

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 21 January 2021 at 11.00 am

Present: Cllr C Paul (Chair), Cllr F Nicholson (Vice-Chair), Ed Ford (Vice-Chair), Cllr L Vijeh, Cllr R Wyke, Cllr C Booth, Cllr J Keen, Cllr B Hamilton, Judith Goodchild, Trudi Grant, Julian Wooster, Mike Prior, James Rimmer and Cllr Mike Best

Other Members present: Cllr M Chilcott, Cllr P Clayton, Cllr T Munt, Cllr H Prior-Sankey and Cllr B Revans

Apologies for absence: Mark Cooke and Alex Murray

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

There were no new Declarations of Interest.

465 **Minutes from the meeting held on 26 November 2020** - Agenda Item 3

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

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

There were no Public Questions.

467 **Annual Report of the Director of Public Health** - Agenda Item 5

The Director of Public Health presented her Annual Report. This report was an evaluation of the last year with a strong focus on the first phase of the Pandemic. The director began by acknowledging the support she had from the following in tackling what had been and still is a very challenging time: - Susan Hamilton, Pip Tucker, Jo McDonagh and Jack Layton. This report will be available as a permanent record to ensure the learning from the first phase is captured and archived, as this was a novel virus. Although Somerset is experiencing a second wave of the virus, this is to be expected but it is important not to lose sight of the lessons learnt in the first phase. Somerset was well below the South West average in the first phase; this was in the main due to compliance with the lockdown and infection control measures. Being a rural county helped, as well as having an overall lower number of deaths associated with deprivation.

There have been some significant changes in behaviour; some negative and some positive. The decrease in car use, commuting and use of public transport coupled with an increase in walking and cycling this has contributed to a reduction in pollution. There has also been a growth in community-based support.

There are six recommendations arising from the report into the first phase:

1. System wide delivery and community support for the Local Outbreak Management Plan, delivery driven by strong public health leadership,
2. System wide commitment to prevention and management of long-term conditions, particularly obesity and diabetes,
3. System wide commitment to the promotion of mental health and the prevention of mental illness,
4. Digital infrastructure and transformation – across Somerset,
5. Addressing inequalities in our society and
6. Active and real time monitoring of direct and indirect impact.

The digital infrastructure is not adequate in all parts of the County, and this needs to be addressed. The work with the Homeless and Rough Sleepers was fantastic and the work connected with supporting this group of people has had a lasting impact by offering support directly to them.

Recovery will take some time, and continued monitoring of the impact on some groups like children and young people who have missed out on education must not be lost. In Somerset, nationally, and internationally this traumatic time needs to be used to achieve a better balance across society, in our lives, in the relationships we have with each other, and with the planet we inhabit.

The Board discussed the report and acknowledged the positive presentation on what has been a very difficult time. The Board were interested to know if solutions such as a night school had yet been looked at as a means of addressing the challenges for some children and young people who had missed so much education. This had proven to be very effective after World War II. It was indicated that, as we were now in the grips of the second wave, this was one to be looked into at some later stage. The Board discussed the very positive community response to the floods of 2014 and that the resultant community-based activities were the most effective at establishing long-term, sustainable solutions, especially in the areas of wellbeing and support.

There was considerable support from all Board members for the prevention agenda and the collaboration of all represented by the Somerset Health and Wellbeing Board. It was agreed that this Board should continue to champion health preventative measures in Somerset.

The Somerset Health and Wellbeing Board supported the recommendations for:

- 1. System-wide delivery and community support for the Local Outbreak Management Plan, delivery driven by strong public health leadership;**

2. **System-wide commitment to prevention and management of long-term conditions, particularly obesity and diabetes;**
3. **System-wide commitment to the promotion of mental health and the prevention of mental illness;**
4. **Digital infrastructure and transformation across Somerset;**
5. **Addressing inequalities in our society; and**
6. **Active and real-time monitoring of the direct and indirect impact of the pandemic.**

468 **Integrated Care System - Next Steps** - Agenda Item 6

The Board received a presentation and report that covered two main updates for Integrating Care in Somerset: the National Consultation and the designation of Somerset as an Integrated Care System site within that consultation process. The consultation ran from 26 November 2020 to 08 January 2021; it covered the move to an enhanced system working that will impact on CCG's and the legislative changes outlining how Integrated Care Systems are established. The changes will require new legislation, and that will be part of a new NHS Act. The aims of the proposals will be:

- To build strong and effective integrated care systems across England,
- To build on the Long-Term Plan and the learnings from COVID,
- To build on and continue to evolve across Integrated Care Systems, and
- To remove legislative barriers to integration across health bodies and help deliver better care and outcomes.

