

## **ADVISORY SOMERSET HEALTH AND WELLBEING BOARD**

Minutes of a Meeting of the Advisory Somerset Health and Wellbeing Board held virtually via Microsoft Teams on Monday 21 March 2022 at 11.00 am

**Present:** Cllr C Paul (Chair), Cllr F Nicholson (Vice-Chair), Cllr R Wyke, Cllr J Keen, Judith Goodchild, Trudi Grant, Julian Wooster, James Rimmer, Mel Lock and Sup. Dickon Turner

**Other Members present:** Cllr C Lawrence

**Apologies for absence:** Dr Ed Ford, Dr Alex Murray and Cllr M Best

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

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

### **21 Minutes from the Meeting Held on 17 January 2022 - Agenda Item 3**

The minutes were noted with one correction: Cllr J Keen advised that she had given her apologies for the meeting.

### **22 Public Question Time - Agenda Item 4**

There were no public questions.

### **23 ICS Update - Proposed Governance Arrangements - Agenda Item 5**

Paul von der Heyde, Somerset ICS Chair and Chair Designate for NHS Somerset ICB, introduced the topic, noting that the Health and Care Act continues to progress through Parliament, with 1<sup>st</sup> July 2022 now being the date for institution of the new ICB, which is the successor organisation to the Somerset CCG. He and the ICB Chief Executive Designate, Jonathan Higman (who could not be present for this meeting due to illness), have sent letters to four potential non-executives for the ICB and are also in the process of appointing the non-statutory executives. The ICP planning is less advanced but is progressing.

James Rimmer, Chief Executive of CCG and System Lead, then made the presentation; he works with Jonathan Higman on the ICB, and this presentation is the evolution of their work. There are four key aims of the ICS: To improve outcomes in the population's health and healthcare; to tackle inequalities in outcomes, experience and access; to enhance productivity and value for money; and to help the NHS support broader social and economic development. As for

the Somerset community, the population is 580,000 with 13 Primary Care Networks, 2 Foundation Trusts, and the CCG; the expenditure for 2020/21 was £993.5 million, with 48% of that going to secondary care commissioning and hospital services. He noted that Improving Lives is the strategy for Somerset county with respect to delivering improvements for the population, while Fit for my Future is the strategy by which the Somerset ICS will effect the vision of people living healthy independent lives supported by thriving communities with easy access to high-quality public services. The Improving Lives strategy is at the heart of the ICS/ICB, with key partners centred around it; while Fit for my Future aims to improve the health and wellbeing of the population, provide the best care and support to people, strengthen care and support in local communities, reduce inequalities, and respond well to complex needs. The principles of system working were touched on, as well as the structure of the ICS, which has the ICS and HWBB sitting above the ICB, the Local Authority, and the ICS "engine room", which is described as a way of working where partners come together to work as a single system. Initially, the engine room is made up of teams from all partner organisations, although as it develops, it could be consolidated to be hosted within a single partner organisation. Other aspects of the ICS and ICB include professional and clinical leadership, which is being developed currently, and the recruitment of a Chief Medical Director and Chief Nursing Director. The Year One priorities include continuing to lead the pandemic response and recovery, creating the ICS engine room starting with the population health hub, establishing the ICP and its health and care strategies, developing and implementing a systemwide strategy for primary care, developing the five-year financial and workforce strategies, and developing the Board, organisation, and system as a whole.

The Board then discussed the presentation; Trudi Grant, Director of Public Health, provided further information on the population and health work, noting that this Wednesday, proposals for the five-year programme will be taken to the ICS Board. It will focus on transforming local health and care services to become more prevention driven rather than demand driven, with the national guidance and policy supporting this. If the programme is approved, she would like to bring it back to the HWBB Board in the future.

Cllr Nicholson, Vice Chair, said that the presentation had been very helpful; she asked if the appropriate focus on various groups such as children, SEND, etc. will be reflected in the future programme. It was responded that there are currently six delivery boards that were established two years ago and that focus on primary care, urgent care, mental health, etc., and these will transition into the ICB. The details are being worked out as to where and how these delivery boards will sit across all partners, who are also transitioning over to the ICB. It was also reassured that specific issues will not be lost in the transition.

