

SOMERSET HEALTH AND WELLBEING BOARD (VIRTUAL MEETINGS FROM MAY 2020 DUE TO CORONAVIRUS)

Minutes of a Meeting of the Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus) held in the Virtual meeting via Microsoft Teams, on Thursday 17 September 2020 at 11.00 am

Present: Cllr C Paul (Chair), Cllr F Nicholson (Vice-Chair), Cllr L Vijeh, Cllr R Wyke, Cllr C Booth, Cllr J Keen, Cllr B Hamilton, M Cooke, Trudi Grant, J Wooster, M Prior and James Rimmer

Other Members present: Cllr M Best, Cllr C Lawrence, Cllr J Lock, Cllr T Munt and Cllr L Redman

Apologies for absence: Ed Ford, Cllr A Broom, Cllr D Huxtable, J Goodchild, A Murray and M Lock

Cllr Amanda Broom has stood down from her role on the Board and she was thanked for all her hard work and dedication of the years to this important area of business. A successor will be selected in due course.

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

There were no new declarations.

447 **Minutes from the meeting held on 16 July 2020** - Agenda Item 3

The minutes were agreed as an accurate record of the meeting.

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

There were no public questions.

449 **Covid-19 Dashboard** - Agenda Item 5

The Board had a verbal update from the Director of Public Health on the latest published data on the Covid Pandemic. The figures for 16 September 2020 are:

-

- 1485 detected cases to date in Somerset
- 10 outbreaks being actively managed, 53 being kept under surveillance and 129 outbreaks have been closed.
- The latest rate per 100,000 (the R number) is 7.8 which is below the current regional rate and the rate for England.

The Board were given the individual rate of each District with the highest being Mendip. Fortunately, there have been no deaths linked to Covid 19 reported. There has been a large increase in the number of people getting ill with Covid but these are mainly in younger people and they are not needing hospital treatment at the moment.

The Board were given a strong message to share that the limited capacity for testing needs to be preserved for those needing a test for their work such Health Care workers. There was a recognised problem with the national portal

for booking tests and the Boards were assured this has now been rectified. The system is improving all the time but currently the limit for booking a test is 75 miles; it was recognised that this is not ideal, but capacity is being increased over the next couple of months.

The Board discussed the challenge of getting the right messages shared as there have been some instances of schools and workplaces asking people to have had a negative test before letting them return to work following an illness. It was confirmed that the advice being given to schools and workplaces that if someone is symptomatic, they need a test but if they have been asked to isolate following a possible contact then the test is not required unless they too display symptoms. After self-isolating for 14 days it was safe for people to return to work provided they did not have any symptoms. It was recognised that test results are now taking one or two days to be given and it was imperative that people continue to self-isolate while waiting for results.

A concern around PPE littering was raised and the advice given was that it should be regarded as hazardous waste and only picked up using appropriate protection and then hands should be washed for two minutes. The original messages about properly washing hands remains the best protection for everyone.

There was a suggestion that Community Nursing staff are not being given weekly tests as a routine and the Director for Public Health agreed to investigate and report back to the Board.

The Somerset Health and Wellbeing Board: -

- **Welcomed the update and**
- **Agreed to continue to reinforce the message- Wash hands, keep 2m distance and test only when necessary.**

450 **Homelessness-Health, Care & Housing MOU / Homelessness Reduction Board - Agenda Item 6**

The Board discussed a report from the Strategic Housing Group which proposed the establishment of a Homeless Reduction Board. The proposal arose from the paper discussed by the Somerset Health and Wellbeing Board in July 2020 entitled *Rough Sleepers and Complex Homeless -Covid response, lessons learned and planning for the future*. The report recommended that action was needed to deliver improved collaboration between the health, care and housing systems, in order to improve the health outcomes of homeowners, tenants and the homelessness population. In order to help achieve that, this report proposes the adoption of a Health, Care and Housing Memorandum of Understanding. The partnership response to protect both rough sleepers and those homeless with complex issues during the COVID pandemic has proven that improved collaboration at a senior leadership level can make a significant positive impact to the experience and health outcomes of this cohort of people. The report proposed the establishment of a Somerset Homelessness Reduction Board. That would sit within the governance framework of the Health and Wellbeing Board.