The proposals made in 2019 still stand, and these can be summarised as a "triple aim" duty for all NHS organisations of better health for the whole population, resulting in better quality care for all patients and financially sustainable services for the taxpayer. The merging of NHS England and NHS Improvement is a formalisation of the work already done to bring the organisations together. The first aim is the enabling of collaborative commissioning between NHS bodies, thus reducing the Competition and Markets Authority's role in the NHS and abolishing Monitor's role and functions. The second aim is the reintroduction of the ability to establish new NHS trusts to support the creation of integrated care providers and a more coordinated approach to planning capital investment. The third aim is the ability to establish decision-making joint committees of commissioners and NHS providers and between NHS providers.

The consultation covers two options:

Option 1 is a statutory committee model with an Accountable Officer that binds together current statutory organisations:

- A mandatory, rather than voluntary, statutory Board;
- Decisions that would be taken collectively,
- A recognised Accountable Officer (AO) to deliver the Board's functions;
- A System AO who would not replace Chief Executives of individual organisations;
- Representatives from across the system on the Board; and
- One CCG per ICS, as well as new powers which would allow CCGs to delegate many of their population health functions to providers.

Option 2 is a statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS:

- ICSs would be established as NHS bodies partly by 'repurposing' CCGs;
- Along with other duties, ICSs would take on the commissioning functions of CCGs;
- A Board would replace the CCG's arrangements and consist of representatives from the system partners;
- The primary duty would be to secure the effective provision of health services to meet the needs of the system population, working in collaboration with partner organisations; and
- A full-time Accountable Officer would be in place.

Ultimately, the decision will be for Parliament, as it will form part of the new NHS Act. The Board discussed the options and were keen that any new legislation did not undermine or unpick the new ways of working that had been developed when Somerset started to move towards the Integrated Case System in 2019. They wanted to make sure the focus on prevention was not lost and that the Somerset Scrutiny Committee had the opportunity to discuss this in detail.

The Somerset Health and Wellbeing Board: -

- **Noted the comprehensive report and provided feedback on the information**
- **Agreed the proposed next steps.**

469 Safeguarding Children Report - Agenda Item 7

The Board received a presentation on the first year of the new children's safeguarding arrangements as set out in Working Together to Safeguard Children (2018), which took effect on 29 September 2019. The Somerset Safeguarding Children Partnership (SSCP) is a wide partnership with an independent scrutineer and the rotation of the chair between main partners. The focus for the partnership is:

- Early Help – A robust application of early help ways of working, such as early Help Assessment, Team Around the Family activity and the role of the Lead Practitioner.
- Multi-Agency Safeguarding – The prioritisation of ensuring that pre-birth planning addresses vulnerabilities clearly in the pre-birth period to effect change. Focus on the quality and decision-making in strategy discussions.
- Neglect - The Neglect Toolkit has become well-embedded in partnership working. Learning from Serious Case Reviews over the last five years regarding neglect has been rolled out across the partnership, stressing the importance of acting early on signs of neglect.
- Child Exploitation - SSCP has had a focus on improving the system for children at risk of all forms of exploitation - children missing from home, care or education, those at risk of child sexual exploitation, trafficking, county lines, or modern slavery or female genital mutilation.

The Board heard that to underpin this there is a Quality Assurance Framework for partnership activity, and this includes the independent scrutineer. Audits have been undertaken on knife crime, strategy discussions and use of the neglect toolkit. A Safeguarding Children Forum week was held 7-11 December to promote engagement. Events included support for children's mental health; policing during the pandemic; an update on new safeguarding arrangements; Family Safeguarding model; learning from past Serious Case Reviews, and hearing from the Youth Forum.

The Somerset Plan for Children, Young People and Families 2019 -2022 includes the following priorities: -

- **Supported Families:** Strengthening families and building resilient communities; families know how to access help and advice; children and young people are protected from harm and kept safely at home; workers have the skills to identify problems early; good quality multi-agency help to reduce risks.
- **Healthy Lives:** Families make the right choices to support happy, healthy lifestyles; children, young people and their families are enabled to lead healthy lives; more children and young people have good health and wellbeing and are emotionally resilient; children and young people are able to safely manage their long-term conditions and disabilities and are supported to manage the transition to adult services, if appropriate.
- **A Great Education:** High aspirations, opportunities and achievement for all; children will not be held back by their social and personal backgrounds or special educational needs or disabilities; have the best start in the early years and go to a good school; all will benefit from a broad range of pathways to further learning and employment.

