSC General Fund as it all funded from the Site Preparation Works Section 106 agreement.

6.2 The Stogursey Leisure Fund had totalled £533,629 which consisted of £500,000 as stated in Schedule 11 of the SPW s106 agreement plus indexation. On 3rd December 2014 (WSC 178/14), £15,000 was allocated from this fund for a feasibility study leaving it with a balance of £518,629. The previous approval for £400,000 towards the redevelopment project and £8,600 for further consultancy support left a balance of £110,029. If approved this would leave a balance of £29, subject to the agreement of EDF Energy it is suggested that this is vired to the CIM Fund ring fenced to Stogursey Parish.

6.3 The CIM Fund ring fenced for Stogursey Parish had totalled £533,629 which consisted of £500,000 as stated in Schedule 2 of the SPW s106 agreement plus indexation. In March 2015 an application for £2,640 for ear plugs was approved leaving a balance of £530,989. The proposal to allocate a total of £330,000 will leave a balance of £200,989 (plus £29).

7 Legal Implications (if any)

7.1 There are no direct legal implications as a result of this report. Paragraph 2.2 of Schedule 11 of the Section 106 agreement for Site Preparation Works permits the use of up to £25,000 for a feasibility study from the £500,000 allocated to the parish of Stogursey.

8 Environmental Impact Implications (if any)

8.1 The construction process for the redevelopment has the potential to impact on neighbours and it will be important that the planning process seeks to minimise any disruption. Originally some residents have raised some concerns with the relocation of the majority of the car park to the rear of the site and this has been relocated to the front of the site, this issue along with the increased usage of the hall will need to be considered as part of the planning process.

9 Safeguarding and/or Community Safety Implications (if any)

9.1 All sections of the community were included in the consultation events and activity to produce the feasibility study and it is anticipated that community cohesion will be significantly enhanced with the improved facilities on offer at the Victory Hall. The applicants are required to submit their safeguarding policies as part of the CIM fund application process.

9.2 It will be important to consider the crime and disorder implications within the detailed design, noting that on occasion the Victory Hall site has seen some anti-social behaviour. Overall, as a much enhanced community facility it is hoped that the additional activity will help to reduce crime and disorder within the Parish.

10 Equality and Diversity Implications (if any)

10.1 All sections of the community were included in the consultation events and activity to produce the feasibility study and it is anticipated that community cohesion will be significantly enhanced with the improved facilities on offer at the Victory Hall.

11 Social Value Implications (if any)

11.1 There are no direct Social Value Implications as a result of this report.

12 Partnership Implications (if any)

12.1 Council officers and Members have been part of the Steering Group for the redevelopment of the Victory Hall.

13 Health and Wellbeing Implications (if any)

13.1 One of the main objectives of the feasibility study was to ensure that plans for the Victory Hall supported the health and wellbeing of residents, via sport, recreation, leisure and community facilities during the construction period of the Hinkley Point C project. The plans incorporate a range of facilities which will help to achieve this aim.

14 Asset Management Implications (if any)

14.1 The Victory Hall is entrusted to the Trustees who make up the management committee. The intention is for the management committee to continue to run the Victory Hall, the Councils involvement in the project is to facilitate the development.

15 Consultation Implications (if any)

15.1 The initial consultation period was conducted over three weeks in February to March 2015. 315 responses were returned representing 23% of the parish population, or nearly 50% of households.

16 Scrutiny Comments / Recommendation(s) (if any)

16.1 This report was not presented to the Councils Scrutiny Committee.

Democratic Path:

- **Scrutiny or Audit Committees – No**

- **Cabinet – Yes**
- **Full Council – Yes**

Reporting Frequency : ■ **Once only** □ **Ad-hoc** □ **Quarterly**

□ **Twice-yearly** □ **Annually**

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Report Number: WSC 42/18

West Somerset Council

Cabinet – 23 May 2018

Health and Wellbeing in West Somerset Task and Finish Group

Report Authors: Councillor Andrew Kingston-James - **Chairman of the Health and Wellbeing Task and Finish Group**

Councillor Ian Aldridge, Councillor Stuart Dowding, Councillor Brenda Maitland-Walker, Councillor Rosemary Woods - **Members of the Health and Wellbeing Task and Finish Group**

1 Purpose of the Report

1.1 This report sets out the findings of the Task and Finish Group established by the Scrutiny Committee to look into the matter of Health and Wellbeing in West Somerset.

1.2 With the Local Government Act 2000, all local authorities (Including District Councils) gained new statutory powers in respect of their community leadership role in promoting and improving the economic wellbeing, social wellbeing and environmental wellbeing of their area. The Localism Act has extended this further and we now clearly have a general concern for the well-being of our communities. It was clear on this Task and Finish Group that this concern was real and extended across any political divide.

1.3 There have been enormous changes in the roles and structures of government bodies and in their capacity to deliver in recent years. The health scene has been particularly challenged by very fundamental change and is faced with complex resource issues. This is especially true of an ageing and rurally isolated population with West Somerset's population in fact having the oldest age profile in the country.

1.4 The Group worked effectively together, well supported by officers, to understand the changes that have occurred and are still to come, to listen to the evidence presented and interrogate it, and to engage with the concerns and issues presented by all the organisations we met, both statutory and voluntary. There was a real concern to ensure the most vulnerable were supported and to reduce the disparity of benefit.

1.5 We want the Authority to play a positive role in representing its people and in helping with the delivery of services that meet their needs. We may do this through being a critical friend, through helping with funding of specific projects and through ensuring our policies and practice across the Council complement and do not conflict with health purposes. We believe that there is a common understanding of the desirability of this, both within and beyond the Council. We hope that the Council will respond positively to

the ideas we offer and put these into swift action.

1.6 We would also like to record our thanks to all the organisations and officers who came to talk to us, for their time, for their commitment to our communities, and for the difference they have already made.

2 Conclusions and Recommendations

2.1 The Group made the following recommendations based on the evidence that they had heard through external witnesses and research.

2.2 In terms of accessible homes, and the issues relating to the Housing Strand, accessible inclusive homes accommodate the needs of a wide range of households such as young professionals and families, as well as older people and individuals with disabilities. By requiring new housing to meet the inclusive specification set out in Category 2 planning authorities and Councils can satisfy the long term needs of the widest range of households in their area. Accessible Housing is not specialist housing for one group of people, it is housing for all.

2.3 There is a business case that clearly shows that buildings that meet Accessible Homes standards can save the Government, the National Health Service, Local Authorities and individual's money in the long term. These include:-

- We have an ageing population with health, housing and social care needs. The longer people can remain in their own homes where they needs can be catered for the less the pressure on councils, and local health services:
- Category 2 homes save the taxpayer money in the long term by cutting the cost of future adaptions:
- They can reduce the risk of accidents around the home and shorten the length of hospital stays.
- Consideration should also be given to the additional cost that may be incurred when properties do not meet their needs. The average cost of a day in hospital can be anything between £683 and £900; and the cost of residential care between £560 and £1,000 per week, and a wet-room conversion costs more than £5,000; and
- They help avoid unnecessary and often unwanted moves to more costly housing with care settings.

2.4 There is a case for implementing a Policy that requires all new buildings meet the Category 2 standard with 10% built to Category 3 (wheelchair accessible design) and the Government's Nationally Described Space Standard (see Table attached) and this Group would recommend this is looked at as part of the Local Plan Review, and possibly researched further if extra capacity bids allow this to happen.

2.5 As a lower tier Authority, the Council has relatively more Councillors with a closer knowledge of their smaller wards. This local knowledge is enhanced by connections with parish and town councils and other local groups. The Council should make more use of this to represent effectively the interests and needs of its communities.

2.6 The Council needs to ensure its population is physically and mentally well. Issues of healthy eating, physical activity, and a positive sense of self are fundamental. The Council should continue to be a champion for the rural areas. It should also be concerned about the disadvantaged and ensure access to health care is good but also that the factors causing bad health are minimised.

2.7 It is clear that over the next few years Councils will be required to work more efficiently and do more with less. Accordingly, the Council's role as a community leader may come increasingly to the fore. The public sector landscape is continuing to change. Against this backdrop, it is vitally important that the Council is able to forge meaningful partnerships and relationships with stakeholders who can help the authority deliver the outcomes local people want and require. It is important that the Council is able to demonstrate the value and impact of its services particularly for those that are joint funded and that may indicate a need for an ongoing monitoring role for officers/Councillors and continued community leadership.

2.8 At a time of great change and anxiety regarding the scale of the reforms and local provision, there is a strong case for ongoing community leadership from elected representatives.

That the Health and Wellbeing Task and Finish recommends the following:

2.9 To commit to developing a Health and Wellbeing Action Plan in 2018 once in the position capacity-wise to do so which would feed in and provide support to the county-wide Health and Wellbeing Strategy.

2.10 That the Council addresses the Priority Areas established in this report and in particular with reference to the Action Plan we would recommend that the Authority initially includes the following items;

A. Commits to ensuring that there is a rolling programme of Housing Needs Surveys undertaken to ensure that information is robust and updated regularly. These surveys could be carried out in-house or by continuing to work closely with our partners at the Community Council for Somerset and Exmoor Rural Housing Network.

