

SOMERSET HEALTH AND WELLBEING BOARD & INTEGRATED CARE PARTNERSHIP

Minutes of the Meeting of the Somerset Health and Wellbeing Board held in the Luttrell Room on 28 November 2022 at 11.00 am

Board Members in Attendance: Mr Paul von der Heyde (Co-Vice Chair & Acting Chair), Cllr Adam Dance (Co-Vice Chair), Prof Trudi Grant, Mrs Mel Lock, Cllr Ros Wyke, Cllr Janet Keen, Cllr Tessa Munt, Cllr Lucy Trimnell, Cllr Brian Hamilton, Mr Jonathan Higman, Mrs Judith Goodchild, Mr Bernie Marden, Mrs Hilary Robinson, Dr Robert Weaver, Peter Lewis, Mrs Katherine Nolan

Board Members in Attendance Virtually: Cllr Bill Revans (Chair of Committee), Cllr Chris Booth

Other Elected Members in Attendance: Cllr Heather Shearer, Cllr Mike Stanton

Other Elected Members in Attendance Virtually: Cllrs Andy Dingwall, Emily Pearlstone, Evie Potts-Jones, Helen Kay, Leigh Redman, Claire Sully, Simon Carswell, Marcus Kravis, Rosemary Woods, Simon Carswell, Mandy Chilcott, Andy Kendall, Andy Hadley

Officers in Attendance: Lou Woolway, Denise D'Souza, Paul Coles, Andrew Melhuish, Terrie Brazier, Jonathan Hallows, Lee Howell (Somerset & Devon Fire)

Officers in Attendance Virtually: Mrs Gillian Keniston-Goble (Healthwatch), Nicola Miles (SCC), Jai Vick (Mendip District Council), Sarah Stillwell (Sedgemoor District Council), Mr Mark Leeman (South West and Taunton District Council), Keith Perkin (SCC), Lisa Rogers (SCC), Maria Heard (NHS), Kirsty Larkins (South Somerset District Council), Grahame Paine (NHS), Alison Roswell (NHS), Natalie Green (SCC), Katey Davis (SCC), Florence Lock (SCC), Harriet Gliddon (SCC)

Apologies for absence – Agenda Item 1

Apologies were received from Claire Winter and Cllr Gill Slocombe; Cllr Tessa Munt gave apologies but arrived later.

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 26 September 2022 - Agenda Item 3

Judith Goodchild of Healthwatch advised that she had attended the last meeting; this will be corrected. Mark Leeman of Somerset West and Taunton District Council advised of minor corrections to the agenda item on Homelessness.

The minutes were approved with those alterations.

Public Question Time - Agenda Item 4

There were no public questions.

Health and Care Strategy - Agenda Item 5

The Chair invited Maria Heard to give the presentation on Health and Care Strategy.

Integrated Care Strategy -It was noted that this report provides an overview on the requirement to develop an integrated care strategy and a five-year plan. The Health and Social Care Act requires the Integrated Care Partnership to write a strategy which sets out how the needs of the population are assessed through the Health and Wellbeing Board, and this strategy can be met through the joint exercise of functions between the ICB, the County Council, and NHS England. The Health and Wellbeing Board remains responsible for producing the JSNA and joint Health and Wellbeing strategy, which for us is the Improving Lives strategy. This strategy should set the direction for the system and how we work together across the system to join up, and it should build on the existing plan and strategy in Somerset, Fit for My Future, which came into effect in 2018 and has been developing. What we should be able to do is use that strategy to deliver system-level, evidence-based priorities for the short, medium, and long term.

Production of the Strategy - The Integrated Care Partnership (ICP) has the responsibility for publishing the strategy and also, as time goes on, considering how it is being implemented and ensuring that it is. The strategy will have input from many partners (SFT, ASC/CSC, Primary Care, VCSE and Healthwatch) to meet the needs of local people and assess gaps in care, disparities in health and care outcome/experiences, and opportunities for action. This joint committee (HWBB/ICP) will need to sign off on the strategy in January 2023.

