

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 9 March 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, Ed Ford, David Slack, Judith Goodchild, S Chandler, T Grant and J Wooster

Other Members present: None

Apologies for absence: Cllr N Woollcombe-Adams, Lou Evans and Mark Cooke

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

266 **Minutes from the meeting held on 12 January 2017** - Agenda Item 3

Agreed with the following amendments:

Page 7 – the minute refers to Julian Wooster but is in fact Jane Warmington.

Page 9 – only the first action is an action and the second is a point to note.

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

Campbell Mein asked his question under Item 7 regarding the Autism Strategy

268 **Health and Wellbeing Strategy Refresh** - Agenda Item 5

The current Somerset Health and Wellbeing Strategy covers the period 2013 – 2018. This paper seeks authorisation from the Health and Wellbeing Board to begin the process of developing the next strategy.

Recommendations:

The Health and Wellbeing Board authorised the process to begin work on developing the Health and Wellbeing Strategy for 2019-2024.

269 **Joint Commissioning Board including Better Care Fund** - Agenda Item 6

This paper provided a brief update on the work of the Joint Commissioning Board, including an update on progress with the Better Care Fund

AA highlighted the following key points:

- There had been a real progress on flexibility of the fund
- We are yet to receive updated guidance for 2017/18.
- There is a small increase in the Better Care Fund this year.
- Important to understand how the government believes that we should spend the fund going forward.

Points raised in discussion:

- NWA began by asking if the additional money promised for Adult Social Care is coming out the Better Care Fund?
- SC said that there had been no further clarity on this and it is not clear where the additional 2 million pounds is coming from.
- DS said that he is disappointed with the guidance and is would like to see greater progress on delayed transfers of care.
- AB said that it would be useful if this item is brought back to the board when we know how much the government will be funding.

Recommendations:

The Health and Wellbeing Board noted the updates.

270 Autism Strategy update on Progress - Agenda Item 7

The Somerset Autism Strategy was launched in November 2015. The strategy sets out the commitment of Somerset County Council (SCC) and NHS Somerset Clinical Commissioning Group (CCG) to improving the quality of life for people with autism and their families and carers in Somerset.

This paper provided a progress update on the implementation of the strategy and should be read in conjunction with the attached annual progress report.

DH highlighted the key points:

- The Strategy is being delivered through a partnership Board and subgroups
- There are a number of priority areas as listed on the report at 2.1.
- There is more work to do involving people in the strategy
- There is work in hand to continue to raise awareness and undertake training
- A Review of Pathways for children and young people is going to be taken forward by SEND.

Campbell Mein – Public Question

CM highlighted the following points:

- CM said that he specifically wanted to draw the boards attention to adults with autism without a disability.
- This makes the condition less visible, and harder to see and understand
- Services and access to support is insufficient. This affects many people and families who struggle.
- CM referred to the autism specialist service which this was broken up and taken back by SCC.
- He said that we need to restore the passion and leadership to ensure that circumstances improve for people with autism .
- We need to look at progress against the strategy and implementation of the Autism Act through outcomes

Stephen Chandler responded to Campbell Mein by thanking him for his contribution and saying that he believed that this time last year we believed that the changes made to services would result in an improvement. SC assured the

board that he would correspond with CM to discuss the issues raised further. Deborah Howard added that there are issues with small specialist teams – and that generic support services can be more effective and resilient.

Points raised in discussion: -

- RH began by saying that there is a lack of support and awareness for adults with autism without a disability. Often adults were not diagnosed as children – showing a lack of provision for people. We need to do more to support people.
- DH said that can be long waiting lists for assessment – the longest wait she had heard of was 13 months. The specialist team hold weekly referral meetings. The majority of people do go on a waiting list, and more needs to happen to ensure the service improves.

Recommendations:

That the Health and Wellbeing Board

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

271 **SEND reform update** - Agenda Item 8

The SEND reforms were introduced within the 2014 Children and Families Act. The Act provides the statutory framework for the integration and personalisation of services for children and young people and requires health services in England to work closely alongside education and social care services to provide the right support for children and young people and their families.

