

Somerset Health and Wellbeing Board

Thursday 11 July 2019

11.00 am Taunton Library Meeting Room,
Taunton Library, Paul Street, Taunton,
TA1 3XZ



SUPPLEMENT TO THE AGENDA

To: The Members of the Somerset Health and Wellbeing Board

We are now able to enclose the following information which was unavailable when the agenda was published:

Item 3	Minutes from the meeting held on 13 June 2019 (Pages 3 - 12) The Board is asked to confirm the minutes are accurate.
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Democratic Services, County Hall, Taunton, TA1 4DY

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SOMERSET HEALTH AND WELLBEING BOARD

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Council Chamber, County Hall, Taunton, Somerset, TA1 4DY, on Thursday 13 June 2019 at 11.00 am

Present: Cllr C Lawrence (Chair), Cllr F Nicholson (Vice-Chair), Ed Ford (Vice-Chair), Cllr A Broom, Cllr D Huxtable, Cllr L Vijeh, Cllr R Wyke, Cllr J Snell, Cllr C Booth, Cllr J Keen, Maria Heard, David Freeman, Judith Goodchild, Trudi Grant, Julian Wooster and Mike Prior

Other Members present: None

Apologies for absence: Mark Cooke and S Chandler

Declarations of Interest - Agenda Item 2

383 **Minutes from the meeting held on 21 March 2019** - Agenda Item 3

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

There were no public questions

385 **Fit For My Future - Report** - Agenda Item 5

The Board considered a report giving an update on progress on Fit for My Future and invited views on the proposals for engagement and consultation strategy. The report summarised the 'Fit for My Future' Programme which introduced proposals for changing health care services in Somerset. There are a number of emerging proposals to address the case for change.

The changes have been divided into two groups; those that require public consultation as they would involve significant change in the configuration of public service and those that are more straightforward and can be implemented without consultation.

There are three service areas covered by the Fit for My Future programme: -

- **Neighbourhoods and Community Settings of Care;** this includes Community Hospitals and their inpatient beds, same day urgent care including the future role of minor injuries units and the creation of urgent treatment centres (these have been mandated by the Department of Health). The wider Neighbourhoods work, encapsulating the development of Primary Care Networks across the county is now becoming more closely aligned with the setting of care workstream.
- **Acute settings of care;** county-wide configuration of stroke service, including diagnosis, treatment and rehabilitation; county-wide configuration of obstetrics and acute paediatrics; review of other potentially vulnerable acute specialities including oncology to understand optimum future configuration of services.
- **Mental Health services;** configuration of acute inpatient beds for people of working age.

Each of these will be addressed individually in three or more separate engagement and consultation exercises. The report detailed the individual

officer responsible for each element and that all four reported to Pat Flaherty as SRO (Senior Responsible Officer).

The details of each of the above elements were set out fully in the report with the overall aim of ensuring that patients are cared for as near as possible to their home, to avoid unnecessary admissions, to reduce the duration of hospital stays and reduce the need for readmission. If this is successful there will be an overall reduction in the demand on hospital beds and more targeted support for people to be looked after in their own homes. The plan is to encourage use of Urgent Treatment Centres and not A&E Units.

There is a financial drive to reduce the expenditure on obstetrics as Somerset is an outlier spending £6million more than its comparators.

This report set out detailed proposals for engagement and consultation and reported on some emerging findings from the engagement undertaken in January and February this year. There were two public focus groups and a third group of staff from acute hospital, community hospitals, primary care, community health care services and Somerset County Council to test and develop the proposals further. These initial focus groups were followed up by:

- An invitation to over 800 stakeholders to give feedback
- Engagement via social media, two videos explaining the different options were viewed 993 times on Facebook and 447 on Twitter
- An Online survey open for two weeks during which 129 members of the public and health staff responded.

All participants were asked to comment on seven criteria leading to the following options being agreed for appraisal: -

- **Quality of care – impact on patient outcomes**, e.g. does clinical effectiveness lead to improved outcomes for patients? how well are patient's needs met? are health and wellbeing improved and illness reduced?
- **Quality of care – impact on patient experience and on carer experience**, e.g. is care provided in a positive environment? does it support privacy and dignity and promote rapid recovery? is more care delivered closer to people's homes? is the service easier to navigate?
- **Travel times for patients and their carers and visitors**, e.g. how much longer will their journeys take by private transport? how long will it take by public transport and how difficult is the journey to make? are any particular geographic areas especially negatively affected?
- **Impact on equalities**, e.g. are any disadvantaged groups particularly impacted, negatively or positively? is there a particular positive or negative impact in terms of access and travel times for areas with relatively high levels of socio-economic deprivation?
- **Deliverability**, e.g. how long would each option take to implement? are there any particular risks?
- **Affordability and value for money**, e.g. what is the overall impact (revenue and capital, health and care services) from the perspective of the taxpayer? which if any options make best use of the overall public estate?

