

ADVISORY SOMERSET HEALTH AND WELLBEING BOARD

Minutes of an Advisory Meeting of the Somerset Health and Wellbeing Board held virtually via Microsoft Teams on 17 January 2022 at 11.00 am

Board Members in Attendance: Cllr F Nicholson (Chair), Trudi Grant, James Rimmer, Julian Wooster, Judith Goodchild, Cllr D Huxtable, Sup Richard Turner, Cllr Brian Hamilton.

Other Members in Attendance: Cllr R Williams, Cllr A Bown, Cllr C Lawrence, Cllr H Prior-Sankey

Apologies for absence – Agenda Item 1

Apologies were received from Dr Ed Ford, Dr Alex Murray, Cllr C Paul, Cllr C Booth, Mel Lock.

James Rimmer advised that the CCG is looking at new GP representation for the Health and Wellbeing Board, as Monday meetings are a challenge for some current Board members.

Declarations of Interest - Agenda Item 2

The list of declared interests on the website was noted. There were no new declarations.

Minutes from the meeting held on 22 November 2021 - Agenda Item 3

The minutes were noted.

Public Question Time - Agenda Item 4

There were no public questions.

Somerset Safeguarding Adults Board (SSAB) Annual Report - Agenda Item 5

The Chair invited Stephen Miles, the Service Manager-Team Manager for Safeguarding from the AHY SSAB Business Unit, to make the report; he presented the slides and handed over to the Independent Chair of SSAB to present the report.

He began with the statutory duties of Safeguarding Adults Board, noting that the overarching purpose is to work with local boards and partners to develop safeguarding arrangements for adults with care and support needs and to seek assurance of these arrangements. There are three core duties:

- To develop and publish a strategic plan for meeting their objectives and setting out how member and partner agencies will contribute
- To publish an annual report detailing the effectiveness of their work
- To commission Safeguarding Adults Reviews (SARs) for those cases meeting the criteria

He noted two recent important pieces of work: The South West Audit Partnership, from which the recommendations have now been completed; and the 2020-21 self audit, which is different for adult safeguarding from that for children in that it is consensual and voluntary for adults. The significant point picked up from the audit was the increase and improvement in the number of agencies that responded to the audit, which included the topic of leadership and the effects of Covid (which has led to an increase in the complexity of cases requiring a higher level of managerial support). Also due to Covid, there had necessarily been greater engagement and support between agencies, which they now needed to learn from as a partnership moving forward over the next three years. Covid also presented challenges due to staff redeployment, increased workloads, and recruiting problems. He noted that the audit brought out the question of whether safeguarding was embedded in corporate and service strategies, such as contract management, tender documentation, and safe recruitment, which also will be looked at in the next plan. With respect to Safeguarding Adults Reviews, he stated that there were two SARs commissioned and published in 2020-21, while four of them are anticipated for this year, and they are seeing an increase in referrals for SARs. One area that they will need to focus on will be embedding learning and recommendations, of number of which are in progress. He noted some positive news from the CCG, where the Quality Improvement post has been filled, which will bring more joint learning.

They are now in the last year of the current three-year plan, and work has been grouped into four priority areas, including listening and learning, enabling people to keep themselves safe, working together to safeguard people those who can't keep themselves safe, and Board governance.

The key work highlighted in their annual report included:

- The South West Audit Partnership audit of SSAB's work
- Support to the system during the pandemic and monitoring of the system response
- Publication of two Safeguarding Adults Reviews
- Publication of guidance on medication management, organisational abuse and a series of public leaflets
- Learning from frontline staff about their experiences

- Collaboration with other boards in the region on the annual Stop Adult Abuse Week

Highlights of their progress made this year included:

- Leading the development of a new self-audit process, which has been shared with other regional boards
- Development of new public information on “Mate Crime”
- Development of a new performance dashboard
- Supporting national work and taking forward findings from a national analysis of Safeguarding Adult Reviews from April 2017 to March 2019 for local safeguarding adults boards
- Working with other regional boards to provide a series of webinars during National Safeguarding Adults Week (15-19 November 2021)
- Publication of the Safeguarding Adults Review for ‘Matthew’

He noted that Somerset has an effective partner arrangement for protecting adults with care and support needs and reiterated that SSAB has begun work on their next three-year plan, which will build on their work over the previous three years and will focus on adults with learning disabilities, transitional safeguarding, and people who neglect their own wellbeing (self-neglect). The new plan will be taken to the Board next month. If any members of the Health and Wellbeing Board would like to see the draft plan, the Independent Chairman can provide it.

