

SOMERSET HEALTH AND WELLBEING BOARD

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Taunton Library Meeting Room, Taunton Library, Paul Street, Taunton, TA1 3XZ, on Thursday 21 March 2019 at 11.00 am

Present: Cllr C Lawrence (Chair), Cllr F Nicholson (Vice-Chair), Cllr D Huxtable, Cllr A Broom, Cllr S Seal, Cllr G Slocombe, Cllr K Turner, Dr Ed Ford (Vice-Chair), Judith Goodchild, S Chandler, T Grant and Supt Mike Prior

Other Members present: Cllr T Munt

Apologies for absence: Cllr L Vijeh, Cllr J Warmington, Cllr N Woollcombe-Adams, Mark Cooke and J Wooster

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

Cllr Amanda Broom declared a personal interest as she had recently started to work for Chard Watch Project which is a community interest company helping adults who are disadvantaged, isolated or vulnerable.

374 **Minutes from the meeting held on 17 January 2019** - Agenda Item 3

The minutes were agreed as a correct record and signed by the Chair.

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

Item 5 Somerset Housing Strategy

Q1.

Jeff Curtis

Does our County Council see a role in the future well-being of older people who are in housing need within the Almshouses model and would they offer support for our plans?

Response

Adult Social Care is very supportive of a range of community based housing and accommodation options, that help maintain and improve people's independence throughout their lives. This includes sheltered and supported accommodation, assisted living, extra care housing as well as people being supported in their own homes for as long as they are able to do so. Almshouses, being a charitably run provision are welcomed by Adult Social Care as a valuable option and choice for people who might be in housing need.

District councils provide the housing options service that seeks to support those with low incomes and /or specific vulnerabilities to meet their housing needs with affordable and secure property solutions. As part of that service, the district councils do make referrals to the alms houses for homeless clients who meet their criteria. The alms houses are private landlords and we are happy to work with them.

Item 6 Annual Report from Director of Public Health

Andrew Evans, Eddystone Trust

Q 1. A decision to cancel the Targeted HIV Prevention service contract was made 03 Nov 2018, yet TUPE information was not instigated until 21 Feb 2019, why was there such a delay?

Q2. Staff at present are not aware if they have a post after 01 Apr 2019, SCC have not asked to meet with them, why couldn't this have all been done earlier?

Q3. 4 peer groups are run each month for HIV+ service users, at present there is no clarification if these are to continue or not. Service Users were assured by Public Health officials at both their meetings (18 Dec 2018 & 27 Feb 2019) that there would be no disruption to service, how can the council still assure this? TUPE has not been finalised and a risk is that staff may not want to transfer and there is no one to deliver the service. SCC were asked what their contingency plan would be at the 27 Feb 2019 meeting and the response was that 'it was a hypothetical situation which they didn't need to consider.'

Cllr Tessa Munt regarding HIV prevention and sexual health promotion

Cllr Munt asked about consultation surrounding the decision to end the contract and what the situation was and support for people with protected characteristics under the Equality Act.

Response

The background to this decision is that the service that used to be offered was first community and hospital based and it was decided to offer an integrated service with the aim of targeting prevention and thereby reduce demand. This model resulted in a greater demand not a reduction. There have been other national trials that have been able to both deliver the statutory obligation and reduce demand. Somerset has a programme called Fit for my Future and any new programme need to take this into consideration.

The nature of HIV has changed over the years to one that has is now a long-term condition with a stigma associated with it.

The Targeted Prevention Service was a three-year contract (with contract breaks on either side). As the £450,000 investment did not have the expected reduction in service. Somerset County Council took the decision to adopt a different model to reduce future risk.

In relation to the question of TUPE, it was a three-year contract and with contract breaks built in. There was no need for formal consultation as it is not a statutory service. There were informal consultations to scope future plans. Meetings were held with Eddystone Trust in October and February to understand if any staff would be eligible for TUPE arrangements. Regrettably there were disagreements with the Eddystone Trust and the matter is with solicitors and as a result it is not possible to discuss this further until that is resolved. Somerset County Council is committed to continue with peer support groups. To support this, meetings have been arranged in April to hear feedback and scope the service in the future.

The Board received a report that set out the context and background to this strategy. The Somerset Housing Strategy is the local response to the national housing crisis. The report highlighted the key challenges within the local housing market and proposed a vision for homes and houses across the County. To address the local housing crisis, it will be necessary to develop solutions that are developed with residents, local business and communities and require integrated system leadership embracing health and wellbeing, social care as well as town and county planning.

Planning for this strategy began in 2017 with the publications of district and countywide housing market profiles. A draft report was published in February 2018 and this was considered by the Health and Wellbeing Board in July 2018. Formal consultation closed on 30th April 2018. The Somerset Housing Strategy is the culmination of this work.

Over the last 80 years housing has changed from being predominantly Social Housing to the expansion of home ownership coupled with private rented properties. In recent years the impact of Welfare reforms, high cost of housing coupled with low wages has led to the current challenges and growing homelessness.

