

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 24th January, 2023, 10.30 am

Councillor Dine Romero	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Sara Gallagher	Bath Spa University
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Alice Ludgate	University of Bath
Kate Morton	Bath Mind
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Richard Smale	Integrated Care Board
Suzanne Westhead	Bath and North East Somerset Council
Joss Foster	Royal United Hospitals Bath NHS Foundation Trust
David Trethewey	Bath and North East Somerset Council

40 WELCOME AND INTRODUCTIONS

The Chair, Councillor Dine Romero, Cabinet Member for Children, Young People and Communities welcomed everyone to the meeting.

Members of the Board and officers introduced themselves.

41 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

42 **APOLOGIES FOR ABSENCE**

Cara Charles Barks - Royal United Hospitals Bath NHS Foundation, Joss Foster was in attendance as substitute
Sophie Broadfield - Bath and North East Somerset Council, Davie Trethewey was in attendance as substitute
Jayne Davis – Bath College
Will Godfrey – Bath and North East Somerset Council
Amritpal Kaur - Healthwatch
Mary Kearney Knowles – Bath and North East Somerset Council
Ronnie Lungu – Avon and Somerset Police
Rachel Pearce – NHS England

43 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

44 **TERMS OF REFERENCE**

The Board was asked to note the Terms of Reference when considering the following agenda items.

45 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

46 **PUBLIC QUESTIONS AND STATEMENTS**

There were no questions or statements.

47 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

48 **UPDATE ON ACTIONS FROM PREVIOUS MEETING**

Paul Harris gave an update on actions from the previous meeting as follows:

Public Participation in Health and Wellbeing Board meetings – feedback from meeting between Paul Harris, Laura Ambler and Kate Morton:

1. The group had discussed how the Board operated and sat within the wider system.
2. They considered the option of rotating Board meetings around different locations with a view to increasing public engagement.
3. They discussed options for promoting meetings to local residents:
 - a. Demonstrating areas of impact such as how public feedback had fed

into the Health and Wellbeing Strategy.

- b. Setting up a working group with residents to engage public opinion.
 4. The group would report back to the next meeting with proposals.
- Board members were asked to contact Paul with any further ideas on making the meetings more engaging to the public.

Housing and health – feedback from meeting between Paul Harris, Laura Ambler and Graham Sabourn:

1. The group discussed affordable warmth and had met with Energy Systems Catapult who had piloted a study with NHS Gloucestershire and a local energy advisor on a heating voucher scheme for vulnerable people. This had given them ideas of how a similar scheme might work in B&NES.
2. Housing Providers were proactive in assessing their housing stock for damp and mould but there was not sufficient funding to address the scale of the problem. The group were looking at what grant funding might be available in the short term e.g., Quartet Community Foundation.
3. They were looking to encourage a consistent way of auditing housing stock as B&NES Council was not reporting as many instances of damp/mould as other social housing providers.

The Board welcomed the momentum that had been established in this area. The following comments were also raised:

1. Alice Ludgate commented that the perspective of students would be welcomed in terms of their accommodation.
2. Richard Smale suggested that this could be an area of discussion for the Integrated Care Board with partners from Swindon and Wiltshire.

49 **HEALTHWATCH CARE QUALITY COMMISSION (CQC)**

Sue Poole, Healthwatch, gave a presentation on the findings of the CQC work on the experience of accessing health and social care services by those struggling with mental ill health during the pandemic as detailed below:

What did we do?

- Project was carried out in March 2022.
- Used online surveys in Bath & NES and Swindon.
- The majority of data collected during this focused period from an online and paper questionnaire, based on the CQC questionnaire.
- One to one engagement sessions to gather specific feedback.
- Attended group meetings/sessions with families and individuals experiencing mental ill-health.
- Incorporated existing sources of feedback/reports so that people don't have to repeat themselves (data collected by Local Healthwatch).
- Ran a Twitter poll.