B. The Authority continues to work closely with our Partners to promote Homefinder as the route of access to affordable rented housing and to build a better reflection of housing need.

C. That the District Council Planning Policy Department investigates the policy of Lifetime Homes further, but that its implementation and the evidence is looked at through the proper structure of the next planned review of the Local Plan, which would necessarily involve Members.

D. Supports the Planning Policy's bid for additional planning capacity funds for joint working whenever further opportunity arises to do so, to enable the ability of the department to do more background work and address some of the questions and issues raised by this group, put a cost to some of the things wished for and establish good practice, for example, this Group felt all new buildings should meet the Category 2 Standard with 10% built to Category 3 (wheelchair accessible

design) and the Government's Nationally Described Space Standard.

E. To deliver the actions of the Somerset Prevention Charter, to ensure that our staff and Members are trained and have the skills necessary to make every contact count in addressing risks to health, and to ensure that people are signposted to ensure they get the right service at the right time, and that prevention is done systematically and considered in how we organise and deliver all our services.

F. To work alongside local communities, helping to identify local talent and creativity, designing solutions together to resolve health inequalities. To achieve this we will;

F.1.) Work with partners to identify health inequalities across West Somerset that are defined by people, place and prosperity.

F.2.) To work with the CCG, Adult Social Care and Public Health to support a prevention focussed approach to commissioning arrangements through the review of the Health and Wellbeing Strategy and Health and Care Plan. To ensure that commissioning plans meet the needs of our local people, families and communities. To ensure that commissioning plans drive social value and a social return on investment, in order to support the local community and voluntary sector where appropriate to do so.

F.3.) Pilot project: When capacity allows, to consider health inequalities data/insight and prioritise a target population/ geographic community for action. To convene a meeting of all relevant agencies (including community groups) to discuss health related issues and to coproduce solutions and action.

3 Background

3.1 The report will outline the background to this topic, the investigation carried out before drawing conclusions.

3.2 The Scrutiny of Health as such is not part of West Somerset Council's remit; nevertheless, the Council is aware that this particular issue is of significant interest to local communities involved and by taking an interest the Council is fulfilling its role of championing and enabling people, local organisations and communities in West Somerset to achieve the Council's vision of enabling people to live work and prosper in West Somerset.

3.3 The responsibility for Public Health returned to Councils in 2013. Although as stated most of the statutory responsibilities now sit with Somerset County Council, WSC has a key role to play in community health protection and improvement in our district. The public health responsibilities of the Council provide the opportunity to improve the health outcomes for our local population, through the continued delivery of such service provision as housing inspections, environmental services, tackling fuel poverty and supporting economic growth.

3.4 West Somerset Council are Members of the Health and Wellbeing Board (represented

by the Portfolio Holder Cllr Keith Turner). Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1 April 2013 in all 152 local authorities with adult social care and public heath responsibilities.

3.5 Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population. The boards have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body. In most cases, health and wellbeing boards are chaired by a senior local authority elected member. The board must include a representative of each relevant CCG and local Healthwatch, as well as local authority representatives. The local authority has considerable discretion in appointing additional board members.

3.6 There is general agreement about the value of boards in bringing together major local partners around the table. Organisational structures and roles have become more complex as a result of the Health and Social Care Act, and the need for local authorities to work closely with their local NHS partners on a range of issues – from population health to hospital discharge – has never been greater. The boards have taken on new responsibilities that directly affect the NHS, for example signing off local Better Care Fund plans.

3.7 The Council also has a district based Health and Wellbeing Action Plan (in support of the Somerset Health and Wellbeing Strategy) and is also a signatory to the Somerset Prevention Charter.

3.8 The district's health profile identified a range of health inequalities within the area, and specific challenges related to the area's unique characteristics. The task and finish group's focus was to look at what West Somerset Council could do that would have a positive impact on these. The creation of a Task and Finish Group was endorsed by the Scrutiny Committee in April 2017 to look at the Challenges of Health and Wellbeing in the West Somerset District, taking the document by the King's Fund[1] as a starter for discussion in defining the scope of potential topics to consider, that would be appropriate for a District Authority. The Council has a range of functions and activities that have a direct impact on the health of its residents including Housing, Open Spaces and Environmental Health. After some discussion it was decided the group would focus on housing as a strand and the impacts on health and wellbeing.

4 Terms of Reference and Objective of the Review

4.1 As with all Scrutiny reviews the work of the Task and Finish Group needed to maintain a focus on some key points. Members agreed that this review should focus on the following points covered under the umbrella of a Purpose:-

[1] *Buck. D., Dunn. P. – The District Council Contribution to Public Health: A time of challenge and opportunity, (2015)*

4.2 **Purpose:**

4.3 'To explore local health inequalities and to scope out and consult on proposals that would benefit the local area. Proposals will be consistent with the Somerset Health and Wellbeing Strategy, with a focus on Prevention'.

4.4 **Informational Strand**

4.5 This strand was about finding out about health inequalities across the locality, and understanding the District Council's role in addressing those inequalities.

4.6 **Housing Strand**

4.7 Housing Strand – engaging with the local service providers and other stakeholders, to investigate how we may better address health inequalities linked to housing, which could include poor housing standards, accessibility and insecurity of tenure (among others).

4.8 **Connecting Strand**

4.9 'Connecting' Strand – to strengthen our enabling role in improving the health and wellbeing of the local communities, connecting more effectively with the Voluntary, Community and Social Enterprise (VCSE), local groups, and other partners.

4.10 This Task and Finish did the following;

- Gained a greater understanding of the changes that have occurred and are still to come in the Health and Wellbeing system (including Public Health, clinical services, social care and the potential of the VCS).
- Listened to the evidence presented by invited guests and interrogated it.
- Engaged with the concerns and issues presented by all the organisations met.
- Been a critical friend.
- Ensured policies and practices across the Council complemented and did not conflict with Health priorities.
- Considered what could be done from a social health perspective to prevent people becoming patients in the first place.

5 Process

5.1 West Somerset Council Scrutiny has a strong track record of engaging with Local Health authorities in recent times, when local concerns around topics such as Ambulances and Bed Closures have led to increased public concern. Whilst the Policies, Adults and Health Scrutiny Committee at Somerset County Council is the Upper Tier Authority with the Scrutiny jurisdiction that covers Health Matters, it has been recognised as valid that District Members had a role to play as Community Leaders and had given voice to local concerns that have been engaged with by Health bodies in the Local Area. Health and Wellbeing is a key issue for local people.

5.2 The task and finish group has produced this report to the Scrutiny Committee to outline details of the review process undertaken, the evidence gathered, conclusions and subsequent recommendations for action. The Scrutiny Committee can if so wished refer this report to the Cabinet and/or the appropriate partner organisation, and ask them to consider the recommendations arising from the review.

5.3 Task and finish groups may be established by a Scrutiny Committee for the purpose of conducting an in-depth review of any service, policy or issue that affects the District, which falls under the remit of that Committee. The Committee set up the group and allowed them to decide on their own terms of reference, number of members to form the group (usually four to six) but in this case ended up being five, and also sought volunteers from within the Scrutiny Committee and the wider Council membership to join the group. The Committee did not specify membership of the Task and Finish Group to co-opt other members on to the group from relevant partners, organisation or community groups.

5.4 The Task and Finish Group elected its own chairman (Cllr Kingston-James) and Members were chosen by self-selection and/or specific interest in the topic. The Committee agreed a timescale for the process of around six months, but this has lengthened slightly. The length of a review and its scope will define how frequently a task group meets, and the group had at least the first two meetings at the start for planning, and one at the end to settle the report's findings and recommendations.

5.5 The Task and Finish Group included the following Councillors:

- Cllr Andrew Kingston-James, Chairman, Conservative
- Cllr Ian Aldridge, Independent
- Cllr Stuart Dowding, Conservative
- Cllr Brenda Maitland-Walker, Conservative
- Cllr Rosemary Woods, Conservative

5.6 The Task and Finish Group has gathered evidence through a variety of ways, such as: written evidence, oral evidence and interviews with external and internal witnesses, partners, user groups, other Councils, research and by talking to people who are affected by the issue.

