

## **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 July 2018 at 11.00 am

**Present:** Cllr C Lawrence (Chairman), Cllr F Nicholson (Vice-Chair), Cllr D Huxtable, Cllr L Vijeh, Cllr A Broom, Cllr S Seal, Cllr G Slocombe, Cllr J Warmington, Cllr K Turner, Cllr Wool, Robinson, Ed Ford (Vice-Chair) and Judith Goodchild

**Other Members present:** Cllr T Munt

**Apologies for absence:** R Benneyworth, Mark Cooke, S Chandler, T Grant and J Wooster

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

There were no declarations of interest.

### **333 Minutes from the meeting held on 24 May 2018 - Agenda Item 3**

The Board agreed the following amendments to the minutes of the meeting on 24 May:

- Minute 322, bullet point 3 – amendment to show ‘assessment of two-and-a-half-year-olds’
- Minute 326, bullet point 1 – amend nursery to nursing.

Following these amendments, the minutes of the meeting on 24 May were accepted as being accurate by the Board.

### **334 Public Question Time - Agenda Item 4**

There were no public questions.

### **335 Update on SEND Inspection - Agenda Item 5**

The Board received a report and presentation which provided an update of implementation activity and progress against Somerset SEND strategic outcomes and the recommendations of the Gloucestershire SEND peer review.

The Board heard that the Somerset SEND Strategy 2016-2019 sets out 5 key strategic outcomes;

- Our families, children and young people report a positive experience of our SEND systems, and feel empowered and confident to engage and make decisions
- Timely and accurate identification and assessment of SEND across education, health and care
- Inclusive and equitable access to good quality local education
- Smooth and effective transitions happen at key points

- Creative partnership working delivers effective, fair and transparent systems and services

*This is based around the vision: We want every child and young person to have the greatest possible opportunity to be the best they can be, to be happy, and have choice and control over their life.*

The Gloucestershire Peer review added additional “points to consider”;

- Develop clear key messages which demonstrate the local areas response to the SEND reforms and the outcomes expected.
- Create multi-agency forums to build on the local SEND strategy and ensure consistent and cohesive messages are embedded across the local area, and at all levels.
- Create a communication strategy to present and embed key messages across and within services across the whole local area and to develop a more comprehensive scene setting approach to provide clarity on the local areas response to the reform.
- Partnership working across health agencies needs to be further developed in order to gain buy in from all areas of health provision.
- Address information management systems to underpin development, inform strategy and track outcomes achieved.

The Board were informed that the strategic priorities must cover services from age 0-25 and that the transition phase between age 18-25 needs to be carefully considered.

A Local Area SEND Inspection can be carried out at any time and all areas understand and are meeting their responsibilities. No grading is given following inspections but there would be a written statement of actions if statutory duties are not met.

The report also detailed recent activities and progress along with identified risks to performance.

Further discussion included:

- Concern was raised over the process for identifying needs and about labelling needs incorrectly. It is recognised that diagnosis pathways are delayed and confusing and plans are in place to address and improve this.
- A lot of work is taking place between SCC and the CCG to strengthen jointly commissioned services.
- Members raised the increase in permanent and fixed term exclusions. It was clarified that this is due to a number of reasons and reflects a national picture. Standards have risen in schools which means that schools may find it more difficult to continue inclusion activities and a

more flexible curriculum. Alternative provision is made on an individual basis, however, mainstream provision provides the best outcomes for children.

- Concern was expressed over financial pressures. It was confirmed that this is a significant challenge when all key statutory partners are under financial pressure. Joint commissioning is key because it provides additional opportunities and significant progress could be made through a joined-up approach.
- Members questioned how performance is being monitored and it was explained that partners are using QPRM monitoring methodology to report on a monthly basis to each other so that progress can be seen. Reports could come to the Board if required and a Lead Person from the Board would also be welcome.

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

- Noted the progress made against the 5 strategic outcomes and recommendations from the Gloucestershire SEND peer review.
- Noted the risks to pace of improvement for partners.
- Requested that the governance for SEND services be given further consideration by the Health & Wellbeing Executive Board.
- Requested a further update in Autumn 2018.

#### **336 Health and Care Integration & New Models of Care - Somerset STP - Agenda Item 6**

The Board received this report which gave an update on the Somerset Sustainability and Transformation Programme (STP).