Key Findings in Bath & NES – what people told us

- Long waiting lists impacting on the balance between people's ability 'to maintain positive aspects of their life v 'unhelpful coping strategies'.
- The support on offer not meeting needs (gaps or lack of options).
- Difficulty in getting in contact with services or making appointments.
- Combination of low expectations and poor previous experience

with (perceived) poor attitudes of staff.

Key Findings in Bath & NES – what organisations told us

- People with mental ill health represented 32% of families receiving support from Southside (family support and play).
- Challenges with the transition from children's to adult services.
- Lack of social prescribing for children and young people.
- An increase in number of children and young people showing signs of mental ill health.
- An urgent need for more trauma informed services, with a doubling in referrals for specialist trauma therapy from 2021-22.
- Gaps in access to clinical mental health services for serious mental ill health among homeless and Gypsy, Roma, Traveller and Boater communities.
- Carers tell us they were traumatised during Covid by the burden of caring without support services.

What we found – key findings across the whole BSW area

- Waiting lists for referrals and support are very long and people felt they 'get lost'.
- People feel that mental health services should be preventative rather than reactive and reliant on very high thresholds for receiving care; ongoing support should be provided that is more tailored to the individual.
- The transition from Children to Adult Services is problematic. The perception is that you have to start again.
- Carers feel that they are not being listened to and as a result their own mental health is being adversely affected, as well as potentially impacting negatively on the care received by the 'cared for' person.
- Care coordinators are over stretched with a high turnover which further impacts on the unpaid carers' support and the mental health of the people for whom they are caring.
- Lack of staff and poor staff attitudes, maybe partly due to pressure on staff resources.
- Significant increases in referrals and requests for support reported over last year by service providers, especially third sector and emergency services.
- Feedback about individual services or types of service was very mixed, with voluntary and community organisations providing support services receiving generally positive feedback and the formal health services receiving a far greater proportion of negative feedback.
- GP services received a very mixed response with a mix of positive and negative feedback. Often responses recognised the lack of resources and staffing as the problem rather than a lack of will or intention.

Gaps In Services

- There is a gap in services within mental health for people with autism/learning disabilities.
- It was felt that better support is needed across the area for LGBTQ+ people in regard to mental health services including those who are transitioning their gender.
- There is a gap in Children's Mental Health Services with long waiting lists, little or no support while waiting to be seen, home-educated children are falling through the gaps and children under 5 are not being sufficiently catered for.

- People with mental health and eating disorders are getting limited support.
- The rural nature of Wiltshire and Bath & NES meant these areas had unique issues with the bulk of the services not being available outside of the urban areas leading to isolation and a lack of access to services for those in more rural areas.
- CQC Feedback processes. People found the CQC questions off-putting and did not feel able to complete it. The feedback we received showed respondents felt the questions were too formal.

Key recommendations/messages - Clear theme of mental health services being insufficient to meet the needs of the populations of BSW

We recommend:

- Enable better access to initial mental health services/support: engage early to prevent escalation.
- Improve transition from child to adult mental health services and develop consistent thresholds to facilitate transition.
- Involve carers in discussions and decisions wherever possible to achieve the best outcomes for the patient.
- continue to offer a choice of online/virtual as well as face to face appointments and services.
- Improve GPs' use of mental health support and social prescribing.
- Increase level of services to provide better out of hours cover: mental health crises do not fit a 9-5pm schedule and to ensure provision across rural as well as town areas.
- Provide better follow-up post discharge to avoid recurrence of issues and make the patient feel supported.
- Need a central resource library for all services – “Unless you know services are out there it's hard to access them”.
- Needs to be more engagement with the BAME communities from our investigations there is a reluctance to discuss mental health or access the services.