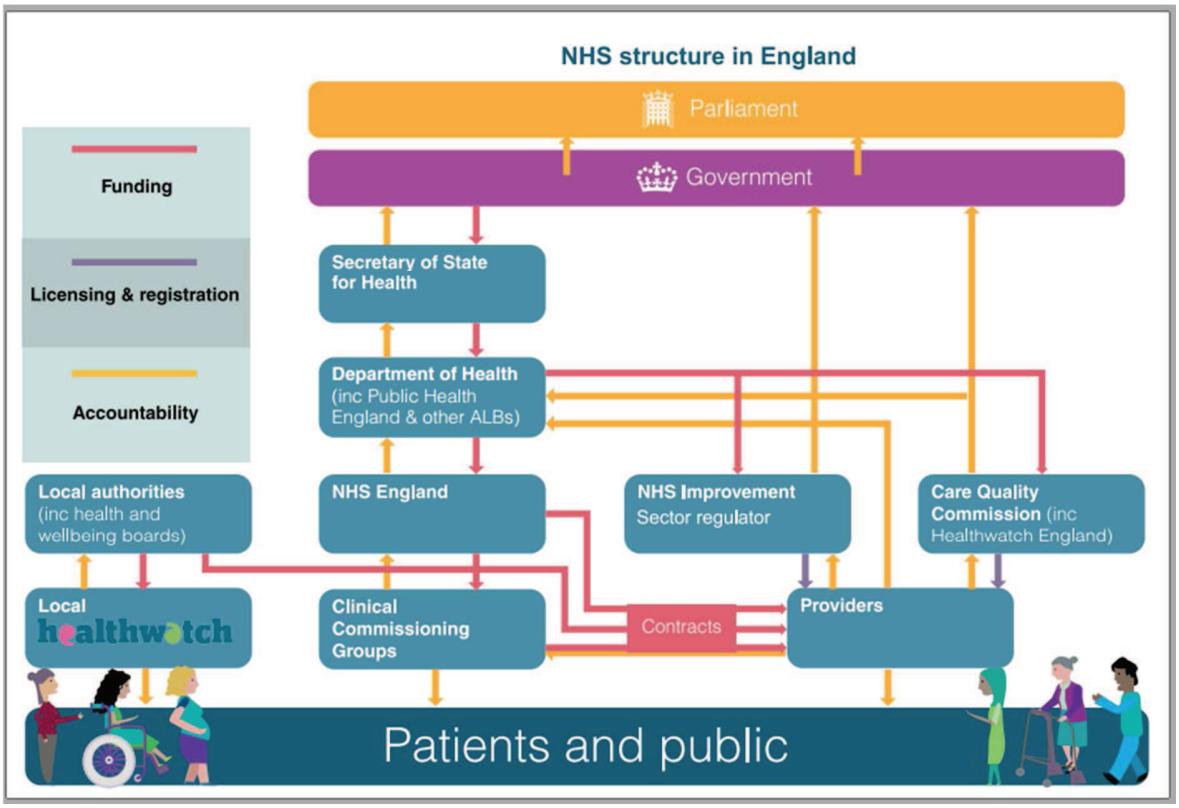
5.7 The Group also referred to the following background documents:

- District health profile 2017
- Somerset Health and Wellbeing Strategy
- Somerset Joint Strategic Needs Assessment
- King's Fund Report into District Councils Health Responsibilities 2015
- Habinteg Accessible Homes Local Authority Scrutiny Toolkit

5.8 The proposed Task and Finish Group used as it's springboard for discussion the report issued by the King's Fund in 2015 entitled 'The District Council contribution to public health: a time of challenge and opportunity.' This was an editorially independent report, and the King's Fund is a widely respected health care Think Tank. The report brought forward some discussion points worth exploring further in a Task and Finish such as health is primarily determined by factors other than health care, and the core functions

of a District Council such as Housing and Environmental Health were the key areas of focus in being able to influence public health.

6 Current National Context



6.1 Reference: https://www.hfma.org.uk/education-events/fmts/about-the-nhs

6.2 The *NHS Five Year Forward View*, published in October 2014, gave a very clear message on prevention:[2]

6.3 'If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.'

6.4 But there is a growing consensus that a shift in resource allocation is essential to delivering a National Health Service fit for purpose in the 21st century. In its 2013 report, *Closing the NHS funding gap*, health services regulator Monitor observed:

6.5 'The NHS was developed to provide largely episodic care. It generally treats people when they fall ill. But this care model will not be sufficient to meet the health needs of a growing, diverse and ageing population with high rates of chronic diseases, obesity and mental health problems. A 21st century NHS will need to deliver care that meets the health needs of today and focuses more on preventing illness and supporting individuals in maintaining active and healthy lifestyles.'

[2] https://publichealthmatters.blog.gov.uk/2016/02/22/investing-in-prevention-the-need-to-make-the-case-now/

7 Overview of the West Somerset Area Health Structure

7.1 District Councils are recognised as being in a good position to influence many public health factors through their key functions and in their wider role supporting communities and influencing other bodies. The health of the District's population is reflected in the Council's Corporate Priorities and acts as a contributor to economic growth.

7.2 Amongst its many services, the Council has a track record of providing services that address the social determinants of health including housing, leisure and environmental health and these are complementary to NHS, social care, voluntary and community services and the care and support provided by individuals. The Public Health (Control of Disease) Act 1984 gave local authorities wide ranging public health functions. Under the Health and Social Care Act 2012 significant new public health functions have become local authority (upper tier and unitary authorities) responsibilities that are complemented by the activities of District Councils.

7.3 District Councils face key challenges such as funding, but public health reform and localism agendas have created some unique opportunities for District Councils to increase their contribution to the health of their residents, with many actions possibly leading to savings for the public purse. The King's Fund report covered how District Councils can ensure their actions have a positive effect on public health, offers actions that are cost-effective and the possibility is explored in that report of Councils assuming an enabling role in health of local residents. One of the key ways that District Councils can influence in less direct ways is through their power to influence other bodies such as County Councils and the Local NHS as well as Health and Wellbeing Boards.[3]

7.4 Local leadership for public health is at the heart of the public health system. Upper tier and unitary authorities have responsibilities to improve the health of their populations. Upper tier councils are supported in this by the existing expertise within district councils. In addition, there has been the creation of the Health and Wellbeing Boards (HWB), to set a health and wellbeing strategy that provides guidance to CCGs on commissioning as well as a partnership vehicle in which to consider needs and services beyond the boundaries of each individual CCG, to support improvement in public health and achieve efficiencies and greater effectiveness in delivery. CCGs are supported and held to account by an independent NHS Commissioning Board. The HWB can resort to the NHS Commissioning Board should local difficulties occur.

7.5 The Strategic Housing Framework that is being reviewed in 2018 will also set the scene for strategic housing issues across the county, with some focus on West Somerset and the deadline for responding is 30th April and is also on the Agenda for April Scrutiny. The draft Somerset Health and Wellbeing Strategy will be out for consultation in June 2018 and is also on the Agenda for April Scrutiny. These two documents will be vitally important to the District's health outcomes and it is important that West Somerset's voice is represented in these.

7.6 The NHS reforms such as the Sustainability and Transformation Plans provide a new impetus for partnership working with organisations such as the clinical commissioning groups (CCGs). Reforms are taking place at a time of austerity in public sector funding,

[3] Buck. D., Dunn. P. – The District Council Contribution to Public Health: A time of challenge and opportunity, (2015)

rising living costs, declining household incomes, rising expectations and growing population including vulnerable elderly and isolated individuals.

7.7 One of the most significant areas of change in the public sector is in health following the Health and Social Care Act 2012. From April 2013, groups of GPs and other key healthcare professionals are responsible for around 80% of the healthcare budget in their area and plan and pay for services for the local population. These groups are called Clinical Commissioning Groups (CCGs), (formerly known as GP Consortia) and they buy services from the hospitals, ambulance service and community service providers.

7.8 There is one CCG covering West Somerset – Somerset CCG. Budgets are devolved to CCGs so that they are responsible for local commissioning decisions. The CCGs cover all GP practices in their area, and they each have a governing Board are responsible for making decisions about healthcare. The Board includes General Practitioners (GPs), nurses, hospital doctors, other healthcare professionals such as physiotherapists and patient representatives.

7.9 The Health and Wellbeing Board for Somerset will oversee and scrutinise the production of the Somerset Sustainability and Transformation Plan, and is in fact a statutory function of the Health and Wellbeing board, which seeks to drive the integration of health and social care amongst other things.

7.10 The Task and Finish group as part of its deliberations engaged with Maria Heard at NHS England via an Officer phone call. She is the Head of Assurance and Delivery (BNSSSG) NHS England South Region, South West (Bristol, North Somerset, Somerset and South Gloucestershire and Devon, Cornwall and Isles of Scilly) and she and her wider team are also responsible for the 'assurance of the CCG'. This involves providing an oversight of operational delivery / commissioning arrangements. Maria Heard informed the Group that the CCG is developing a Clinical Service Review - this will be developed over the next 12 months and will drive the review of the STP (Sustainability and Transformation Plan). She informed us that this is being led by Rosie Benneyworth, who will be engaging with West Somerset Council on this later on this year (June 2018).

8 Investigations and Findings

West Somerset Health Profile

8.1 Public Health England produce a health profile of the District (Appendix B).

8.2 The health of people in West Somerset is varied compared with the England average. About 18% (800) of children live in low income families. Life expectancy for women is higher than the England average. This can even be broken down on a ward by ward basis using the following link: http://www.localhealth.org.uk/#l=en;v=map13

Joint Strategic Needs Assessment (JSNA) 2017 – 'Ageing Well'

8.3 The JSNA first came into being in 2008 and is a necessary action for County Councils in England sitting in the responsibility of the Health and Wellbeing Board. Its main purpose is to inform commissioners and provide them with accessible information to help them develop and improve services. It brings together the data and looks at lessons from the past and expectations for the future.

