

Minutes

of the Virtual Meeting of

The Health and Wellbeing Board Thursday, 18 February 2021

Meeting Commenced: 2.00 pm

Meeting Concluded: 4.05 pm

Voting Members:

P Cllr Mike Bell (Board Chairman and Executive Member Adult Social Care and Health)
P Colin Bradbury (Board Vice-Chairman and Area Director BNSSG CCG)
P Councillor Catherine Gibbons (Executive Member Children and Young People)
P Matt Lenny (Director of Public Health, NSC)
P Sheila Smith (Director of Children's Services, NSC)
P Hayley Verrico (Director of Adult's Services, NSC)
P Georgie Bigg (Chair Healthwatch)
P Paul Lucock (VANS)
P Jeremy Blatchford (ALCA)

Non-voting Members:

P Councillor Ciaran Cronnelly
P Councillor Mark Crosby
A Councillor Wendy Griggs
P Councillor Richard Tucker
P Mark Graham (North Somerset Wellbeing Collective)
A Sarah James (UHBW)
A Emmy Watts (AWP)
A Dr John Heather (GP representative)
A Dr Shruti Patel (GP representative)

P: Present

A: Apologies for absence submitted

Others in attendance: Dr Kevin Haggerty (GP Locality Representative North Somerset Weston and Worle BNSSG CCG), Sebastian Habibi (Programme Director, Healthier Together BNSSG CCG);

NSC Officers in attendance: Georgie MacAurthur (Public Health Specialist), Leo Taylor

1 Terms of Reference and Membership

Resolved: that the terms of reference be amended to provide for appointments to the Board of a (non-voting) nominee from the North Somerset Wellbeing Collective and a (non-voting) nominee from Avon and Somerset Police.

The Chairman welcomed Mark Graham to the meeting as the North Somerset

Wellbeing Collective's nominee. A representative from Avon and Somerset Police would be nominated in due course

2 Declaration of disclosable pecuniary interest (Standing Order 37)

None.

3 Minutes

Resolved: that subject to a correction in the attendance, showing the ALCA representative as a voting Member, the minutes of the last Board meeting held on 17 September 2020 be approved as a correct record.

4 Health and Wellbeing Strategy and Action Plan Development

The Public Health Specialist (NSC) presented the report outlining progress on the development of a new Joint Health and Wellbeing Strategy and seeking the Board's endorsement of its overarching vision, collaborative approach, and extended timeline for delivery; and feedback on themes, priorities and engagement.

The Public Health Specialist responded (as italicised) to Board Member's comments and queries as follows:

- (1) Was there any risk of the timeline slipping due to covid-19 issues? - *the timeline was ambitious but achievable. As the vaccination programme rolled forward, it was hoped that this would allow more time for engagement with partner organisations.*
- (2) The need for focus on early intervention (particularly around early years) – *this had been identified as a key theme in the Strategy. The Director of Public Health also emphasised the importance of the Action Plan, which would accompany the strategy, providing clear priorities and measurable difference about strategy aims. A corresponding resourcing plan was also required, setting out how to refocus investment around priorities as they become apparent across all service areas and organisations. It was important to identify how to use existing commissioning and other new opportunities to have an effect on health inequality and in particular how to “proof” our services around inequalities and early intervention “effect”. The Board's views on how to line-up resources most effectively were invited.*
- (3) The Chairman said that although the Strategy may be “owned” by the Local Authority, the expectations was that the CCG and authority were equal partners in this process. - *The Director of Public Health added that aim was that the strategy should be complementary to the overall development of the integrated care system, working with partners at system level to identify strategic priorities and measurable actions but, at place level in North Somerset, localities would become integrated care partnerships delivering at operational level. The Area Director (BNSSG CCG) confirmed that the CCG felt involved in the Health and Wellbeing Strategy process.*
- (4) The challenges in Weston around inequalities were understood but the Area

Director (BNSSG CCG) questioned whether more work was needed in the north of the district - *the Chairman acknowledged this with the caveat that inequalities were an identified priority, and these were most acute in Weston-super-Mare. The Director of Public Health agreed that a “whole population” approach was needed noting that some priorities, such as healthy aging, were a particular issue in the north of the district. Others such as childhood obesity were prevalent across the region and had lifelong consequences. Additional focus would be required where specific communities needed it.*

In concluding discussions, the Chairman noted comments from Members about the importance of coordinating the strategy across health and social care systems and joining this up with other interventions and strategies around local planning, economic development, sport etc. It was only by doing this that the wider determinants of health would be addressed effectively.

Resolved:

- (1) that (a) the focus of the vision or overarching theme as a shared ambition to reduce health inequalities; (b) the collaborative approach to development and delivery of the strategy; and (c) the extended timeline resulting in publication of the strategy in 2021 - be endorsed; and
- (2) that the Board’s feedback on the progress made on the development of the strategy be provided to officers in the form of the minutes.

5 Update on COVID response

The Director of Public Health gave a presentation on the current Covid response in North Somerset providing the latest information on patterns of infection; a summary of key areas of the public health response; and a review of impact on local health and care services.