The Board then discussed the presentation. James Rimmer, Chief Executive, NHS Somerset CCG, stated that he was very pleased with the assurance and quality improvement, as well as the close way of working. He enquired if this would be built into future plans. It was responded that there is rigor behind the recommendations and that the SSAB have briefings, webinars and newsletters for sharing learning, but they do need to ensure that moving forward this learning—and not just the recommendations—is utilised, especially virtually.

Trudi Grant, the Director of Public Health, asked that the SSAB please give the Board an update on the next three-year plan when decided. She noted that the pandemic has meant that there has been huge learning, and she would like assurance that specific pandemic learning will be embedded in the system. She expressed the need to tie in self-neglect—which has not yet been explored very well—with addressing inequalities, as there is often poverty next to affluence in Somerset, and individual self-neglect could be found in either situation. The Independent Chair replied that he would be happy to speak further with the Director of Public Health on these matters, while these issues would also be examined at a regional and national level. He will be happy to send the draft three-year plan to the Health and Wellbeing Board after their Board’s upcoming meeting.

The Chair stated that recovery from Covid is obviously wanted but that things will be different; those working in health and care will have many new issues to face. It was replied that, from the SSAB perspective, prior to the pandemic their Board had only people with safeguarding experience speaking to them; after the onset of covid they had to adapt and they invited responders to come speak to the Board, and more support was given to them. This needs to be looked at in the new plan, and it must be asked, what is the new normal?

Lou Woolway, the Deputy Director for Public Health, said that it was great to see a link with domestic homicide reviews; she added that there is a need to separate out the impact on older people in all learning information and exercises. It was replied that SARs tend to be done with older people; it was also noted that there had been a joint review with the Community Safety Partnership, which will be repeated more often in future.

A Member noted that her biggest concern about older people was their loneliness due to covid, as they are often less able to get out and about than they were in the past and can feel more vulnerable. It was responded that Somerset is fortunate to have a well-established network of community agents, and there is guidance on the website that focuses not only on safeguarding but also on preventative measures for those who are lonely and for hoarders.

Another Member raised the issue of hospital discharges and asked if SSAB will be looking at preventing admissions in the first place, as this often occurs because of loneliness and hoarding. It was replied that this had not yet been considered, but the Independent Chair will take it away and raise it, as it could be part of the partnership preventative agenda.

There was a query whether the growth of supportive neighbourhoods and communities from the beginning of the first lockdown forward could be harnessed to assist with safeguarding generally, albeit this was a difficult concept to define. It was replied that this goes back to the preventative agenda; it was agreed that it is difficult to define what is safeguarding and what isn't, but the Independent Chair will discuss the issue with the police representative at the next executive meeting.

Julian Wooster, Director of Children's Services, opined with respect to the Health and Wellbeing strategy that there may be duplication of effort if SSAB loses its focus on safeguarding; it was responded that this will be discussed, and it will be decided how the two boards work together. He noted that as regards older people, SSAB has a statutory duty around care and support, which is a key responsibility, but by working closely with other boards, they can also take care of other needs which may fall into a grey area. The Deputy Director for Public Health observed that this is similar to their work on how the Health and Wellbeing Board and the new Integrated Care Board will

be brought together, which will include Fit for my Future and the Improving Lives strategy.

The Chair thanked the presenters for the report and noted the information; and she mentioned that the national panel has just set up a library which includes Somerset.

The Somerset Health and Wellbeing Board received, considered, and discussed the presentation and noted the progress made by the SSAB.

Somerset Safeguarding Children Partnership Twelve-Monthly Report - Agenda Item 6

The Director of Children's Services, Julian Wooster, presented the report, noting that safeguarding children differs from safeguarding adults; he explained the Executive structure, wherein he has been nominated by the Local Authority and oversees the work together with Val Janson, Director of Quality and Nursing at Somerset CCG, and Dickon Turner, Superintendent at Avon and Somerset Constabulary. Following the 2018 guidance, the Chair of the Executive rotates, and currently he holds that role.