8.4 There are many factors that influence how well we are, both mentally and physically, which is why the document collated information on housing, transport, employment, education, hospital admissions, environment, employment and more. This gives a rounded picture of need and helps commissioners and others such as District Councils and the NHS the information needed to make the right decisions.

8.5 Prevention was the focus of 2017's JSNA, 'how we can prevent or mitigate ill health and how can we help future generations to maintain good health and wellbeing throughout their lives.' Better healthcare over recent decades has led to an increase in life expectancy. This success story, combined with inward migration during middle age, means that the county's population is getting older on average.

8.6 The findings of the JSNA were summarised from the findings of both the data and qualitative information and developed into a series of points to inform how services should be developed and delivered in future. The ones that the group discussed included;

8.7 Remaining Healthy

- Prevention first and foremost
- The importance of maintaining social and intergenerational contact is clear and needs far greater emphasis in the future.

8.8 Remaining Independent

- Staying independent, preferably in one's own home, is important to older people, there is a great deal of emphasis on more self-help and short-term assistance to regain independence.
- The contribution and needs of family carers in particular needs greater recognition.
- Housing policy should take health and wellbeing impacts into account.

8.9 Remaining active and included in community life

- Social contact is an essential part of sustaining health and wellbeing
- Supporting stronger communities through village agents, town and parish councils and voluntary group's…provides a cost effective to health and wellbeing across all ages.

8.10 Other JSNA reviews have been on topic areas with high salience for West Somerset also such as 'Rurality' and 'Young People'. Somerset is one of the most rural counties in England. Its population density of 1.5 people per hectare is well below the England average of 4.1 per hectare. In particular, West Somerset's density of 0.5 per hectare is one of the five lowest of any local authority in England. In 2015, the Somerset Joint Strategic Needs Assessment (JSNA) focussed on the impact on health and wellbeing on those who live or work in rural areas.[4]

[4] http://www.somersetintelligence.org.uk/rurality.html

8.11 Good things about living in a rural area

- Quality and tranquillity of environment
- Healthier living, with lower prevalence of many major conditions
- Higher life expectancy
- Greater sense of personal wellbeing
- Lower crime and superior community safety
- Higher school attainment rates
- Strength and friendliness of community

8.12 Challenges arising from living in a rural area

- Social isolation - for children, young people and the very old,
- Relatively poor mobile signals or broadband speed
- Reliance on private or community transport
- Harder for people to access services and for service providers to reach the people
- Lack of appropriate housing, especially for the young, and concerns about housebuilding
- Fuel poverty, and higher upfront costs for fuel and transport which has a major financial impact on the less well-off
- Lower expectations of work and further education prospects
- For a range of causes of death, the highest rates occur in the small towns.
- People aged more than 75 in rural areas were more likely to be admitted as emergency cases
- Vulnerable to the effects of shrinking public sector budgets
- Increasing ratio of economically inactive to economically active populations in rural areas

Habinteg Accessible Homes Local Authority Scrutiny Toolkit

8.13 Habinteg is a housing association with more than 40 years' experience in housing and disability, championing inclusion by providing and promoting accessible homes and neighbourhoods that welcome and include everyone.

8.14 They are long-term champions of the Lifetime Homes Standard. Government has acknowledged the importance of meeting this demand by bringing optional standards for higher levels of access into building regulations for the first time in 2015. These new standards are not mandatory but Local Planning Authorities have the option to specify them in their planning policies.

The business and financial case for accessible homes

8.15 It is not 'specialist' housing for one group of people, but housing for all. The costs of inaccessible housing are wide-ranging and significant. They include:

- The costs of residential care that could otherwise be avoided
- Levels of social care that could be reduced or removed
- Impacts on independent living, employment and social life

- Falls and other accidents which can be life-changing or fatal
- Mental health impacts
- Avoidable hospital admissions
- Longer stays in hospital due to lack of accessible housing to which to return.

Questions for the Local Authority to consider

- Q1) What is the need for accessible housing in your area?
- Q2) Does our Local Plan address the need for accessible housing?
- Q3) Do local health and social care policies and practice take account of accessible housing needs?
- Q4) What are other local authorities doing and what can we learn from them?
- Q5) Which organisations should we talk to and take evidence from as part of our Scrutiny review?[5]

West Somerset District Health Profile 2017 PHE

8.16 About 18% (800) of children live in low income families. Life expectancy for women is higher than the England average. In Year 6, 14.7% of children are classified as obese, better than the average for England. Estimated levels of adult excess weight and physical activity are worse than the England average. The public health priorities in West Somerset are to build healthy communities and prevent ill health.

Mental health and lack of space

8.17 Mental health impacts due to lack of personal space can have a detrimental effect on people. For many individuals with mental health problems there is a strong link to insecure, poor quality and overcrowded homes. These environments compound the mental health issues, such as increased noise and the chaotic way of living, especially if overcrowded. Substandard housing has also been found to impact on socio-emotional development, psychological distress, behavioural problems, and educational outcomes of children and young people.

8.18 Overcrowding can disrupt behavioural and mental health [Smith, Albanese et al. 2014]. Individuals may experience 'over-arousal' from an inability to find personal space to withdraw from daily social interactions and loss of control from increased 'felt' demands in the home. They are unable to walk away from distressing situations within the home and lack the time and space to reflect on their thoughts and emotions. This distress is often internalized in women resulting in depression or anxiety, but often externalized in men via aggression and substance use. [Riva, Larsen et al. 2014]. It may also increase the incidence of family break up.

8.19 There is also a growing base of evidence to indicate that very young children under school age are very susceptible to long term mental health issues, such as anxiety and depression if they are in substandard housing. Some evidence also suggests that there is also a greater impact on women at home alone, especially if a single parent; and older people with a disability who lack simple interventions such as handrails or other support

[5] https://www.habinteg.org.uk/scrutinytoolkit

mechanisms.

8.20 Interventions that improve housing conditions have been shown to result in improvements on mental health measures, including reduced anxiety or depression, psychological distress, and an improved patient health score.

8.21 Children are most likely to live in overcrowded housing compared with working age adults and pensioners. There is building evidence that living in a crowded home can have a negative impact on a child's development and educational attainment. Overcrowding may have both direct and indirect effects. For example, children's education may be directly affected by overcrowding, through a lack of space for homework, as well as indirectly because of school absences caused by illness, which may be related to overcrowding.

8.22 Qualitative research, with small numbers of families, has revealed a link between overcrowding.

Hazard	Mental health and wellbeing effect	Vulnerable Groups*
General Substandard Housing	Mental health – anxiety, depression Socio-emotional development Disruption to education and impact on academic achievement	25 years or less
Damp and Mould Growth	Depression Anxiety Feeling of Shame	14 years or less
Excess Cold	Depression and anxiety Slower physical growth and cognitive development in children	65 years plus
Lead	Continual exposure at low levels has been shown to cause impaired cognitive development and behavioural problems in children.	Under 3 years
Crowding and Space	Psychological distress and mental disorders; Reduction of tolerance; A reduction of the ability to concentrate; Disruption to education and impact on academic achievement. Stress tension and sometimes family break-up Lack of privacy	
Entry by Intruders	Fear of crime; Stress and anguish.	
Lighting	Depression and psychological effects caused by a lack of natural light or the lack of a window with a view.	

Noise	Stress responses; Sleep disorders; Lack of concentration; Anxiety and irritability
Domestic Hygiene, pests and refuse	Emotional distress
Personal Hygiene, sanitation and Drainage	Feeling of shame

Demographics and Disability

8.23 There are around 11.9 million disabled people in the country and as a society we are ageing rapidly – and the number of people aged 65 and over is expected to rise by over 50% by 2030 compared to 2010. However our housing stock shows that only 7% provides the four bare minimum access features that would allow a disabled person to easily visit, let alone stay the night or live in on a long term basis.

8.24 Article 19 UN Convention on the Rights of Persons with Disabilities states "Disabled people should have the opportunity to choose their place of residence and where, and with whom they live, on an equal basis with others and are not obliged to live in a particular living arrangement".

Accessible and Lifetime Homes

8.25 In 2015 the Government acknowledged the strategic importance of meeting the demand for accessible homes, bringing optional standards for higher levels of access into building regulations for the first time in 2015, and this standard is now contained in Part M(4) of Building Regulations. Category 2 of this new Part M(4) delivers broadly similar access features to the Lifetimes Homes Standard whereas Category 3 provides a standard designed to meet the housing needs of wheelchair users.

8.26 The Government's own impact assessment estimated that a three bedroom home built to Part M(4) Category 2 costs just £521 more in build costs than its less accessible equivalent. Additional space costs can be minimised through good design, but assuming some extra space is needed, net additional costs range from £1,101 (2 bed terrace) to £1,387 (3 bed semi).

8.27 These new standards are not mandatory but Local Planning Authorities have the option to specify them in their planning policies. It is important local authorities (and others) are aware of the standards and that they are fully enabled to decide to specify accessible housing in their area.