- **Workforce sustainability**, e.g. can we ensure a sustainable workforce with availability 24 hours, seven days a week, or as needed for the specific services? are we able to attract and retain high quality staff? does the option support multi-disciplinary working and improved integration?

An external specialist has been engaged to support this consultation to ensure the exercise is conducted in such a way as to be properly representative and includes both specialists, experts and those groups whose views are seldom heard. This is achieved by using a Citizens Panel.

The Board were offered the opportunity to have detailed presentations on Fit For My Future outside the regular Board meetings as there were a number of new members following the local elections.

The Board discussed the detailed proposals and asked that the consultations took account of the different CCG boundaries. For example, the current consultations being undertaken to inform the Healthy Weston programme and to make sure local GP in practices on the boundary of Somerset were aware of the proposed changes.

The Board asked how the consultants were chosen to deliver the consultation and engagement work. They were assured there was an invitation to tender from firms with experience in the care sector. Three companies submitted bids with a wide range of costs and 'Participate' were selected as offering the best value for money.

The Board were pleased that there was a strong element of Digital Connectivity in the proposals but wanted it to be recognised that there are still many communities in Somerset who have poor network coverage and connections. The Board were keen that due consideration was made for those residents who have limited levels of literacy. The Board agreed that the community around the individual is important in recovery and the plan is patient centred.

The Somerset Health and Wellbeing Board: -

Noted the overall direction of travel and provided a view on the details of the report and the proposals for engagement and the development of a consultation strategy.

386 Somerset Health and Wellbeing Board Constitution update - Agenda Item 6

The Board received a report designed to stimulate discussion about the role of the Somerset Health and Wellbeing Board and the Annual Review of the Board's Constitution and Terms of Reference and the structures that may be required around it in order for it to fulfil its responsibilities.

The Board was formally constituted in July 2013. It is now approaching the sixth year of operation and since this time there have been a number of developments both nationally and locally in regarding the role and expectations of Health and Wellbeing Boards.

The report also set out the Board's meeting dates for 2019/20 together with the membership of the Health and Wellbeing Board from May 2019 for the next year.

The Board discussed the recommendations. There was a question whether the statutory requirement to manage the Better Care Fund meant this needed to be reported at every Board meeting as this would be very onerous and take up a lot of time at Board meetings. Members were informed following an internal audit that it was a statutory duty and that it was necessary to plan a way of fulfilling this statutory duty. It was suggested that 'each meeting' be replaced with 'regularly' otherwise there would be little opportunity to have the range of agenda items necessary to drive forward the Health and Wellbeing programme in Somerset.

The Board noted that there was a statutory obligation to have a Pharmaceutical needs assessment every five years. It was agreed this would be incorporated.

The Board also asked about the 'no substitutes' part of the constitution and was told it had been established to drive the discussion and maintain expertise and worked better without substitutions.

The Board agreed with the additional statutory requirements recommended but wanted more work done on the proposed changes to the Constitution as set out in Appendix A.

Health and Wellbeing Board endorsed the following: -

- **The additional statutory requirements regarding the Better Care Fund and overseeing the care and support for children and young people with special educational needs and disabilities (SEND) detailed in the constitution shown at 2.1 (f) and (g) in Appendix A.**
- **a proposed review of the Terms of Reference for the Health and Wellbeing Executive Group (Appendix B) to drive forward the work programme of the Health and Wellbeing Board**

The Health and Wellbeing Board also: -

Noted the Board's membership for 2019/20 set out in section 2.1

- **Agreed the Board meeting dates for 2019/20 set out in Section 3.2.**

387 **The Somerset Health and Wellbeing Board agreed that other proposals to amend the Constitution at Appendix A of the paper needed some further work and this would be brought back to the next meeting of the Board.**
Healthwatch Report - Agenda Item 7

The Board considered the annual Impact report for 2018/19. Healthwatch is a statutory member of the Health and Wellbeing Board and is committed to supporting the delivery of the Improving Lives Strategy. 1,816 people shared their health and social care experience with Healthwatch. 152 people accessed Healthwatch advice and information on-line or face to face. Healthwatch has 42 volunteers who have given the equivalent of 170 days support. To gather the information for the report Healthwatch visited nine services and 98 Community events to gather the information. From this, 19 recommendations were suggested and 13 have been adopted. 281,000 people accessed the Healthwatch website and social media – an increase of 100%.