He noted that responsibility for the work of the Partnership is shared between three statutory partners: Somerset County Council, Avon and Somerset Constabulary, and Somerset Clinical Commissioning Group, while the Somerset Youth Forum is also a part of the Partnership and meets via Zoom to discuss important issues for children and young people in Somerset. Other pieces of work have been done on child exploitation, strengthening links between partners, and supporting vulnerable families. Later on this year they will report lessons learned from Covid; for the most part they have worked very effectively, but sometimes less so with certain families. There is a consultation going on with respect to the next Children and Young People's Plan, which collectively will need to be signed off by the Health and Wellbeing Board in the next few months.

As noted above, one area where a great deal of time was spent was in hearing from young people and getting their feedback. In relation to this, a video was played for the Board entitled "Children's Safeguarding Training for GPs", which was presented by Dr Jo Nicholl of Somerset CCG. She met in March 2021 with numerous young people to ask questions about their thoughts and experiences with their GPs. After the video, the Director of Children's Services observed that the concerns raised by the young people could also refer to other services and professions as well.

The Board then discussed the presentation. The Chief Executive-NHS Somerset CCG thanked the Director of Children's Services and said it was great to see Dr Nicholl bringing her expertise to the issue of young people and GPs. He asked that the video be widely distributed. It was responded that the Partnership is keen to have continued

feedback from young people and that they also have a video on how allegations made against authorities (such as in schools, involving bullying, etc.). He noted that they have done a great deal of work around identifying bullying and abuse.

Judith Goodchild of Healthwatch stated that it was a very interesting video and asked what is being done to disseminate it to GPs and schools. It was replied that the Partnership holds regular online events and have subgroups like the health group who share this information; such a structure works very effectively. Aside from this, it is up to the GPs to take some action, while Ofsted and other inspectorates will note the information.

The Deputy Director of Public Health asked if commissioning and strategic thinking within safeguarding were being maximised; it was responded that part of what is being asked of partners is to include direct feedback from young people, such as those in children's homes; this has led to better offers from bidders and has focused the process on supporting the children. The Fire service has done great work involving children and young people.

The Director of Public Health stated that she loved the video; she also referred to the slide (Slide 12 of the presentation) on Early Help that stated, "Evidencing the impact of early help remains a challenge and will also be addressed through the development of the next Somerset Plan for Children, Young People and their Families" and noted the importance of quantifying this impact. She opined that the Health and Wellbeing Board and ICB need to do more in this respect, albeit it is difficult to measure what you have prevented, as the traditional ways of measuring, including cause-and-effect, are not adequate. The Health and Wellbeing Board and other such bodies need to have a discussion on how we measure, as well as on making decisions based on factors other than measurement such as common sense and moral considerations. Otherwise, we will not get enough investment in prevention. The Chair added that case studies and the "story" are very important. The Director of Children's Services agreed, noting the effect of lifestyles on wellbeing, but said that it is a challenge and that a national debate on this subject is occurring. He said that their children's home initiative was approached very differently from the norm, and a different approach is necessary across the health sector.

The Chair thanked the presenter and the Board for their contribution, noting that the next generation are very important as they will be the future leaders.

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

ICS Verbal Update - Agenda Item 7

James Rimmer, Chief Executive-NHS Somerset CCG, provided the update, noting that there will be a full update next month with the involvement of Paul von der Heyde, Somerset ICS Chair and NHS Somerset ICB Chair Designate, and Jonathan Higman, NHS Somerset ICB Chief Executive Designate. He stated that the key item to note is that there has been a delay nationally in the start of the ICB/ICP, which was due to begin on 1st April but will now begin on 1st July. The ICS and its current arrangements will continue until then. In the meantime, the aim is to work together across all aspects of health and care in Somerset; they are still working in the background on the common agenda and the governance arrangements.

