

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday, 7th November, 2024, 10.30 am

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Jody Clark	The Care Forum
Will Godfrey	Bath and North East Somerset Council
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Mary Kearney-Knowles	Bath and North East Somerset Council
Kate Morton	Bath Mind
Stephen Quinton	Avon Fire & Rescue Service
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Suzanne Westhead	Bath and North East Somerset Council

Observer:

Councillor Robin Moss	Bath and North East Somerset Council
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27 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

28 EMERGENCY EVACUATION PROCEDURE

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

29 APOLOGIES FOR ABSENCE

Apologies had been received from:
Sophie Broadfield – Executive Director – Sustainable Communities
Sara Gallagher – Bath Spa University
Scott Hill - Avon and Somerset Police
Sue Poole – Healthwatch (Jody Clark substituting)

30 DECLARATIONS OF INTEREST

Cllr Paul May reported that he was a non-executive Director of Sirona Health and Care which operated in Bristol, South Gloucestershire and North Somerset.

Cllr Paul May and Cllr Robin Moss stated that they were members of Avon and Somerset Fire Authority.

31 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

Cllr Alison Born read a statement on behalf of the B&NES Council administration in relation to the decision by ICB to award the community care contract to HCRG as summarised below:

1. NHS core services were better provided by the NHS.
2. In 2021 Virgin Care was sold to private equity-owned company, HCRG and this resulted in a decision by the Council not to extend the contract and undertake a detailed review.
3. As a result of the review, B&NES Council decided to in-source all adult social care services from April 2024.
4. The recent decision to award the community care contract to HCRG was disappointing but it was accepted that this was the outcome of a robust procurement process and that the preferred bidder was competent and scored most highly.
5. The Council would be working with HCRG and NHS providers to ensure the delivery of the contract and secure the best service for B&NES residents.

32 PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

There were none.

33 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting of 5 September 2024 be approved as a correct record and signed by the Chair.

34 **FEEDBACK FROM SOUTH WEST HEALTH AND WELLBEING BOARDS CONFERENCE - 4 OCTOBER**

Paul Harris reported back from the South West Health and Wellbeing Board Conference which took place on 4 October as follows:

1. The South West Health and Wellbeing Board network had recently been relaunched. Approximately 100 people had attended the conference including Chairs/Vice Chairs, representatives from the NHS and local government.
2. There were workshops on specific topics and a lot of focus on leadership and culture.
3. There were examples of the challenges that was facing the south west region:
 - a. There was an increasing number of people with long term health conditions.
 - b. 26% of the population was unable to work due to long term health conditions.
 - c. Population increases would mean there would be a need for an additional 120,000 jobs in the NHS in next 20 years and not enough people to fill the roles.
 - d. Over the last 3 years, on average one third of deaths in young people aged 10 to 24 were from suicide.
4. The conference was useful, and he encouraged others to attend future events.

It was agreed that the slides of the event would be circulated as well as the details of the annual B&NES suicide prevention event taking place on 20 November.

35 **JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN - PROPOSAL FOR A REFRESH**

Sarah Heathcote, Health Inequalities Manager, B&NES introduced the report which outlined plans for a light touch refresh of the Joint Health and Wellbeing Strategy Implementation Plan. She confirmed that Becky Reynolds would be the sponsor from the Board to oversee the project and advised that the timescale for the revised plan to come back to the Board would be May 2025 rather than February.

The Board **RESOLVED** to agree the proposed approach for refreshing the Joint Health and Wellbeing Strategy Implementation Plan.

36 **AVON FIRE AND RESCUE SERVICE AND THE HEALTH AND WELLBEING AGENDA/LITHIUM-ION BATTERY SAFETY BILL**

Steve Quinton, Avon Fire and Rescue Service (AF&RS), introduced the reports and drew attention to the following:

1. There was more to the Fire and Rescue Service than responding to incidents. The service also provided training, public protection and prevention of fires.
2. AF&RS was a trusted brand and maximised opportunities to make every contact count.
3. AF&RS had a statutory role in community safety partnerships and worked closely with colleagues from B&NES to exercise this duty.
4. AF&RS was often called to incidents involving a mental health crisis and trained staff on how to be the first person to arrive at the scene of such an incident.