- **Positive Activities:** Getting the most out of life through play, leisure, cultural and sporting activities; to grow, thrive and reach their potential.

The Board had an update on each of these areas, demonstrating how much had been achieved against the background of the restrictions of the pandemic. There have been outside sporting activities (when allowed), support for young people experiencing mental health challenges, focus on hunger and holiday activities for families on the edge of care services. The SSCP Youth Forum had met over Zoom and shared work using Google Classroom.

The Board discussed the report and the positive impact this had had during the very testing challenges of the pandemic. There are some common themes emerging such a digital poverty and concerns about the increase in NEETS (Not in Education Employment or Training) amongst young people. It was recognised that some families had struggled without their usual support from wider family members, but this has not prevented the support being offered and put in place by the appropriate partner. The isolation that can result in people being Covid aware has led to some challenges to the demand on mental health services; it has also led to greater sharing of information which can help to address this.

There was some discussion about a recently published case following a Child Safeguarding review, and the Board wanted reassurance that lessons learned were revisited after a period of time to make sure they were properly embedded and not at risk of being repeated.

There was some discussion about tracking of children missing from education and while use of made of each partners database if a family moved into Somerset and did not register with a GP. Seek public services in any way there was no obligation for them to register with a statutory body so potentially these children would not be known about. The Board was interested to know what form of modern slavery was in the spotlight as there was a perception that this did not occur in Somerset. It was explained that criminal exploitation of young children by gangs such as County Lines was of concern.

The Somerset Health and Wellbeing Board endorsed:

- **the Somerset safeguarding Children Partnership's twelve-monthly report.**
- **the associated annual report on progress against the Somerset Plan for Children, Young People and Families 2019-2021.**

The Board received and discussed a presentation on the evolved service delivery of Healthwatch due to the pandemic and the proposed programme of work for the rest of 2021. The Board heard that the pandemic offered an opportunity for change and resulted in an increase in the volunteer base. The annual report was presented, and the focus of the meeting was feedback on the successes. The Workplan for 20/21 covered the following areas:

- Referral to Treatment Waiting Times
- Access to Primary Care Services
- Pathway Three Beds
- Access to CAMHS

In addition to this Healthwatch have delivered reports on the following:

- Covid Experience Survey,
- District Nursing Service User Feedback and
- Devon Doctors 111/Out of Hours Service

The Access to primary care report concluded that 70% of those surveyed wanted to be able to make appointments over the phone, as many struggle to move to the digital platforms. This can both be because of connectivity issues and a reluctance to embrace new ways of working. In addition to the planned work, Healthwatch is aware that the pandemic has led to an increase in the deterioration of people's mental health and will led to an increase in demand. The Board welcomed the report and recorded that they valued the work undertaken by Healthwatch. They were impressed how well Healthwatch had adapted to the pandemic and had been able to undertake additional activities.

The Somerset Health and Wellbeing Board:

- **Received and considers the Somerset Healthwatch report and was made aware of the work progressed by Healthwatch Somerset.**
- **Endorsed the priority areas for the 2021/22 workplan.**

471 Somerset Health and Wellbeing Board Work Programme - Agenda Item 9

The Board Members were encouraged to email Lou Woolway with any suggestions for items they want covered in the forthcoming agendas to ensure they are relevant to the issues being raised by residents of Somerset.

472 Any Other Urgent Items of Business - Agenda Item 10

There were two items of other business:

1. There was a question from the Board about the current vaccination programme, in particular the 'double booking' of some patients. Anecdotal

reports that some who had been vaccinated at mass vaccinations centres were then being contacted by their local GP. It was acknowledged that this happened in the early days, as the system in place was not very responsive. However, as it rolls out further, these 'clunky arrangements' will be ironed out. The CCG has put out a press release, and members of the Board were urged to reassure residents that they will get their vaccination in line with the published priorities and that this would be made much easier if GP surgeries were not inundated with requests for the vaccine and calls to try and jump the queues on the grounds of being a priority case. The message is, "Don't call us, we will call you."

2. There was a brief update in relation to the Homelessness Reduction Board. When the Somerset Health and Wellbeing Board endorsed the proposal to set up the Homelessness Reduction Board in early 2020, it was agreed that the Board would be up and running by February 2021. Unfortunately, due to the pandemic this has had to change, and the Homelessness Reduction Board will now be operational in May 2021. As has been previously reported, the homeless and rough sleepers are still being looked after by the Covid Cell, and this will continue until the Board can assume responsibility.

(The meeting ended at 1.10 pm)

CHAIR