

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 26 September 2022 at 11.00 am

Present: Cllr B Revans (Chair), Cllr Cllr A Dance (Vice-Chair), P Von der Heyde (Vice-Chair), Cllr T Munt, Cllr R Wyke, Cllr G Slocombe, Cllr C Booth, Cllr J Keen, Cllr B Hamilton, J Higman, J Goodchild, Prof Trudi Grant, J Wooster and M Lock

Other Members present: Cllr H Shearer

Other Members present virtually: Cllrs A Dingwall, E Pearlstone, L Redman, M Lovell, R Woods, S Osborne, M Chilcott, J Roundell-Greene, F Smith, L Trimnell, L Leyshon, M Stanton

Apologies for absence:

39 Apologies for Absence - Agenda Item

Apologies were received from Cllr Lucy Trimnell, who however attended virtually.

40 Declarations of Interest - Agenda Item 2

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

41 Minutes from the Meeting Held on 13 June 2022 - Agenda Item 3

Cllrs Chris Booth, Janet Keen, and Gill Slocombe, as well as Judith Goodchild of Healthwatch, advised that they had attended the last meeting virtually. The Chair noted that during the discussion on the Pharmaceutical Needs Assessment, a Council Member who spoke actually was resident of Somerset, despite his business being in Dorset. Cllr Keen wanted it minuted under the discussion on future topics for the Work Programme that she had suggested, with respect to mental health services' outpatient access and particularly those patients who are already in the system with a diagnosis, that having an urgent outpatient appointment is critical, especially for those with a diagnosis of depression and/or anxiety. The minutes were approved with those alterations.

42 Public Question Time - Agenda Item 4

There were no public questions.

43 ICS Update - Agenda Item 5

The Chair invited Jonathan Higman, Chief Executive of the Integrated Care Board for NHS Somerset, and Paul von der Heyde, Chair of the Integrated Care Board and the Integrated Care System for NHS Somerset, as well as Co-Vice Chair for the Health and Wellbeing Board, to introduce themselves. The Board was advised of the current pressures and the priorities of the ICB during the initial period which began on 1st July after being formed as a result of the Health and Care bill passed earlier in the year. The ICB had taken on all of the statutory responsibilities of the Clinical Commissioning Group (CCG) beginning first of July, but there is a broader remit, including:

- focusing on improving outcomes for the population
- identifying and tackling inequalities
- demonstrating and delivering value for money for the public
- requirements around social and economic development

With the NHS being a major employer in Somerset, they have a responsibility to buy locally, think locally, support sustainability plans for the local population, etc. One of the things being done at the moment is putting an approach to 'population health management' right at the heart of all they do; therefore, they are working to identify the data which will pinpoint where there is inequality within the county, as well as working through new care models to improve the care of the population in those areas. A new approach to engaging with the public must be part of that.

Over the last few months, the executive team was established for the ICB; a summary of the executive members will be circulated to the Health and Wellbeing Board. In terms of the major accountabilities, these will transfer seamlessly from the CCG to the ICB from April 2023, when the ICB will have responsibility for optometry, dentistry, and pharmacy. The ICB will have more responsibilities as they move forward, including specialist commissioning for more specialist services of the tertiary type. This has all led to significant pressure currently, but great strides have been made in terms of improving elective waiting lists and delivering governmental requirements. They achieved the 104-week wait target at the end of July and are now moving on to deliver a maximum of 78-week waits.

Work has been done on determining their objectives as an organisation and what they hope to achieve over the next six months; they have put this into three categories:

- Delivering the best possible outcomes for the population of Somerset through the winter, which will be challenging on all fronts;
- Taking action on inequality and building our public health capabilities by system working with social care and children's groups, as well as developing joint commissioning;

- Developing our health and care interim strategy by the end of December, followed by our five-year forward plan and development of the ICP.

The Chair of the Integrated Care Board added that the essence of the work going forward would be fundamentally different than it was in the past; it will involve working together as a whole community to help find solutions rather than commissioning and telling people what they are going to do, then checking that they've done it. It is an opportunity to really help people from grassroots level all the way up to complex intervention care.