Members of the Board raised the following comments:

1. Recognised the role of AF&RS in supporting care homes and people who were vulnerable through hoarding and self-neglect.
2. There were good connections between AF&RS and the third sector, but one area of challenge was how to share information. A system of integrated care records would help ensure that services worked in a joined-up way to support the needs of residents.
3. There was an opportunity to publicise the issue around the risks of scooter batteries through school settings.
4. AF&RS was a valuable resource in local communities.

The Board **RESOLVED** to note the reports.

37 **SEND OFSTED/CQC THEMATIC INSPECTION ON PREPARING FOR ADULTHOOD**

Chris Wilford, Director of Education and Safeguarding, B&NES, summarised the report which highlighted the key findings of the recent Ofsted/CQC thematic review of arrangements for preparing for adulthood as follows:

1. The review was across health and social care as well as the education service.
2. The thematic review covered 4 main areas: employment, independent living, health and community and inclusion.
3. The full report would be published in the near future.
4. A full inspection was anticipated late in 2025, there were some challenges around capacity which the service was looking to address.

The Board raised the following comments:

1. Thanked all those involved in preparing for the review.
2. Noted that preparing for adulthood was an important issue for parent/carers.
3. Asked for an update in six months' time to look at progress.

The Board **RESOLVED** to:

1. Note the OFSTED CQC final summary note written by the Inspectorates following the completion of the thematic review including that a number of strengths were identified by the Inspectorate, as well as some themes for development for partners in Education, Health and Social Care to consider.
2. Be advised that the Department of Education commissions OFSTED/CQC to complete these thematic reviews to inform future DFE policy in a given area

and note that the review was not a graded inspection.

3. Note that the Inspectorates selected Bath & North East Somerset as the southwest region to host the review and were the fifth out of six regions nationally to receive this review.
4. Note that the full OFSTED/CQC findings from the six thematic reviews will be published as a report in the autumn of 2024 and B&NES will be noted as one of the areas visited but will not be identifiable in the content of the report.
5. Note that OFSTED/CQC did not provide the local area with a written summary of parent's or young people's surveys that were conducted during the review.
6. Be assured that the Local Area Inclusion Partnership (LAIP) is tasked with delivering learning from the review and note that representatives from our parent carer forum sit on this partnership and will input into this work stream.

38 **BETTER CARE FUND UPDATE**

The Board **RESOLVED** to ratify the Quarter 2 Better Care Fund return.

39 **BATH AND NORTH EAST SOMERSET, SWINDON, WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) - APPROACH TO PLANNING 2025-26**

Laura Ambler, Executive Director of Place – B&NES, BSW ICB, gave a presentation on the approach to planning 2025-26 as included with the agenda papers.

The Board raised the following comments/questions:

NHS Ten Year Plan

1. What were the timescales for the production of the NHS 10-year plan? *The engagement process was from November with the final plan publication date likely to be May 2025.*
2. Was there a role for the Health and Wellbeing Board to respond? *Partner organisations were encouraged to be proactive and respond and the questions and link to the consultation would be shared after the meeting.*

BSW Implementation Plan (NHS Joint Forward Plan)

1. Input from the Board was requested on reviewing the approach to the Place section of the Plan.
2. There was a section on children and adults with cross referencing to avoid repetition.

Operating Plan 2025-2026

1. The recent Government budget identified an additional £22bn for the NHS compared with £1.9bn for local authorities. Has the presentation taken account of the additional funding for the NHS? *Yes, but in real terms some of this money would be used to fund the National Insurance uplift for NHS staff.*

The Board **RESOLVED** to note the update.

40 **BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE INTEGRATED CARE BOARD (BSW ICB) - TRANSFORMING COMMUNITY BASED CARE**

Laura Ambler Executive Director of Place – B&NES, BSW ICB and Val Scrase, Regional Director (HCRG) gave a presentation on the ICB plan to transform community care as included with the agenda papers.

Cllr Robin Moss raised concerns about the awarding of the contract to HCRG and the consultation process.

The Board raised the following questions:

1. Why were mental health services were not included as these services were critical? *The contract for mental health services was outside the scope of the community-based care contract and was a separate commission, but there was an expectation that the contracts would be aligned. Emotional wellbeing was just as important as physical wellbeing and would be included in the developing partnership strategy.*
2. The Bath and North East Somerset area was one locality in the contract which also covered Swindon and Wiltshire. Could reassurances be given that services within B&NES would not be reduced as a result of the contract? *HCRG had been a partner since 2016 and had delivered good services, but there were variances across BSW and there was a need to look at population health matrixes to respond to the needs of the population and focus on areas where there were inequalities.*
3. What role would HCRG play in influencing other organisations? *By being a conduit through community partners working to make a difference.*
4. What opportunities were there for pathways/preparing for adulthood? *The proposed family/child health hubs would provide an opportunity.*

The Board **RESOLVED** to note the update.