Members commented and raised queries on the presentation (officer responses shown in italics) as follows:

- (1) Was there more we could do around enabling on-site testing for those at the workplace? – *The department of Health and Social Care had overall responsibility for workplace testing. Whilst this was possible, there were challenges due to the need for certain conditions to be met and training provided. It was important to get the balance right between convenience and confidence in the test.*
- (2) The high percentage of vaccination of over 75 years age groups was noted but was there any data for those refusing vaccination? Was refusal more prevalent in lower age groups or with different cultural groupings and did this have implications for employment opportunity? - *In analysis of take-up, the CCG was not detecting trends suggesting concerted resistance but had found correlations with areas in North Somerset which tended to have higher levels of social deprivation. Although scepticism was an issue of concern, the main focus was on promoting equality of access.*
- (3) Given this recognition of the need to make access to the vaccine more inclusive, would it not therefore make sense to bring vaccination centres

closer to those communities (Weston town centre, for example)? *The CCG was looking at a variety of sites but there were constraints, for example around the need for specific storage conditions associated with the Pfizer vaccine. It was expected that there would be more flexibility as new vaccines came online.*

- (4) There was a need to reinforce the message that there were voluntary groups that could help with transport (to vaccine centres). North Somerset had a strong network and good liaison was needed to ensure the reach of that message.
- (5) Information and data about the effectiveness of access to vaccinations and, for example, the differences between communications from general practices were useful in identifying best practice and challenge and thereby providing assurance for communities – *The Area Director (BNSSG CCG) reported that there had been requests nationally for closer management of this messaging to ensure greater coherence. He acknowledged that there was a need to get the messaging balance right, but it was also important to recognise and build on the assurance around the high level of vaccination take-up across the district.*
- (6) Reflecting on younger age groups yet to be included in the vaccination programme, were there contingencies in place to address corresponding outbreak risks? *The Director of Public Health reported that contingency planning was in hand, learning particularly from recent experience around surge testing in Bristol and South Gloucestershire. He also welcomed the offer of support from the Council's youth champions (Councillors Ciaran Cronnelly and Huw James) and agreed to follow this up with the Chairman of HOSP.*
- (7) The Director of Adult Social Services updated the Board on the latest data for Adult Social Care staff vaccine take-up: 71% of domiciliary care staff, 87% of residential care staff and 87% of care home residents. There had been a coordinated effort with providers to address some reluctance in domiciliary care staff but it had become apparent that there were anxieties about the vaccine amongst some younger women who want to start a family.
- (8) The Director of Children's Services reported receiving a high level of concern from early years providers about not having access to vaccination. Representations were being made at national level around the wider education workforce, particularly when linked to the hoped-for return to school on 8th March - *The Regional Director (BNSSG CCG) acknowledged the considerable contribution of early years staff, noting that the Joint Committee on Vaccinations and Immunisation (JCVI) set the framework for national policy and were continuing to weigh up emerging evidence for how to balance priorities of different groups.*

In concluding the debate, the Chairman welcomed the constructive debate and paid tribute to all partners for their impressive performance on delivering the vaccination programme and health protection work.

Resolved: that the presentation and report be noted and that the Board's comments be forwarded to officers in the form of the minutes

6 SEND Peer review

In introducing the item, The Director of Children's Services (NSC) set out the background to the Council's decision to undertake a peer challenge of local area SEND services in North Somerset during late November to early December 2020, with a focus on readiness for an imminent re-inspection following Ofsted's 2018 local Joint Area Review (LJAR).

The Director then presented the Peer Review report which outlined the themes covered by the review, a summary of the findings, and the key recommendations. Board Members were asked in particular for feedback on how the Board could support and influence positive outcomes to meet the recommendations. She also highlighted the Peer Review team's emphasis on the need to link this to children's improvement activity overall and that the SEND Programme Board should be linked to the Children's Improvement Board. Bearing in mind the Children's Improvement board was multi-agency, thought needed to be given on how to avoid potential duplication whilst keeping focus on improving collective services.

Chairman reinforced the Director's comments, emphasising the importance that these critical recommendations were taken seriously and implemented by everyone on the Board.

There was a general discussion about the importance of coproduction as a means of focussing investment in services. The Chairman felt, however, that the Board needed to see more detail on how to achieve a shared commitment collectively across the system. The recommendations in the report were clear and an update on the Action Plan was needed as soon as possible.

The Executive Member for Children's services and lifelong learning (NSC) endorsed the Chairman's comments, noting that despite the good intentions around coproduction, the reality was that many parents perceived themselves as "battling" on a day-to-day basis for services. It was critical that service providers address this perception going forward. She supported the expectation that the Improvement Board drive this agenda and requested regular progress updates to the Board, particularly where leadership was required to unblock progress.

The Director for Children's Services confirmed the Action Plan would be on agenda for the next Board meeting.

Resolved: that the intentions (a) to revise the SEND action plan in the light of this review; and (b) for the Children's Improvement Board to drive delivery of identified activity; be noted

7 Integrated Care System and Integrated Care Partnership Development

The Programme Director (Healthier Together) presented the report updating the Board on the developing implementation of the Bristol, North Somerset and South Gloucestershire Integrated Care System. He reported that, since circulating the paper, the Government's white paper setting out proposals to introduce legislation about integrated care systems and offered to report back to the Board on this in due course.

Members commented as follows (responses italicised):

- (1) What was envisaged for the role of the Voluntary and Community Social Enterprise (VCSE) sector? - *At its inception, the focus of the Partnership was at system rather than local level. This focus had now widened such that consideration was now being given to inviting the sector formally represented at system level. The Chairman commented that this issue had been raised at joint Health and Wellbeing Board meeting. It was not always clear at what level this voice was being heard and it was very important that the VCSE sector had an integral role in the process.*
- (2) How did Health and Wellbeing Boards and democratic accountability fit within Integrated Care Systems? As we work towards more joint-working and decision making, the need to clarify these accountabilities was critical– and set out in such a way that they were easily communicable to local residents.

There was discussion about the place of healthcare service provision in the context of the wider challenge of reducing health inequality (wider determinants). There was broad consensus around the need to rebalance the current model of healthcare provision, shifting the focus of investment away from “acute need” and more towards community-based interventions.

Chairman