8.28 Should local authorities wish to specify them they will be required to evidence need and consider 'viability'. However, there is a strong body of opinion that it is possible to evidence the need for accessible housing and the benefits it delivers, and that these should be taken into account so the overly-narrow interpretation of viability is avoided

8.29 Despite a few areas of good practice around the country, prior to the introduction of the

new standards, the Ministry of Housing, Communities and Local Government (MHCLG) estimated less than one third of new homes are being built to Lifetime Homes Standards. In London since 2004 all homes have been required to be built to the Lifetime Homes Standard (Category 2) with 10% required to be built at Wheelchair standard (Category 3).

8.30 In May 2016 the MHCLG confirmed the standard would be reviewed to assess how it was being used by local authorities. In December 2017 the Government announced they were putting rogue landlords 'on notice' with the introduction of new measures to crack down on bad practices and stamp out overcrowding and improve standards for those renting in the private sector. This includes new rules setting out minimum size requirements for bedrooms in houses of multiple occupation;-

- Room used for sleeping by 1 adult - no smaller than 6.51sqm
- Room used for sleeping by 2 adults – no smaller than 10.22sqm
- Room used for sleeping by children of 10 years and younger – no smaller than 4.64sqm.

8.31 Disabled Facilities Grants are available through District Councils. The cost of installing a grab rail on a property with breezeblock walls is around £50. However if the property has pre-fabricated walls (more commonly used by developers today) the cost is much more as extra supports need to be installed, so installation costs shoot up to around £400 per rail.

House building and Planning

8.32 The failure to keep up with the demand for housing has not only driven up the price, it has created a critical shortage of housing, in particular social housing. Whilst prices have risen and waiting lists have grown, and the size of a home has shrunk, particularly at the lower end of the market.

Size

8.33 To address this some cities, (including London) have produced their own Minimum Space Standards, and the Royal Institute of British Architects (RIBA) produced a 'Space Standards for Homes'. The RIBA's research results across the country showed that London has the largest size homes per sqm, with a 3 bedroomed home average of 119sqm, whereas the South West home's average is 87sqm. The recommended size is 93sqm.

8.34 In March 2015 the MHCLG produced a 'Technical housing standards – or nationally described space standard'. It deals with the internal space within new dwellings, (see Appendix A attached). It also sets out a defined level of occupancy as well as floor area and the dimensions for key parts of the dwelling, in particular bedrooms and storage, and floor to ceiling height. These requirements are relevant in determining compliance, but have no other statutory meaning or use.

8.35 The space standard can only be applied where there is a Local Plan Policy based on 'evidenced local need' (e.g. retirement homes, sheltered homes or care homes) and where the viability of development is not compromised. It is part of the Planning system

not Building Regulations.

9 Summary of Meetings

9.1 1st Meeting – 24th July 2017

9.2 In the first meeting of the Task and Finish Group, the Group appointed a Chairman, affirmed the scope and anticipated outcomes of the Task and Finish, had a discussion on the Kings Fund Report, and decided to meet monthly as the aim but as needed.

9.3 Key points considered from the Kings Fund Report;

- Health is primarily determined by factors other than healthcare
- Core functions of a District Council can be used to influence public health but also through the role of supporting communities and influencing other bodies.
- Ensure the Council's actions are having a positive effect on health.
- District Council's need to be more integrated into the Local Health and Social Care policy scene to help deliver a 'radical upgrade in prevention'.
- Biggest challenge is the fall in central government income for Councils.[6]

9.4 Core Functions of a District Council that relate to Public Health

1. Housing
2. Leisure and Green Spaces
3. Environmental Health

9.5 Enabling Functions of a District Council that relate to Public Health

4. Economic Development
5. Planning
6. Engaging with Communities

9.6 District Council's need to show;

- Demonstrate effectiveness and Return on Investment (ROI)
- Lead innovation in services and their delivery
- Strengthen their enabling role in the health of their communities.

9.7 An important takeaway from the report was that District Council actions that effect Public Health can sometimes be an unintended result of actions/functions undertaken for reasons other than health improvement. The report was felt to make a convincing case that costs spent anyway would just need District Council's to assess the nature and extent of additional health effects.

9.8 Housing was a wide spectrum that could conceivably touch on Homelessness, Affordable Housing, Enforcement of Minimum Standards in Private Rented Sector,

[6] Buck. D., Dunn. P. – The District Council Contribution to Public Health: A time of challenge and opportunity, (2015)

Adapting People's Homes, but the Group's focus was mostly felt to be influencing on the issue of Home Adaptations. The evidence suggested that environmental hazards are one risk factor for falls among older people, with 60% of associated costs borne by the NHS. The Hospital cost of a Hip Fracture is more than £16,000 in first two years. (More expensive than cost of fitting major or minor housing adaptations.)

9.9 Prevention was felt to be the key topic. External organisations would be invited to sessions to input to the Group's work. Stakeholders that could be invited could include Magna, Planning Policy, other local developers and Housing Enablement.

9.10 **2nd Meeting – 21st September 2017**

9.11 The second meeting of the Task and Finish Group was focused around the key functions of a District Council that related to Public Health as identified by the Kings Fund (Housing and Planning Policy, Leisure and Open Spaces and Environmental Health.)

9.12 Members were informed that the Housing Strategy was currently being revised and that a large component of that strategy would be dedicated to the issue of Health and Housing. Officers from Environmental Health and Open Spaces introduced their respective service areas to Members and talked about the Health challenges. One of the key success stories in Taunton Deane's Open Spaces was bringing the voluntary groups together under an umbrella group. In Environmental Health, around 50% of work was proactive, 50% reactive. The scope of the group was also refined and finalised as it was recognised that without that focus the subject could drift as it covered a wide range of areas.

9.13 **3rd Meeting – 30th October 2017**

9.14 The third meeting of the Task and Finish Group invited Raj Singh from the Community Council for Somerset (CCS) and Christian Trevelyan from the Somerset West Private Sector Housing Partnership (SWPSHP) to engage with Members. Feedback was also received from the Affordable Housing Group.

9.15 **Raj Singh, CCS – Key Messages**

- The CCS provide 3 services; Village Agents, Community Agents (working directly with Social Care) and Carer's Agents (providing the commissioned carers support service across the County.)
- In 2012 the CCS embarked on the Village Agents scheme.
- GP Federations had now started to use the Village Agents scheme.
- CCS had moved into the social care sphere with both Taunton Deane and West Somerset Councils funding 10 hours per week through parking charges to attach an agent to Social Care teams.
- Also West Somerset GP's funded a post for West Somerset for 2 days a week.
- In 2017 there began a new phase, with a third of clients seen by the Village Agents Carers themselves.
- CCS's role was around prevention, and looking to avoid Carer Breakdown of the 57,000 Carers in the County.
- CCS intended to be a 'one-stop shop' finding practical, community based

solutions.

- Community Agents created links with the client to lots of people in the community, rather than try and lead to state dependency. The ethos of the CCS was in creating resilient community members and not service users.
- Village Agents were seen as a key part of the future of public health delivery in West Somerset. This visit was about finding out what Councillor's aspiration for the area and whether the scheme was supported/valued, not to ask for funds.
- Ideal coverage for the District would be three posts; one Williton/Watchet, one Minehead, one Exmoor.
- Possibility of Parish Councils grouping together and with increased purchasing power through the precept to help fund scheme.
- Health and Wellbeing functions of the Council align with the CCS in many ways, being an activist for public health and supporting, connecting and reinvesting money West Somerset already spends in a different way, to work smarter and keep people away from state services and prevent.
- Main objective is willingness from all parties to see working together 'round the table' model as a good thing, especially with Health and Social Care. Main issue – ask questions when giving out funding – what do we want to see from this?

9.16 **Christian Trevelyan – Key Messages**

- Partnership Manager of the SWPSHP talked about Disabled Adaptations and how that fits into wider Health and Wellbeing Agenda.
- Sometimes considered the fourth Emergency service. New Policy that makes the best use of limited resource to make smarter decisions about which adaptations they supported.
- Successful management of the stock and anticipating future demand. Bed blocking increase costing the NHS £25 million pounds a year. More disabled and frail people want sustainable housing that supports their independence in the local community with care and support at home to live independently.
- Average cost of £6300 per adaptation. Should we be adapting General Need's properties? Holistic approach - Modular ramping preferred choice. 2017/2018 – Stair lift lending service. Tracking adaptations to better utilise the stock.
- New Build programme has a principle for new build disabled adapted properties to be suitable for the majority of users.
- Between 2013 and 2017 the Partnership has adapted 123,000 properties in Somerset. Spending just over £750k, over 90% Magna properties.
- New ways to use the Better Care Fund more flexibly to do more prevention work.
- West Somerset has one of the largest fuel poverty rates – Look at stock overall. Adaptions are a statutory responsibility so people who move to the area from elsewhere are entitled.

9.17 **Affordable Housing Group Feedback – Key Messages**

- Most major housebuilders have standard house designs for Lifetime Homes – the standards themselves are not particularly challenging.

