

## SOMERSET HEALTH AND WELLBEING BOARD

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Luttrell Room - County Hall, Taunton, on Monday 22 November 2021 at 11.00 am

**Present:** Cllr C Paul (Chair), Cllr F Nicholson (Vice-Chair), Judith Goodchild, Trudi Grant, Julian Wooster, James Rimmer, Mel Lock and Cllr M Best

**Other Members present:**

**Apologies for absence:** Ed Ford and Cllr B Hamilton

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

There were no new declarations.

2 **Minutes from the meeting held on 27 September 2021** - Agenda Item 3

The minutes were agreed without alternation.

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

There were no public questions.

4 **JSNA - Verbal Update** - Agenda Item 5

The verbal update and presentation were made by Public Health Specialist Pip Tucker. He noted that the report is a statutory requirement for the Health and Wellbeing Board and enables them to understand the health and care needs in Somerset.

It was noted that health and care needs are now very different after the onset of the pandemic. The first focus was on the highest 10% of deprived areas of Somerset, which are located in the major towns across the county. Interestingly, there was more Covid in these areas but not by much, showing a low level of inequality in that respect. During the pandemic, some things changed quickly, such as a fall in A&E attendance of 50% in the first month and a steep rise in unemployment claims. Also interestingly, these claims rose by 60% in two months for poorer communities but by 120% in two months for the county as a whole. Other changes occurred more slowly, including a slight reduction in domestic abuse and anti-social behaviour, which may reflect either the community pulling together or a lack of contact by agencies who record these incidents.

With regard to a focus group on Sedgemoor, voluntary groups reported significant hunger in the area, as well as concerns about the impact of the pandemic on people who were just getting by, the impact of stress and anxiety, and the ability to seek help and information digitally. SCC also commissioned Hidden Voices to conduct five focus groups in Bridgwater, who held 14 street interviews and spoke to 56 people; the mental health of residents of the poorer communities was significantly impacted by Covid and lockdowns, which may have accelerated current mental issues or brought to light unknown issues. Fortunately, there was considerable informal support from neighbours and the community, as opposed to low levels of formal volunteering. Interviewees did not often mention low income, due possibly to social taboos around discussing money, or to the positive effects of the furlough and the £20 universal credit uplift.

To summarise, significant need in the poorer communities of Somerset was reported, and the impact of covid on the welfare, wellbeing, and mental health of residents has also been significant, albeit slow to develop. On the positive side, the pandemic generated stronger community interaction, but the emerging needs may be very different than in the past. It was proposed that there be a development session on these issues before their final report is produced.

The Board then posed questions and comments; it was put forth that more scrutiny is needed regarding the links between unemployment and need, given that there are many positions open but apparently not enough young people training for them. The reasons for this need to be analysed before proposals for improvement can be made. Mr Tucker agreed that more research will be needed over the next 10 years; he noted that the analysis presented today was at the community level and was not about individuals. The statistics don't distinguish between age groups nor inform on why young people behave as they do, although anecdotally he has heard that while many are attracted to training, they have worries about the uncertainty of employment. Another Member stated that the rental housing market needs discussion with respect to quickly increasing rents and potential homelessness, which contribute to lack of wellbeing and anxiety.

It was asked during which time period the data used in the report arose; it was responded that it covered the first two waves of Covid and that there are now new figures to be used in the upcoming development session. With respect to a question about equitable recovery from physical rather than mental issues, it was noted that there is more evidence of cancer amongst poorer communities, although overall mortality is slightly lower. Another question regarded the rise in unemployment and asked if there was a reason for the correlation of low wages with areas where many key workers lived; the reply was that when

looking at the structure, many workers were in the retail and hospitality industries.

The Director of Public Health Trudi Grant stated that the report was a fantastic start, but the effects of the pandemic will span years. As regards the deprivation issues not appearing to be as severe in Somerset as in other areas of the country, perhaps this is due to the more rural aspect of poorer areas, and she would like to see the Health and Wellbeing Board challenge the issue of inequality more. It was replied that unemployment has actually gone up more in rural areas, but it is true that rural poverty needs are often the hardest to determine, with an increase in those areas of feelings of isolation, both physically and digitally. On the other hand, urban deprived areas can appear to be more deprived. Up until the third wave, Somerset saw concentrations amongst students and large families, particularly Asian, but the figures and effects are constantly evolving.

