

## **SOMERSET HEALTH AND WELLBEING BOARD)**

Minutes of a meeting of the Somerset Health and Wellbeing Board () held as a virtual meeting on Microsoft Teams, on Thursday 21 May 2020 at 10.00 am

**Present:** Cllr C Paul (Chair), Cllr F Nicholson (Vice-Chair), Ed Ford (Vice-Chair), Cllr D Huxtable, Cllr L V J Keen, Cllr B Hamilton, , J Rimmer, J Goodchild, T Grant and M Prior

**Other Members present:**

Cllr L Redman, Cllr A Kendall, P Clayton **Apologies for absence:** Cllr A Broom, J Wooster and A Murray

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

James Rimmer informed the Board that he had recently been appointed as Senior Responsible Officer (SRO) for the ICS (Integrated Care Service) Somerset.

430 **Minutes from the meeting held on 16 January 2020** - Agenda Item 3

The minutes were agreed and signed.

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

There some late questions from Mr Andrew Pope. As Mr Pope could not join the meeting it was agreed to send replies direct to him.

432 **Virtual Meeting - Guidance** - Agenda Item 5

The Chair started the meeting by thanking the previous Chair Councillor Christine Lawrence for the hard work she had given to the Board over the years, she noted that they were going to be hard shoes to fill. The Board endorsed the thanks and wished her well.

The Board discussed a report that set out the procedure and guidance for new virtual meetings starting in May and for the foreseeable future. It outlined the new regulations that came into force on 4 April 2020 and the various considerations emerging from these and noted there are likely to be further updates and issues during this transition period. In brief the guidance covers the following areas relevant to public meetings: -

**Accessing meetings**

- Microsoft Teams is the virtual meetings solution recommended for hosting remote / virtual meetings by Somerset County Council. It has functionality for audio, video, and screen sharing. For external users, they can also use the Teams app, by downloading it to their laptop,

smartphone or tablet. External participants can be sent the meeting request via email. Alternatively, someone can be added to a meeting as a voice call.

### **Accessing agendas and reports**

- Democratic Services will continue to publish the agenda and reports for committee meetings, ahead of these taking place, on the Council's website and will notify councillors by email in line with usual practice. Because of the Covid19 social distancing requirements, printed copies will no longer be available for inspection at the Council's offices as this requirement was removed by the Regulations.

### **Meeting procedures**

- At the start of the virtual meeting, the Democratic Services Officer will check all required attendees are present. The Democratic Services Officer will also have details of any Members of the public attending and / or press. The public and press will be notified via the meeting information on the website that they will need to contact the Democratic Services Officer to obtain the link or code for the meeting. The Chair will ask all Members and Officers to turn off all unnecessary microphones, unless they are speaking. This prevents background noise, coughing etc which is intrusive and disruptive during the meeting. Members would then need to turn their microphones back on when they wish to speak. The Chair, who will use video when speaking will ask all participants to turn off their video cameras. Participants will be asked to only turn on their microphones when they are invited to speak and keep their video functions turned off. For members of the Board who wish to speak in the debate, they should click on the meeting chat facility and simply write their question or state they wish to ask a question so that the Chair and meeting administrator are aware. When the Chair invites someone to speak at the meeting, the speaker should say whom they are for the benefit of everyone listening to the meeting, so it is clear who is speaking at any point.

### **Minutes of the meeting**

- Following consent from the Board, the Chair will sign the minutes of the meeting as a correct record at the next scheduled virtual meeting of the committee remotely using an electronic signature.

### **Public Participation**

- Participation by members of the public will continue in line with the current public participation scheme. This can include speaking and / or asking formal questions. Members of the public can listen to or observe the proceedings of the Board.

## **Voting**

- Within the Team facility, there is a straight-forward mechanism to deal with voting. The chat function should be used to ask the Board to take a vote.

## **Confidential or exempt issues**

- There are times when part of a council meeting is not open to the public, when confidential, or “exempt” issues – as defined in Schedule 12A of the Local Government Act 1972 – are under consideration. It is important to ensure that there are no members of the public at remote locations able to hear or see the proceedings during such periods of a meeting. Any Councillor in remote attendance needs to ensure that only they are able to hear the debate or consider any exempt information else they could be in breach of the Council’s Code of Conduct.