Five-Year Joint Forward Plan – This is created from a health perspective but covers all aspects of health and care; it is a statutory requirement for the ICB and their partner NHS Foundation Trusts to prepare one before the start of each financial year. The draft will be shared with the HWBB, who will be consulted on whether it takes proper account of the JSNA and Improving Lives strategy. The Joint Forward Plan will describe

how the ICB and the FTs intend to meet the needs of the population through NHS services.

Statutory Requirements for the JFP – The plan needs to describe the health services for which the ICB proposes to make arrangements, explain how they intend to discharge certain duties, set out any steps proposed to implement the JLHWS as required, and set out any steps proposed to address the particular needs of children and young persons and victims of abuse. This will be done in consultation with partners, will be reviewed by NHS England and the HWBB, and will be updated annually.

Expected National Timescales – 2022-2023 will be a transition period; ICPs will want to refresh and develop their strategies as they grow, taking into account the updated JSNA and national guidance. There will be a two-year operational plan in March 2023 as well as the five-year joint forward plan at the same time.

How Are We Delivering This in Somerset - We are in a strong position here in Somerset, as we have been building on Fit for My Future for years. SCC and the Somerset ICB are working jointly to prepare the strategy, with a cross-system stakeholder working group taking the strategy forward.

Development of Fit for My Future – This has utilised learning from Covid, changed its focus from adults only to all ages, and is based around community models of care. There has been the development of new models regarding mental health and out-of-hospital care, as well as consultation with the public on service changes.

Our Somerset ICS Vision and Strategy – We want the people of Somerset to live healthy independent lives, supported by thriving communities with easy access to high-quality, efficient public services.

Obstacles – These include lack of focus on prevention, inefficient processes, too many resources spent on hospital care, inequalities, of poor coordination of care for complex needs.

Fit for My Future Aims – These include improving the health and wellbeing of the population, providing the best care and support to children and adults, strengthening care and support in local communities, reducing inequalities, and responding well to complex needs.

Our Approach to Working Together in Somerset ICS – Everyone playing their part, removing barriers, living within our means, using resources wisely, having trusting and collaborative relationships, engaged colleagues driving innovation, getting things right the first time, and focusing on and measuring what matters to the people, carers and colleagues.

Enablers – Excellent communication, the right people, a single agreed strategy, the best use of collective assets and resources, connected digital technologies, and working in partnership with communities, volunteers, and carers.

Next Steps – November has seen strategy development work, December will see the draft strategy produced, January 2023 will involve sign-off of the ICP strategy and engagement on the Joint Forward Plan, February will see the draft JFP being reviewed by the NHS Executive and the organisation review, while in March the HWBB will review the JFP before a collaboration forum signs off on it and it is published (along with the strategy).

The Chair then invited Board members to comment. Cllr Keen referenced Page 21 of the agenda, noting that she had written to Maria Heard regarding the health and care strategy and had pointed out that the word “explore” is not strong enough with respect to gaps in care. She suggested that the term be changed to “urgently identify” these gaps, as accountability is needed. She added that having seen the makeup of the Board on this day, she feels that elected Members are vastly outnumbered by representatives of statutory services; therefore, she questions the accountability of putting any strategy into practice, especially if something goes wrong in the future. The Chair replied that the nature of the board will progress and there will indeed be good governance; he understands the anxiety, but as the unitary council is vested, the representation will develop. Maria Heard added that the wording comes from the statutory guidance.

Cllr Trimnell asked if the five-year plan is a rolling plan and commented that lack of engagement should be listed as one of the obstacles to living better lives. It was responded that it is indeed a rolling plan with an annual refresh and adjustment, according to the needs of our population. As far as engagement, there is the need to look at how we talk to people, but engagement is one of our enablers, as excellent communication is at the heart of our work. However, she will take that point into the next iteration of the strategy.

Lou Woolway, Deputy Director of Public Health, addressed Cllr Keen’s concern by saying that this was a joint committee comprising the Health and Wellbeing Board and the Integrated Care Partnership; but in the new government guidance going forward, it will be the Health and Wellbeing Board which will have oversight of this plan, the operational plan, and the joint capital resources. As far as the agenda items, they will be marked as either HWBB, or ICP, or HWBB/ICP, but as we move forward to the Somerset Board, we will be thinking about the Terms of Reference and the board membership. She and Prof Trudi Grant are currently working with colleagues in the ICB regarding that. She noted that in the new guidance that came out last week, Somerset was listed as a case study for good practice with respect to the work we’ve done so far.