The Director of Public Health in Somerset presented a report on Proposed Future Health and Wellbeing Board and Integrated Care Partnership Arrangements. The Board was advised that elements of the ICS (Integrated Care System) include the ICB (Integrated Care Board) and also the ICP (Integrated Care Partnership) involving the Health and Wellbeing Board and the Integrated Care Board. There were three different sets of guidance which came out as result of national conversations, and the Somerset Health and Wellbeing Board held a workshop dealing with both the HWBB and the ICP, as they are both statutory boards but there may be considerable overlap between the two as far as responsibilities. Responsibility for the ICP sits within the Health and Wellbeing Board's overall responsibilities, so it is a complex situation. Therefore, it was concluded after much discussion that, because Somerset already has a very tidy, functional system, there should not be separately operated Health and Wellbeing/Integrated Care boards, as this would have created duplication of effort and would have been confusing for the recipients of services in the population.

The report being presented today takes that conversation further, noting that the HWBB and ICB will operate together, aside from rare instances where they may have to meet or operate separately. In order to support bringing together the HWBB and ICB, it was proposed that there would be a transitional period to set up the Integrated Care Partnership (ICP), which will include developing a strategy by the end of October as required statutorily. The Local Government Reorganisation, with vesting on 1st April, will also have an effect on this. So the two boards will begin working together over the next six months to develop their vision for one strategic partnership board for all of Somerset beginning next April, which may be called the Somerset Board. In order to achieve this, there is a need for three more positions on the board as well as altering the quorate requirements (from the previous two local authority members and one ICB member, to two local authority members and two ICB members). Because there is a need to expedite work on the strategy, there will be a formal working group to do this; HWBB also has the authority for the Joint Strategic Needs Assessment, which will need to be refreshed this year.

The Board raised a number of issues, including:

- Mel Lock asked if a representative from the Care Providers Association could be included on the board; Prof Grant agreed with the logic of such an inclusion and advised that the Board could add this to the recommendations.
- Lou Woolway, Deputy Director of Public Health, stated that the board will have to be much more stringent regarding the work programmes in future, so there will be task and finish groups and more people will be brought in for those.
- Jonathan Higman raised the importance of how we engage with the population at the same time as developing the health and care strategy, and how we bring together the engagement functions of the ICP and the local authority. Cllr Booth questioned the means by which information on the ICP would be communicated to the public; Prof Grant replied that over the transitional period it will be determined how the board will put this into practice and ensure it occurs. She noted that the ICP will only ever be just a Board, whereas years ago the HWBB establish a connected network to work alongside the Board and deal with public engagement, and this type of structure is again required going forward.
- Cllr Janet Keen suggested that there needs to be more detailed scrutiny in order that the board knows when something has gone wrong and can act on it; she opined that when there is dissatisfaction, which elected Members are made aware of, these issues are seldom brought to the Board itself, perhaps because of a lack of communication between service providers. Jonathan Higman responded that different organisations have different processes, but we do need to have input from the population, as complaints are usually about communication and the interface between services, and that will absolutely be a part of the strategy development.
- Cllr Chris Booth enquired how a representative from the VCSE sector would be selected; Prof Grant responded that they generally approach SPARK regarding the whole VCSE sector, but the sector could also come forward with a representative of their choice.
- Cllr Brian Hamilton enquired if this situation with formulating the ICP was unique in Somerset; it was responded that there are three others in the South West, including Cornwall and Gloucestershire, with whom they have been in touch, and a few more nationally. The governance arrangements have been agreed quite quickly in Somerset compared to other areas which are still struggling. This positive situation is due to our good and long-standing relationships in Somerset, as well as to the workshop that was held.
- Cllr Lucy Trimnell said that she welcomed this new board, as there were previously many issues with having too many groups working in similar ways; she asked who would be on the working group, when it would be

formed, how often they would meet, and what its aims would be. Jonathan Higman replied that they are in the process of setting up the health and care strategy from an NHS perspective, and they need to deliver an interim strategy by the end of December; they will meet monthly, with there then being an annual review based on the JSNA data. It will build on what they already have, such as the Fit for My Future strategy; but they are still awaiting new guidance, which was supposed to have arrived in July.

