

## **SOMERSET HEALTH AND WELLBEING BOARD**

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Virtual meeting via Microsoft Teams, on Thursday 26 November 2020 at 11.00 am

**Present:** Cllr C Paul (Chair), Cllr F Nicholson (Vice-Chair), Cllr D Huxtable, Cllr L Vjeh, Cllr R Wyke, Cllr C Booth, Cllr J Keen, Mark Cooke, Trudi Grant, Julian Wooster, Mike Prior, Mel Lock and Cllr Mike Best

**Other Members present:** Cllr J Lock, Cllr C Lawrence, Cllr T Munt, Cllr L Redman and Cllr R Williams

**Apologies for absence:** Ed Ford, Cllr B Hamilton, Judith Goodchild, Alex Murray and James Rimmer

### 455 **Declarations of Interest** - Agenda Item 2

There were no new declarations.

### 456 **Public Question Time** - Agenda Item 3

There were no Public Questions.

### 457 **Minutes from the meeting held on 17 September 2020** - Agenda Item 4

The minutes were agreed as a true and accurate record of the last meeting.

### 458 **Covid 19 - Dashboard** - Agenda Item 5

The Board was given the latest information on the current rate of infection and welcomed the news that the 7-day rate was coming down. Public Health were currently dealing with 38 active outbreaks, were watching 279 and had closed 293 since the last report. The Board was updated on the five factors that would be used to determine the Tier allocated to Somerset when the current lockdown ends on 2 December. These are: -

- Case detection rate (in all age groups and, in particular, amongst the over 60s);
- How quickly case rates are rising or falling;
- Positivity in the general population;
- Pressure on the NHS – including current and projected (3-4 weeks out) NHS capacity – including admissions, general/acute/ICU bed occupancy, staff absences; and
- Local context and exceptional circumstances such as a local but contained outbreak.

During the meeting it was announced by Central Government that Somerset would be in Tier 2 once the current restrictions were lifted on 02 December.

There was some discussion around the need to recognise that Somerset was among the lowest in the country for the number of hospital beds and intensive care beds. This has contributed to the decision to put Somerset in Tier 2. There has been a considerable amount of work carried out to help people stay well and stay at home which has increased the number of available beds but that is not enough to amend the decision to place Somerset in Tier 2.

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

- **Welcomed the update and the clarification around the Governments new Tier approach to the ongoing response to the Covid 19 Pandemic.**

#### **459 Integrated Care System - Workforce - Agenda Item 6**

The Board received a presentation covering the Integrated Care System (ICS) workforce. The Board was informed that this was led by a Local Workforce Action Board (LWAB) with a strategic role in the workforce vision and outcomes. The decisions around the local workforce strategic plan were informed by two key pieces of work, Breaking Barriers Innovations and Our Shared Endeavour programme. In September 2020 a revised People Plan was developed. The vision is to create *“a vibrant & agile health and social care sector, working together to attract, develop and retain (young) talent”*. The rationale behind this is because of the challenges faced by the Care Sector in Somerset, namely: -

- Ageing population: Somerset has a below average population of 20 -39 age groups compared to the southwest and England,
- Youth net flow out of Somerset: there is a net flow of 18-20-year-olds out of Somerset,
- No university, but four FE colleges (BTC, Richard Huish, Strode and Yeovil) where a diverse range of health and social courses, at different levels are offered,
- Ageing health and social care workforce: 25% of the total health and social care workforce is over the age of 55 years. The average age of a social worker is 42 years,
- Vacancies & turnover: there are high numbers of vacancies in children’s and adults social care (14% - 15%) with a net loss of (FTE) children’s social workers (leavers/starters) in 19/20. There remain relatively high numbers of vacancies in mental health nursing (RMN). 35% turnover in social care (21% of social care roles advertised in the independent care sector go un-filled), and
- Economic impact of Covid: evidence shows a 78% increase in Universal Credit claims amongst 18-24-year-olds between March & September (Taunton, Bridgwater & Yeovil) – young people are detrimentally impacted, and inequality is set to widen.