41 **HEALTH PROTECTION BOARD REPORT**

Anna Brett (Health Protection Manager) and Amy McCullough (Consultant in Public Health, B&NES) gave a presentation on the Health Protection Board annual report (copy of the presentation attached to the minutes).

In response to a question about whether the vaccination programme covered the north east somerset area as well as Bath, the Board was advised that the list of locations in the presentation was an example of outreach vaccinations and there was a wider vaccination programme, including schools and the targeting of rural areas.

The Board **RESOLVED** to:

Note the annual report and the following recommended priorities for the Health Protection Board in 2024-25:

- a. Assurance: continue to monitor the performance of specialist areas, identify

- risks, ensure mitigation is in place and escalate as necessary.
- b. Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards.
- c. Continue to ensure that the public and partner organisations are informed about emerging threats to health.
- d. Help improve immunisation uptake and reduce inequalities in uptake, particularly MMR vaccination. Contribute to the development of a new Integrated Vaccine Strategy for BSW and outreach vaccination model for B&NES.
- e. Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.
- f. Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.

42 PUBLIC HEALTH ANNUAL REPORT

The Board **RESOLVED** to defer the report until the next meeting.

43 REFRESH OF THE PHARMACEUTICAL NEEDS ASSESSMENT (PNA) FOR B&NES - OCTOBER 2025

The report was noted.

The meeting ended at 12.30 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services

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Health Protection Board's 2023-24 Report to the Health and Wellbeing Board

7 November 2024

Amy McCullough, Consultant in Public Health
Anna Brett, Health Protection Manager
**Bath and North East Somerset Council, Public
Health Team**

**Bath & North East
Somerset Council**

Improving People's Lives

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B&NES Health Protection Board's 2022/23 Report
to the Health and Wellbeing Board

**Thank you to all
members of the Health
Protection Board for
contributing material for
this year's report.**

What is Health Protection?

Protecting the health of the population by improving the prevention and control of communicable diseases and other environmental threats.

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- communicable diseases
- chemicals, poisons and radiation
- environmental hazards
- emergency planning, preparedness and response

Which specialist areas does the Health Protection Board cover?

<p>Healthcare Associated Infection (HCAI)</p> <p>Key Performance Indicators: MRSA, <i>C. difficile</i> & <i>E. coli</i> bacteraemia</p>	<p>Communicable Disease Control & Environmental Hazards</p> <p>Key Performance Indicators: Private Water Supplies & Air Quality Management Areas</p>
<p>Health Emergency Planning</p> <p>Key Performance Indicators: Civil Contingencies Act requirements</p>	<p>Sexual Health</p> <p>Key Performance Indicators: HIV & under 18 conceptions</p>
<p>Substance Use</p> <p>Key Performance Indicators: Hep B vaccination, Hep C testing, Opiates & Non-Opiates, Alcohol & Release from prison</p>	<p>Screening & Immunisation</p> <p>Key Performance Indicators: National screening programmes & uptake of universal immunisation programmes</p>

Priorities the Board agreed for 2023-24 that were implemented in 2023-24 and beyond:

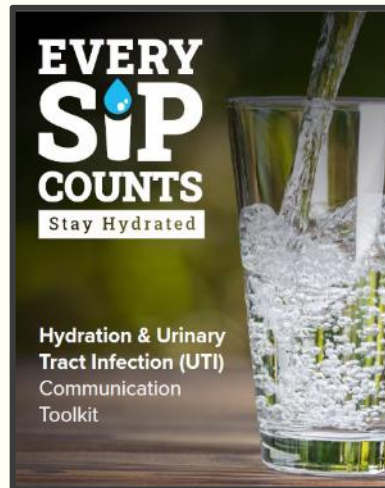
No.	Priority (2023-24)	RAG
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary	Green
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards	Green
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health	Green
4	Embed the BSW Local Health Resilience Partnership Communicable Disease Plan to reduce vaccine preventable diseases and reduce transmission of winter illnesses. Use the Sector Led Improvement Plan and Gap Analysis Action Plan to inform this work	Green
5	Contribute to the BSW system wide quality improvement projects, which aim to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections	Amber
6	Help improve immunisation uptake and reduce inequalities in uptake through the following: the BSW Maximising Immunisation Uptake Group, a refreshed B&NES Vaccination Implementation Plan, and through contributing to the development of a new Integrated Vaccine Strategy for BSW	Green