- Cllr Mandy Chilcott asked if this change in governance and structure was a slight pulling away from the County Council, saying that it felt like a two-tier situation was developing; she also questioned how public accountability would be handled, given that the County Council is responsive to the public while the NHS is not so much; and finally, she asked if future agendas and papers would still be on the SCC website. Prof Grant acknowledged the validity of these questions and expressed the hope that in the transition period the board members will be the same for HWBB and the ICP. The HWBB will remain a committee of full Council even while working with the ICP, so it is actually a move closer together, and HWBB and ICP will always be open to health scrutiny, with possibly even more scrutiny in future, which Cllr Chilcott said needed to be as open and transparent as possible. Paul von der Hyde stated that the word 'partnership' denotes pulling closer together, and the Local Authority and the NHS in Somerset are in it together to look after the population. Cllr Slocombe observed that anything that reduces complications for the public is very welcome.

The Chair noted the consensus of the Health and Wellbeing Board members that this is a very welcome development and one that is needed to bring committees together, maximise engagement with the public, and strengthen democratic scrutiny. It was agreed to slightly amend the membership in the reports to include a representative for registered care providers; this membership is referred to in Recommendation 2 below.

The Somerset Health and Wellbeing Board approved the following recommendations:

- 1. That the Somerset Health and Wellbeing Board considers the proposals and endorses the approach to align the Health and Wellbeing Board and the ICP.**
- 2. That the Board endorses the transition arrangements for the period October 2022 – March 2023, the appointment to the Board of additional members as identified in 2.5 of the report and revised quorum arrangements as detailed in 2.6. The Board agrees to**

recommend the proposed changes set out in the report to Full Council to consider and approve.

- 3. That the Board notes the timescales associated with the Integrated Care Strategy and agrees to set up a working group to support the ICP's refresh and further development of the strategy.**
- 4. That the Board agrees a significant refresh of the needs assessment under the JSNA to support the development of the strategy.**

44 Somerset Children and Young People's Plan - Agenda Item 6

The Chair invited Fiona Phur, Partnership Business Manager at SCC, and Jasmine Wark, SSCP Business Manager, to introduce themselves and summarise their responsibilities. Members of the Board and other attendees were invited to comment on the work around the Children and Young People's Plan using Mentimeter.

The Board was advised that in order to write the C&YP Plan, the views of the children and young people in Somerset we sought to identify what their priorities were; this was presented under the heading of "Hearing the Voice of Children and Young People in our Strategic Process". It was noted that the children and young people also wanted to know what the members of the Health and Wellbeing Board thought about these priorities, so attendees provided input, with the suggestions including mental health, the environment, being connected, educational skills, opportunities for all, safety, being heard, community, sports and leisure, etc. It was then explained how the voices of children and young people were heard in Somerset, which included a care forum with annual achievement awards, the Youth Parliament, Young Somerset, The Unstoppables and the Youth Forum (both SEN groups), and the Somerset Safeguarding Children Partnership (SSCP) as a whole. Members of all of these groups met recently to discuss the cost-of living-crisis; they also work closely with commissioners (asking them to consider service users' expressed needs), the police, Public Health, and the voluntary sector. There are 40 organisations that meet quarterly. The Youth Forum specifically was founded in May 2020 and includes children aged 10-18 years old who meet both on Zoom and in person with the SSCP. In order to formulate the C&YP Plan, they started a year ago with a benchmark from the Youth Parliament, which includes input from the whole country, and extrapolated the voice from Somerset (there are 2500 in Somerset), referencing the climate, mental health, education, equality, sexual harassment and health, and the newly mentioned issues of domestic abuse and poverty.