**The Advisory Somerset Health and Wellbeing Board expressed its support for the proposed, ways of working, and governance arrangements for the Somerset ICS and ICB.**

24 **SEND Update** - Agenda Item 6

Dr Rob Hart, Assistant Director for Inclusion at SCC, made the presentation with his colleague Vikki Hearn. He began by noting that 27% of the Somerset populations is under 25 and that one in six of those young people will have some kind of disability or special educational need. When one is talking about SEND, it entails children and young people with mental health needs, physical and sensory difficulties, learning disabilities such as autism, speech/language/communication issues, and difficulties requiring additional support in school. The health outcomes for those children and young people are worse than for those without such difficulties, and there can only be equal outcomes when they are able to live independently, access employment and community services, etc. In 2014 the Children and Families Act set out the framework for new ways of working together across health care and education; this presentation provides an update on where we are currently.

In March of 2020, the Care Quality Commission undertook an inspection of SEND services across Somerset and found 10 weaknesses:

- Joint working between services underdeveloped
- Autistic spectrum condition assessment pathway dysfunctional
- Too much variability in implementation of reforms across front line services
- Timeliness of assessment process for plans too slow
- Rate of exclusion of children and young people with SEND too high
- Limited capacity to bring about improvements needed
- Little evidence to show betterment in experience for SEND children and families
- SEND reforms implemented too late with widespread weaknesses in identification of needs
- Joint commissioning limited and resources underutilised
- Quality of assessing and then meeting needs inconsistent and often weak with EHC plans lacking input from health and care professionals

In response, Somerset SEND produced nine Written Statements of Action to address these deficiencies, along with a plan to implement them; each improvement priority (IP) has a named lead, IPs are grouped in themes with school leaders and parent carers involved, there is dedicated project management support from SCC and the CCG with external support available from DfE and NHS programmes, a fortnightly delivery group brings together IP leads to monitor delivery, a monthly strategic partnership board provides a

forum for discussion and planning, another monthly improvement board receives progress reports, and there is a quarterly monitoring meeting with DfE and NHS England advisors.

Somerset SEND is also promoting a culture of inclusion and collaboration; 445 new families have joined the PCF since the inspection, and families will be involved in service design. There is also improved communication within the SEND community through various means. A Joint Commissioning Strategy has been developed, barriers to assessment have been removed, and joined up work involving therapies, specialist equipment, schools, local authorities and health services has improved. A school-led Inclusion Enquiry has engaged with school leaders to strengthen inclusive practice; and processes for identification, assessment and planning have been strengthened.

DfE and NHS monitoring in January 2022 found that the local area has maintained good progress in implementing the Written Statements of Action, while those actions that are behind schedule have been identified and corrective measures put into place. Significant improvement in collaborative activity has been observed. Risks and challenges remain with respect to engagement, data use, commissioning restrictions, the effects of the pandemic, reorganisations of the ICS and Somerset Council, and budgets; while more needs to be done with respect to strengthening joint working and work with families, autism assessment, inclusion, improving access, Covid recovery, and the new SEND strategy from 2023 onwards. Vikki Heard emphasised that a needs analysis was paramount in for this new strategy moving forward, and Dr Hart opined that a focused development session with HWBB would be very useful in this respect.

The Chair thanked the presenters, noting that it was very evident how much work had been put in to arrive at the current point, and she asked for questions and comments from the Board. Cllr Keen enquired with respect to exclusion of children if the issue had existed even before the pandemic, if it had to do with the time required for assessments, and if the numbers were included with those who are home schooled; she said that it was a matter of concern and asked if there could be a more detailed discussion of this in future, with the Chair agreeing that there was a need for more information on alternative education. It was responded that it was, in fact, a concern before the pandemic, with a drop-off in the numbers during the pandemic; it does not appear, however, that there is a link between the length of time required for assessment and exclusion, as the timeliness of assessments has improved significantly over the last 18 months and is now better than the national average. At times excluded children have not been identified by the school as having any special educational needs, but afterwards these needs are identified, so there is a need to strengthen school identification and to give support to elective home education. Families have a right to educate children in ways other than at

school, and many get a very high-quality experience from elective home education. They do track the numbers of children educated at home and have processes whereby they can check with other agencies as to whether there are any associated risks. The government has announced plans for a type of mandatory registration for families to inform that they are home schooling. With respect to a more in-depth discussion on the subject, a report was made to the Scrutiny Children's committee in February, which could be of interest to this Board, although he is happy to share future updates as well. The Chair agreed that the presentation mentioned would be helpful and sharing of the report would be followed up on, and she is 100% behind holding a joint development session. She thanked the presenters for their work.