There is now some money available from central government for housing and the key for Somerset Housing Strategy is to align this with Public Health strategies. Health has not been a factor in planning decisions and there are no agreed standards across the county. This is an area where the Health and Wellbeing Board can take a role to drive delivery of this strategy and despite the lack of national standards they can encourage local planners to take account of health in developing local housing stock. It was recognised that the Health and Wellbeing Board could recommend changes but did not have the legislative backing to demand change.

The Somerset Health and Wellbeing Board:

- **Endorsed the Vision, Themes, Priorities and Objectives of the Somerset Housing Strategy,**
- **Supports the production of a Somerset Housing Strategy Delivery Plan that seeks to tackle the key strategic housing issues across the county.**

377 Annual Director of Public Health Report - Agenda Item 6

The Board received the annual report from the Director of Public Health. The report focussed on emotional health as seen through the lens of self-harm. The report analysed the data to help the Health and Wellbeing Board to understand the apparent high rates of self-harm in Somerset. The picture is complex and difficult to measure as the only easy to measure data is that of hospital admissions. These admissions are typically the result of paracetamol overdoses by young women rather than the self-cutting that is often associated with self-harm.

The discussion included an examination of where other data was gathered and what themes and patterns were established. The Board heard that much of the detailed information came from a survey of children and young people. When asked what they did to manage stress 19% of boys and 28% of girls reported that they hurt themselves. As a result of this discovery the Director of Public

Health has developed a framework to help young people and schools to build resilience and to heighten awareness, so interventions can be at the earliest opportunity. To support this the CCG has funded two self-harm support workers in schools to raise awareness and encourage early intervention to prevent escalation of what has been a hidden and secretive activity.

The report concluded that the most effective intervention is to promote and support the mental health and emotional wellbeing of all young people, especially girls, rather than to provide specialist services.

The Somerset Health and Wellbeing Board:

- **Endorsed the report and agreed to promote cooperation between public and third sector bodies in providing prevention and early intervention wellbeing services for children and young people in Somerset,**
- **Support the Prevention Concordat for Mental Health and the Prevention Framework for Somerset,**
- **Agreed to play host to a workshop on self-harm to discuss findings with partners and**
- **Add this to Work Programme to review progress.**

378 Positive Mental Health - Agenda Item 7

The Board received this report which updated the joint Strategy for Somerset on Positive Mental Health published in 2013. This updated report set out the strategic direction of mental health support services for 2014-2019 now that the strategy is coming to an end. The report sought the Boards' support in refocussing the strategy to ensure its continued relevance and impact of locally developed initiatives to promote positive mental health for the whole population of Somerset.

The Board were interested in the achievements of the five-year strategy. The demand on services has grown year on year. The Board also noted that the population of Somerset was ageing and that brought different challenges. The Board discussed the much-anticipated Green Paper on Adults and Social Care. They were keen that the local imperative was highlighted. Somerset does not spend as much as some other Health Authorities on mental health services (for example Cornwall).

Other notable successes were the collaborative commissioning of public health for children's and adult social care with the CCG. This has resulted in more support to keep people in their own home and out of hospitals. The Board heard that there continued to be challenges in workforce for both recruiting and retaining qualified staff.

The Somerset Health and Wellbeing Board:

- **Accepted the contents of the report**
- **Approved the recommendation of a refocused collaborative strategy. This strategy will include a new mental health model of delivery which puts greater emphasis on prevention and early intervention and to enable individuals to move within the new model as their needs change. The model will ensure current mental health services are safe and that it provides a platform to build**

parity with physical health services to deliver the Five Year Forward View for Mental Health.

379 Health and Care Integration - Agenda Item 8

The Board received the report updating them on the progress of the Somerset Health and Care work being undertaken with a focus on proposals that will support the overarching strategy and vision work in line with the Somerset Fit for My Future engagements plans.

The Board supported the proposals to encourage local empowerment and local accountability. They were keen to challenge the NHS away from doing things to people rather than being more responsive to the needs of local people. There is a risk that the NHS functions at a national level and makes plans in a national bubble.

The Board discussed the report and sought assurance that the 111-telephone service is now better integrated into patient care and is seamless. The Boards were keen that the proposals looked at community resilience and better integration to access urgent and emergency care in Somerset.

The Public Health Director Trudi Grant highlighted the enormity of the task and also pointed out that the future role of the Board needed to be discussed in light of the changes.

The Somerset Health and Wellbeing Board endorsed the update on the proposals as part of the overarching strategy and vision work in line with the Somerset Fit for My Future engagement plans.

380 Somerset Health and Wellbeing Board Forward Plan - Agenda Item 9

The Somerset Health and Wellbeing Board agreed to:

- **Defer the May 2019 meeting until 13 June 2019 due to the district council elections.**
- **Consider sending out Member Briefings for some of the items that have been requested to be on the agenda for the Health and Wellbeing Board as this will bring them to the attention of a wider audience. It would enable more detailed discussion of items that do get placed on the agenda.**
- **Consider having some of the annual reports usually brought to Board meetings being sent electronically where there are no concerns or issues that need discussion.**

381 Any other urgent items of business - Agenda Item 10

The Chair thanked all the Board members for their hard work over the year and looked forward to working with those reappointed or newly appointed to the Board following the local elections.

(The meeting ended at 1.10 pm)

CHAIR