The Somerset STP is the forum for ensuring that the long-term development of health and social care in Somerset was planned as one integrated system. Its role would be to decide 'what' provision should be made and ensure its provision, including leading on required public consultation. Chairs/Chief Executives are the leadership team for the Somerset System and coordinated through the STP. The STP partners are working together on a single system in-year and future year plans, with a shared strategic vision

The Board were informed that 2018/19 is the first year of a consolidated three-year service and financial recovery programme, which aims to get the Somerset system back to financial balance (including commissioner contingency) by 2020/21. To ensure that all parties are signed up to the detail that underpins this approach and to demonstrate how the 2018/19 plan fits with the overall three-year financial recovery plan, it has been agreed by all CEOs that a contractual MoU will be signed. This document aims to set out how this joint service and financial commitment will operate and will be used as the framework for subsequent financial agreements within the three-year recovery plan.

The Board were further updated on the A & E Delivery Board (AEDB) Schemes. The A&E delivery board has been tasked with reducing the impact of the current unmitigated non-elective growth into the system. Planned growth

rates for Somerset have been established following detailed work was undertaken by the SW AHSN. This demonstrates an anticipated growth that is significantly higher than both the South West and National rates compounded in 17/18 by the one-off increase due to the impact of the Weston Hospital overnight closure of ED. The forecast unmitigated planned growth for Somerset is 6% in 2018/19. This, together with the shortfall in capacity experienced during 2017/18, equates to an average acute bed shortfall of 90 beds, rising to 233 beds at times of peak activity. Seven schemes have been developed via the AEDB to mitigate the capacity shortfall. These are focussing on further improving patient flow through the system and developing a set of community-based alternatives to admission.

The Board were informed that work programmes for other key workstreams were also being developed including:

- Health and Care Strategy Development (see separate update)
- Elective Delivery and improvement programmes
- Alliance Development working on the integration of Taunton and Somerset Foundation Trust and Somerset Partnership Foundation Trust
- System workforce and workforce planning
- System estate and capital planning
- System performance and planning including activity, quality, workforce and financial

Further discussion included:

- Concern about difficult in accessing primary care and the effects this then has on acute care providers. Pressure in urgent care was acknowledged. Demand has increased but funding has not. There is a need to identify further areas of efficiencies to raise funds to mitigate this pressure.
- There is a focus on managing demand and on working with acute colleagues to find more clinically-efficient ways of working.
- A cultural shift is required to understand when patients can be discharged as medically fit. More understanding of and confidence in community services is needed.
- It was confirmed that the shortfall of beds and the schemes in place to mitigate this will be regularly monitored and adjusted.
- A Member questioned why more funds and support were not given to primary care as part of prevention strategies. There is currently a GP workforce challenge with more GP's leaving than joining. Schemes to free up GP's time by using a skill mix and up-skilling other professionals are in place. GP's are also included in the decision-making process of these service changes. A model for future GP services needs to be developed.
- It was clarified that Somerset CCG is not the lead commissioner for Weston Hospital but is still engaged and working closely with them and other neighbouring communities.
- It was requested that acronyms be expanded and explained in future reports.

**The Somerset Health & Wellbeing Board:**

- Noted the current position on the STP

337 **Healthy North Somerset** - Agenda Item 7

This item was not presented due to illness but had been previously presented to the Scrutiny for Adults & Health Committee. Consideration to be given to defer this item.

338 **Strategic Housing Framework** - Agenda Item 8

The Board considered a report and presentation which provided an update on the draft Somerset Strategic Housing Framework 2018 – 2022.

The current Housing Framework was published in 2013 and covered the period up to 2016. Work on the new Strategic Housing Framework started in 2017. Strong and effective strategic Leadership, a local economy that provides opportunity for all, homes in Somerset that are good for your health and a society that supports the vulnerable are the themes of the draft Somerset Strategic Housing Framework 2018 to 2022.

The Somerset Strategic Housing Framework has been prepared by the Somerset Strategic Housing Partnership (SSHP), comprising representation from the five Somerset local housing authorities, Housing Associations, Exmoor National Park and the County Council including Adult Social Care, Public Health and Strategic Planning.

Local authorities have a broad role to play in supporting and regulating the housing sector and creating sustainable communities. In improving the health and wellbeing of ourselves and our families, and in supporting individuals to live well and independently - all agencies, including the NHS and Social Care are impacted by issues of housing availability, the quality; design and suitability.

The Framework sets out a vision for housing in Somerset at the heart of which is collective Strong and effective strategic Leadership which will deliver across an integrated system that embraces communities, housing, health & wellbeing, social care and town & country planning.

The Framework also sets out three major themes and under each one, a set of priorities and ambitions:

**A local Economy that provides opportunity for all:**

Increase housing supply across all tenures and maximise the proportion of affordable homes including within rural communities, to be constructed by a skilled local labour force.

