

# THE HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held in the Luttrell Room, County Hall, Taunton on Thursday 13 July 2017 at 11.00am

**Present:** Cllr C Lawrence (Chairman), Cllr D Huxtable, Cllr L Vijeh, Cllr A Broom, Cllr N Woolcombe-Adams, Cllr S Seal, Cllr G Slocombe, Cllr J Warmington, Cllr K Turner, Dr Ed Ford, J Goodchild, S Chandler, T Grant, T Aarons, M Daly, H Rutter, T Harvey

**Other Members present:** Cllr G Fraschini

**Apologies for absence:** Cllr F Nicholson (Vice-Chairman), Dr D Slack and J Wooster

## 274 **Declarations of Interest** - Agenda Item 2

Members were reminded that they needed to fill out declaration of interest forms and they could be obtained from the Community Governance team.

## 275 **Public Question Time**

There were no public questions.

## 276 **Joint Strategic Needs Assessment (JSNA) 2017** – agenda item 4

JSNA Project Manager Jo McDonagh and Public Health Specialist Pip Tucker gave a presentation to accompany the report for this item.

The JSNA is a requirement for all county councils and is the responsibility of the Health and Wellbeing Board. The objective is to examine the health, wellbeing and social care needs of the whole Somerset population. The JSNA's main purpose has been to inform commissioners and provide them with accessible information to help them develop and improve services.

This year's focus was 'ageing well' and looking further at how to prevent or mitigate ill health, how to help future generations to maintain good health and wellbeing throughout their lives.

The work has mainly been through discussion groups and interviews added to facts and figures.

Points highlighted in the presentation included:

- According to those interviewed, ageing well means having a purpose, having a sense of community and feeling valued
- Factors that help people to age well including community support, laughter, socialising, having the basics – heat, light, food etc.
- Factors that don't help people to age well – loneliness, caring responsibilities, lack of transport, negativity of media
- 45% of disease can be prevented or delayed by lifestyle i.e. not smoking, drinking responsibly
- Inequalities are evident and addressing them will reduce suffering and save money

- New housing should take account of ageing and existing stock be adapted accordingly
- Good work including voluntary is beneficial

Discussion points raised included:

- Transport was an important element of ageing well and would feature in future JSNAs.
- Inequalities should be on top of the agenda for the Health and Wellbeing Strategy
- It was surprising that 4% of population produced 50% of demand on health and care spending
- Lots of conditions were reversible with lifestyle changes e.g. exercise, diet
- There was a lot of data on housing which featured in the JSNA

Mr Tucker asked the Board to consider the priorities for next year's JSNA and ideas included communities, conditions and illnesses, behaviour change, inequality, wrong direction of travel, where Somerset fared badly compared to others, and population groups. It was agreed this could be discussed further at a developmental session and that it should be added to the Health and Wellbeing work programme.

**The Board agreed to approve the final version of the Joint Strategic Needs Assessment Summary 2017 and accompanying qualitative report.**

## 277 **Better Care Fund draft Plan 2017/19 – Agenda Item 5**

Director of Adult Social Services Stephen Chandler gave a presentation to accompany the report. The Better Care Fund is aimed at supporting the integration of health and social care. The fund is an opportunity for local services to transform and improve the lives of people that need it the most.

Points highlighted in the plan included:

- The approach would be a continuation of joint working arrangements
- The CCG and County Council were working to prepare plans that enable partners to deliver better outcomes for people through fully integrated, person-centric and seamless health and social care services
- To meet the national conditions there would need to be a jointly agreed plan – this would involve stakeholders including health providers and organisations and district councils.
- Social Care Maintenance was crucial - initiatives include social care services that have benefits for the health system, releasing resource and easing pressure on NHS Services
- Work was ongoing with regard to commissioned out of hospital services to support reduced admissions and reduce delayed discharges in the health community
- Progress was being made with managing transfers of care in relation to early discharge planning, multi-disciplinary/multi-agency discharge teams and patient choice. The focus for 2017/18 was on home first / discharge to assess.
- Four schemes were supporting this - Continue to Invest in Reablement,

Joined-up Person-centred care, Improved Discharge to Home Arrangements, Housing Adaptations

Members supported this approach and felt this was the right way forward. Supporting people more in their own homes was particular highlighted as the right move. It was recognised that changes in staffing methods and training would be required and there were challenges to recruit suitable employees.