- No budget to carry out adaptations to the Lifetime Homes when they are needed and there are huge pressures on the Disabled Facilities Grant (DFG) Budget.
- Not a huge demand for adapted properties but suitable vacancies rarely arise when the need does.
- Good joint working between the Housing Occupational Therapist's (OT) in Somerset and Social Landlords and these OT's helping to get right match.
- Magna have surveyed their tenants on this very issue and the feedback received is that residents are more than happy for Magna to spend £800k on adapting properties but would rather they spent it using a targeted approach than blanket delivery of Lifetime Homes.
- Magna has spent £120m in the last 10 years on the Magna Standard which is superior to the Decent Homes Standard.
- Magna works with OT's and health professionals to deliver tailored solutions and support people to stay safe and well in their homes.
- Properties not badged as Lifetime Homes but meeting those standards e.g. Higgle Lea at Crowcombe.
- Housing Enablement were about to embark on a first Housing Needs Survey off the back of the Community Led Housing funding received last year. CCS looking to do similar in Old Cleeve, Cutcombe and Exmoor.
- District wide Housing Needs Survey would be too resource intensive.

9.18 **4th Meeting – 11th December 2017**

9.19 The fourth meeting of the Task and Finish Group invited Pip Tucker from Public Health England to come to the Group and talk through the Health Priorities for West Somerset. Also there was a discussion of Planning Policy and Lifetime Homes.

9.20 **Pip Tucker – Key Messages**

9.21 Ran through the key Health Data from Public Health England for WS and whether they reflect the experience of Members.

- <u>West Somerset is better than the England average on:</u>
- Children in low income families
- Incidence of TB
- Violent Crime
- Sexually transmitted infections
- Obese children (Year 6)
- Life expectancy (female)

- <u>West Somerset is worse than the England average on:</u>
- GCSE's achieved
- Hospital stays for self-harm
- Physically active adults
- Recorded diabetes
- Excess weight in adults

- Hip fractures (>65+)

- Deaths from strokes – possibly in future moving people to specialist places in Bristol would have a dramatic impact on the WS area.
- Falls is a big thing for Somerset as a whole and in WS in particular. Partly again due to the age of the population. A lot of work being done by Public Health to reduce falls.
- Pensioners living alone – from a Health and Wellbeing point of view threw up all sorts of issues, for instance with early supported discharge, and there needed to be more thought if people don't have that family link.
- Index of Multiple Deprivation – the striking thing about this for West Somerset is barriers to Housing and Services indicators which are most red and therefore worse. A measure of sparsity.
- 2150 people died in West Somerset from 2011-2015. What's different about West Somerset – is that cancer is slightly smaller than Heart disease as a killer.
- Diet and physical activity, smoking and alcohol are the four key things in improving life expectancy in a population and healthier society.
- Not the sparsely populated areas with the problem – it is the lack of income, powerlessness, social dislocation. It is not the physical distance that is the issue. Loneliness rather than isolation. Big part of the Mental Health Agenda.
- Pretty much certain Diabetes Type 2 can be reversed by changing lifestyle.
- About changing people's attitudes. Surgery/Intervention if needed is done so early in the process, advanced illnesses are more complicated – need to go back to preventative to stop illnesses advancing and reducing cost pressures.

9.22 **5th Meeting – 8th January 2018**

9.23 The fifth meeting of the Task and Finish Group invited Nick Bryant Planning Policy Manager to come and talk to Members. The Group also had received feedback from the Licensing Manager regarding the points raised at the December meeting.

9.24 **Nick Bryant – Key Messages**

- The Planning Policy Manager informed the group that from a Planning Policy perspective more could be done but that any change of policy would have to follow a process through the Local Plan Review, and would have to be backed up by proper hard evidence.
- Preparatory work was being undertaken to look at the future combination of the Taunton Deane and West Somerset Local Plans.
- Planning Policy could take a mandate from the Task and Finish Group and Scrutiny to investigate the policy of Lifetime Homes further in a structured way for instance under a Plan Review.
- Two issues with the Lifetime Homes initiatives, proving the need and then viability.
- Need would not be very difficult, however, viability would be more problematic as the implications of putting further standards on new housebuilding would add a greater financial burden on types of development.
- Every decision you take adds to it in terms of implications, but you cannot have

everything in terms of demands – trade-offs?

- Local Plan – when that time comes to review, if can be demonstrated that it has been done elsewhere, so as a matter of principle it can be done, just would need to demonstrate why it is appropriate for West Somerset.
- If the impression is given that it is a bit of a wish list, adding conditions pell-mell it would be more difficult.
- Local Plan - Good opportunity to prepare a singular document which provides an outward looking focus for the New Council and says this is what we are trying to achieve, see in terms of new development, and standards of housing we would want to work to etc.
- Planning Policy was currently preparing a bid for some funding from the Government for 'Planning Capacity' money for Joint Working, which could be used to be put in a bid for some money to do this background work and address, for instance some of the questions identified by this Group on Health and Wellbeing, put a cost on what does this cost to do? What good practice is there out there?
- Work we could theoretically do ourselves, but bring outside money in to ensure we do that work and accelerate it.
- Have that session with Members and stakeholders at the appropriate juncture and get that ownership of what the priorities should be.

9.25 **Licensing Objectives Feedback – Could an extra criterion around Health and Wellbeing be adopted to make five criteria locally?**

9.26 "The Council is not able to adopt 'health and wellbeing' as an extra criterion when dealing with the licensing of fast food, alcohol and clubs, for reasons outlined below.

9.27 Alcohol, entertainment and late night refreshment is controlled by the Licensing Act 2003. The Act identifies four 'licensing objectives' by which must be addressed when licensing functions are undertake. These are:

- The prevention of crime and disorder;
- Public safety;
- The prevention of public nuisance; and
- The protection of children from harm.

9.28 The Home Office's guidance in respect of the Act is clear in its position with regard to what the licensing authority can consider, stating that 'Each objective is of equal importance. There are no other statutory licensing objectives, so that the promotion of the four objectives is a paramount consideration at all times.'

9.29 Policy wise; whilst the licensing authority must publish its own 'statement of licensing policy' to set how it intends to promote the licensing objectives and identify matters which are of importance within its area, the Home Office guidance again affords no room for broadening the objectives. It states that 'while statements of policy may set out a general approach to making licensing decisions, they must not ignore or be inconsistent with the provisions in the 2003 Act.' Were a licensing authority to identify a fifth objective in its policy and make considerations on it, the authority would clearly be inconsistent with the

Act and such decisions would be hold no weight if challenged.

9.30 There are calls for public health to become a licensing objective, alongside the existing four and it is understood that Public Health England and certain local authorities are looking at how local health data could be used to support decisions based on a licensing objective for public health."

9.31 **6th Meeting – 20th February 2018**

9.32 At the sixth and final meeting of the Group, Somerset Partnership NHS Trust's responses to Cllr Ian Aldridge's question was included in the Agenda and there was brief discussion on their answers. The Strategy and Partnerships Lead gave an overview of the strategic activity of the District in terms of Health and Wellbeing, an overview of the Action Plan, progress on the Sustainability and Transformation Plan, and talked to a draft copy of the Somerset Strategic Housing Framework.

9.33 The Scrutiny Officer gave a brief overview of the attendees over the five previous meetings and the key messages that they had relayed. Draft Recommendations were circulated for the Group's comments and approval.

10 Links to Corporate Aims / Priorities

10.1 West Somerset Council's Vision is "to enable people to live, work and prosper and for Business to thrive in West Somerset."

10.2 This proposal links in with Key Theme 1 – Our Communities, namely:

10.3 "C) The wellbeing of older people – West Somerset has the oldest average age of any district in England. Rural isolation and loneliness, in particular, are real issues."

10.4 This proposal links in with Key Theme 3 – Our Place & Infrastructure, namely:

10.5 "C) Work with others to find solutions that ensure facilities valued by local communities and visitors (such as public toilets) continue to be available."

11 Finance / Resource Implications

11.1 None related to this report.

12 Legal Implications (if any)

12.1 None related to this report.

13 Environmental Impact Implications (if any)

13.1 None related to this report.

14 Safeguarding and/or Community Safety Implications (if any)

14.1 None related to this report.

15 Equality and Diversity Implications (if any)

15.1 None related to this report.

16 Social Value Implications (if any)

16.1 None related to this report.

17 Partnership Implications (if any)

17.1 None related to this report

18 Health and Wellbeing Implications (if any)

18.1 This report is about looking at ways in which West Somerset Councillors can engage with and encourage people, families and communities in relation to taking responsibility for their own health and wellbeing, as well as making sure that families and communities are thriving and resilient, and Somerset people are able to live independently.

19 Asset Management Implications (if any)

19.1 None related to this report.

20 Consultation Implications (if any)

20.1 Consultation was undertaken with various officers, groups and organisations during the course of this piece of work.

21 Scrutiny Comments / Recommendation(s) (if any)

21.1 Scrutiny Committee considered the report on the 19th April 2018 which was presented by the Chairman of the Group, Councillor Kingston-James. Comments included a desire to learn more about the proposed pilot at Recommendation F.3 including the possible organisations invited to be involved and location suggestions. The recommendations as written on the page above were all passed unanimously by the Scrutiny Committee and recommended to the Cabinet to recommend.