## **Disturbance from Members of the Public**

- In line with the council’s procedural rules, if any member of the public disrupts a meeting the Chair will ask them to stop and advise them that they may be asked to leave the virtual meeting. If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

## **Technical issues**

- In the event that the Chair or Democratic Services Officer identifies a failure of the remote participation facility, the Chair should declare an adjournment while the fault is addressed. If it is not possible to address the fault or if the meeting becomes inquorate at any point, the meeting can only continue with information items only and decision items will have to be postponed to the next virtual meeting.

The Board discussed the paper and the proposed guidance for conducting Board meetings using the remote facility. The Board agreed that these procedures needed to be kept under review in the light of experience. The Board recognised that the Local Government Regulations were still operating behind these proposals and that further changes could be introduced.

**The Somerset Health and Wellbeing Board** considered the Procedure and Guidance on Virtual Meetings and agreed to adopting them and updating in the light of experience.

### **433 Covid 19 - Assurance** - Agenda Item 6

The Board received a joint presentation on the Covid 19 response by Somerset County Council, Somerset Clinical Commissioning Group and Avon and Somerset Police.

### **Background:**

- Health protection is part of the HWBB remit sitting alongside health improvement when considering the health and wellbeing of the population. A key element is preparation and planning for a pandemic as historically we can expect a pandemic every 100 years last one was 1918 Flu pandemic (Spanish Flu). Planning prior to Covid19 was based on a flu pandemic with associated emergency plans and exercises in place.
- World Health Organisation declared Public Health Emergency of International Concern 30<sup>th</sup> January 2020 and in Somerset the Public Health Incident room was stood up on 11<sup>th</sup> February 2020. Once it was established that there was a high circulation of the disease a major incident was declared by the LRF and the system response was set up on 19 February. By March the Somerset Pandemic Flu Plan was used as the basis for the response.

### **Response:**

The first phase was containment. The concern was to protect capacity within the NHS to cope with expected Winter Pressure. This was achieved by 'pushing down' the curve of expected Covid 19 cases needing hospital admission. The second phase was the delay phase. This involved: -shielding, lockdown, social distancing and assessing the success against the Government's '5 tests'. The Board heard that the NHS response was to mirror the Public Health response. On 17 March a major incident was announced, and this resulted in stepping down elective care, a doubling of Intensive Care facilities. Another step was to scale up digital solutions. Prior to the pandemic digital consultations represented about 5% of activity and now it is nearer 90% in Primary Care. The risks at this stage mirrored the national ones: PPE and Testing. On 29 April the Board heard there was a concern that people were staying away from the NHS with serious conditions that needed help such as Strokes and Coronary conditions. The message was "Talk before you Walk". Looking forward the new model for delivering NHS services was to: -

- Continue to support Fit for My Future,
- Maximise the experience gathered in relation to digital services with an aim to have 'digital by default' while still maintain the personal relationships. As Covid 19 is not a short-term issue and all the cleaning and social distancing will reduce the capacity of Primary Care services by up to 30%.
- The proposed Integrated Care System (ICS) will operate 'in shadow' but the Board was assured that many of the positive steps of the ICS are already advanced. Somerset Adult Social Care has been working very closely with the NHS to help people to move out of Hospital when their clinical needs have been met. The Nightingale Unit in Yeovil (Henford

Lodge) has greatly assisted in freeing up capacity. These positive steps will be preserved and enhanced by the ICS.

The Board then heard from the Police perspective. Initially crime dropped by 30% there was an increase in demand to enforce the lockdown regulations. This presented a challenge as there were 6,000 reported breaches which had to be explored. These resulted in 118 Penalty Notices being issued and 15 arrests. Although there had been a national concern about a large increase in Domestic Abuse as a result of lockdown so far this has not been a significant change in Somerset. There are reported Domestic Abuse crimes but not far off the average for this time of year. There is a concern that this might increase once lockdown measures are relaxed. Covid 19 has brought a new threat to Police Officers and there is a delay in getting the appropriate guidance and regulation to cover arrangements for Custody Suites.

The Board was then updated on the co-ordinated and joint activity by District Authorities to build Community Resilience and support vulnerable people. This has taken the form of delivering food to those on the Shielded lists, setting up food distribution hubs and establishing the Coronavirus Helpline. This helpline has taken 3,485 calls and there have been 1,293 call outs to identified vulnerable people. This close and co-operative work amongst partners has relied on sharing local knowledge to help all those needing emergency support. Requests for food is growing as more people become vulnerable due to recent changes in their financial status. There has been a lot of work to support Rough Sleepers and to try and get them off the streets due to them being classed as vulnerable. In total 140 people were taken off the street and given temporary accommodation. This has not been without controversy. The Board were shown a slide that set out the support being given to Somerset in relation to Transport and economic recovery activities. These include Business grants, business rates reduction and PPE distribution.