**The Advisory Somerset Health and Wellbeing Board noted the recommendations on Page 22 of the Agenda pack and the suggestion for a development session.**

## 25 **Homelessness Reduction Board Report** - Agenda Item 7

Andrew Lloyd, Health Promotion Manager for SCC, and Claire Tough, Director of Neighbourhoods of Homes in Sedgemoor, presented the report, which provides an update for HWBB on the progress of their initiatives. The HRB, which was established in April 2021, has been monitoring progress with the Better Futures programme action plan, which covers six themes:

- Early help and prevention
- Commissioning homes and support
- Appropriate use of short-term supported accommodation
- Access to permanent homes
- Sustainable tenancies
- Leadership, learning and governance

These items are further discussed in the report. As regards health support, the HRB has delivered Covid vaccinations to the wider homeless cohort in Somerset, has introduced the Homeless Nursing Team pilot, is preparing a bid to pilot a bespoke dentistry offer, is attempting to improve access to palliative care and clinical psychology, is working on a dual diagnosis strategy together with the Foundation Trust's mental health directorate, and is adhering to the Improving Lives priorities and outcomes regarding improved health and wellbeing and fairer life chances for all.

The Chair thanked the presenters and welcomed the exceptionally good work done in a short time, then asked for questions and comments. The Director of Public Health agreed that she was delighted to see so much progress in a year and the funding that they had attracted; she opined that Andrew Lloyd and his

associates had done sterling work. Cllr Keen also applauded their work and pointed out that the work does not end with the placement in housing of the homeless; it requires ongoing support to avoid that these persons relapse and to ensure that they integrate into the community, which will require a great deal of funding and man hours. Cllr Lawrence said it was an excellent report and wanted to emphasise that the current affordability, or lack thereof, of rentals can be crippling for young families. It was responded that the HRB is working with planners and developers for suitable accommodation for everyone, including larger families; and as for the compliments for their work, they are very grateful for the contributions of everyone involved. Cllr Wyke noted that private landlords are now escalating rents excessively in order to 'evict' tenants without actually going through eviction proceedings; she asked if the Council has a plan to deal with this. It was responded that this was a broader question outside the remit of the Board, but Claire Tough will follow up on the question.

**The Advisory Somerset Health and Wellbeing Board received the update on the work of the Homelessness Reduction Board and encouraged members to contribute positively to the Better Futures agenda.**

## 26 **Health Protection Forum (HPF) Annual Report** - Agenda Item 8

Jessica Bishop, Health Protection Manager, and Alison Bell, Consultant in Public Health, made the presentation of the Health Protection Forum Assurance Report for 2021, which was produced to provide assurance to the HWBB that they are protecting the community from communicable diseases and environmental hazards. The Health Protection Forum includes District Councils, NHS Somerset, UK Health Security Agency, Somerset County Council, and other bodies.

It was noted that in 2021 they were principally responding to the pandemic and most non-Covid work was on hold, but there were still 74 outbreaks, 3 complex TB cases, and other problems. Infectious diseases capitalise on weaknesses, so they often affect people living in adverse conditions. The key areas of success for Health Protection in 2021 were as follows:

- Communicable Diseases – An action group for blood-borne diseases like hepatitis and HIV; avian influenza
- Environmental Hazards – Air quality steering group, SCC Public Health and Civil Contingencies Unit assisting people with cold homes/fuel poverty
- Infection Prevention Control – Principally in response to Covid
- Resilience – Offsite Emergency Plan test carried out at Hinckley

- Screening and Immunisations – Local immunisation group, immunisations in schools, HEAT (Health Equity Assessment Tool), backlog reduction or elimination in screening programmes

The key areas for improvement were:

- Treatment of TB – Somerset has a low incidence of TB, but treatment completion remains lower than national levels at 68.8%
- Breast cancer screening – There has been a delay in the deadline for recovery; this is now August 2022
- Radiation Monitoring Unit capacity – Regional plan
- Childhood immunisation coverage

The priorities for 2022 include collaboration with the Somerset ICS, the Musgrove and Yeovil hospitals coming under one NHS provider trust, the Local Health Resilience Partnership moving within ICS boundaries, and the transition to a unitary authority (Somerset Council). Another priority is preserving the legacy of the joined up working and behavioural changes learned during the Covid pandemic, retaining the capacity to respond and building a better system. An important matter that was noted was the standing down of the Covid Engagement Board, which means that updates on Covid will now be received by HWBB.