A short film was then introduced regarding the problem of how children can be supported when making an allegation of abuse or inappropriate behaviour; it

was noted that previously there really weren't the right tools available to deal with this, so Local Area Designated Officers who coordinate these investigations met with children and young people to get feedback on what would be helpful, and this short film is the result of that collaboration. It was then discussed how the C&YP Plan aligns with the Improving Lives strategy, and the governance structure was explained (there are three partner agencies represented, which entails the Chief Accountable Officer for the ICB, the Chief Executive of Somerset County Council, and the Chief Constable of the Avon and Somerset Police, with the SSCP sitting below that along with a number of subgroups). The C&YP Plan included three key rights for children (keeping children and young people safe, supporting physical and emotional health and resilience, and enabling young people to learn and thrive), as well as eight priorities (early help; safeguarding children from the pre-birth period through early childhood and the teenage years; all babies have the best start in life; better support for social, emotional, mental health and wellbeing; support for education and inclusion; reduce bullying and promote positive communities; poverty and homelessness; climate and transport). Anyone who takes reports to the plan is asked to get feedback from young services users so that progress can be monitored, and in the recent Ofsted report our quality assurance processes were praised. The Plan was brought to the SCC Executive meeting in July, where the decision was to encourage all of our relevant partner agencies to formally endorse the C&YP Plan through their own executive arrangements.

A discussion then ensued, with Fiona asking attendees if there were areas where their organisations could assist the SSCP in achieving its priorities, or if there were ways in which they could work more on listening to children and young people, and some of these ideas were input via Mentimeter, including making people aware of the plan (practitioners, decision-makers, children), supporting the facilities provided by the voluntary sector, ensuring professionals and agencies listen to children's needs, involving children in everything we do, providing training and awareness around child safety, working with registered housing providers, improving mental health, changing the culture in schools regarding seeking help, taking bullying seriously, etc. Cllr Heather Shearer thanked the presenters for the very helpful presentation and opined that professional curiosity needs to be encouraged; e.g., if an organisation is tasked with working with older people, there will also be families connected to them, and the views of those children and young people could also be considered. Cllr Janet Keen noted that early help is the most important key element in the stability of a child as he grows toward independence; it is the responsibility of the mother or principal carer, but at times homemaking assistance may be needed, which might be seen as an intrusion but which is necessary to ensure that the child progresses and has stability. Fiona agreed, noting the case of a provider who has now engaged ten youth workers to support the vulnerable children and young people in families and guard them from getting involved in unhealthy activities, at the same time that other

workers support the adults. Cllr Mandy Chilcott observed that often different organisations pick up only certain bits of information, so Somerset is working to bring all of the information together for safeguarding children. Julian Wooster, Director of Children's Services, stated that the partnership around safeguarding is very strong and that he is very confident about the arrangements in place, but the question remains: How welcoming is Somerset toward children and young people? Some of them say that they don't always feel welcome, and the solution must involve the collective community rather than the services, particularly with respect to children with special needs. Parents of these children understandably want them to be protected, which is not always helpful in them progressing to adulthood. Prof Trudi Grant declared that the engagement work that the SSCP does is wonderful, and we can all learn a lesson from it; Jonathan Higman added that the priorities in the C&YP Plan need to be at the centre of the Integrated Care System strategy. The Chair thank everyone involved in the presentation.

The Somerset Health and Wellbeing Board noted the Children and Young People's Plan.

45 Health, Care, and Housing - Agenda Item 7

The Chair invited Mark Leeman, Strategy Specialist for Housing, Health and Wellbeing from Somerset West and Taunton District Council, to present the report, which had undergone several consultations, was quite wide-ranging, and focused on closer working. He advised that Debbie Sorkin of the NHS Leadership Centre, Ian Burden of the NHS, Dave Baxter and Sarah Stillwell of Sedgemoor District Council, and Jai Vick of Mendip District Council were also on hand virtually to answer any potential questions.

The Board was advised that a person's health is determined by many factors, and housing was the second most important. Unhealthy, unsuitable, and/or precarious housing can seriously affect one's health, while one's health can conversely affect a person's ability to maintain a home. There are many factors involved in homelessness, including both individual and wider forces that affect one's ability to access and maintain housing. A range of services and support are provided for the elderly to remain independent in their homes, as well as for helping families and communities to thrive. People are at the heart of care services, as per the Adult Social Care Reform white paper which discusses the need to integrate service delivery.