Democratic Path:

- **Scrutiny – Yes**
- **Cabinet – Yes**
- **Full Council – No**

Reporting Frequency : □ **Once only**

List of Appendices (delete if not applicable)

Appendix A	National Standards for Size of Dwelling Table
Appendix B	West Somerset Public Health Profile
Appendix C	Somerset Prevention Charter

References

- Department for Communities and Local Government - Technical Housing Standards - Nationally Described Space Standard (March 2015)
- Habinteg Accessible Homes Independent lives – Accessible Housing Standards
- The Somerset Health & Wellbeing Board – Prevention Charter –Signed by WSC on 31.1.2017
- Somerset Strategic Housing Framework – Improving Health through the Home
- Public Health England – Health Profile 2017
- RIBA – Space Standards for Homes
- Exmoor National Park and West Somerset – Housing Market Profile (2017)

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Table 1 - Minimum gross internal floor areas and storage (m^2)

Number of bedrooms(b)	Number of bed spaces (persons)	1 storey dwellings	2 storey dwellings	3 storey dwellings	Built-in storage
1b	1p	39 (37) *			1.0
	2p	50	58		1.5
2b	3p	61	70		2.0
	4p	70	79		
3b	4p	74	84	90	2.5
	5p	86	93	99	
	6p	95	102	108	
4b	5p	90	97	103	3.0
	6p	99	106	112	
	7p	108	115	121	
	8p	117	124	130	
5b	6p	103	110	116	3.5
	7p	112	119	125	
	8p	121	128	134	
6b	7p	116	123	129	4.0
	8p	125	132	138	

*** Notes (added 19 May 2016):**

1. Built-in storage areas are included within the overall GIAs and include an allowance of $0.5m^2$ for fixed services or equipment such as a hot water cylinder, boiler or heat exchanger.

2. GIAs for one storey dwellings include enough space for one bathroom and one additional WC (or shower room) in dwellings with 5 or more bedspaces. GIAs for two and three storey dwellings include enough space for one bathroom and one additional WC (or shower room). Additional sanitary facilities may be included without increasing the GIA provided that all aspects of the space standard have been met.

3. Where a 1b1p has a shower room instead of a bathroom, the floor area may be reduced from $39m^2$ to $37m^2$, as shown bracketed.

4. Furnished layouts are not required to demonstrate compliance.

Public Health England

Protecting and improving the nation's health

West Somerset

District

This profile was published on 4th July 2017
Deprivation map (page 2) revised on 4th April 2018

Health Profile 2017

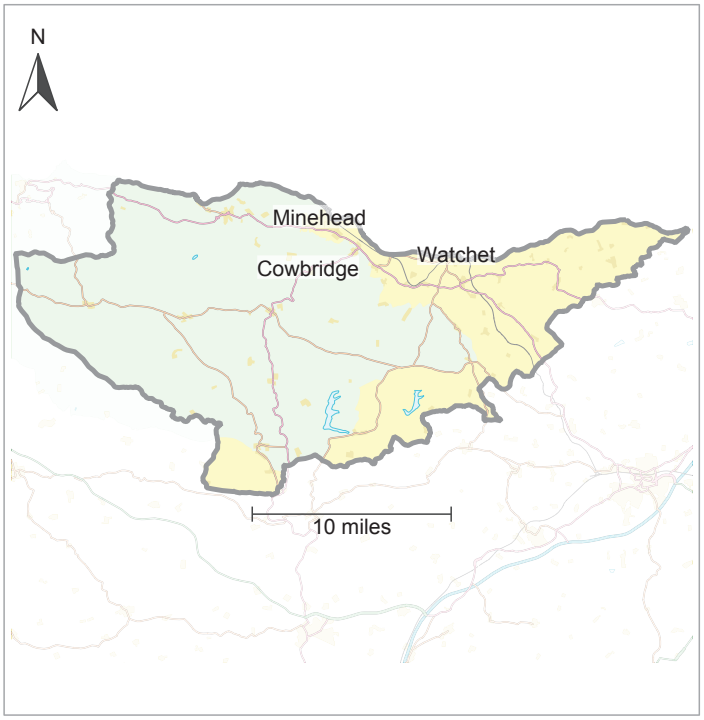
Health in summary
The health of people in West Somerset is varied compared with the England average. About 18% (800) of children live in low income families. Life expectancy for women is higher than the England average.

Child health
In Year 6, 14.7% (35) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 68*. This represents 4 stays per year. Levels of GCSE attainment are worse than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 659*. This represents 247 stays per year. The rate of self-harm hospital stays is 273*, worse than the average for England. This represents 75 stays per year. Estimated levels of adult excess weight and physical activity are worse than the England average. The rate of hip fractures is worse than average. Rates of sexually transmitted infections and TB are better than average. Rates of violent crime and long term unemployment are better than average.

Local priorities
The public health priorities in West Somerset are to build healthy communities and preventing ill health. These priorities include: improving the health of children and young people; focus on health behaviours in midlife; ageing well; and tackling loneliness. We remain focussed on reducing health inequalities and complex needs with sexual health, drugs and alcohol, domestic abuse, obesity and smoking continuing to be key areas of work. For more information see www.somerset.gov.uk/publichealth and www.somersetintelligence.org.uk

* rate per 100,000 population



This profile gives a picture of people's health in West Somerset. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

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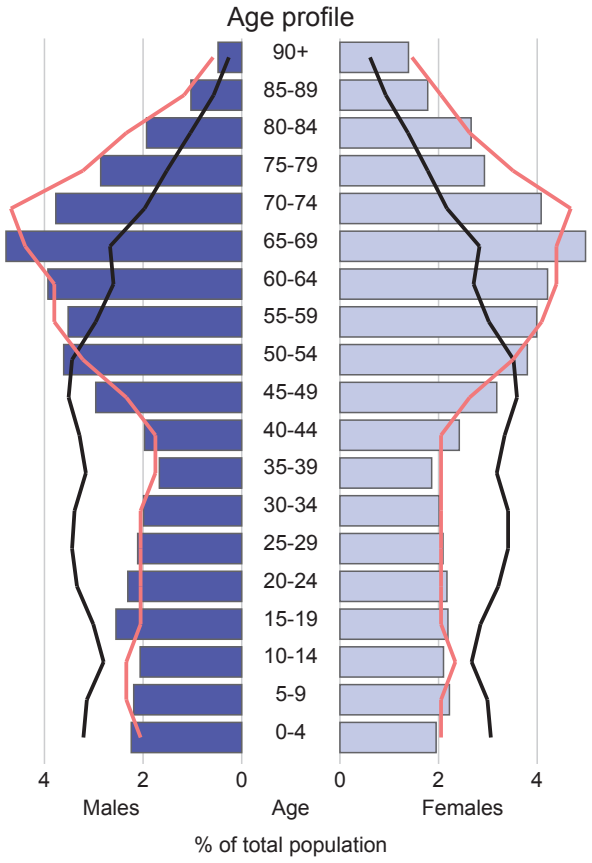
Population: summary characteristics



	Males	Females	Persons
West Somerset (population in thousands)			
Population (2015):	17	18	34
Projected population (2020):	17	18	34
% people from an ethnic minority group:	*	*	*
Dependency ratio (dependants / working population) x 100			92.7%
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

* - value suppressed due to small numbers

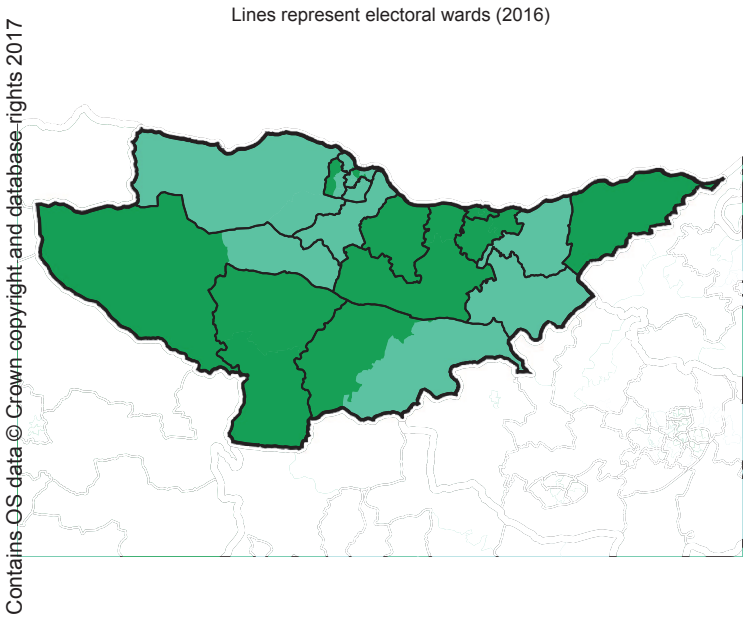
The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

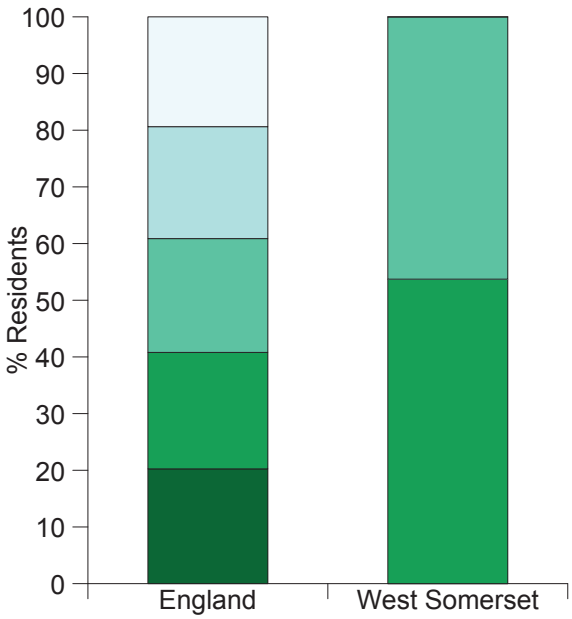
West Somerset 2015 (Male)
West Somerset 2015 (Female)
England 2015
West Somerset 2020 estimate

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.