The Board thanked the presenters for the report, noted the information, and looked forward to the development session in January which will be very useful, particularly regarding the mental health aspects.

**The Somerset Health and Wellbeing Board received and discussed the presentation and supported holding a development session in January 2022.**

## 5 **Children & Young People Mental Health Presentation** - Agenda Item 6

The Deputy Director of Commissioning-Mental Health, Autism, and Learning Disabilities of Somerset Clinical Commissioning Group, Andrew Keefe, presented a report on "Somerset's Children and Young People's Mental Health and Emotional Wellbeing", which follows his report at the last Board meeting regarding Adult Mental Health. The report focuses on the last two years and specifically on where they were, where they are now, and where they hope to be in the future. It examines how they have responded as a system while placing children and their families at the centre of all they do. He was assisted on the report, and joined during the presentation, by the Commissioning Manager for Children and Young People's Mental Health-Somerset CCG, the Deputy Director of Children's Services and Social Care-SCC, the Head of CAMHS-Somerset NHS Foundation Trust, the Assistant Director of Children's Commissioning-SCC, and the Chief Executive of Young Somerset/Somerset Big Tent Programme Lead.

Where they were: The NHS Long-Term Plan made a commitment that funding for Children and Young People's (CYP's) mental health services will grow faster, although challenges remain in Somerset due to financial pressures and increasing demands on CAMHS, social care, acute hospitals, and schools. As far as the impact of the pandemic, Somerset's statutory and VCSE providers

continued to operate throughout; there was an increase in stress and anxiety amongst service users, and an increase in online bullying, but there was no uniform reaction, as some families had positive experiences with spending more time together in the home, while others had detrimental situations. The system's response to the pandemic included extending the hours of Somerset Mindline to 24/7, offering online and virtual appointments where appropriate, and increased joint working between SCCG, SCC, SFT and VCSE sector, which has now become the preferred way of working going forward. Investment into CYPMH services has also increased year on year since 2018/19 and is now exceeding the 1% standard for investment set out by the Children's Commissioner. This will continue to increase until the end of 2023/24, with focus areas being eating disorders, crisis, and expansion of support teams.

Where they are: The Board watched a video called "My Pandemic Story" discussing the challenges for young people living in Somerset; the progress that has been made was then discussed, including Somerset Big Tent, mental health support teams in schools, the CAMHS 2+ team, and the Jigsaw Project. Rather than thinking of single services, there has been a move to system solutions involving the recruitment and retention of skilled clinicians and practitioners to confront the expected increase in demand for emotional wellbeing services and CYP development, education and employment which have been impacted by the pandemic. Another challenge specific to Somerset is a shortage of suitable intensive support for CYP with complex needs; a number of them have had to be admitted to paediatric wards or placed in distant, high-cost facilities. In response, SCC has made a significant investment for the most vulnerable, including Homes2inspire which will deliver children's homes, high-need fostering, and therapeutic education while aligning with CAMHS crisis provision. Further, Somerset CCG are working with providers across health, social care, education, youth justice and the VCSE sector to develop a local transformation plan for CYP mental health, as well as working directly with CYP and their families. This plan will set out how resources will be invested to improve CYP mental health across Somerset, and it is expected to be published by the end of 2021.

The Board thanked each presenter for the report and noted the important work being done.

**The Somerset Health and Wellbeing Board received and noted the presentation.**

## 6 **Healthwatch Update** - Agenda Item 7

Representatives from Healthwatch Somerset presented their update and noted that Healthwatch exists to speak up for local people on issues of health and social care.