2023-24 priorities that were RAG rated **AMBER**

Contribute to the BSW system wide quality improvement projects, which aim to reduce the incidence of E-coli blood stream infections and Clostridium Difficile infections

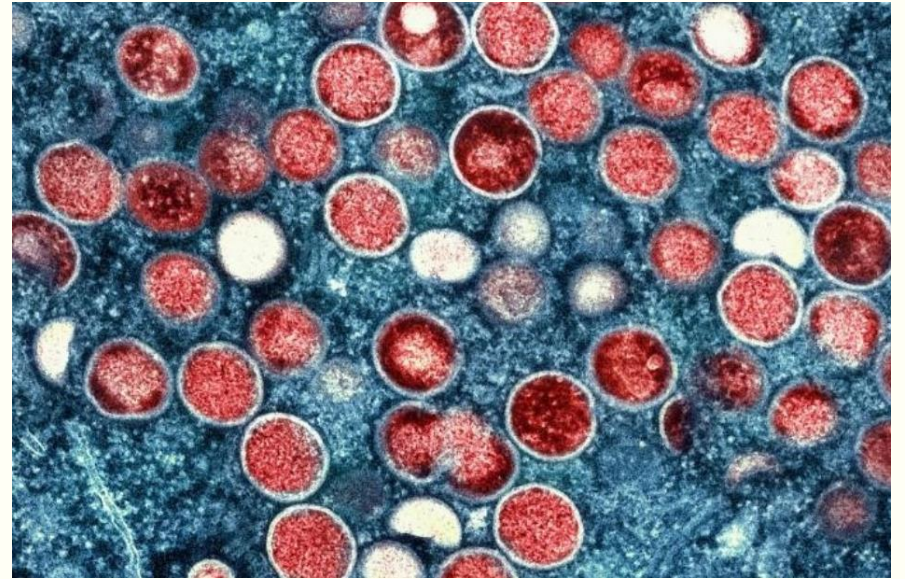
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Quality Improvement – Every Sip Counts Hydration Project



Communicable Disease

- Mpox
- Measles
- HIV late diagnosis in people 1st diagnosed with HIV
- Hepatitis C Micro Elimination



Picture of the Mpox virus under a microscope

Outreach Vaccinations

Age UK Lunch Club Twerton	St Michael's Without Church	Rose Cottage Community Cafe	St John's Alms Houses	Care Home Staff Engagement
Bath Sports & Leisure Centre	Southdown Methodist Church	Rackfield House, Supported Living	Manvers Street Hostel & Salvation Army, Bath	Manvers St Food Bank
Ukrainian Language Group	Bath College	Local Shops, Bath City Centre	Bath One Stop Shop	BEMSCA
Age UK Luch Club, St Michaels Centre	Avon down House, Supported Living	DHI Housing	Bath City Farm	Pennard Court, Twerton

The following 6 priorities were agreed for 2024-25

No.	Priority
1	Assurance: continue to monitor the performance of specialist areas, identify risks, ensure mitigation is in place and escalate as necessary
2	Continue to actively participate in the prevention, preparedness and management of outbreaks and incidents with partner agencies to slow down and prevent the spread of communicable disease and manage environmental hazards
3	Continue to ensure that the public and partner organisations are informed about emerging threats to health
4	Help improve immunisation uptake and reduce inequalities in uptake, particularly MMR vaccination. Contribute to the development of a new Integrated Vaccine Strategy for BSW and outreach vaccination model for B&NES.
5	Scope the health protection work that could be undertaken to support prevention of climate change and mitigation of climate change impact and make recommendations for action.
6	Review B&NES coverage for each NHS screening programme to identify needs/gaps and priorities for action.

Questions for the Board

1. Is the Health & Wellbeing Board assured that the Health Protection Board has delivered on the priorities from last year?
2. Does the Health & Wellbeing Board support the priorities that have been recommended for next year and are there further opportunities to join up with partners to achieve them?



Any questions?

Thank you

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