Mark revisited several previous decisions by the Health and Wellbeing Board regarding this issue and noted the progress made or lack thereof; matters dealt with included:

- Homelessness and rough sleeping, including the establishment of the Homeless Reduction Board (HRB) with a highlight being no deaths due to Covid amongst rough sleepers, countrywide expansion of nursing support (RSPH award nomination in 2022), and progression of Better Futures for Vulnerable People in Somerset
- Independent Living, for which BCF funding continues to drive a range of prevention-related activity and they have obtained a housing provider perspective from Homes in Sedgemoor
- Climate change
- Gypsy/Roma/Travellers
- Health Impact Assessments, where more progress is needed

Strengths have included systems leadership (HWBB/MoU/HRB) and Somerset now being part of the national MEAM network and receiving praise for their efforts; weaknesses were identified regarding culture and commissioning. Opportunities are available with respect to the ICS/ICP, LGR, and programmes such as Family Connections; threats include LGR's impact on capacity, workforce in the health and care sectors, refugees, and the cost of living. There have been many offers of help to address these challenges, including Leading for System Change from the NHS, the Better Futures programme, and Adult Social Care workshops. Potential areas of focus in the future which enable outcomes and are prevention-based include support from the HWBB/ICP, the HRB, the BCF, person-centred commissioning, changes in the workforce, creative solutions, specialist accommodation, etc.

The Board discussed several issues which are summarised below:

Somerset Strategic Planning Conference - Cllr Ros Wyke asserted that the most important thing SCC needs to look at seriously is the Somerset Strategic Planning Conference, on which there has not been much movement; Mark Leeman replied that the Board agreed a couple of years ago to look at the relationship between housing, health, care, and the town planning system with the desire to develop a county-wide approach to health impact assessments. This would regard both local development plans and major planning applications for large housing sites. There is much government advice coming out on this from Public Health regarding helping town planning systems to design neighbourhoods and dwellings that are good for people's health, along with access to sport, leisure and recreation. However, it has not been possible to progress this conversation as it was disrupted by Covid, and town planners say it is very difficult to effect these objectives due to the many pressures on developers (such as required contributions to education, local centres, open space, and affordable housing). In some areas such as Torquay they have made progress by having an officer that liaises between the two systems of health and town planning, in order to help planners develop the guidance. Cllr Wyke responded that a dividend from the upcoming unitary council must be the support of this initiative and the determination to get it right. She was very

disappointed that they have not got on top of the issue of housing and health, and she suggested that the Health and Wellbeing Board work programme have this as a focus. She is happy that we are currently exchanging on land being sold for a development that will include protective housing as well as affordable housing.

National Minimum Space Standards - Cllr Gill Slocombe thanked those involved with the report for their work but noted that more needs to be done, such as having national minimum space standards for families, which will improve their health. Developers who want to construct 'shoeboxes' and tower blocks should not be permitted to do so; there must be an agenda for considering impairments to health in housing and for establishing homes for life, keeping in mind the physical impairments of people especially as they become elderly. Nothing can be achieved through town planning if these measures are not already in place.

Memorandum of Understanding (MoU) - Cllr Janet Keen asked if the MoU could be amended to include measures preventing young adults from becoming rough sleepers; she noted that there had been providers in the past like Pathway to Independence, but now many programmes find that there is a better return by dealing with another sphere of housing with less complex needs. Mark Leeman replied that the MoU can in fact be amended, but he gave reassurance that this issue has been picked up in sections on homelessness, rough sleeping, and independent living. He said there were doing equalities impact assessments on it, and excellent work is going on through children's services and particularly the P2I initiative, such as a pilot around commissioning. As far as the independent living agenda, more of their grant money from DFGs and BCF is being used for housing and supporting children and families. The MoU can be amended to highlight where that work is happening. Lou Woolway noted that this is an issue that straddles the whole system and will be a topic for the HWBB/ICP; she proposes that this matter be set up as a priority workstream for the transition arrangements of the boards. Mel Lock declared that the exciting part about housing is that it is now at the heart of adult social care reform, which gives us a tool, a way forward, and additional funding. There was a meeting about it a few weeks ago where Adult Social Care and housing sat together for the first time in quite a while, and if it can move forward in the right way and make a difference for people, more funding will become available for it from both various areas.