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Currently there is a significant proportion of the workforce in the care sector who are over 55 years old and there is a high turnover of staff (32% in registered nurses). If this is added to the existing workforce shortages of GP's, Social Workers and other similarly qualified staff there is little choice but to take decisive action. The Board was informed about all the proposals contained in the Breaking Barriers Innovations and the key areas of work this would focus on.

The Board discussed the proposals and welcomed the collaborative working with bodies such as Spark Somerset and the Youth teams. They asked if the local Economic Development teams had been included and it was confirmed that contact had been made but any further useful contact would be most welcome.

The Board challenged the proposals to recruit from overseas and this risk this had of depriving other communities of the much-needed skills needed locally. The Board were assured that overseas recruitment only happened in areas where there was a deliberate policy of training more than the local need with the express aim of exporting some of the trained staff to increase job opportunities and reflected the desire for overseas experience. There was further discussion about ensuring that local people were also encouraged to take up training opportunities and that the possible career opportunities were included in the teaching of children in Years 5 and 6 and not left until after GCSE options were being discussed in Years 7 and 8.

**The Somerset Health and Wellbeing Board:**

- **Welcomed the report and provided feedback on the information,**
- **Noted the areas where there are synergies between LWAB's workforce programme and more specifically the work of the BBI Programme and the HWBB forward plan and**
- **Agreed to an update from LWAB be built into the HWBB forward plan**

460 **JSNA - update** - Agenda Item 7

The Board was informed that the annual theme for the Joint Strategic Needs Assessment (JSNA) is Climate Change -the Impact on Health. Somerset is fortunate to have a safe range of temperatures and the risk is greater in the lower temperature ranges rather than the higher ones, however the impact of water is more significant. The combination of wetter winters and rising sea levels is likely to increase the frequency of flooding. Somerset includes the low-lying Levels and Moors, where some flooding occurs every winter. In 2013, an area of 65km<sup>2</sup> was flooded for over two months, with 280 homes inundated. The long-lasting health impact, especially in anxiety and depression for the residents affected, is well known. The blocking of road and rail links also hindered the provision of services. The most valuable preparation is the

development of strong, cohesive communities able to provide support to each other at very short notice – often before the emergency services can arrive.

To mitigate climate change, the reduction of carbon emissions requires considerable behaviour change, a large proportion of which also has positive benefits for health. Making such change requires determination and leadership, and the health impacts may help ‘sell’ the transformation required. Examples include:

- **Housing**  
Fuel poverty is a concern for about 10% of Somerset households. Better insulation, so that less carbon-emitting energy is needed to heat them can keep housing warmer more efficiently. Housing improvements for many will also need to include better ventilation and shading to reduce excessive summer heat.
- **Active travel**  
Walking and cycling provide exercise, sometimes described as a ‘miracle cure’ for ill health. Reducing vehicular traffic strengthens communities, supports local shops, and improves air quality. Improving the infrastructure for active travel, such as traffic calming and cycle storage, can have positive feedback effects as the public feels safer walking and cycling. Replacing internal combustion engines with vehicles using electricity from renewable sources improves some aspects of air quality but does not have the other co-benefits.
- **Food**  
The majority of the Somerset population would benefit from a diet with a higher proportion of vegetables, especially fresh vegetables. A food system based on local production, with a limited intake of meat (no more than 70g/day according to NICE guidance) could have health benefits as well as reducing the production of the most potent greenhouse gases such as methane from livestock. This, though, sits in a highly complex network of relationships between land use, diet and farming practices, and cannot be reduced to a simple recommendation.

The JSNA considers how economic prosperity and environmental sustainability can be maintained without having adverse impacts on health. It was argued that vibrant communities are both a contributor to and a ‘co-beneficiary’ of the response to the climate emergency. The report identified areas of Somerset and population groups most at risk from the climate emergency. In particular, the report considered how environmental sustainability and healthier lives can be addressed together.