**Homes in Somerset are good for your Health:**

A healthy living environment with secure and decent homes that fosters independent living within strong communities.

**A Society that supports the vulnerable:**

Coordinated support to individuals and communities to reduce the impact of Welfare Reform, to prevent homelessness, and to facilitate a balanced housing stock that meets the needs of all local people.

Specific health related impacts from housing include physical and mental health problems arising from poor quality or insecure housing. In addition, the type and location of the home will impact directly on the ability to live an independent life, including connections to employment, training and community life. The type and location of the home will also impact on the accessibility of support to aid independence or recovery, including step down from hospital or the prevention of admissions. Finally, the availability of suitable, affordable homes will impact directly on the supply of essential key workers including health professionals, social care, care workers and ancillary staff. The stakeholder conference in July 2017 was well attended with over one hundred delegates attending. There were also 8 workshops to enable delegates to discuss and refine the scope of the Framework.

Consultation on the Housing Market Profiles and the Workshop Summary were held from July 12<sup>th</sup> to September 30<sup>th</sup> 2017.

The Draft Somerset Strategic Housing Framework has been published and was out for consultation until the April 30<sup>th</sup> 2018. Consultation responses are currently being considered by project team. In due course all responses will be reported to the Somerset Strategic Housing Partnership (SSHP). Going forward, we anticipate additional opportunities for further engagement as the Framework is approved. This will be followed by a multi-agency delivery plan and partner/district action plans.

Further discussion included:

- How the Strategy might link with the Improving Lives Strategy.
- It was suggested that District Councils could consider building houses in competition with the private sector.
- Local labour should be used where possible to build houses to promote the local economy.
- Concern was raised over the delay in obtaining Universal Credit and the detrimental effects this can have on renting accommodation.
- It was confirmed that council tax discounts are not given for second homes.
- Concern was raised about noise disturbance with cheaper housing and with empty properties deteriorating so that they cannot be used.
- It was suggested that SCC has an opportunity to create additional housing through the development of A Block.

**The Somerset Health & Wellbeing Board:**

- Noted the update report on progress of the Strategic Housing Framework for Somerset.
- Agreed to ensure strong links between the Strategic Housing Framework and the new Health and Wellbeing Strategy, 'Improving Lives'.
- Agreed to delegate a response to the request for advice on the consideration of identified housing related health impacts through the Health and Care Strategy 'Fit for Your Future' and the STP to The Director

of Public Health and the CCG Lead for the Fit for Your Future Programme. Following this, the Board recommended that a discussion and challenge session be arranged to include District Council Housing colleagues.

### 339 **Gypsy Traveller Champion - Agenda Item 9**

The Board received a report seeking to authorise the appointment of a Gypsy Traveller Champion and outlining the parameters of this role.

Board Members had previously considered a paper on the Health and Wellbeing of the Gypsy and Traveller community and this identified a number of actions that could be taken to support and improve Gypsy and Traveller health outcomes. One of these actions was the creation of a Gypsy and Traveller Champion on the Health and Wellbeing Board.

It was proposed that the Champion would complete the following role on the board:

- Be an active Champion for Gypsy and Traveller Health
- Provide a yearly update on action to improve Gypsy and Traveller Health in Somerset
- Have a thorough and current knowledge of the health needs for the Gypsy and Traveller Community

The Champion role should understand the Gypsy and Traveller community and be able to represent their needs to the Health and Wellbeing board.

The role will be supported by Public Health and Somerset Equality Officers Group officers and they will provide updates and clarification to make sure the Champion is clear on the needs of the community.

The Champion will be in role for the term of the Health and Wellbeing Board. Should this need to change during the term of the Health and Wellbeing board a new champion will be requested from the Board. There will be an end of year report that will further define the role of the Champion.

It was highlighted that although there are currently no financial implications for the role some may emerge from the work of the Champion.

#### **The Somerset Health & Wellbeing Board:**

- Agreed the appointment of Cllr Gill Slocombe as Gypsy and Traveller Champion for the Health and Wellbeing Board.
- Agreed that the Gypsy and Traveller Champion should report back regularly to the Board as the role develops.

### 340 **Somerset Health and Wellbeing Board Forward Plan - Agenda Item 10**

#### **The Somerset Health & Wellbeing Board:**

- Agreed to consider a request from an SCC Member to add an item on Sexual Health to a future meeting.

341 **Any other urgent items of business** - Agenda Item 11

There were no other items of business.

**(The meeting ended at 1.15 pm)**

**CHAIRMAN**