**The Health and Wellbeing Board agreed to:**

- 1. Consider and comment on the presentation of the draft BCF plan subject to the BCF planning guidance being formally released.**
- 2. Continue to monitor the progression and implementation of the BCF plan 2017/19.**
- 3. Authorise the Chair and one of the Vice Chairs to sign off the report in due course.**

## 278 **Health and Wellbeing Performance Report 2016/17** – Agenda item 6

Corporate Performance Officer Amy Shepherd presented the report which provided an overview of the 2016-17 performance in relation to the Health and Wellbeing Board Priority and duties and requirements. Performance information had been gathered from lead managers at the year end on 31<sup>st</sup> March 2017 to provide the outturn position in relation to each of the workstreams. The performance information was summarised in the scorecard available at Appendix A.

Further points highlighted included:

- 80% of statuses for workstream actions and local measures and milestones were rated green and were therefore on track to being achieved
- 92% of actions, measures, and milestones were improving or maintaining stable levels of performance
- A review of the 2016/17 workstreams had taken place to establish whether they should continue into 2017/18.
- Further measures and milestones would be added to workstream 3 'to drive and oversee new, integrated and sustainable models of care across the county' to enable the Board to have oversight of the progress of the Somerset Sustainability and Transformation Plan in particular in relation to models of care.
- Disappointment was expressed about not moving forward more quickly with workstream 6 – to increase use of licensing powers to promote health, wellbeing and reducing harm. A pilot project aimed at reducing alcohol harm had been run South Somerset District Council but they had been informed that the data was not sufficient in quality and quantity and there were also issues of data sharing. Work was ongoing to overcome this.
- The Director of Public Health congratulated the Board on their previous work around smoking prevention which had resulted in a reduction of smoking levels in Somerset.

## **The Health and Wellbeing Board:**

- **Considered and noted the 2016/17 outturn Performance Information available in Appendix A and overview of progress provided by each Workstream Lead at paragraphs 2.3 to 2.8 of the appendix**
- **Considered and noted the performance information as at 31st May 2017 for the 2017/18 revised workstream actions and metrics in the Somerset HWB Board Scorecard, available at Appendix B to the report**

### **279 Devon and Somerset Fire and Rescue Service updates – Agenda Item 8**

The Board agreed to bring this item forward to allow John Irwin from Devon and Somerset Fire and Rescue to present this item. He explained that the fire service had been tasked to carry out surveys for all tall housing stock across the county following the Grenfell Tower event. There were no buildings of concern identified in Somerset. However the service had now been asked to check all housing stock across the county which covered a lot of properties and were given advice to the public about emergency evacuation procedures. There had been quite an increase in phone calls to the service about these issues following the disaster. Buildings were being managed in a risk appropriate manner and information about them was being provided by local authorities. There were around 700 public buildings that were being checked including those in health care and education.

Members informed Mr Irwin that there was some concern from the public around this issue and could this been fed back to the service. It was felt that some sort of signage on public and shared building accommodation stating that they had been checked and deemed to be safe would allay concerns. Other concerns related to sufficient exits from buildings and adhering to fire safety legislation.

The Chair thanked Mr Irwin for the update and for the work being carried out and asked for a further update when there was a change in legislation.

### **280 Somerset Health and Wellbeing Board Annual Report - Agenda Item 7**

This item was presented by Christina Gray, Consultant in Public Health, who explained that the annual report set out the progress made under the Board functions – Fulfilment of Statutory Duties, Health Improvement Workstreams, System Oversight and Influence. The work of the Board for 2016-17 can be summarised on the plan shown in Appendix 1 to the Annual Report.

The Chair said it was good to know the progress the Board had made and she thanked the former Chair for all her hard work on this.

### **281 Somerset Health and Wellbeing Board Forward Plan 2016/17**

The Board considered and noted the Forward Plan.

282 **Any Other Business of Urgency**

Cllr Woollcombe-Adams asked for clarification regarding the Somerset Dementia Group as he had been informed that they had been closed down by the Somerset Clinical Commissioning Group (CCG).

Dr Ed Ford from the CCG said due to financial reasons the organisation could no longer provide the resource to run the meetings and had asked if anybody else could step in but nobody had volunteered. Somerset Housing Group was now looking into the possibility of facilitating this. It was asked if this could be put on the next agenda for consideration.

The meeting finished at 12.46pm.

**Chairman  
Health and Wellbeing Board**