The Chair stated that she was reassured by the depth of detail in the report and asked for questions and comments. The Director of Public Health also thanked the presenters for the report and breadth of work, especially behind the scenes. She is keen to have a really good look at the system response, actions and proposals, especially with the ongoing development of the ICB, and would like it brought back to a future HWBB meeting. The Chair agreed, asking whether we should be aware of additional risks and the ability to protect the population from them. It was replied that Health Protection does scan/monitor what is occurring globally; avian flu is currently a concern, for example, and there is a need to have good surveillance systems. Cold weather and current fuel prices are also a threat; resources for assisting with heating are being signposted. It is also being encouraged from the health protection viewpoint that everyone gets the flu vaccine in the autumn, as well as childhood vaccinations, where a drop in the rate of uptake has been seen.

**The Advisory Somerset Health and Wellbeing Board noted the report and is minded to endorse the priorities proposed for 2022/23 to ensure the strengthening of health protection as Somerset goes through several crucial transitions.**

The presentation was made by Dr Tom MacConnell (CCG), Kate Anderson (Public Health), and Jane Knowles (SASP), who stated that the aim of this strategy is to improve public health via physical activity. They set the scene for the strategy by noting that society has become less active and therefore more susceptible to cardiovascular disease; it is known that the more active anyone is, the better their quality of life. There needs to be an integrated system, shaped through engagement with people and through evidence, that produces a comprehensive message to increase physical activity.

The Somerset Moves strategy is overseen by steering groups involving the CCG, Foundation Trust, SCC (Public Health and Education), SASP, and independent expert consultants; SASP will drive collaboration with other organisations and partners. There are six focus areas of work and the “Five Asks” to help mobilise the strategy; the Five Asks and the strategy as a whole were endorsed by the CCG Clinical Executive Committee for Somerset in February 2022. The six areas of focus are:

- Positive experiences for children and young people
- Increasing community activity
- Connecting with health and wellbeing
- Developing more active environments
- Supporting and motivating people to move
- Developing leadership, the workforce, and partnerships

It was pointed out that currently 36% of adults across Somerset do not meet physical activity guidelines, with 45% of people with a disability and 30% of people with a long-term condition being inactive. Lower affluence also means lower activity levels. As for children, over 50% of Somerset children do not meet physical activity guidelines, with 1 in 5 arriving at school overweight, and 1 in 3 leaving primary school either overweight or very overweight. Covid has had a negative effect as well on everyone’s activity levels. Gender makes less of a difference than age, as levels of activity decreased with age. Those in higher socio-economic groups were more active, while those living alone were less active. There was shown to be a positive association between sports participation/physical activity and levels of mental wellbeing, although wellbeing has shown a long-term downward trend.

The Physical Activity Strategy is linked to the Improving Lives strategy through Priorities 2-4, while the Five Asks entail leading by example, empowering people in your care, promoting physical activity within your workforce, communications that support the promotion of physical activity, and system-level funding. The recommendations are that the HWBB discusses the draft Somerset Moves strategy, provides feedback and endorses it; that the HWB supports the implementation of the strategy through the Five Asks; and that all system partners commit to reducing inequality and inactivity for the prevention of ill health, while supporting funding opportunities to achieve this.



Questions and comments were then made by the Board; Superintendent Richard Turner observed that a more sustained way of ensuring health and wellbeing is through a good diet and reduced food intake, so will these be part of the strategy? It was responded that a food resilience cell has been established, and this topic will be expressed as a joint message along with physical activity. It was noted that there are basic issues and common themes, such as the fact that activity helps you to maintain weight loss and also makes people feel better, which enables them to better address their weight; it is a holistic approach. The Chair stated that she would be happy to hear about food preparation and related matters, and she thanked the presenters for their work.

**The Advisory Somerset Health and Wellbeing Board is minded to endorse the Physical Activity Strategy, endorse the Five Asks and discuss them within their host organisation, and discuss progress by taking forward the Five Asks at the September meeting of the Board.**

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

The Chair reiterated that should the need arise to address Covid, this Board is where updates will be received from now on. She noted the current work programme in the agenda and advised that any suggestions for additional items be emailed to Lou Woolway, Deputy Director of Public Health.

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

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

There were no other items of business. The next meeting is scheduled for 13 June 2022.

**(The meeting ended at Time Not Specified)**

**CHAIRMAN**