Most deprived quintile
Least deprived quintile

Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

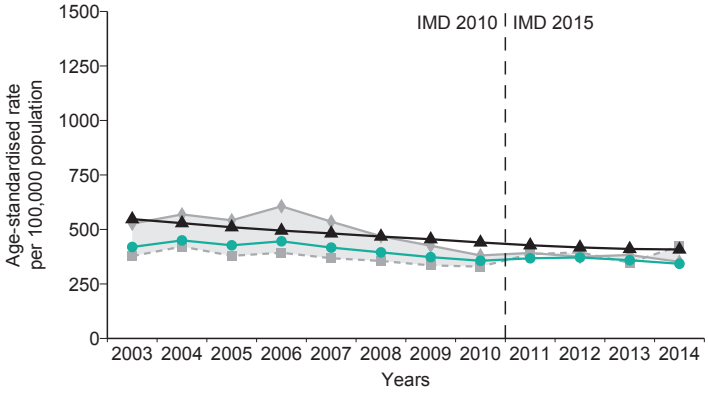
The slope index of inequality for men in West Somerset cannot be calculated, due to the unreliability of the life expectancy value for one or more deprivation decile in this area

The slope index of inequality for women in West Somerset cannot be calculated, due to the unreliability of the life expectancy value for one or more deprivation decile in this area

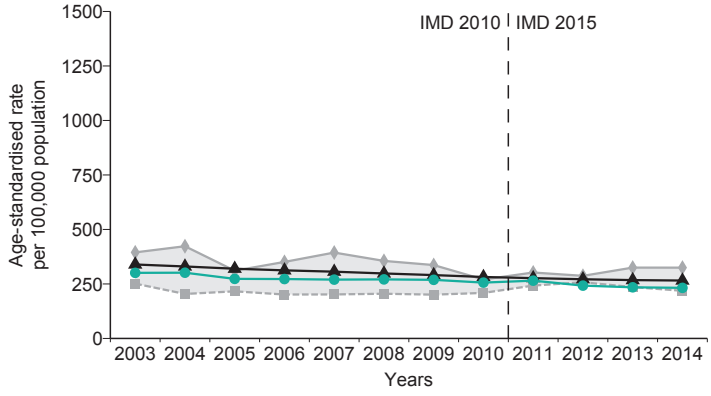
Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes also show the differences between the most and least deprived local quintile in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with time period of the data. This provides a more accurate way of discriminating changes between similarly deprived areas over time.

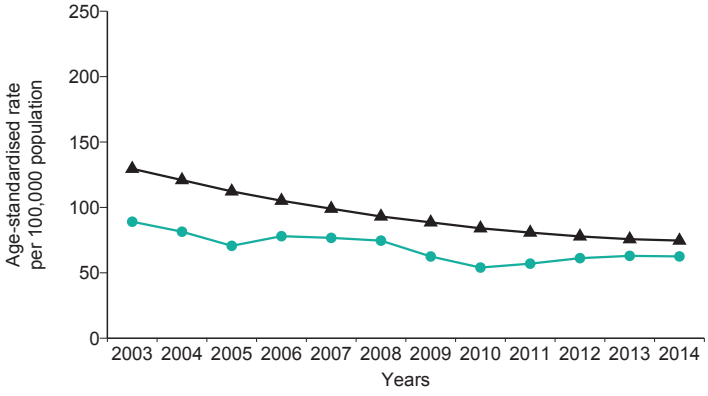
Early deaths from all causes: men



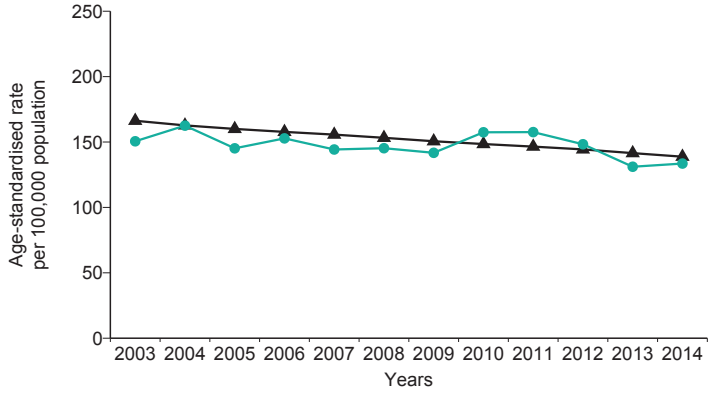
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

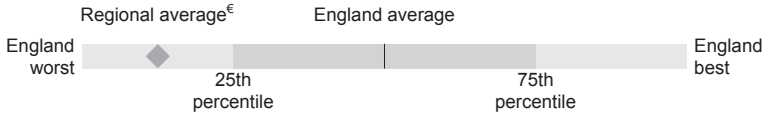
53

England average | Local average | Local least deprived | Local most deprived | Local inequality

Health summary for West Somerset

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	23.3	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2014	825	17.7	20.1	39.2		6.6
	3	Statutory homelessness	2015/16	*1	*1	0.9			
	4	GCSEs achieved	2015/16	130	50.0	57.8	44.8		78.7
	5	Violent crime (violence offences)	2015/16	n/a	15.5	17.2	36.7		4.5
	6	Long term unemployment	2016	11	0.6 ^20	3.7 ^20	13.8		0.4
Children's and young people's health	7	Smoking status at time of delivery	2015/16	34	13.5	10.6 $1	26.0		1.8
	8	Breastfeeding initiation	2014/15	204	x1	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	35	14.7	19.8	28.5		9.4
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	11	68.0	37.4	121.3		10.5
	11	Under 18 conceptions	2015	6	12.8	20.8	43.8		5.4
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	9.4	15.5	25.7		4.9
	13	Percentage of physically active adults	2015	n/a	52.1	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	70.6	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	109	52.4	52.4	39.0		63.1
	16	Hospital stays for self-harm†	2015/16	75	273.1	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	247	659.4	647	1,163		374
	18	Recorded diabetes	2014/15	2,047	7.1	6.4	9.2		3.3
	19	Incidence of TB	2013 - 15	0	0.0	12.0	85.6		0.0
	20	New sexually transmitted infections (STI)	2016	69	367.6	795	3,288		223
	21	Hip fractures in people aged 65 and over†	2015/16	93	769.9	589	820		312
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	80.5	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	85.0	83.1	79.4		86.7
	24	Infant mortality	2013 - 15	2	2.4	3.9	8.2		0.8
	25	Killed and seriously injured on roads	2013 - 15	50	48.6	38.5	103.7		10.4
	26	Suicide rate	2013 - 15	14	x2	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	n/a	n/a	283.5			
	28	Under 75 mortality rate: cardiovascular	2013 - 15	82	62.5	74.6	137.6		43.1
	29	Under 75 mortality rate: cancer	2013 - 15	169	133.5	138.8	194.8		98.6
	30	Excess winter deaths	Aug 2012 - Jul 2015	85	18.8	19.6	36.0		6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
*1 Value suppressed for disclosure control due to small count ^20 Value based on an average of monthly counts x1 Value not published for data quality reasons x2 Value cannot be calculated as number of cases is too small $1 There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

APPENDIX C

Somerset Prevention Charter

OUR DEFINITION

Prevention means different things to different people.

It can be about:

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

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

OUR VISION

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

OUR PRINCIPLES

We agree that:

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

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

OUR ACTION

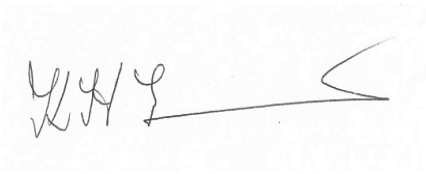
We agree that:

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

OUR COMMITMENT

On behalf of West Somerset Council

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



Councillor Keith Turner

Executive Member for Health and Wellbeing and WSC representative on the Somerset Health and Wellbeing Board

Penny James

Chief Executive