

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 26 September 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 B Hamilton, Cllr C Booth, Cllr J Keen, J Goodchild, T Grant and A Murray

Other Members present: None

Apologies for absence: Cllr R Wyke, J Wooster and Mike Prior

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

There were no new Declarations of Interest.

404 **Minutes from the meeting held on 11 July 2019** - Agenda Item 3

The Minutes were agreed.

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

There were no public questions.

406 **Sustainability and Transformation Plan - Presentation** - Agenda Item 5

The Board heard a presentation on the plans for the next two years to respond to the high demand for services in Somerset. The demand for services is a challenge because of the usual anticipated increase over the winter months, because of the ageing population and the issue of increasing costs and expectation. The aim is to make Somerset a better place to live; the Health and Wellbeing Board and the Fit For My Future Strategy are integral to deliver this.

The key areas of delivery are: -

- **Mental Health Services.** These cover prevention and better funded services. A wave II trailblazer has recently secured funding to have a Mental Health worker in every school. Further bids are in place on these will be announced shortly.
- **Acute Settings of Care.** This covers the seven-day access to early pregnancy service, Emergency Services – two A&E Units in the County, the development of Urgent Treatment Centres. The Urgent Treatment centres will ensure access to fast track care which will not always be through A&E.
- **Elective Care.** Oncology in the County has experienced some challenge to have consistent cover at Consultant level. Urology has been over-reliant on locum cover.
- **Neighbourhoods and Community Care.** This covers better collaborations between GP services, the proposed introduction of Urgent Treatment Centres, (consultation on this will begin in early November).

Somerset Assurance Update:-

The Board were informed that Somerset was overspending by £3million per year and the recovery plans put in place to address the following anomalies.

- 52 week wait for treatment will be eliminated by December 2019 in all cases but those where there is an element of unavoidable delay.
- The challenge in Referral to Treatment (RTT) differential across the County and it is an area that needs to be addressed.
- Musgrove Park Hospital. Diagnostic Performance has reduced by 0.3%, this is a concern and being addressed.
- Winter Planning – The Committee were assured that the planning for the spike in demand was based on worst case scenarios. Under this model there is a possibility that there will be a shortage of beds in January/February 2010. The plans are in place to mitigate, this will be implemented if the demand reaches critical level.

The Board discussed the presentation and raised the question of the transfer of patient records between the various hospitals both within Somerset and the neighbouring facilities. Sompar (Somerset Partnership) can now share basic information within Somerset but it is continuing to prove a challenge because each unit has developed its own system but work is being undertaken to address this.

The Board were updated on the current Winter Planning exercise. The plans are based on worst case scenarios. They take account of the weather, spikes in winter related illnesses such as 'Flu. On current modelling there could potentially be a shortage of beds in January and February. To address this escalation beds have been opened during the summer to test the viability of plans. This summer saw an exceptional demand on the services and the response was robust.

The Health and Wellbeing Board agreed that it understood the deliverables was aware of the financial pressures and was pleased to hear about the additional funding for Mental Health Services - in particular for Children's Mental Health Services. The Board recognised that there were still challenges ahead in particular integrated Care and end of life care.

The Somerset Health and Wellbeing Board: -

- **Welcomed the presentation on the Sustainability and Transformation Plan and agreed to support the Improving Lives Strategy**

407 **Better Care Fund - Agenda Item 6**

The Board received a report on the Better Care Fund. The Better Care Fund (BCF) was established by the Government in 2014/15. Its principal intention has been to foster the integration of health and care services and in doing so help people better manage their health and wellbeing and live as independently as possible in their own homes and communities. At a commissioner level, the BCF promotes the legal duty of both CCG's and Local Authorities to promote integration and to enter into pooled budget arrangements where this will lead to

a more effective use of public monies, improve health and care outcomes or reduce inequalities.

At present, the BCF is subject to a national review and this year, 2019/20 is expected to be the final year of the scheme in its current format. Whether the BCF remains or is subject to significant changes is unknown at this stage. Although the construct and requirements of the BCF are relatively complex and the national planning timetable is not synchronised with other planning cycles, the management of the scheme in Somerset has been successful. The BCF has for example:

- Brought about a direct and significant improvement in Delayed Transfers of Care from hospital across the Somerset system and Somerset has performed extremely well against this metric when compared to other areas in the South West. To put this into perspective Somerset's delays have fallen by over 75% in the last two years and the Home First scheme has helped over 5,000 people.
- It has encouraged new and innovative ways of working and support to be provided, for example the expansion of community/village agent resource to include community hospitals and mental health support
- It has helped introduce and integrate new strategic partners for example Community Agents and housing occupational therapists and these have shown how the provision of community-based support is often essential in helping people go home safely and promptly from hospital,
- Piloting new forms of technology that support people to stay at or return to their home.
- New models of dementia care and support, combining 24-hour support with phased support in people's own home
- It has helped foster new joint working arrangements between health and social care professionals for example in West Somerset as part of the Living Better Scheme or Social Care workers working as part of large multi-disciplinary meetings at Frome Medical practice
- It has helped stabilise a number of services during what has been and continues to be very challenging times.
- It has fostered greater integrated working between the local authority and NHS partners.

There are some National Requirements for the BCF scheme next year and these must: -

- Be jointly developed and agreed by the CCG and Local Authority and approved by the Health and Wellbeing Board
- A Section 75 Agreement must be drawn up and submitted in relation to the pooled funds by 15 December 2019,
- Ensure the NHS minimum contribution is protected, and the mandated proportion is specifically used to maintain social care. This should continue to support for example: carers break, reablement and Care Act implementation,
- Ring-fence a portion of the CCG minimum to invest in out of hospital services

Use part of the fund to manage transfers for care at the interface between health and social care that reduce delayed transfers of care (DToC).