First up was the Young Listeners project, which aims to give young people a chance to speak up about services that they use. The project was involved in recruiting up until March this year and in training up until July; afterwards they consulted on mental health issues, eating disorders, GP access, and cancer support. They then attended external events and conducted online surveys to get feedback from young people all over Somerset, receiving 65 responses in total from August through September. These responses reflected the beliefs that there is a lack of communication between the different services provided with respect to young people's health and wellbeing, that the services are not communicating effectively with young people, that there is not enough information or education about health and social care in schools, and that many of the services do not promote or advertise themselves in a way that is easily accessible to young people. Therefore, it is recommended that:

- More training be provided for all school staff about mental health and wellbeing and the support that is available locally
- That health and social care services should examine how they communicate with patients and with other services, and perhaps have a centralised system to share patients' information
- That services make more frequent contact with patients
- That services promote themselves in ways that reach young people more easily
- That schools and services encourage young people to seek answers and assistance, which will reduce the stigma around health and social care issues
- That services involve young people more in planning and decision-making

The report then turned to main areas of work for Healthwatch in general, including gathering feedback and providing information, influencing and reporting change, and "enter and view" visits to service providers (sometimes unannounced) followed by a report. It was noted that they publish an annual report every year outlining the work done and the impact made. Their projects have included:

- Determining how people access primary care through GP surgeries
- Evaluating the NHS 111 service
- Community care and care homes
- District nursing service

Currently, one of their projects is focused on referrals to treatment; they have found that 48 out of 72 of the respondents had been waiting for more than 40 weeks for surgery, that suffered a lack of communication from their specialists

during that time, and that a large number of them experienced a reduction in mobility and deterioration of their condition while waiting. Another project deals with emergency departments and the increased pressure on them; Healthwatch Somerset, NHS Somerset Clinical Commissioning Group and local hospital trusts all worked together to gather information on the reasons for A&E visits and whether the patients had accessed other services beforehand. Additionally, Healthwatch is following up on the NHS 111 service in coordination with Devon and Plymouth, is working on a programme for access to primary care, and in the first quarter of 2022 will be involved with the supported discharge from hospitals to care homes or care at home.

The Board then discussed the presentation; the Director of Public Health praised the report and the work of Healthwatch, especially regarding tangible coordination, which can be examined along with the school survey work regarding young people. The Director of Children's Services stated that the report was very timely and that it would be helpful to build some of the recommendations in the report into the Children and Young People Services Plan.

The Board thanked Healthwatch for the presentation and noted that they had considered and commented on the report.

**The Somerset Health and Wellbeing Board received, discussed and noted the presentation.**

## 7 **Better Care Fund Report** - Agenda Item 8

The Chair noted the two additional papers for this item published as a supplementary agenda and invited the Deputy Direct of Adults and Health Commissioning, along with colleagues from Sedgemoor District Council and Somerset CCG, to make the presentation.

The presentation on "Better Joined Up Commissioning & The Better Care Fund" began with The Better Care Fund, which is focused on collaboration; and it was noted that the future way of working of the BCF could be similar to that of the Integrated Care System (ICS). The BCF has been focused on joined-up working and joined-up funding, although the latter has come from already existing funding (no new monies). There is a current opportunity insofar as Section 75 Agreements allow statutory bodies to pool funding and resources. The BCF budgetary areas for 2021/22 cover the Disabled Facilities Grant, the iBCF, and the NHS Somerset CCG (a mandated contribution), totalling £70,825.643. This includes NHS funding towards social care and for out-of-hospital care and support. The national BCF metrics involve reductions in unplanned admissions to hospital, delays in people going home after hospital stays, people 65 and

over who can remain in their homes for more than 91 days, and the rate at which people go into long-term care.

“Good Homes for All – Flexible Approaches to Using S.75 Funding” was then presented; this involves the flexible use of the BCF to support Healthy Neighbourhoods/Healthy Housing. This system entails sourcing accommodation and bed space creation, securing accommodation, supporting tenants, supporting landlords, securing a return to accommodation after hospital/care stays, and budgeting support. The BCF can be used for grants, repairs, preventative measures, early delivery schemes, heating, help for homelessness, and housing affordability for the elderly, families, singles, and rural inhabitants.

The Good Homes Enquiry was touched on next; this involves Somerset Independence Plus, which has NHS England, local authorities, and ICS working with the BCF on housing and health matters. Examples of flexible funding include prevention grants for independent living, assistive technology, work with hoarders, building independent assessment centres, helping young families with children who have behavioural issues, and energy efficiency (with respect to the last two issues, it was noted that there could be 100,000 children in care by 2025, while they have assisted over 8000 households to improve their energy efficiency and have also expanded the advice line and instituted decarbonisation training for local contractors). These are a key part of delivering the Memorandum of Understanding on improving health and care through the home, and there is also a joint commissioning board working on these issues.