The Board discussed the presentation and report. The Board sought reassurance that consultations did include the Drainage Board and Somerset Rivers Authority. They were assured they were and that this strategy that what was being discussed was the health element of the overarching strategy for Somerset that does take account of the activities of all relevant Boards and Authorities.

**The Somerset Health and Wellbeing Board:**

- **Endorsed the report,**
- **Agreed to use the evidence to respond to climate change in Somerset,**
- **Agreed to use the evidence to promote the complementary benefits of carbon reduction and public health, and**
- **To incorporate appropriate performance indicators from the Somerset Climate Strategy into the monitoring of 'Improving Lives', notably in: active travel, housing and planning, access to the natural environment, food and farming, and flood risk**

461 **Somerset Safeguarding Adults Board Plan and Annual Report - Agenda Item 8**

The Board heard a comprehensive presentation summarising the forward plan and annual report of the Somerset Safeguarding Adults Board (SSAB). Keith Perkin, the Independent Chair of the Somerset Safeguarding Adults Board started by thanking Richard Compton, the previous Chair of the Board, for his dedicated stewardship. The SSAB's role is to have an oversight of safeguarding arrangements within the County, not to deliver services or become involved in the day-to-day operations of individual organisations, including those of Somerset County Council. The main objective of the SSAB is to seek assurance that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over who:

- have needs for care and support; and
- are experiencing, or at risk of, abuse, neglect or exploitation; and
- are unable to protect themselves from the risk of, or experience of, abuse or neglect as a result of their care and support needs.

The SSAB is required by The Care Act 2014 to produce and publish an Annual Plan and an Annual Report for each financial year. The SSAB developed a new three-year strategic plan for 2019-2022 in early 2019, incorporating comments from the Health and Wellbeing Board and Scrutiny for Policies, Adults and Health Committee, and this has been refreshed for 2020-21. This refresh was originally due to be considered by the Committee in the spring, but this did not happen due to the Coronavirus Public Health Crisis. As part of the refresh the plan has been amended to reflect the competing demands on partners during the ongoing crisis.

The Board has undertaken an audit challenge for smaller agencies. The focus has been in three areas:

- self-neglect,
- people in a position of trust, and
- "what to do if it is not safeguarding" – poor care or safeguarding.

The Board has a primary drive of being a 'can do' organisation with a strong desire to listen and learn through monitoring and sharing both great practice and when things go wrong. The Board decided to publish a practice briefing on the referral of 'Kevin'. This related to a referral that did not meet the threshold for a Safeguarding Adults Review to be commissioned, but which offered valuable learning that had been identified while considering the referral.

At the start of the first lockdown the Board took a decision to suspend all the sub-groups, but the executive continued to meet. That decision did not diminish the commitment to safeguarding arrangements. The annual report is testament to the achievements in what has been a very challenging year.

The Board discussed the report and welcomed the detail it contained. The Board asked if the Safeguarding Reviews were separate from Coroners Inquests and were informed that they were, but the terms of reference were often linked. The Board echoed thanks to the previous Independent Chair and also gave thanks to Stephen Miles for his tireless work on this area.

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

- **Received and considered the Somerset Safeguarding Adults Board's 2020/21 Annual Plan and 2019/20 Annual Report,**
- **Noted progress highlights during 2020/21 to date and**
- **Agreed to continue to promote adult safeguarding across the County Council and in the services that are commissioned.**

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

The forward Work Programme was discussed, and all Board members were encouraged to offer suggestions for specific items for future meetings.

**The Board agreed to:**

- **Include a written report on Community Care**
- **An update from Health Watch**
- **Add the Annual Report from the Director of Public Health**
- **Request a written briefing on Somerset Activities and Sport (SASP)**
- **Written bringing on the out of hours 111 service.**

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

There were no other items of business.

**(The meeting ended at 12.30 pm)**

**CHAIRMAN**