- Services and schemes helping to reduce DToC must relate to the High Impact Change Model for Managing Transfers of Care (be focused on: Early discharge planning, Systems to monitor patient flow, Multidisciplinary/ Multi-agency discharge teams, Home first / discharge to assess, Seven-day services, Trusted assessors, focus on choice, Enhancing health in care homes).
- Include centrally-set expectations for reducing or maintaining rates of DToC during 2019-20
- All BCF plans must include ambitions for each of the four-national metrics. Which are: -

1. Non-elective (unplanned) admissions: to hospital (people of any age): Trajectories are the same as those set out in CCG Annual Operating Plans.

2. Delayed Transfers of Care: per day (daily delays) from hospital (people aged 18+)

3. Residential placements: This is defined as the long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+). Population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

4. Reablement: The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

The Board discussed the report and welcomed the community orientated solutions by linking people with resources.

The Somerset Health and Wellbeing Board agreed the following recommendations: -

- **For a new Section 75 Agreement to be drawn up in respect of the BCF, it is proposed that the Somerset Joint Commissioning Board be re-established.**
- **That the members of the Health and Wellbeing Board become members of the JCB.**

In light of the broader integration agenda, the JCB could have:

- **Responsibility for drawing up the detail of future BCF plans**
- **Oversight of other jointly commissioned services and schemes (for adults and children)**
- **A duty to consider other areas of service or support which would be a benefit to people, services or the wider system if jointly commissioned and draw up option appraisals in respect of these**
- **A role in overseeing the development of joint commissioning competencies, teamship and culture change across NHS and**

Social Care commissioners Andy Hill, Associate Director of Integrated Care.

408 Health Protection Forum - Update - Agenda Item 7

The Board had a presentation from the Health Protection Forum giving an update on the five priorities agreed between the members of the forum, namely: - Public Health England, NHS Somerset, Somerset County Council and the four District Councils.

Priority 1:- Communicable Diseases

- Ensure robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system.

Priority 2: - Environmental Hazards

- Ensure robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system.
- In February 2019 Somerset County Council declared a climate emergency and so air quality will be incorporated into the climate change plan.

Priority 3: - Infection Prevention and Control

- Ensure infection prevention and control priorities address local need and reflect national ambition.

Priority 4: - Resilience

- Ensure local and regional emergency response arrangements are in place to protect the health of the population.

Priority 5: - Screening and Immunisation

- Ensure screening and immunisation programmes meet national standards and where work is required to increase uptake, reflect local priorities to achieve national standards.

The Board were informed that the progress over the last year against these priorities meant that of the 35 schools inspected none were found to have lead in the pipes. Somerset was an outlier for invasive group A infections in both the elderly and those with drug addictions. Public Health is looking into this.

Screening and immunisation has become a concern. Due to the reduced level of immunisation in children the UK is no longer rated as being measles free. Somerset performs well on the first dose as that is still above 95% but the follow-up dose is now down to about 90%. Vaccination for 'flu is going well for children, but this does need the annual seasonal push to make sure all those who are eligible for it do take up the injection.

There is a concern for an increased number of Invasive Group Streptococcal (IGAS) infections. These have been centred around testing at drug and alcohol units and in Homeless shelters. Good hygiene and infection controls are being encouraged and although the response has been good it will take a while to reduce.

The Somerset Health and Wellbeing Board:

Welcomed the update, agreed to encourage eligible residents to have the 'flu immunisation and to continue to promote the five priorities.

409 **Safer Somerset Partnership Report - Agenda Item 8**

The Board considered the Safer Somerset Partnership Annual Report. The Safer Somerset Partnership was developed in 2011/12 as a single county wide partnership for delivering duties under the Crime and Disorder Act (1998). The report summarised key activities and achievements since the last report to the Health and Wellbeing Board which was in November 2018. The Safer Somerset Partnership is pivotal in delivering the Improving Lives strategy and is working with the Board to ensure that the planned outcomes are correct.

The purpose of the Partnership is to: -

- provide strategic direction, leadership and improve the effectiveness of the delivery of Community Safety in Somerset,
- Make effective links to other strategic Partnerships, ensuring there is a strong voice for Somerset's priorities and interests on other relevant partnerships and work streams,
- Ensure that the statutory responsibilities of the Partnership are addressed effectively, including the duty to undertake and publish Domestic Homicide Reviews and
- Help Deliver the Improving Lives Strategy for Somerset

The Board discussed the achievements. Since the announcement in March 2019 of some possible funds to support violence reduction Somerset Partnership had been successful in a bid to secure some of that resource and had used it to produce a public health approach to preventing and tackling serious violence. This combined with other funding has resulted in the recruitment of four additional Community Support Officers who will be attached to Pupil Referral Units. The Board were particularly interested to hear that this would work well with the current focus on disrupting the County Lines drug gangs.

The 'Shine a light week' last December was a good example of joint working and this has resulted in a reduction in the number of rough sleepers in Taunton town centre. The initiative was instigated following a significant number of fatalities among the homeless.

The Somerset Health and Wellbeing Board: -

- **Acknowledged and endorsed the work of the Safer Somerset Partnership over the reporting period;**
- **Supported the Safer Somerset Partnership to collaborate with opportunities that arise with additional short-term funding.**
- **Agreed to facilitate improved data sharing as described in paragraph 6.3 in the report.**
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410 **Somerset Health and Wellbeing Board Forward Plan - Agenda Item 9**

The Board agreed to limit the number of items for each meeting to four. The Board invited suggestions for items for January 2020.

There was a request for a volunteer to be a SEND Champion once the description of the role was circulated.

411 **Any other urgent items of business** - Agenda Item 10

There were no other items of business.

(The meeting ended at 1.05 pm)

CHAIR