Finally, there were slides covering the current position in relation to Covid 19 and the confirmed cases in Somerset. These were broken down into number of cases in Care Homes, Hospital and the Community. The information was broken down into individual Districts in Somerset. The Board were given the priorities for the next phase: -

- To suppress spread of COVID-19 within Somerset.
- To reduce to overall prevalence of COVID-19 being transmitted in Somerset.
- To ensure health & social care capacity meets COVID needs.
- Monitor and actively co-ordinate services within and across organisational boundaries in Somerset, to maximise and make best use of available capacity to meet the needs of the population.
- To monitor and where possible mitigate longer term impact of COVID on health, wellbeing and inequalities. Defined population groups e.g. Children and Young People as well as the elderly.
- To preserve life.

The Somerset Health and Wellbeing Board were then invited to comment on the proposed priorities: -

- **Communications** - Reinforcement of Shielding and Containment Messages, appropriate use of services, reassurance messages across all population groups
- **Promotion of good health and wellbeing (physical and mental health)**- Proportion of good physical and mental health during pandemic across all population groups
- **Support to Shielding Vulnerable & Isolating People** - Food, medicines, Mental Health support etc.
- **Support to Residential Settings** - Proactive infection control, care home flow, resilient markets, testing
- **System-wide Infection Prevention and Control Measures** - Advice for all aspects of the system proactively and reactively
- **Personal Protective Equipment** - Ensure effective distribution of PPE and mutual aid
- **Staff and Community testing & Contact Tracing** - Tracing from confirmed cases, scaling up of staff testing and monitoring of available workforce
- **System Flow** - Monitoring of flow through the system including arrangements for death management
- **Vaccination Programmes** - Flu Vaccination/COVID when ready
- **Physical Distancing** - Measures to ensure physical distancing, town centre, workplace arrangements, schools and nurseries.

To support the discussion there was a final slide containing a reflection on the successes of the response and a suggestion of good practice that could be carried forward into the Work Programme of the Board: -

- Taking good pragmatic decisions and risks we have delivered significant changes to services, processes in a timely way to the response. It has built momentum which wouldn't want to be lost
- Learning from fast paced transformation (looking forwards not backwards)
- Increased partnership working through the multi-agency cells
- Workforce has responded amazingly
- Virtual working and the use of technology
- Strong responsive communities – mobilisation and looking after each other
- Rough sleepers accommodation
- Increased focus on mental health
- Impact on climate change/active travel
- Lifestyle and associated outcomes for those who have Covid 19 e.g. obesity

The Board discussed the presentation. They praised the good work that has been done and were grateful for some early lessons learned. The first lesson is that things work better when they are joined up and this has been the focus of the Board for a long time. Data sharing and data flow was recorded as a success. The Board wanted this to continue and to include Parish Councillors in some of the very granular local detail. It was suggested that rather than 'Digital by Default' perhaps the focus should be on 'Digital by Design'. This approach would mean that there would need to be the appropriate thinking behind the decision rather than a simple dogmatic decision. This will ensure that those who would really struggle with digital solutions would be catered for. The Board concluded that they were very proud of the way Somerset as a whole had responded to the pandemic and this puts the County in a strong position to tackle the next phase.

**The Somerset Health and Wellbeing Board agreed to keep endorsing and reiterating the Public Health Message of: -**

- **Keep Your Distance**
- **Keep Washing Your Hands**
- **Isolate for 7 days if you have symptoms (dry cough, fever or reduced taste sense of smell)**
- **Do not go to work if you have symptoms.**

**The Somerset Health and Wellbeing Board agreed to submit suggestions for the Work Programme via the executive group and in consultation with Board Members.**

434 **Somerset Health and Wellbeing Board Work Programme** - Agenda Item 7

The Board looked at the Work Programme and agreed that all the items on the programme for the rest of the year had merit they now needed to be reconsidered in the light of the Covid 19 Pandemic and some re-adjustment was needed. It was agreed that this would be discussed by the executive group. It was likely the next meeting would focus on the impact of Covi19 and the actions taken by SCC and relevant partners to monitor and where possible mitigate longer term impact of COVID on health, wellbeing and inequalities. Defined population groups e.g. children and Young People as well as the elderly.

435 **Any other urgent items of business** - Agenda Item 8

There were no other items of business.

**(The meeting ended at 11.33 am)**

**Chair**