Healthwatch have submitted five reports: -

- NHS 111 Service report -October 2018

- Enter & View Report: Able2achieve – November 2018
- Somerset Young Carers Report -March 2019
- Evaluation of Somerset Safeguarding Service – April 2019
- Health Visitor Report – June 2019

Healthwatch have set their priorities for 2019/20. These have been selected based on the feedback received. They are: -

- Access to Child and Adolescent Mental Health Services
- The availability of community support Access to Primary care appointments.

The report noted that when feedback was given, and recommendations were made they were adopted system wide not just isolated to the individual service. The other key finding was to make safeguarding a personal responsibility by asking “do you know how to be safe in the future?”.

The Board was also assured there were links with other consultative groups and activity was not duplicated as Healthwatch had specialist advisers from other relevant organisations.

The Somerset Health and Wellbeing Board:

- **Considered and commented on the progress of Somerset Healthwatch to date and agreed the priorities for the 2019/20 workplan.**
- **Agreed that all Somerset County Council and the CCG Public Consultations around Health and Social Care should be shared with Healthwatch Somerset for Promotion.**

388 Somerset Safeguarding Adults Board - Report - Agenda Item 8

The Board received a report from the Somerset Safeguarding Adults Board (SSAB), this was the second report on a three-year strategic plan. The first plan was to establish the Board and set out the purpose. This was followed by an annual report in the autumn setting out in detail the statutory responsibilities. The Strategic Plan has four main pillars, these are:

- 1) Listening and learning:
 - Safeguarding is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety
 - Learning is used to enhance practice across the system in Somerset
 - Lessons are learned when things go wrong, both in Somerset and elsewhere and appropriate action is taken to reduce risk
- 2) Enabling people to keep themselves safe:
 - People are aware of what abuse is and how to keep themselves and those that they care for safe
 - People know what to do if they think that they are experiencing abuse or neglect
 - 3) Working together to safeguard people who can't keep themselves safe:
 - Organisations, including the third sector, work together to ensure that

- multi-agency arrangements are effective, and that people who are unable to keep themselves safe are supported in the least invasive way
 - Policy and guidance reflects best practice and takes a positive approach to risk
 - There is effective working across local, regional and national partnerships on areas of mutual interest
 - The number of inappropriate referrals is reduced through people raising other types of concern in an appropriate way
- 4) Making sure we do what we said we would do:
- Somerset has an effective Safeguarding Adults Board which fulfils its statutory responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning
 - The Board uses data appropriately to understand where risk exists within the system
 - The Board can demonstrate progress through the regular monitoring of performance and a robust self-audit and peer challenge processes

The report had a draft detailed plan attached. The plan demonstrated a strong alignment with the Improving Lives Strategy, this has been demonstrated with the positive collaboration in tackling the County Lines challenge.

The Somerset Health and Wellbeing Board: -

- **Noted the contents of the report alongside the draft 2019/22 Strategic Plan**
- **Commented on and discussed the proposed strategic priorities for 2019/22**
- **Agreed to continue to promote adult safeguarding across the County Council and commissioned services**

389 Health and Wellbeing Annual Report - Agenda Item 9

The Board considered the annual report of the Somerset Health and Wellbeing Board summarising the work of the Board over the last year.

In addition to fulfilling its statutory duties the Somerset Health and Wellbeing Board undertakes to progress health improvement through a number of priority workstreams each year, as well as taking an oversight and influencing role across the whole health and wellbeing system.

During the year good progress was made on the six priority work streams: -

- *Prevention*: Signatories to the Prevention Charter have active prevention plans in place or prevention has been recognised in their corporate plans. The development of the new Mental Health Champions has also been an important area of work for this work stream. The Improving Lives in Somerset Strategy has developed a new and exciting approach to building healthy people and places in Somerset through a wider focus on environment, infrastructure, housing and the economy as well as on fostering health through education, employment, lifestyle choices and access to health and other services.
- *Joint commissioning strategy for health and care*: The Fit for My Future

Strategy has been developed and consulted upon through a number of engagement events across the county.