Board Members raised the following comments:

1. It was noted that the survey was part of a national CQC project. In response to a question about demographic differences, Sue Poole confirmed that it was not a scientific survey but a collection of user feedback.
2. Kate Morton referred to her recent presentation at the Health and Wellbeing Board Development session which outlined Bath Mind's response to the mental health challenge. She commented that it would have been useful to align the two presentations to reflect what services were already in place to respond to the comments raised by the CQC survey. She acknowledged that there was a problem in promoting the available services due to a lack of resources e.g., the 17 wellbeing services that were available in B&NES. She highlighted the issue of contract frameworks and lack of annual uplifts which impacted the third sector.
3. Richard Smale commented that the key messages in the report would provide a useful baseline in developing the Integrated Care Board Strategy. He questioned whether more strategic action could be taken in terms of signposting people to the appropriate support.
4. It was noted that Avon and Wiltshire Mental Health Partnership (AWP) was currently consulting on its draft strategy, and that it would be useful for the

Board to have a further session on mental health led by Mind and AWP. Sara Gallagher suggested that this should also reflect the student experience.

5. In response to a question about the local context for trauma informed practice, Kate Morton confirmed that Bath Mind was trying to set up a network.
6. In response to a question about whether the responses relating to social prescribing referred to a lack of referrals rather than lack of services, Sue Poole confirmed that the key message was that social prescribing was only available for adults and not children. Laura Ambler confirmed the Integrated Care Alliance was looking at this issue.
7. Suzanne Westhead welcomed the report and stated, that while not there were no new issues in the recommendations, it was important for all partners to be aware of them in continuing to work together to improve people's experience in accessing mental health services.
8. Rebecca Reynolds stated that the priorities in the new Health and Wellbeing Strategy would address mental health and wellbeing and the recommendations arising from this report would help inform the implementation plan.

The Board welcomed the report and recommendations and agreed that the Board receive an update from Bath Mind and AWP to align the work being carried out to meet the needs of people requiring support with mental health with the recommendations within the report.

50 HEALTH AND WELLBEING STRATEGY- FINAL PRIORITIES

Fedalia Richardson gave an update on the final priorities of the Health and Wellbeing Strategy. She confirmed that the priorities were close to being finalised and invited Board Members to advise of any further changes.

Priority 1 – Children and Young People

The Board agreed the priorities as set out.

Priority 2 - Improve skills, good work and employment

It was agreed that specific reference would be made to education providers in 2.1

Priority 3 - Strengthen compassionate and healthy communities

It was agreed that:

3.1 be amended to include "support inclusion"

3.2 be amended to read "encourage and enable"

Priority 4 – Create Health Promoting Places

The Board agreed the priorities as set out.

Rebecca Reynolds reported that, following liaison with colleagues, a need had been identified for a/an additional bullet point/s to enable the clinical side of the NHS to be reflected within the priorities. She asked the Board to sign off the final priorities subject to the wording of this being agreed outside of the meeting.

The Board RESOLVED to;

(1) Sign off on the proposed priorities for the new Joint Health and Wellbeing

Strategy 2023-2030 subject to the wording of a/an additional bullet point/s to be agreed to enable the clinical side of the NHS to be reflected within the priorities.

51 **BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE (BSW) INEQUALITIES STRATEGY**

Paul Scott, Associate Director and Consultant on Public Health, B&NES gave a presentation on the BSW Inequalities Strategy as follows:

Phase 1: Awareness Raising

Phase 2: Healthcare Inequality

NHS Five Key Priorities

1. Restore service inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are timely and complete
4. Accelerate preventative programmes
5. Leadership and accountability

Core 20 Plus 5

- Core 20% of most deprived areas
- PLUS Groups (defined at place):
 - Black, Asian and Minority Ethnic groups (Swindon)
 - Routine and Manual workers (Wiltshire)
 - Socially excluded and vulnerable groups including looked after children and migrants (B&NES)
- Five clinical areas:
 1. Cardiovascular Disease (CVD)
 2. Maternity
 3. Respiratory
 4. Cancer
 5. Mental Health (including children and young people)

Phase 3: Prevention and social, economic, and environmental factors

Priority Areas:

- Anchor institutions.
- Publish three place-based Joint Strategic Needs Assessments for B&NES, Swindon and Wiltshire.
- Establish local priorities that address public health and the social, economic and environmental factors most affecting inequalities at place.
- Plan and enable progress on prevention where outcomes will take longer to see.