As regards the BCF moving forward, it was noted that the BCF is a very complicated endeavour; it is a big ask to have the Health and Wellbeing Board sign off retroactively on its very complex framework involving the collaboration of many different services. The BCF is building on a strong reputation with a large number of joined up services and commissioning, but the focus going forward will be on out-of-hospital care and keeping people in their own homes (there are 7000 hospital discharges per month), so collaboration needs to be improved and other areas of integration and mutual interest could be included. The question as regards the Health and Wellbeing Board and BCF is: Should they engage with the HWB about the BCF and make this the main discussion point, or should they engage in a more meaningful way with the HWB about the areas of health and care that need to be brought together more as they move into the ICS, which could be of more value? There are areas of care which are already jointly approached that are not allowed to be included in the BCF despite being very important, while there are other areas that are partly within the BCF but partly not for historical reasons; so they would like to move towards a larger, more comprehensive schedule of health and care that is jointly managed via engagement with the HWB.

The Director of Public Health stated that the presentation had been very helpful; she noted that there had not been massive growth in the BCF itself, but in the future she would like to see more of a "Better Prevention Fund", as there is a real need for the Health and Wellbeing Board to challenge inequality also through the BCF. She stated that what we really need is people happily living independent lives, not needing care, so she would like to see a far greater focus on prevention and particularly on keeping people out of care. She added that it as the Health and Wellbeing Board, it was necessary to challenge the use of all resources, including the BCF, around tackling inequalities, which appears to be missing in the national metrics at the moment. Therefore, it needs to be built in at a local level. It was replied that the way the schedule has now been constructed will help in having that conversation, as there will be a better understanding of where the funds are being spent and being able to shift them in that direction. There are already quite a few preventative measures in the BCF, but there could be more, although the necessity of working with national metrics make that more of a challenge. Hopefully, as a more vibrant ICS is formed, such conversations can be held.

The Chair thanked the presenters, although she noted that as a Board they would not be able to actually approve this as requested, due to not being quorate.

**The Somerset Health and Wellbeing Board received and noted the report and the information.**

## **8 Integrated Care Services - Verbal Update - Agenda Item 9**

The Chief Executive of NHS Somerset CCG began the update on the ICS, noting that the rationale for working together has been evident throughout today's meeting. ICS has taken the key next steps of appointing a new Chair and new CEO effective from April of next year, and they will work with partners to formulate a plan, including working with the Health and Wellbeing Board.

The Director of Public Health then discussed that partnership, noting that there is a requirement to put in place an Integrated Care Partnership (ICP) underneath the ICS. The two boards (ICS and HWB) have some overlap. A workshop was held in October and a good discussion was held; now it will need to be decided how to go forward. It provides an opportunity in Somerset to start to blur some of the boundaries between health and care services and the wider determinants of health, and to determine a clearer connection between health and care and those things that influence them. She pointed to Section 3.7 in the covering report, which identifies four main points discussed at the workshop that need to be considered as part of the next phase:



- Clarity between the two boards and understanding their remit
- The need to keep the structure simple in order for members of the community to interact with both boards (possibly having joint public question times)
- Size of board membership - not too large and possibly common membership (at least to some extent)
- Desire to maintain the Improving Lives agenda

The recommendations from the workshop for the Health and Wellbeing Board are threefold:

- Establish a close working relationship between the HWB and the ICP following its establishment
- Align HWB and ICP agendas and work programmes
- Have committees in common on both boards

After the informal workshop, the discussion needs to be formal and satisfy all of the legal requirements of both boards going forward. Although the new arrangements must be in place by 22 April 2022, there will probably be a period of development over the next year or so, as the ICS develops and the new Council develops, things may morph.

**The Somerset Health and Wellbeing Board received the report and noted the recommendations.**

9 **Somerset Health and Wellbeing Board Work Programme** - Agenda Item 10

The work programme was reviewed, and members were advised that if they wish to add any items to the Work Programme, they can email the Deputy Director of Public Health.

**The Somerset Health and Wellbeing Board noted the Work Programme.**

10 **Any other urgent items of business** - Agenda Item 11

There were no other items of business.

**(The meeting ended at 1.18 pm)**

**CHAIRMAN**