Cllr Shearer, Adult Social Care lead in Somerset, said she was very pleased with all of the progress and asked with respect to the delivery of the strategy (Page 25 of the agenda) what the likelihood was of coming back with the answers to those key questions. Maria Heard replied that with regard to difficult questions, they were working through them now and will give an update in January; measuring is very important, especially as regards outcomes and impact.

Cllr Chilcott referenced Fit for My Future, which has been a four-year process with many consultations, saying that, given how much time it has taken to develop that, will it be possible to achieve the right set up for this strategy and review it annually? She also enquired if our obstacles would be specifically monitored and brought back to future meetings, perhaps using a performance dashboard. And finally, she asked whether there would be enough time during meetings to discuss everything necessary, given that this board has a lot of subjects to cover. It was replied that the right conditions exist now to deliver with system partners around the table, and there is the right set-up and governance and joint working. With respect to monitoring, there is a performance dashboard, and they will be looking at how measurements are made and displayed. As for the time necessary for bringing everything before this Board, that remains in discussion; a new body called the Collaboration Forum will be responsible for delivering and overseeing the strategy, so there will be another body scrutinising these matters before they come to the Board.

Lou Woolway elaborated that she and the Director of Public Health are discussing how the Somerset Board will work, how often it will need to meet, what the membership will be, and how workshop development sessions will be used. There are many boards in Somerset, so we need to make sure that the strategic direction is going up and down across all of them; the Health and Wellbeing Board has more statutory functions than the ICP does, so it needs to be discussed how we would discharge some of those but still allow for governance to go upwards and downwards.

The Director of Public Health noted that we have come a very long way in bringing these two boards together over just six months and have been recognised nationally already, despite it being very tricky to do so nationally. It is a work in progress but has been very productive, while other groups in other areas have not been so successful. The past six months have been a real watershed moment, as we've potentially got a grip on the system and have really focused on prevention, tackling inequalities, and improving the health and wellbeing of our population. It's a testament to all of the conversations we've had over the last 10 years which have got us to this point; now we need to translate all of it into action.

Jonathan Higman, ICB Chief Executive, agreed with this assessment of how far they had gone with the high-level strategy and governance structure, while he noted that the workshop about the impact of health and housing had been very useful and the

workshop model would be the way forward. Cllr R Woods agreed, stating that she was very grateful for the workshops with Maria Heard and other members from the health service regarding the way people can improve their health to avoid getting ill.

The Chair summed up that this is a new way of working and has been quite a journey for both the NHS and local authorities. He has been delighted by the fact that so many different partners have been open to taking part, and we need to make the most of this. There is some anxiety about governance and monitoring, but those will be taken into account as we move through to the formal committee in April. The strategy is a live issue and there will be ongoing development; we need to be outcome focused rather than focusing only on what someone did or didn't do, and we need to make the most of it.

The recommendation was that the Somerset Health and Wellbeing Board & Integrated Care Partnership:

- **Receive the information about the requirement to develop an integrated care strategy**
- **Endorse the Fit for my Future strategy as our Somerset Integrated Care Strategy**
- **Agree that they will receive the Somerset strategy at the January 2023 meeting**
- **Agree that the five-year joint forward plan will be a system plan inclusive of health and care**

The Board approved these recommendations.

Better Care Fund - Agenda Item 6

The Chair invited Denise D'Souza, Interim Director/Assistant Director ASC Commissioning, to make the presentation, supported by Paul Coles, Strategic Manager Adult Services and Alison Roswell of NHS Somerset. It was noted that this would be a brief introduction to what the Better Care Fund is and the role of the HWBB in signing off the 2021 outturn and 2022-23 plan, as well as being a discussion about the opportunities for developing the 2023 plan.

What is the BCF

The Better Care Fund began in 2013 as a way of pooling budgets, directing funding to adult social care, and providing a mechanism to support integration and system working with partners. There is a pool budget under Section 75, which is a formal agreement; within that pool budget is funding to protect adult social care. The principles adhered to, which have not changed much, are the right care at the right

place at the right time, with people supported to stay safe and independent in their homes for as long as possible.