Rough Sleeping - Cllr Lucy Trimnell said it had been an excellent roundup of a huge piece of work; she was worried, however, that as we go into winter rough sleeping will be an acute problem, and the report seemed to indicate that partners have not engaged fully on this issue. Mark Leeman replied that this situation has improved significantly in the past few months with more engagement from the Better Futures programme and the HRB. Lou Woolway

added that when these issues are reported back to the Board, they will need to be recognised as priorities and be dealt with.

Social Housing Providers - Cllr Chris Booth asked whether social housing providers will be able to cope with helping their tenants during the cost of living crisis: Mark Leeman responded that this was an interesting point and noted that last Friday there had been a workshop with all major registered housing developers around early help and how to collaboratively support tenants and vulnerable individuals and families. This is a big challenge, as different registered providers have different operating and finance models as well as different client groups. These conversations are driven by the Better Futures programme, and there is a commitment to continuing conversations and working together collaboratively. Also, the Council will have a conference with providers in about a fortnight to share data around prevention and early help. Jonathan Higman stated that he supported the proposals in the report and that the ICP is a good place to start on this work. Lou Woolway pondered if the wording in the recommendations could be tweaked to reflect that, but Cllr Ros Wyke said she supported having a working group rather than altering the recommendations, with their proposals needing to be realistic as well as ambitions.

The Somerset Health and Wellbeing Board approved the following recommendations:

- 1. Notes the progress made with delivering *Improving Health and Care Through the Home in Somerset* (MoU);**
- 2. Reconfirms the integration of health, care and housing systems/services as a HWBB priority, recognising that progress in this area is an important driver of prevention-focused service delivery, and confirms that all HWBB partners are committed to supporting this work via relevant partnership arrangements;**
- 3. Supports a programme of work (suggestions on Pages 11/12) that will enable us to make significant progress within the realm of health, care and housing integration, recognising that this will require both robust leadership and resources (staff/funding), and commits to this programme of work to coming back to the Board for ratification and monitoring;**
- 4. Supports collaboration with external support programmes (e.g. Leading for System Change/others) who can bring additional leadership capacity, ideas and general support towards this priority area of activity.**

The Board considered their work programme, recognising that with all of the changes to the governance and membership of the Board, it would be necessary to review future agendas and work programmes with a view toward oversight of the statutory responsibilities of the HWBB and the ICP. The Board acknowledged that during the transitional period more information would come through to the Board in the form of written reports, allowing the Board to focus on important strategic items. Lou Woolway, Deputy Director of Public Health, advised that she will work with the executive group regarding future agenda items.

The Board supported this approach, particularly as there would be an opportunity for Board members to make comments on written reports, which in turn would be referred to a future meeting to ensure that the comments would be monitored in order to meet the governance requirements of the Board.

The Somerset Health and Wellbeing Board noted the Work Programme

47 Any other urgent items of business - Agenda Item 9

The Board raised and noted the following issues:

Local Community Networks consultation – This was ongoing and due to end in mid-October 2022; these LCNs could potentially impact on the Board's future work.

Vaccination walk-in centres - Concerns were raised around the lack of these centres in Bridgwater.

Director of Children's Services – The Board noted that Julian Wooster, current Director, would be leaving SCC shortly and that this would be his last meeting with the Board. He thanked the Board for all their support on improving children's services over the years and the essential role that the Board has played in bringing together a range of agencies, structures, and partnerships across Somerset.

The Chair thanked Mr Wooster, everyone who had attended the meeting, and the presenters.

The next meeting is scheduled for 28 November 2022.

(The meeting ended at 1.07 pm)

CHAIRMAN