Committed areas of focus:

- Whole system approach to obesity.
- Whole system approach to smoking.

Cross cutting themes: Population Health Management (PHM): Equality, Diversity and Inclusion; Workforce: Prevention; Personalised care.

Paul Scott responded to questions from Board Members as follows:

1. The phases did not need to run sequentially, phase 1 and phase 2 could run concurrently.
2. It would be a challenge to include reference to the current cost of living crisis as this affected everyone, but he would look to include this as part of the strategy refresh in recognition that some groups would be more impacted.
3. He would check that rural communities were included as one of the PLUS groups in the B&NES area as this was a common theme arising from consultation on the Health and Wellbeing Strategy.

The Board raised the following comments:

1. David Trethewey welcomed the strategy and emphasised the importance of long-term planning as well as short term projects to deliver the objectives. Kate Morton concurred with this view and stressed the need to shift from short-term funding streams to a more sustainable approach.
2. Paul Harris commented that it would be useful to have an overview on what funding streams were available and how these funds were spent. This would enable Board members to consider whether money could be spent more effectively to deliver priorities. Rebecca Reynolds advised that there was a table of funding streams which had been shared with Directors of Public Health in the south west and she undertook to find out if there was a breakdown specific to B&NES.
3. It was noted that there were a number of different strategies currently being developed and it was important that the Inequalities Strategy was a common thread that linked with other strategies. Rebecca Reynolds responded that there was a common link between those responsible for developing the strategies which would help ensure alignment.
4. Julia Griffith reported that the Primary Care sector was aware of issues arising from inequalities and her colleagues had already planned a training session to look at the strategy and how it could be implemented.

The Board RESOLVED to;

- 1) Support the ambitions of the BSW Inequality Strategy.
- 2) Provide any feedback for the refresh of the Strategy.
- 3) Consider the status of tackling inequalities as an objective or cross cutting principle in the forthcoming refresh of the B&NES Health and Wellbeing Strategy.
- 4) Identify how best to align this BSW system wide strategy with B&NES partnerships and plans, including receiving updates on the Strategy's progress.

52 **BETTER CARE FUND UPDATE**

Gary Guest, Commissioning Project and Programme Manager, B&NES updated the Board on the Adult Social Care Discharge Grant as follows:

Adult Social Care Discharge Fund Re-Cap:

- Delays to discharging people from hospital when they are fit to leave continue to be a significant issue. Not only does this mean fewer hospital beds available for those who need them; it also means people who would be better off recovering at home or in residential care are instead spending too long in

hospital.

- Bath and North East Somerset Council was attributed £2,134,276, and a range of schemes were submitted to outline the projects that will be awarded the funding to help support accelerated discharge from hospital.
- Following consultation across the ICS, building upon our on-going strategic intentions and aspirations, and responding to current pressures, we now have an agreed and submitted set of schemes for B&NES ICA and BSW ICS funded from the Adult Social Care Discharge Fund.
- We are now pro-actively implementing these schemes with support from all partners.
- Reporting of activity as a result of this funding is mandatory on a fortnightly basis, from 6th January 2023, reporting on:
 - Number of discharges from hospital by service in the 14 days prior to submission.
 - Packages of care booked or in use for all local authority funded social care in the 14 days prior to submission.
 - Adult Social Care Discharge Fund total spend to date, broken down by
 - Spend from the ICB allocation
 - Spend from the Local Authority Allocation.