Financial Details - 2022-23 Plan

The total pooled fund is just under £74 million, with the majority of the spend to support Disabled Facilities (£4.9m), Adult Social Care services (£24m), Intermediate Care services (£30m), and the voluntary/community sector (£9m).

Challenges – Because guidance often comes out very late in the year, plans have often rolled over, especially due to Covid. We have to produce an outturn plan for last year, which has to be signed off by the HWBB. As for this year, the guidance only came out around August, but the plan was to have been submitted by September; that is now going through a governance process, although the plans are about to be signed off. So the HWBB is required to sign off both the outturn and the plan. Somerset is like no other authority in that this is always retrospective, which provides one of the challenges.

Opportunities – There will be another BCF process next year, and there will be a two-year plan. One question is whether the guidance should be waited for, or if the process should begin before receiving the guidance. We know more or less what the guidance will say, since the metrics that have been used for the last four years probably haven't changed very much with respect to admission avoidance, discharge to the usual place of resident, residential admission, and reablement.

Narrative Plan

As well as the key metrics, it is necessary submit our plans for the use of the Disabled Facilities Grant, support to informal carers, health inequalities, and integration of systems and services.

Next Steps – 2023 Onward

The plan, which will be developed by working with partners, will reflect the work underway and future aspirations, ensure that we have the appropriate governance structure in place to monitor plans and performance, and consider how the HWBB will be involved. So aside from formally signing off on both plans, which have already been signed off by the NHS, the views of all partners are being sought.

The Chair then invited Board members to discuss the presentation and raise questions, particularly regarding the budget, as he noted that there is a substantial amount of money involved, and he welcomes the transparency in the report regarding how the money will be spent and how it will help different partners. Mel Lock, Lead Commissioner Adults and Health, stated that some of this funding is part of the bottom line for their budget for social care, and beyond that, discussion is needed on how to use the funds to meet their needs, especially given the extensive guidance from the

NHS on how it can and cannot be spent. A workshop could be held to discuss linking the budget with the strategy and the need to move funding from one place to another.

Jai Vick, Head of Housing Services at Mendip District Council, stated that District housing teams have been innovative with BFC and DFG funding in undertaking proactive improvements, so they and their private sector housing colleagues would like to ensure that they are involved in these discussions and involved with the DFGs and making improvements to housing, not just as regards crisis and intervention services but also proactive measures.

Jonathan Higman noted that this was a massive opportunity that will be an enabler for delivering the strategy, with examples being the hospital discharge scheme and improvement of intermediate care services.

Lou Woolway pointed out the need to emphasise that it is the statutory function of the Health and Wellbeing Board to have oversight of the BCF, and this needs to be true oversight. A workshop could be held to develop this, and all decisions that the Board makes about everything should be considered, including housing. Denise D'Souza reminded that DFG is ring-fenced within the BCF for prescribed items and protecting adult social care.

Cllr Chilcott offered that there will be many statutory delivery items within the BCF, but there is also much potential for delivering the strategy by doing things better and improving outcomes. Initially, this may not be possible to a great extent, given the huge budgetary pressures, the place to start is with prevention, keeping people out of hospital, and keeping them fit for longer. She welcomes the clarity around what the BCF funding is doing for residents around Somerset.

Peter Lewis, Somerset Foundation Trust CEO, noted that there was an opportunity here that they had not historically taken, so now was the best time to do so.

Cllr Wyke asserted that the prevention agenda is critical across the strategy, and the BFC could be the way to deliver it.

Lee Howell of Devon and Somerset Fire and Rescue observed that this funding is for a range of services, but there is a need to consider other services like fire and rescue. An awareness of all activities is needed in order to align all activities and add value through what is already being done.

Katherine Nolan, SPARK Somerset CEO, said it was heartening to see £9 million allocated for the voluntary sector, and she agreed that discussions about new funding need to link with what is already being done, such as warm spaces (more than 60 have already been set up) and other work in the communities.