- *Integrated and Sustainable Models of Care:* Cross system working has been facilitated by the BCF, and in particular the Improved Better Care Fund and one-off winter funding. Work on support for people at home has been expanded, as have the options and support within hospitals. All of this led to a managing of the winter demand differently and ensured less escalation and delays remaining below the 2.5% target despite a continuation of the increased demand. Importantly it also led to better outcomes for people with a focus on enablement.
- *Improved outcomes for children and young people:* The focus has been on a combination of drug and alcohol use, mental health problems and domestic violence. Improvements have been made in the identification of these risks to children. This approach has been built into service contracts and multi-agency training and awareness-raising has been being developed.
- *Stronger Communities:* A continued focus has been to work closely with the voluntary and community sector to take local action to strengthen local community action for health and wellbeing. This includes a focus on alignment with Primary Care Networks and neighbourhoods. The Board has supported the development and completion of the Somerset Housing Strategy
- *Multiple vulnerabilities and complex needs:* The Positive Lives framework focuses on the needs of people with multiple and complex needs as a result of homelessness, substance use, mental health issues or antisocial behaviours, including violence. A strong cross sector partnership supports innovative working relationships between organisations to find new solutions with and for these individuals. Creative Solutions has seen joint commissioning between public health and Adult Social Care with the procurement of an innovative housing solution for people who are homeless; providing wrap around support where people live to obtain and sustain a place to live.

The Board has maintained oversight of a number of strategies, ensuring alignment with the Joint Strategic Needs Assessment and Health and Wellbeing Strategy and providing an opportunity for the escalation of issues that can only be resolved through multi-agency collaboration or holding partners to account. The adoption of a joint working protocol has supported Chairs of Strategic Boards for Health and Wellbeing, Children and Adults Safeguarding, Community Safety, the Children's Trust and Corporate Parenting Boards to work together on issues of common interest.

New members of the Board were informed that Mental Health Champions were needed and the prevention charter would be emailed to all members. There would be opportunities for training and learning in the future.

The Somerset Health and Wellbeing Board: -

- **Accepted and approved the annual report of the Board.**

390 **Health and Wellbeing 2018/19 Outturn Performance Report** - Agenda Item 10

The Board considered the Outturn Performance report. The report contained a scorecard of achievements against the agreed workstreams. In summary the achievements were rated red amber or green. It recorded that 53% of the measures were green, 73% were on an upward trend. Against each rating there was an explanation of how the rating was awarded and details on actions required to maintain or improve the rating.

During 2018/19 six priority workstreams were in existence, through which delivery of the Strategy was enabled, these were:

- Workstream 1: Drive system leadership to improve the health and wellbeing of the population.
- Workstream 2: Develop and drive a Joint Commissioning Strategy for future Health and Social Care Services working with Health at strategic and operational level.
- Workstream 3: Drive the integration of health and social care using the Better Care Fund.
- Workstream 4: Improve outcomes for Children and Young People through partnership working.
- Workstream 5: Give system leadership to building stronger, resilient, healthy communities.
- Workstream 6: Provide system leadership to address multiple vulnerabilities and complex needs. Each of the priority workstreams has a designated Lead Manager(s).

The Board discussed the report and the scorecard. They noted the achievements and measures in place to improve the scores where necessary, however they did ask if the score card could be redesigned to make it easier to read. It was agreed that once the outcomes and metrics were established that this would be reviewed to try and find a more user friendly way going forward.

The Somerset Health and Wellbeing Board: -

- **Considered and commented on the 2018/19 outturn Performance Information on the scorecard.**

391 **Somerset Health and Wellbeing Forward Plan** - Agenda Item 11

The Board agreed to review the forward plan at the next meeting where it can be guided by the outcome of the constitution review. The aim will be to have fewer items but in greater detail. The Chair also informed the Board that she had written to those members who had left the Board to thank them for all their hard work.

Next meeting will cover: -

JSNA

Sexual Health

Better Care Fund

Gypsy and Traveller Update

Fit For My Future

392 **Any other urgent item of business - Agenda Item 12**

There were no other items of business.

(The meeting ended at 12.45 pm)

CHAIR

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