B&NES Schemes: £2,190,696

- Assistive Technology - £190,000
- Big packages of care with therapeutic and coordination of support escalation - £300,000
- Care Act Assessments - £160,000
- Flow Co-ordination - £139,000
- Mental Health Case Coordination – £40,000
- Third Sector Support – £105,000
- Individual Hospital payments – £62,500
- Additional care home beds and GPs to cover – £772,114
- Additional home care with support – £422,082

The Board raised the following comments:

1. Cllr Alison Born welcomed the range of initiatives but expressed frustration at the limited timescale.
2. Suzanne Westhead confirmed that there were already improvements with 30 delays reported on the previous day compared with the average of 70 before the schemes were in place. However, she advised that as the money was not recurrent and had to be spent by the end of March, it was not sustainable to continue beyond the funded period.
3. Laura Ambler confirmed that there was a need to move quickly to secure alternative funding, but that the reporting mechanism would be useful to identify which schemes gave the best return on investment to give a viable alternative to bedded care.
4. Kate Morton agreed with the need for more sustainable funding and stated for the third sector and those providing community provision as an alternative to bedded care.
5. Paul Harris stated that non bedded care alternatives should be the long-term aim but asked if step down units would be used as an interim solution. Laura Ambler responded that it was important that step down units were used for the right people.

53 DEVELOPMENT OF THE BSW INTEGRATED CARE PARTNERSHIP'S INTEGRATED CARE STRATEGY

Richard Smale gave an update on the BSW Integrated Care Partnership's (ICP) Integrated Care Strategy as follows and undertook to circulate a slide pack after the meeting:

1. He introduced William Pett, Associate Director of Policy and Strategy, ICP who would be leading on developing the strategy.
2. The ICP was required to produce a strategy by the end of March 2023 and was looking to connect with the emerging Health and Wellbeing Strategies being produced by B&NES, Swindon and Wiltshire (BSW).
3. There was a lot of consistency in the themes emerging across BSW:
 - Tackle inequality
 - Focus on the individual
 - All age (start well, live well, age well)
 - Prevention and wellbeing
 - Wider determinants of health
 - Development of communities
 - Strengths based approach
 - Environmental impact
4. There were similarities in the priorities identified by B&NES and Wiltshire (Swindon had not yet reached this stage).
5. In aligning the local and BSW wide strategies, the ICP have identified some **differences in the focus** on specific topics. For example, in the BSW strategy:
 - 'Whole life' – will include a focus on end of life.
 - Whole care model – need to consider how to deliver improvements in elective care, urgent and emergency care and change the way services.
 - Outline some of the system wide service changes that partners were working on (e.g. Community Services, Virtual Wards, Community Diagnostic Centres).
 - Strong focus on the recruitment, development and retention of a sustainable workforce.
 - Focus on enabling elements like digital and estates.
 - Outline work on how to get the most from the resources across BSW.
6. The draft priorities
 - Reduce the inequalities that exists in outcomes for the population of BSW.
 - Improve access to services.
 - Provide continuity of care for those living with complex health and care needs and long-term conditions.
 - Create sustainable services and focus on the wellbeing of those who deliver services.

The following comments were raised:

1. William Pett asked Board members to contact him with examples of good practice as well as general feedback on the draft strategy and priorities.

2. Suzanne Westhead referred to the priority relating the health and social care workers and stated that there was a lack of respect and pay for carers and there was a need for a proper career pathway for this group of workers.
3. Sara Gallagher reported that in the higher education sector there was a number of funded projects looking at mental health/NHS and there could be an opportunity to bring a scheme forward in B&NES. She undertook to contact Richard Smale with more details.

ACTIONS ARISING FROM THE MEETING

Issue	Action	Action Lead
Public Participation in Health and Wellbeing Board meetings	Paul Harris to report back to next meeting with proposals.	Paul Harris
Aligning CQC survey with mental health schemes	The Board to receive an update on mental health from AWP and Bath Mind.	Kate Morton/ Nicola Hazle
Health and Wellbeing Strategy	Final priorities of Health and Wellbeing Strategy to be signed off.	Rebecca Reynolds/ Fedalia Richardson
Funding streams	Breakdown of funding streams for Board's consideration.	Rebecca Reynolds
ICP Strategy	Board members to feed back any comments on ICP strategy.	All

The meeting ended at 12.25 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services