

SOMERSET HEALTH AND WELLBEING BOARD

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Luttrell Room - County Hall, Taunton, on Thursday, 12 January 2017 at 11.00 am

Present: Cllr A Bown (Chairman), Cllr F Nicholson (Vice-Chairman), Cllr A Groskop, Cllr R Henley, Cllr W Wallace, Cllr S Seal, Cllr G Slocombe, Cllr J Warmington, Cllr K Turner, Cllr N Woollcombe-Adams, E Ford, D Slack, J Goodchild, S Chandler, T Grant and J Wooster

Other Members present: Cllr L Redman

Apologies for absence: M Cooke

255 **Declarations of Interest** - Agenda Item 2

None

256 **Minutes from the meeting held on 24 November 2016** - Agenda Item 3

Agreed

257 **Public Question Time** - Agenda Item 4

Sarah Miller from the Stroke Association addressed the board regarding her concerns that the CCG and Somerset County Council have cut funding for Stroke Patients. Steven Chandler responded by reading a statement saying that there is a range of support services available to stroke victims and their families and this has improved since the service was started in 2008.

Somerset CCG and SCC are confident that there are other services are now available. The association have been offered help to explore options from other local funding. William Wallace wanted to add that the amount of funding that had been cut was both £32,000 for Somerset County Council and £32,000 for the Clinical Commissioning Group.

258 **Better Care Fund update** - Agenda Item 5

Steven Foster informed the board that this is an update on the 2017/19 plan.

SF highlighted the key points:

- This is not new money but with a focus on trying to use the existing funds more creatively. It is about helping people to stay healthy and well with a focus on building support through joined up care in the communities.
- When the Better Care Fund first came out it was a challenge to be creative due to tight guidelines – the money was already been spent by our health and care providers and we are now in the position where we can have the conversation with our providers about doing things differently. It is extremely difficult to take money from services and move around the system.

- The planning guidance for 2017/19 is not yet published. Last year the guidance came out in February which gave us a very tight deadline. However we have been given glimpses into what is going to be in the policy framework.
- There will be a greater emphasis on integration between Health and Care. There is a new concept of graduation – if you are a mature health and social care integrated economy you no longer have to create a Better Care Fund plan you graduate from the better care fund and you have an integrated plan through your STP's. Somerset is well on the integration track so worth thinking about. The Better Care Fund is trying to reduce the conditions from 8 to 3 it has got to be agreed through health and social care and ratified by the Health and Wellbeing Board.
- We are planning on having the same schemes as last year. One change is that its going to be a 2 year plan – in line with the NHS contracting round.
- We have to identify where the money is coming from, how we are going to spend it and we have to do the metrics. None of the metrics are showing big improvements – which is disappointing - but we know that things are happening. Delayed Transfers of Care – Somerset was one of the worst performers. Brought together a team to see if we could make an impact on Delayed Transfers of Care – improvements can be seen – and this is through a number of ambitious initiatives. Admissions to Nursing Care Homes – improvements can be seen.
- Planning and Guidance will be out by the next Health and Wellbeing Board meeting.

Points raised in discussion: -

- Cllr Slocombe began by asking about the delayed transfers in care, questioning why her local community hospital has beds that are not being used? These are community issues but we are not actually looking after our communities in these cases.
- DS responded by saying that they are working in the communities but the specific case of the hospital in Bridgwater refers to the opening hours of the minor injuries units which is one of a set of changes and some of these are increasing and some are decreasing so it's not an overall significant reduction.
- EF added that if you are in an Acute hospital like Musgrove Park and the patient should be at home you are a delayed transfer of care, it would be the same if you are in a Community Hospital and you should be at home you would still be a delayed transfer of care – this would not affect the overall position in that respect.
- AG would like a full plan for the future – how it is going to work and how it is going to be financed – AG would also like it demonstrated to her how successful the Symphony Project is and how it has replaced Care in the Community.
- SF responded by saying that we have some work in relation to the Symphony project that we could bring to the Health and Wellbeing Board around the metrics of the variety of test and learns. I think it would be a useful agenda item for the future.
- SC added that EF brought forward to a previous Health and Wellbeing workshop the issue on whether hospitals are the correct place for patients to be after acute treatment has finished, are patients getting the correct level of care.
- AG asked why it is that we have cases where patients are placed in a certain area of care and then they end up in A and E constantly – therefore incorrect placement.
- SC added that there are frequent flyers who often end up in A and E – there is more work required to make sure that this is reduced.

