

Minutes

of the Meeting of the

The Health and Wellbeing Board

Thursday, 17th September 2020

held in the Virtual Meeting.

Meeting Commenced: 14:00 Meeting Concluded: 15:50

Statutory 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 Cllr Catherine Gibbons (Executive Member Children and Young People)
- P Sheila Smith (Director People and Communities, NSC)
- P Matt Lenny (Director Public Health, NSC)
- P Georgie Bigg (Chair Healthwatch)

Non-statutory voting Members:

- P Paul Lucock (VANS)
- P Jeremy Blatchford (ALCA)

Non-voting Members:

- P Cllr Mark Crosby
- P Cllr Wendy Griggs
- P Cllr Geoff Richardson (substitute for Richard Tucker)
- A Cllr Richard Tucker
- P Cllr Steve Bridger
- A Sarah James (UHBW)
- A Emmy Watts (AWP)
- P Dr John Heather (GP representative)
- A Dr Shruti Patel (GP representative)

P: Present

A: Apologies for absence submitted

Officers in attendance: Georgie MacArthur (NSC Public Health Specialist) Leo Taylor, Brent Cross (NSC Democratic Services)

HWB Declaration of disclosable pecuniary interest (Standing Order 37)

1

None

HWB Minutes

2

Resolved: that, subject to the attendance list being amended to reference the attendance of Health Improvement Specialist, the minutes of the last Board meeting held on 5th March 2020 be approved as a correct record

HWB One minute's silence in memory of those lost during the pandemic

3

The Board and all others present at the meeting held a minute's silence in memory of people who had lost their lives during the Covid-19 pandemic.

HWB Understanding the new Health and Wellbeing landscape (attached)

4

The Director of Public Health presented the report which set out a proposed framework for discussion, enabling partners to review recent challenges, evaluate potential new responses and frame these as part of the development of the forthcoming Joint Health and Wellbeing strategy.

4.1 It was proposed and agreed that the Board work through the discussion prompts as set out in the report appendix:

- What has been the local impact of Covid-19 and how does it impact on the development of the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHSWS), including local priority actions?
- What do we need a sharp focus on now?

There was broad recognition of the impressive community response to the epidemic with the emergence of the "North Somerset together" volunteer network - but also of the critical need to preserve and build on that momentum as circumstances evolved going forward.

Paul Lucock (VANS) noted the important role played by the voluntary sector in supporting services during Covid and referred to the need to better integrate the sector with community voluntary networks.

Georgie Bigg (Healthwatch) recommended recent national and local Healthwatch reports, which captured feedback from service users on service access and outcomes during the crisis, as a useful resource to feed into the work of matching strategy with need.

There was discussion around the challenges associated with public and community transport as a means of accessing healthcare services, particularly for villages and other rural communities, and a pressing need to find sustainable solutions where there were gaps in provision.

Colin Bradbury (BNSSG CCG) said that sharp focus was needed on the approaching winter pressures period and the potential impact of a second Covid-19 wave. He also referred to expected significant increases in demand for mental health services. These pressures were being mitigated through demand management strategies such as 111 First, encouraging more self-care, the use of digital technology etc. He emphasised, however, that there was a need to get messaging about this right, ensuring that people understood that, despite these pressures, the service was open for routine care. There was a concern that perception about the implications of these challenges had led to reluctance from some to use healthcare services.

John Heather (GP representative) highlighted the adaptability of GPs, evolving digital technology to support the service during the crisis whilst maintaining face-to-face contact where this was needed.

Some present, however, referred to a perception in the community that GP services were difficult to reach and that remote access via the internet or telephone was distrusted. There was an urgent need to address these perceptions due to the risk that people would “switch off” and potentially fail to seek help when it was needed.

This led to a wider discussion about communications and issues around the confusing and occasionally contradictory messaging coming from a wide range of sources including the press, the health sector, local and national government and other organisations. There was a need to better join-up communications to ensure greater consistency and reach.