Improving Lives (the Somerset Health and Wellbeing Strategy) and the Somerset Housing Strategy were both adopted during 2019. Both recognise

that housing is a key social determinant and that housing conditions and housing circumstances are a driver of health inequalities. In order to deliver on health, care and housing priorities, it is widely recognised (nationally and locally) that enhanced collaboration is needed at a strategic/systems wide level. The first step to achieve this would be the establishment of a Memorandum of Understanding between partners to collaborate on matters relating to health, care and housing. This all had national legislative drivers including the following: -

- Health and Social Care Act 2012,
- Care Act 2014,
- Sustainability and Transformation Plans 2015 and the
- Homelessness Reduction Act 2017.

The proposed MoU contains specific 'indicators of success', including better strategic planning, better understanding of the preventative role of housing and greater collaborative care (among others). In order to achieve success, the MoU suggests that there are five areas that should be the focus of initial attention. These reflect priorities within the Somerset Housing Strategy and the Somerset Homelessness and Rough Sleeper Strategy:

- Rough Sleeping and Complex Homelessness
- Independent Living
- Climate Change – aspiring to zero carbon homes that deliver thermal comfort
- Gypsy and Travellers
- Health Impact Assessments

The response to the Covid Pandemic demonstrated the strong culture, within Somerset, of collaboration and innovation in relation to the Homeless and Rough Sleeper cohort and because of this Somerset was well placed to react to the call for 'everyone in' and established the Covid- 19 homelessness (Rough Sleeper) Cell. The resulted in providing safe accommodation and the wider provision of health and wellbeing services and support. The team of professionals across a range of crucial services grew rapidly and the trusted relationships formed during the initial phase have endured. There is now a significant determination to continue to improve lives for this socially isolated and vulnerable cohort into the future and work has already begun to embed this way of working as the new business as usual approach. Together this has avoided any outbreaks within the emergency accommodation whilst at the same time improving approaches to preventative healthcare, diagnosis testing (Hepatitis), substance misuse and mental health support. This has saved lives as a consequence of the valuable lifesaving skills training delivered over the same period representing a dynamic and agile partnership.

The Board discussed the report and the latest legislative developments in relation to evictions. It was noted that after 23 August 2020 landlords needed to give 6 months' notice to quit. Possession applications can be made after 20 September but there would inevitable be delays in bring these to Court as there is a backlog. It was suggested that anecdotally some landlords are evicting people illegally and the advice given was for tenants to sit tight and make contact with the Local Authority or the police as it is unlawful to forcible remove a tenant without a Court Order.

There was a discussion about gypsy and traveller sites and the difference between 'settled' sites and traveller sites and that these could not be collocated. There was also some discussion about the number of people living in cars and vans at the side of the road which is a particular problem in some districts. The Board were assured that this was being addressed with appropriate tenacity and resistance from landowners and the community was being pursued.

The Somerset Health and Wellbeing Board: -

- **Agreed to adopt the proposed Memorandum of Understanding - Improving Health and Care Through the Home in Somerset.**
- **Approved the establishment of a Somerset Homelessness Reduction Board (HRB) to sit within the governance framework of the Somerset Health and Wellbeing Board. The HRB to be operational before or during February 2021.**

451 **Fit For My Future Update-Review of Acute Mental Health Inpatient Beds - Agenda Item 7**

The Board had seen a report on the Mental Health consultation. The detailed feedback on the consultation was presented. This confirmed that 538 surveys had been returned, 732 people attended the 63 events organised to promote and discuss the consultation, and 3,538 people were reached through a Facebook Live event. Views regarding the consultation were very divided and polarised; 52% were opposed to consolidating services in Yeovil, principally due to travel distances, time, and costs and problems with public transport. Those in favour, 37%, felt this way based on safety and the quality of facilities. The highest number of returned surveys were in the Wells area, where the proposals were strongly opposed; excluding those areas, the majority of survey response—54%--were in favour with 33% against. The range of views were proportionately the same whether garnered from surveys, face-to-face meetings, or Facebook live events. The detailed report from Participate (the independent consultants) was in the published agenda pack.

Following up the consultation feedback, the next steps will be:

- Consideration given to the feedback from the consultation and the impact this has on the proposal taken to the public during the consultation.
- Considering the findings of a travel sub-group to explore and identify options to mitigate the travel issues raised through the consultation
- Collecting feedback from scrutiny committees and the Health and Wellbeing Board
- Bringing a Decision-Making Business Case (DMBC) to the CCG Governing Body on 24th September.

The Board discussed the report in detail and the following points were raised:

- Concern about travel times and the fact that for some their nearest service might be in the neighbouring county. Assurance was given that the 'cross-border' arrangements are in place and these would not be impacted by the proposed moved of some acute beds from Wells to

Yeovil. The rationale for the move was to provide a better and safer service for those who needed to access acute mental health beds in Somerset.