- SS wanted to add that if Symphony works then it is the answer as it manages the care for the individual patient, she added that she hoped that there would be adequate funding for this.
- Steven Foster to stand down and Ann Anderson and Steven Chandler to take over the portfolio.

259 **STP update** - Agenda Item 6

MD began by describing the programme as one of the most significant that Somerset as a whole community needs to respond to. Somerset has a plan and MD was to give an update on the feedback received on that plan nationally. MD said that it is important that we recognise our responsibilities as leaders in Somerset and to reflect on the challenges that are coming – at the moment the system is holding its own, but it is a precarious situation and therefore the way that Somerset responds to the plan is very important. The reality of the workforce – challenges across the community, with hospital pressures as well as out of hospital care are all pressurised.

MD added that the Somerset Sustainability and Transformation Plan had been submitted in October 2016 which was reviewed by the national bodies of health and care – the feedback was that the Prevention Scheme was commended for its detail and commended on the work that TG team had put into it. The document was used by NHS National team as a best practice model – the phase we are in at the moment is the detail, and it needs to be more ambitious of what needs to happen in the next 2 years. The plan is a 5 year plan so there is a journey to go through – and there is intensity for the next 2 years. Its looking at prioritising what we have to do to improve. Stopping patients moving through the system through prevention, there has to be a focus on personal care. Moving forward MD added that there would be a focus on engaging in staff and engaging the community.

Dr Ed Ford is now the chair of CCG taking over from Dr Matthew Dolman

Points raised in discussion: -

- JW began by saying that it exciting because we have got a plan, the problem is when there is no plan and then there is a problem.
- FN added that hospitals will believe that the more that they do the more money they will get.
- DS responded by saying that the basis of the contract has changed and contracts have changed. Acute hospitals such as Musgrove Park don't immediately get more money for doing more – Money is to be distributed more fairly.
- RH added that he believes that the health and care organisations are pretty well organised. They manage the finances available to them well and have been extremely resourceful. There is an issue over funding and this needs to be addressed.
- MD responded by saying that there is a 600m pound gap if we do nothing and a 400m pound gap with the best plans we get together in October which leaves a 200m pound gap in 5 years time which emphasises that there is a financial issue. We need to look at value and

how much the people of Somerset are getting for their pound – and if this is focused on then we may get some way in closing the 200m pound gap.

- TG added that Primary care has a number of perverse incentives – in Somerset we have pushed back in the way this is funded and rewarded for particular work, but given that the CCG will be given more accountability around commissioning primary care in the future – how will this be used as a lever to see if we can get some of the perverse incentives changed in primary care.
- DS answered by saying that the referral is to the application to take some responsibility for commissioning medical services from NHS England – we have not heard the outcome but there might be an issue due to the deficit that we currently have. We need to ensure that the Primary Care objectives are in line with the STP.

260 **Joint Mental Health Strategy update on progress** - Agenda Item 7

The Positive Mental Health Strategy for Somerset was developed in consultation with a range of partners and published in 2013.

DH highlighted the key points:

- There has been a focus this year on the emotional wellbeing of children and young people. Mindful, emotional training has been developed across schools.
- In terms of suicide prevention – there is a multi-agency partnership which is supported by Public Health.
- In terms of stigma – participation in programmes such as Time to Change and World Mental Health Day.
- Adverse childhood experiences – these have a physical impact and a lifelong impact in relation to mental health – a new service is being commissioned to address these impacts – specifically around child sexual abuse.
- Ending loneliness – particularly important due to the rurality of our county.
- Public policy and support for mental health – focus on physical activity and access to green space – which we have a lot of in Somerset.
- Poverty and Inequality – linked to the financial inclusion strategy.
- Vulnerability and Homelessness – mental and emotional health is high priority for this group.
- Mental Health for Adults – work that has been designed around the mental health social service.
- Avon and Somerset Police – continued to fund the Community Liaison Officer role.

Points raised in discussion: -

- JW began by saying that he is pleased about transformation groups for children. We haven't yet put in place proper support for children going into adulthood – focusing on this would be a benefit.

- DH responded by saying that there are 2 posts – to help with children looked after, which are being advertised at the moment.
- EF said that there are an increasing number of children who are self harming – we are going into schools and changing this negative structure.
- GS praised the report but wanted to ask what the purpose of 3 tier structuring is.
- DH responded by saying that this describes the different levels of intervention for children and young people

ACTION: DH to provide diagrams for 3 tiers to the board.