The ICS Chair acknowledged that they were proceeding with a gradual handover; the ICS Board's work is ongoing and will become increasingly active, with their next meeting taking place in mid-February. The ICB Chief Executive Designate pointed out the importance of determining how the ICP will function; the situation in Somerset is not as complex as in other places, but prevention and methods of measurement are key. The Improving Lives strategy needs to be a focus, and they will be working with the CCG over the next few months, making these exciting times. The Chair said that change can be unsettling but encouraging.

The Director of Children's Services declared that, at some stage, it needs to be understood how safeguarding will fit in with the ICB/ICP, and he asked if discussions are ongoing nationally and/or locally. The ICB Chief Executive Designate replied that they will be working hard to ensure that the transfer from ICS has no negative effects and that joint working is strengthened. He said that he will be happy to discuss this separately with the Director of Children's Services.

The Board thanked the presenters for their update.

The Somerset Health and Wellbeing Board received and noted the verbal update.

Annual Public Health Report - Agenda Item 8

Trudi Grant, Director of Public Health, presented the APHR, which she noted is the statutory duty of the Director of Public Health. Last year the report focused on the pandemic's effects on adults; this year it focuses on the specific impact of covid on children. The information and experiences were gained from the school survey and focus groups. The school survey involved 8000 children from 92 schools, while the focus groups involved children aged 11-18 across the county. It was extremely valuable to get the children's feedback.

The key findings from the focus groups were that there was a wide diversity of reactions to covid measures and the pandemic. In general, children of secondary school age were much more negative than those in primary school, probably because there is usually less social life amongst younger children. The worries of children

included missing out, mental health, digital exclusion, lack of services, not seeing family for long periods, difficulties with being around parents all day, eating too much, spending too much time online, and difficulties with sleeping patterns. However, they were happy with the support received, particularly the peer support. Positive reactions included the opportunity for spending more time outdoors and doing more school work and reading. For the future, the return of normality was desired; some children wanted online education while others did not, while some saw another potential lockdown as the last straw. The most important issue was to keep the children in schools; schools must be the last thing to close.

With respect to the recommendations found in the report, it was noted that the impact of health and social inequalities has been exacerbated and made obvious by the pandemic, and there is a need to address this more in all policies and commissioning. There is also the need to engage more in Somerset in one unitary fashion, and a need to recognise that children and young people will need more help and support to remedy the effects of the pandemic. The wellbeing framework needs to develop and extend, and children and young people need to know how to find and utilise it. With respect to moving from the pandemic stage to endemic status, the vaccine programme will remain critical and infection control behaviours must continue, as the latter have assisted in reducing other infectious diseases as well.

The Director of Children's Services commented that one issue to note was the social context in which everyone operates, as this has rapidly changed and is now tricky and very different from before. The move toward online, individualised tuition is both good and bad, as it helps children with studies but not with social interaction. Inequality has also come to the fore. It was responded that there is always change with significant events, but the good thing is that we have learned from it; the pandemic has a very long 'tail', and we need to be open-minded regarding the change in the needs of the population, both children and adults. The changes for children and young people could last for years. It will be necessary to really think about what need to be re-set, such as workplaces and schools, but this need to maximise learning should be seen as a positive. It was pointed out that a risk lies in telling people that we will be returning to normal, as that can sometimes add to stress levels. The Chair observed that the concept of family will have changed.

The Chief Executive-NHS Somerset CCG stated that it was a very helpful report and useful as a record of the pandemic. With respect to mental health, they have been able to respond with initiatives and improvements, which they need to continue with. The impact has been far greater on children and young people as the pandemic has been a more significant part of their lives, so their feedback is very important.

The Chair observed that the earlier point made about all bodies having one way of engaging was very important, and she thanked the Director of Public Health for the report, as well as the Board for their input.

The Somerset Health and Wellbeing Board received and noted the report, and also noted that recommendations had been agreed at the Cabinet meeting.

Work Programme - Agenda Item 9

The Deputy Director for Public Health discussed the Work Programme; she noted that there would be room for one more item at the March meeting but advised that going forward they would need to allow more time for the ICS/ICB update at each meeting. She can be contacted via email to add any items, but they need to be strategically planned.

The Somerset Health and Wellbeing Board noted the Work Programme.

Any Other Items of Business - Agenda Item 10

There were no other items of business.

The meeting ended at 12:52 pm

CHAIR