The Chair stated that it was a classic moment for working together to use funds wisely, that the prevention agenda was fundamental, and that the transparency with respect to the effective use of funds was fantastic.

The recommendation was that the Health and Wellbeing Board & Integrated Care Partnership:

- **Note the outturn report for 2021/22**
- **Sign off the Better Care Fund plan for 2022/23**
- **Discuss opportunities for future plans**

The Board approved these recommendations.

Healthwatch Update and Annual Report - Agenda Item 7

The Chair invited Gillian Keniston-Goble, Manager of Healthwatch Somerset, to make the presentation. She was joined by Judith Goodchild, the Chair of Healthwatch (and HWB Board Member) and noted that she would be explaining who they were as an organisation, what they had achieved, and what their plans were.

Who Are Healthwatch

Healthwatch Somerset speaks up for local people on health and social care in order to ensure that services in the county reflect the needs of the people and communities. Healthwatch is independent from the NHS, the local authority, and other local health and care services. People can speak to Healthwatch confidentially about their views and experiences.

Where Did Healthwatch Come From – The Health and Social Care Act 2012 was introduced under a coalition government; it put clinicians at the centre of commissioning and freed up providers to innovate, empowered patients by giving them a voice through Healthwatch, and gave each county focused public health under Healthwatch England, which is an independent subcommittee of the Care Quality Commission, as well as an independent statutory member of the HWBB & ICP.

How Are We Funded – Healthwatch is funded by the Department of Health and Social Care. The funds are essential to ensuring the resources for every local Healthwatch to run a high-quality service for their community and enable the government to track what happens with its investment. Healthwatch England asks each local Healthwatch on an annual basis to publish the amount of funding they expect to receive, as DHSC gives the funding to local councils (like SCC), who then commission Healthwatch services. Additionally, Healthwatch Somerset is hosted by an organisation called

Evolving Communities, who support Healthwatch with services such as HR, payroll, and communications.

What We Do – Healthwatch offers help, advice and signposting and has an 0800 phone number, a website, and an email address where people can contact them. They also anonymously record people's experiences with the NHS and social care and use them to represent the voice of the community in order to address the services, their commissioners, regulators, and funders. Healthwatch also visits services to see how they function, goes out in the community to work with other organisations, and produces workplans and reports focusing on important issues for the residents of Somerset. Because they are a statutory organisation, they need to publish an annual report every year by the end of June and make it public.

Advice, Information and Signposting

Healthwatch provides confidential, free information and guidance on options, services, and making complaints; this includes providing information on Covid-19, supporting the vaccination and booster programme, and helping people to access the services they need.

Feedback – Feedback is gathered from a wide variety of services, including NHS 111, Mental Health, Children's Services, doctors, pharmacies, dentists, care homes, ambulances, hospitals, home services, and secure settings. This feedback is collated quarterly, then shared with stakeholders about whom we have received feedback.

Volunteers

As Healthwatch Somerset is a very small team with four paid members of staff, they could not manage without their volunteers.

Our Board – There are seven volunteers on the board, each with a specialism within the health and social care system, including Judith Goodchild as the Chair (also on the HWBB and ICB) and representatives who sit on many other boards including SEND, secondary care, the armed forces, dentistry, and others.

What Our Volunteers Do – Healthwatch Somerset has over 34 volunteers who do a variety of work including acting as ambassadors, giving talks, holding events, completing surveys over the phone, and reviewing NHS publications for readability. They are Healthwatch's eyes and ears in the local communities and also work with colleges like Bridgwater and Taunton; some volunteers were involved in the interview process for the nursing degree apprentice posts.

Enter and View Visits – Healthwatch has the statutory authority to make these visits to publicly funded health and social care premises, visits which are sometimes requested by the CQC and which are sometimes unannounced. The teams making the visits must be qualified and have their names registered on the Healthwatch website; the visits

give them a holistic view of facilities such as care homes as the team speaks with staff, carers, people in care, families, and friends.

