

## **SOMERSET HEALTH AND WELLBEING BOARD**

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Taunton Library Meeting Room, Taunton Library, Paul Street, Taunton, TA1 3XZ, on Thursday 11 July 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 Wyke, Cllr Snell, Cllr Booth, Cllr Keen, Judith Goodchild, S Chandler, T Grant, J Wooster and Murray

**Other Members present:**

**Apologies for absence:** David Freeman, Mark Cooke and Mike Prior

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

There were no declarations of interest.

394 **Minutes from the meeting held on 13 June 2019** - Agenda Item 3

The minutes of the meeting of 13 June were confirmed as accurate.

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

There were no public questions.

396 **HWBB Constitution Revision** - Agenda Item 5

This item had been discussed in part at the previous meeting and the draft constitution was shared. This agenda item was to discuss and agree the final details of the Constitution of the Somerset Health and Wellbeing Board.

Under the Social Care Act 2012 the County Council must establish a health and Wellbeing Board and the constitution covers the operation of that Board. The constitution was last revised in 2014 and the arrival of new members is a good opportunity to review and if necessary revise the constitution.

The Board discussed the proposed amendments and there were some clarifications suggested: -

- That the Better Care Fund was discussed at the Board every six months and not every meeting as suggested in the draft constitution,
- That the name of the post rather than the current postholder should be used for proposed members of the Board.
- That the new body resulting from the combining of the Safeguarding Board and the Children's Trust be added when the name was known,
- That a generic e-mail for democratic services rather than a named individual be included.

**The Somerset Health and Wellbeing Board endorsed: -**

- **The proposed changes to the Health and Wellbeing Board Constitution as indicated in the document marked Annex A –**

**designed to promote better practice and improve effectiveness of the board.**

- **Noted the any proposed changes to its constitution and structure and membership will require consultation and approval by Constitution and Standards Committee.**

### 397 **Fit For My Future - Mental Health Update - Agenda Item 6**

The Board received a report setting out the context and imperatives for refining and enhancing Somerset's mental health model. The report contained details of rapid improvement programmes currently being launched subject to the successful recruitment of staff, funded through the Mental Health Investment Standard. The rapid improvement programmes are central to the Fit for my Future, the joint Somerset CCG and Somerset County Council health and care strategy and support the ambition of the Somerset Health and Wellbeing Board to improve the lives of people in Somerset and in particular to increase healthy life expectancy, taking account of quality as well reduce inequality in life, length of life, life expectancy between communities through greater improvements in more disadvantaged communities.

The proposed model is affordable and sustainable, evidence based but need the right staff in place to deliver the programme. The local drivers for the need to develop a long term plan are: -

- Increase demand
- Increasing complexity
- Increase in emergencies (non-elective)
- Increasing rate of suicide
- Workforce and recruitment shortage of psychiatrists.

Somerset mental health is currently underfunded in comparison to other areas. In Somerset the spend on mental health is £10.6 million less than other similar counties. This reduced spend does not mean that Somerset has fewer people with mental health challenges.

The Board were concerned that this was a shocking comparison and they wanted to know what impact this had on the residents of Somerset. They were concerned that the explanation could be that the threshold for accessing the service was set too high. It could also be that the focus has been for too long on addressing those who are severely unwell rather than focusing on supporting people at the earliest opportunity to prevent their mental health deteriorating to the level of crisis.

The Board were assured that there has already been some action taken to address this imbalance. In November last year Somerset made some proposals to improve capacity to support all ages (including dementia)

### 398 **JSNA 2019 - Agenda Item 7**

The Board received a report setting out the Joint Strategic Needs Assessment (JSNA) proposed priorities to support the 'Improving Lives in Somerset' strategy through the proposals for joining up data to improve services and providing timely opportunities for prevention. This year, the Somerset JSNA

looked at a pervasive 'need' within health, care and wellbeing, rather than the needs of a population group. It examined the need for better quality information particularly about individuals, and at data integration to support health and care professionals – and communities, too – in order to make better decisions.

The report set out the case for Integrating data as an obvious 'good thing' in principle, and hugely complicated in practice. It concluded that there is no single, simple solution. Excellent examples exist already in Somerset –the innovative use of data in Brave AI. However, many problems remain, with children's data often held in silos, and even more distant from adult data. While the integration of health and adult social care is progressing well, the same cannot be said for the wider determinants of health and the voluntary sector, which will be vital to future health strategy.