In 2016 the government introduced a new Ofsted and CQC inspection framework under which the statutory health, care and education partners in every local authority area will be inspected over the next four years.

The paper outlined the progress made in our implementation of the reforms; provides an overview of the SEND inspection and the government's expectations of agencies as part of Health and Wellbeing Boards.

JR highlighted the key points:

- The more early support that we can give young people, the less they will be affected in later life.
- The legislation covers 12400 children in our authority, aged 0-25,
- These are children who are finding it difficult to access the curriculum or who have behaviours which prevent them from accessing learning.
- This is about advice offered to parents to support fort children with very complex needs.
- It is about how we provide a combination of care, education and health to make sure that their needs are being met in the best way that they can be.

- Half of the children in the independent sector have social or educational needs.
- Children with social or educational needs often don't go into any further education.
- Children and young people with disabilities often don't feel that they are part of communities.
- We need to make sure that we have good transitions through the services.
- Through inspections it has been clear that Somerset has a number of challenges.
- In Somerset the new code is being delivered through the children's plan
- The Health and Wellbeing Board has a duty of oversight.
- The new code is liable to a local area inspection.

Points raised in discussion: -

- TG asked that JR expands on which areas we are doing well at
- JR said that the areas that we are doing well at are: engaging young people – as a group of authorities. Things we are not good at are that Parents don't have confidence in educational needs, many parents would like their child to go into the independent sector but this shows the lack of confidence that parents have in the system.
- J Wooster, Director of Children's Services, commented that the major issue for the Health and Wellbeing board is young people with disabilities do not feel like they are being included. We need to find a way to ensure that young people with disabilities are included.
- Sue Rodgers, Deputy Director for Children's Services added that there has been an increase in permanent exclusions from 29 last year to 60 this year. In addition 1700 children have had fixed term exclusions. SR went on to say that much exclusion have been related to drugs, with schools taking firm action.
- GS added that there are opportunities to pick up challenging behaviours at primary school level – to create a better foundation for the future for these young people.
- KT asked about Home education – is this mainly secondary or primary and how is this type of education assessed?
- JR responded by saying that it is mainly secondary – years 9/10 especially. There are far less children educated at the primary level. There is no obligation for parents to let assessors into their home. If there is a concern then we would have to go through the social care system.
- SS added that there is an inspection coming up and wanted to know where we are in getting ready for this inspection?
- JR added that the event in May is actually a peer review – which is when another authority comes along and works beside you – to give constructive and helpful feedback.
- There are also a set of government funded audit tools, which enable us to benchmark ourselves against other authorities.
- JR suggested it is important that the Health and Wellbeing Board works closely with the children and young people's plan

- TG added that the role of the Health and Wellbeing Board is to ensure that the strategy is taking heed of the joint strategic needs assessment and the Health and Wellbeing strategy. It not the role of this board to performance manage.
- ML said that schools and police have a different approach to the zero tolerance which is an issue.
- Sue Rodgers said that most schools do have a zero tolerance approach to drugs. However it is important to coordinate an approach to managing young people who are likely to get involved in drugs.
- SR also added that if a child has 2 fixed term exclusions then they are often on their way to permanent exclusion.
- JG asked how effective are the pupil exclusion units and do they help?
- SR said that effectively is hard to answer – measurable outcomes need to be put in place.
- JR said that its everyone’s responsibility. We need to create solutions by working together.
- SR reminded everyone that there is a comprehensive delivery framework – detailed action plan and a fortnightly SMG strategy meeting.

Recommendations:

The Board notes the inspection findings from other local areas’ inspection to date, and discussed the implication and action required by agencies to prepare the inspection.

272 Somerset Health and Wellbeing Board Forward Plan - Agenda Item 9

The Board considered and noted the Forward Plan.

273 Any other urgent items of business - Agenda Item 10

There were no other items of business.

CHAIRMAN