Reports – With respect to the reports published last year, a work plan was created using the feedback that had been gathered, and the work plan was agreed by the Board and published. Then proposals were created using the evidence, and the public was asked to contribute their thoughts and experiences, which were included in the reports. After review by stakeholders and the publication of the reports, follow-up takes place later to ascertain if changes have been made to the relevant services. There were three main reports last year, including the District Nursing Service, The Young Listeners, and Referrals for Treatment which dealt with the impact of waiting for surgery in Somerset. (See slides included in the agenda for details of these reports)

2021-22 Outcomes – Changes to the services have been noted, including the three examples above as well as the NHS 111 service, urgent care services, emergency departments, and digital access to primary care.

Our Current Priorities 2022/23

These include reducing barriers faced when accessing services, and in particular digital access; examining experiences of being discharged from hospital to intermediate care or back home; championing the voices of young people needing mental health support; engagement work on behalf of Foundation Trusts with respect to the 2023 proposed merger; and resumption of Enter and View visits after the pandemic.

What Shall We Focus On For 2023/24

A Workplan Short List for 2023/24 was provided to those in the room, containing five proposals and asking Board members to choose two, as well as write any other suggestions at the bottom. Those online were able to respond in the chat. Healthwatch must work to a quality assurance framework involving stakeholders to ensure that their work is effective for local communities. For the first time, they would like to ask members of the public this year to provide input on the proposals as well. The proposals included a follow-up to a health visiting project done in 2019, dentistry (which was responsible for over 77% of the calls to their helpline), health and homelessness, a follow-up to the discharge report with the focus on intermediate care, and the cost of living crisis. There are normally work on three topics in a financial year, and their first project of 2023/24 will deal with face-to-face GP appointments and the extended access programme, so they need two more.

The Chair invited Board members to discuss and raise questions about the presentation. Lou Woolway suggested that there is a need for caution in using these topics going forward, as the emphasis should be not on what we already know but on lessons learned, for example, and how they can be used with future work. The cost of

living crisis could be a good topic for that. Gillian Keniston-Goble agreed, saying that they want their work to complement the other work in the system; and she emphasised that they were there to support their stakeholder partners, not criticise them.

Cllr Trimnell opined that the services provided by Healthwatch are the exact things that the public cares about most, and that often people feel that services are provided from medical services downward, rather than from the people/recipients upward. She asked how Healthwatch was promoting its services and how it would avoid becoming a customer complaint line rather than being able to examine larger issues. It was replied that the board members are hugely experienced in looking at themes rather than individual complaints, and the CQC also takes feedback on organisations, while individual complaints can go through the Ombudsman system.

The Chair thanked Healthwatch for the difference they make and asked them to thank all of their volunteers. He noted the interesting projects, perspectives, and lessons from them and observed that communication is key.

The recommendation was that the Health and Wellbeing Board & Integrated Care Partnership:

- **Receive the Healthwatch annual report for information.**
- **Share their opinions on our workplan suggestions for 2023/24.**

The Board approved these recommendations.

SSAB Annual Report - Agenda Item 8

The Chair invited Keith Perkin, Independent Chair-Adults and Health Services, to present the annual report from the Somerset Safeguarding Adults Board. He noted that the SSAB is a statutory body with three statutory safeguarding partners; i.e., the local authority, the ICB and the Police. He stressed that there is a misconception about the SSAB, i.e. that it is a catch-all for all vulnerable adults, when in reality it needs to focus on the care and support needs of those who are experiencing, or at risk of, abuse, neglect, or exploitation and cannot protect themselves. The SSAB works closely with other boards such as the Children's Board and the Community Safety Partnership, but its focus is on the cohort with those specific care and support needs. The report notes that the SSAB's role is to have oversight of safeguarding arrangements within the County, not to deliver services or be involved in the operations of individual organisations; and they are required to produce and publish an Annual Plan and Report each year.

Section 2.1 of the report relates to Improving Lives, priorities, and outcomes; Paragraph 2.1a offers some good news, in that Somerset has seen a decline in the rate

of safeguarding concerns, contrary to current national trends. This has been made possible in part by the work done with Somerset Direct and much triaging, which has helped in signposting those people with concerns to the most appropriate person or group who can assist. Also, the SSAB and their partners have worked hard on producing practice guidance for the website, particularly about what to do if a concern does not regard safeguarding; certain concerns may require care and support but are missing the elements of abuse, neglect or exploitation, so they will be signposted elsewhere. Coming out of the Covid pandemic, the referrals are now more complex and take longer to resolve, so it is necessary to allow those specialist resources to prioritise and focus on those who need safeguarding. In order to ensure that this decline in the rate of safeguarding concerns is genuine, the performance sub-group has set up a task-and-finish group to test the hypothesis that this decline is the result of the work that has been done, in order to ensure that nothing is being missed.