In linking discussion about effective messaging back to the JSNA and JHWS, The Director of Public Health (NSC), Matt Lenny, emphasised the need to get the context right. Sharp focus was needed on outcomes and key health drivers around inequalities including mental health, weight, physical activity and high-risk activities such as smoking and drug/alcohol use – and where support needed to be most effectively directed.

In seeking to achieve this in the development of the JSNA and JHWS, he emphasised the importance of engaging with local/community networks, particularly around key “wellbeing settings” – eg schools, care homes etc. These provided both valuable insight into what works in local settings and effective communications channels for getting clear messaging back out into the community.

The Chairman summarised key points arising from discussion as follows:

- the general importance of clear and consistent messaging across the system and the need to address public misconceptions and anxieties.
- the corresponding need to effectively develop and articulate the JSNA and JHWS (including local priority actions);
- focus on inequalities and the need for more definition around how to put health determinants into practice;
- the need to take account of the wider responsibilities that sit within the system: implications of strategic conversations at regional and national level.

4.2 Process for developing the JHWS

The Director of Public Health introduced Georgie MacArthur (Public Health Consultant) who was leading on inequalities and the work to develop the JHWS. A project plan was being put together with the aim to complete the Strategy by March 2021. Following this, there would be an engagement phase with key stakeholders, working across a series of work streams towards the development of an Action Plan.

It was agreed that there would be continuous discussions with the Board during the Strategy development process (outside the formal Board meeting cycle) and the relevant data would be provided to inform these discussions.

4.3 Process for developing the JSNA

The Director of Public Health reported that the JSNA process was about to launch. It had been delayed due to technical issues around the data system tool. Work was however now back on track and it drafts would be shared with Members shortly. He added that the fully activated data system would be in place by December and on-line tutorials would be offered to partners on how to use it effectively. He agreed to provide a briefing for Members in due course.

The Chairman encouraged all Members to reflect feedback to the Public Health team going forwards.

4.4 Update on Covid-19 and testing

The Director of Public Health updated the Board on the current situation with respect to Covid-19 incidence in the district and the testing regime. He referred to a number of challenges including some loss of local oversight and control due to the precedence of the overarching national test and trace system and consequences of priority focus elsewhere in the country.

Although there now appearing to be on a downward trajectory after a period of increases in Covid-19 incidence, there was concern that the picture was not as clear as it could be due to the above issues.

Board Members sought and received clarification on the following:

- local implications of the planned dissolution of Public Health England (PHE);
- concerns about inconsistencies across decisions and actions taken at schools – *Officers reported that they had worked hard ensuring consistency with guidance but the situation was complex and nuances could look like inconsistency. The situation was further complicated by a recent change requiring schools to report directly to the Department of Education as opposed to PHE.*

Resolved: that the report be noted.

HWB Mental Health and Wellbeing Strategy Group proposal (attached)

5

The Director of Public Health presented the report which proposed the establishment of an all-age Mental Health and Wellbeing Strategy Group (MH&WSG) in order to facilitate a more coherent and joined-up approach, by monitoring existing activity and providing a steer for future activity.

There was discussion about the proposed aims of the MH&WSG which included a question around whether the group's role could be absorbed within existing BNSSG structures.

The Chairman added that further consideration could also be given to:

- how the work of this group fitted in with the development of the Health and Wellbeing Strategy (and the relevant working groups)
- how the particular needs identified in North Somerset would be articulated to the wider system
- the role of the Board and elected Members in the group's work.

Resolved:

(1) that further work be undertaken on refining the Terms of Reference of the MH&WSG; and

(2) that this be presented to the next meeting of the Health and Wellbeing Board.

HWB 6 Message of thanks from the Chair - for those who have played their part in the system response

In closing the meeting, Members endorsed a statement from the Chairman thanking the many individuals and organisations that had contributed to the system-wide response to the ongoing Covid-19 crisis.

Chairman