In particular, the JSNA for 2019 is concerned with how to join data from different organizations to understand the complexity of individuals' needs, whilst adhering to the safeguards legally established in information governance. In legislation, the General Data Protection Regulations (GDPR) of 2018 make a legal case for the appropriate sharing of information where it can assist public bodies to undertake their statutory duties.

This JSNA coincides with the development of a Somerset-wide Business Intelligence (BI) strategy, which addresses similar issues, focusing on specific improvements to be made in understanding individual health need. Evidence that is used to support local decision making takes many forms. Some is qualitative, such as patient or customer satisfaction. Much quantitative information held within organizations is on available resources, such as finance or staffing, and as such is very much 'owned' by the organizations concerned. All such data contribute to the efficient provision of services.

It is shown in the JSNA that whilst technically difficult, with appropriate integration software (and the necessary time, money and effort) different administrative systems can be integrated to produce, for instance, shared dashboards. The legal barriers are more complicated, but as a basic principle if joining datasets produces real public benefits then it can be achieved (and effort should not be wasted on data integration that does not produce such benefits).

The Board discussed the report and the following areas were covered: -

- The Health and Wellbeing Board could be the appropriate body to provide the reassurance required for Information Governance needed to underpin this proposed data sharing. All members need to agree to this and to support data sharing (within the guidelines) in all activities and areas of responsibility.
- A good starting point for this joined up data is violent crime – there is a need look at frequent attendance at A&E departments and the incidents of criminal activity.
- An example of where this data could inform activities would be to investigate any correlation between increased attendance at A&E and a shortage of GP appointments.
- Sharing information on ambulance and A&E data in Cornwall has led to a reduction on the demand for ambulances and this sharing of information is due to roll out to include Somerset in the near future.

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

- **approved the JSNA**
- **Agreed to investigate further the role the Board could play in overseeing information governance**

### **399 Sexual Health Update - Agenda Item 8**

The Board had a report which provided an overview of the key developments and challenges in sexual health and highlights some of the impacts in relation to Somerset. Improving sexual health outcomes contribute to a number of priorities in the County Plan and the Health and Wellbeing Strategy particularly in relation to making Somerset a healthier place, helping people to help themselves, targeting resources where they are most needed and reducing inequalities.

There have been good improvements in sexual health both nationally and in Somerset but there are concerning underlying trends that are in turn impacting on population health and sexual health service demand, specifically:

- the rising rates of some sexually transmitted infections,
- the increasing demand on sexual health services,
- access to long acting reversible contraception to reduce unintended pregnancies.

The Board reviewed the information provided in the report and considered the following priorities:

- supporting people to look after their own sexual and reproductive health
- collaboration across the system on sexual health promotion and prevention initiatives,
- an integrated approach to ensuring access to contraceptive and sexual health information and services so that specialist sexual health services can focus on meeting the needs of those with the poorest sexual health and complex need,
- supporting people with HIV to manage their own health whilst ensuring access to support services when needed.

The Board discussed the report and the following areas were discussed: -

- They were interested to know why Somerset appeared to have few cases of HIV infection, yet a higher than national average of late diagnosis. It was concluded that this may be because the numbers of infections are low and therefore testing and detection are not routine.
- The increase demand for Somerset Wide Integrated Sexual Health Service (SWISH) and the fact that there is no additional funding has resulted in a need to review the Targeted Prevention Service part of SHISH service. To support this challenge Somerset will be trialling HIV, syphilis and gonorrhoea on-line testing (home sampling). Early indications are that there is a good level of uptake from high risk groups.
- The different rate of contraceptive use in more deprived areas and the increase in terminations of pregnancy in West Somerset and Mendip.

The Board was interested to hear that there will be a short film from Age UK highlighting the need for all age groups to take responsibility for their sexual health and that taking risks can have difficult consequences whatever your age.

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

- **Agreed to remind people to take responsibility for their own sexual health.**
- **Welcomed the move to more on-line testing as a way to encourage testing for young people.**

**400 Better Care Fund overview update - Agenda Item 9**

The Somerset Health and Wellbeing Board agreed to defer this to the next meeting as there was insufficient time to give this matter the detailed discussion and assessment it needed.

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

The forward plan was approved.

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

There were no other items of business.

**(The meeting ended at 1.05 pm)**

**CHAIR**