Paragraph 2.1b discusses the national trend toward neglect in people over 65, including self-neglect; there are many referrals regarding this, and reports reveal that it is the predominate category. They will have a thematic board in 2023 picking up the learning from local and national reviews and developing a strategy and plan for dealing with this problem.

Paragraph 2.1c relates to the work which Healthwatch led about a quality assurance framework and templates which the board has picked up; the performance subgroup is trying to get more information into the system and support the work.

Safeguarding Adults Reviews (SARs) – This is a statutory responsibility; there is a structure and criteria for reviewing the cases of those who have died or suffered severe neglect, and we feel that there could be improvements made within the partnership system where partners/agencies could have worked better together. There is a safeguarding adult review group that analyses the referrals and then makes a proposal as to whether a SAR should be commissioned; in this analysis, a spike in SAR referrals since Covid was seen both nationally and in Somerset. Reviews can be expensive, particularly if they involve full methodology with an independent lead reviewer; there are alternatives, such as a one-day learning event or a local learning review. Where there is a complex case with a number of agencies involved and new learning for the partnership/agency, they tend to utilise the full methodology approach. This process involves a specialist carrying out an audit and analysis of the agency and chronologies of their service to the person in question, with the agency providing documentation; then the lead reviewer brings in practitioners who come together to discuss and make recommendations. After this, a report is written by the lead reviewer, and most reports are published, excluding those where the individual in question is still alive, which will be signed off only by the executive.

A case study about a SAR for a man named Matthew was discussed; Matthew died from pneumonia and COPD after substance abuse, obesity and self-neglect despite a number of agencies trying to help him. The review identified several missed opportunities, whether they contributed to his death or not, that could be learned from; these related to community hospital admission and monitoring of the safeguarding and the response on an ongoing basis, especially the allegations of financial abuse. A principal theme around the case was Matthew's mental capacity, as he refused help and advice, which made it very difficult for agencies to deal with. Seven recommendations came out of the review for the SSAB, the SCC, ASC, the ICB and the Somerset FT.

Finally, it was pointed out that SSAB's SARs link into the national system; in January there will be a meeting of regional chairs in the South West where they will discuss a review that is about to be published on exploitation. They feel that there is a gap in the legislation regarding the protection of those adults who are being "cocooned", so the review will be brought to the Home Office in an attempt to enhance the support for those suffering from exploitation.

The Chair invited the Board to discuss and ask questions. Lou Woolway said that if the Board could get things right, they could then pull together all of the reviews being done regarding domestic homicide, non-accidental injury, and others in order to make the most of the similar themes that are emerging. Keith Perkin agreed with this point and noted that 12 months ago the ICB (formerly the CCG) established a lead quality improvement role which will bring together these reviews. They have often had joint reviews with the Community Safety Partnership, as they have members in common, so learning has taken place across a piece of work rather than within separate entities.

Prof Trudi Grant agreed with Lou Woolway's comment, observing that there were so many different death reviews and asking if there could be a section in the report going forward that gives a combined view of all of them.

Cllr Trimnell questioned whether there was a contradiction in the report regarding Paragraph 2.1a, which has seen a decline in the rate of safeguarding concerns, and another part of the report stating that Somerset has seen a rise in SAR referrals. Keith Perkin responded that there are two separate processes; Section 2.8 reflects a decline in overall concerns, but with respect to SAR referrals specifically, the increase in referrals may be due to increased awareness of the issues on the part of agencies. Also, sometimes there are referrals which could regard single agency concerns, but there will not be a SAR undertaken.