- JW raised the question of mental health provision for leaving care at 18 – there is an issue of what sort of care is provided after this time, specifically from the ages of 18-24 and raised a question about delays in recruiting psychologists to support this work.

ACTION: DH explained that previous recruitments had not been successful for these positions. DH explained that there is a plan to go out a further time to see if staff can be recruited – otherwise there needs to be a discussion within the commissioning group to see what else can be done to fill this gap.

The Health and Wellbeing Board:

- Noted the annual progress report
- Endorsed and supported forward action

261 **Pharmaceutical Needs Assessment for delegation** - Agenda Item 8

Production of a Pharmaceutical Needs Assessment (PNA) is a statutory duty that transferred to the local authority under the Health and Social Care Act 2012. The current PNA was published in February 2015, meaning that it should be revised by March 2018. Production of the PNA necessitates some significant steps, including a minimum 60 day consultation period, so it is prudent that early planning takes place.

PT highlighted the following key points:

- This is a report by the board rather than to the board. It is a report for NHS England – to highlight need for particular types of pharmacy.
- This has to be done every 3 years – the last one was not challenged by the providers so this indicates that we produced the correct evidence.
- Report will be brought back to the board January 2018. There is a 60 day statutory consultation period to start in September 2018.

Points raised in discussion:

- JG began by asking if there will be a reduction in funding for pharmacy's – some people will struggle due to lack of pharmacies close to them.

- PT responded by saying that this would only happen if where a number of pharmacies operate within close proximity to each other.
- EF asked if there is any provision to provide urgent care provision support? As the national push is to see your pharmacist.
- PT responded by saying that it is not directly part of the remit of the report - which has responsibility to identify gaps – there are wider more contentious issues that we may want to make comment on but this is currently not the required role of the board. It is not our role to fund Pharmacies.
- RH added that there is increase pressure on the pharmacies that are left.
- PT responded by saying that it's our responsibility to say if there are an adequate number of pharmacy's not to comment on the quality of care provided by pharmacies.

ACTION: Chair to request a response from NHS England on Pharmacy Care.

The Health and Wellbeing Board endorsed the current PNA working group and continuing the sub-group of the Health and Wellbeing Board, to which the revision of the revised PNA is delegated.

262 **Annual Health Protection Report** - Agenda Item 9

The Somerset Health Protection Assurance Report documents the progress made during the last 12 months and the identified priorities for the next year.

In summary, the Director of Public Health has a high degree of positive assurance that measures are in place to protect the health of the Somerset population. However, pressures on public authorities and services with reducing capacity are a concern, leading to less progress being made in 2016 than was planned.

SB highlighted the following key points:

- Each year there is a set of key priorities for Health Protection.
- Improving immunisation: There has been some progress, particular for childhood flu and pregnancy where there is a good uptake. We are not the best in the country however and we need to look and see where we can improve.
- Air Pollution: – Not as much progress with this as we would have liked due to capacity issues. There are opportunities to look at planning and development controls, especially around the expansion in the towns. We are waiting information on oxites and nitrogen on premature deaths – proposal that we are putting together at the moment to look at additional monitoring.
- TB: There has been a lot of progress made in the last year. There has been a high level of TB brought in from other countries. There has been a lot of progress with screening before people are allowed to travel into the UK from outside the EU which has helped a great deal.

- Housing: Poor housing can have a knock on effect with regards to health. There is a lack of information about the housing stock – the last review was carried out was in 2007.
- Screening: Going generally well but there is still an issue with the uptake of cervical and breast cancer screenings.

Points raised in discussion:

- GS began by saying that it was concerning that there is a lack of uptakes on screening for cervical and breast cancers.
- KT added that the current cancer screening vehicle is unable to go to some rural areas due to it being too large for the lanes.
- TG said that we have to lobby back to discuss this with NHS England.
- TG urged everyone to please encourage people to understand the importance of work.

The Health and Wellbeing Board noted the report, and endorsed the priorities proposed by 2017/18:

1. Overall System Resilience
2. Immunisation
3. Air Quality
4. Identification of Issues and Risks
5. Role of Public Health in responding and adapting to Climate Change

263 Somerset Health and Wellbeing Board Forward Plan - Agenda Item 10

The Board considered and noted the Forward Plan.

264 Any other urgent items of business - Agenda Item 11

There were no other items of business.

(The meeting ended at 1.10 pm)

CHAIRMAN