- Concern about the focus of services in the Southern part of Somerset. The Board were assured that someone in crisis would be taken to the nearest appropriate facility and that still could be out of area if that was nearer.
- There was some discussion about the difficulty of getting to either of the proposed locations if one was relying on public transport and for families visiting this could be quite a challenge.
- It was confirmed that the acute beds in question were for those aged over 18.
- A concern was raised about the risk of people living in the north and east of the county could become invisible and the need for assurance that the community-based service would be sufficiently strengthened to support the proposed move. The Board heard that there is a current recruitment drive to employ up to 90 new Community Psychiatric Nurses (CPNs). The Board were reminded that Mindline operate 24hours 7days a week across the County.

The Somerset Health and Wellbeing Board: -

- **Welcomed the update and detailed report setting out the progress with the mental health consultation and the findings of the independent report compiled by Participate.**

452 SEND Update-Supporting Our Children & Young People with Special Educational Needs & Disabilities - Agenda Item 8

The Board had a presentation on the inspection of Special Educational Needs and Disabilities (SEND) provision in Somerset. There was an inspection by Ofsted and the Quality Care Commission (CQC) in March 2020. The focus was conducted a joint inspection of the local area of Somerset to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014 as detailed in the SEND Code of Practice (2015). The inspectors identified significant concerns in relation to statutory duties which requires a Written Statement of Action (WSoA) by both the CCG and the Local Authority by the 30th of September (deadline was extended following the inevitable delays resulting from the pandemic).

It is important to note that 60% of local areas inspected nationally have been required to produce a WSoA. This is a result in the exponential raise in ECHPs (Education and Health Care Plan). In Somerset this has risen from 1,690 in January 2019 to 2,024 in January 2020. This represents 2.6% of all pupils. The resultant increase in spend is reflected in the revised budget being £7million more than already increased budget of £54million. In addition to the 2.6% of pupils with an ECHP there are 15.4% of pupils with a Special Education Need (SEN) representing 12,217 pupils.

There are some positive demonstrations of the effectiveness of the local area provision: -

- Joint working in the early years leads to effective early identification of children with complex needs.
- Speech and language therapy provision for young people in the Youth Offending Team is well established.
- The effectiveness of joint working in the early years supports timely and accurate identification of young children's needs
- Outcomes for children and young people with SEND in the 'West Somerset Opportunities Area' are improving because of better joined up working between services.
- Opportunities for co-production are improving. Leaders are increasingly responding to the views of parents through the strengthening relationship with the parents and carers forum.
- SENDIAS staff advocate exceptionally well for children, young people and their parents. The service is very well led.

The Written Statement of Action is required to address the following nine areas of weakness: -

- A need to work more closely with children and young people with SEND and their families to understand and learn from their experiences as the County develops strategies to improve the area. Inspectors recognised that there are many strengths in this area, but it was not consistent.
- There was a need to improve leadership capacity across services in Somerset to provide effective support to children with SEND.
- There is a need to continue to strengthen and embed partnership working across Education, the NHS, Public Health and Social Care.
- Improving joint commissioning arrangements between Somerset County Council and the NHS, to improve leaders' abilities to ensure they meet area needs, as well as improving outcomes and achieving cost efficiencies.
- The pathway for children with autistic spectrum disorder needs substantial development to address the poor service too many families are receiving.
- A need to extend inclusive practice in schools across the local area and in turn reduce exclusion rates which currently mean too many children and young people are not accessing education.
- A need to improve the outcomes for all children with SEND, through ensuring effective identification of needs and the right support to make the difference for children.
- The multi-professional assessments and planning required for Education, Health and Care Plans needs to be carried out more swiftly.
- The quality of professional input for Education, Health and Care Plans needs to be at a consistently high level.

The Board were assured that considerable progress had already been made following a meeting with The Department of Education. An Improvements Boards has been established, chaired jointly by the Somerset County Council and the CCG Chief Executive Officers. There have been briefings and surveys to capture the views of a wide range of Service Users, Organisations, Governors and Trustees. In all there have been over 200 meetings with more consultations to follow.

The SEND Improvement Board are responsible for monitoring progress and are on track to submit the Written Statement of Action by the September 30th deadline and are confident that it will make a significant difference.

The Somerset Health and Wellbeing Board: -

- **Welcomed the update and asked to be kept informed of progress.**

453 **Somerset Health and Wellbeing Board Work Programme** - Agenda Item 9

The Board agreed the Forward Work Programme.

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

There were no other items of business.

(The meeting ended at 1.10 pm)

CHAIR