Cllr Trimnell also asked about self-neglect, noting that sometimes people refuse help and don't help themselves, and wondered if there is a way of reporting it if someone becomes aware of potential self-neglect by another person. In response, Mel Lock

made the important point that people may have the capacity and make the choice to live in different ways, so there is a real balance between choosing a certain lifestyle versus having a lack of capacity, and we must work with individuals and respect their choices. We will work with those who do not have capacity, and also those who are considering changing their lifestyle. We don't always know about self-neglect behind closed doors, but if someone has a concern about someone else, they can ring Somerset Direct.

Katherine Nolan stated that the situation in Somerset is very fortunate, as the voluntary sector is very vibrant and there are large organisations that are very well linked with adult social care. However, there are some small, informal groups who aren't yet aware of safety responsibilities, so SPARK is working to raise their awareness and support them, as a DBS registered provider. She wanted to make the Board aware of this assistance in case members come across voluntary sector organisations that need help. She is grateful to the SSAB for their work and support.

Cllr Keen asked if, as part of the review, first-hand evidence could be taken from housing providers, both in the social and private sector, regarding early warning signs when there is a need for intervention regarding self-neglect, albeit while still respecting individual choice. She also noted that many females over 65 are very vulnerable to exploitation. Keith Perkin replied that there are good links with housing providers, who do give them information and a chronology of the situation during reviews.

Dr Robert Weaver noted that as a medical examiner, he can advise that starting in April there will be a new legal process requiring scrutiny of all community deaths, so referrals must be made to the coroner in all self-neglect cases ending in death. This will be an opportunity for an increase in the number of referrals, which will allow scrutiny of those deaths.

Mel Lock advised that this would be Keith Perkin's last meeting as Independent Chair of SSAB, as every three years there is a change in that post, so she wanted to thank him for all the work he had done; he expressed his thanks to all partners and board members and agencies, noting that there were very strong partnerships in Somerset with individuals working together, as evidenced throughout Covid and the recent care homes inquiry.

The Chair stated that this was the type of working that this Board hoped to achieve as well, and he summed up that there were many learning opportunities across the system.

The recommendation was that the Health and Wellbeing Board & Integrated Care Partnership:

- **Receive and consider the 2021/22 SSAB Annual Report**

- **Continue to promote adult safeguarding across the County Council and in the services that are commissioned.**

The Board approved these recommendations.

Work Programme – Agenda Item 9

Lou Woolway, who manages the work programme, advised that it is in a state of transition and they are trying to keep oversight of everything. The plan for the next meeting in January is to bring back the Integrated Care Strategy for approval, the Health Protection Report, Children's Safeguarding, and perhaps some early thinking on this Board's Terms of Reference and membership. She is trying to bring system-level agenda items to this joint Board, so the Health Protection item will look at a system-wide response rather than a standard report. There will be two meetings of this Board, one in January and one in March, before the Council moves to unitary status.

Cllr Keen requested that at the March meeting there be a discussion about the safeguarding of children who have been excluded from school and also those who are home schooled. Cllr Munt responded that it was uncertain if this could be done, as only children who were originally registered for school in Somerset are known, not those who moved into and out of the county; and until there is some national register tying birth certificates with the location of people, this could not be effective.

Cllr Shearer stated that she was interested in bringing such system-wide issues to the meetings, including perhaps a discussion on preventing exclusions. Lou Woolway noted that there had been a SEND workshop in September, for which she had sent out the recording, which had touched on exclusions in relation to children with special education needs and disabilities.

Any Other Items of Business - Agenda Item 10

The Board noted that two workshops had been held this autumn, one on SEND and one on JSNA.

Prof Trudi Grant stated that before the pandemic there was work being done on integrating data with a system-wide information sharing panel; this has not been progressed, but there is a real need for it, as it is a key part of population health management. So this will be revisited and brought back.

Cllr Dance expressed his congratulations to Peter Lewis and the Somerset Foundation Trust for being one of the first to sign up to the NHS smoke-free pledge. Smoking

remains one of the top risk factors in health inequality and causes a significant burden on disease in Somerset.

Cllr Revans, normal Chair of the Board attending virtually, thanked Paul von der Heyde for chairing in his absence and said he looks forward to rejoining the Board in the new year.

The next meeting is scheduled for 30 January 2023 at the offices of the South West and Taunton District Council in Taunton

The meeting ended at 13:20

CHAIR