

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 27th September, 2022, 10.30 am

Councillor Dine Romero	Bath and North East Somerset Council
Jocelyn Foster	Royal United Hospital Bath NHS Trust
Mary Kearney-Knowles	Bath and North East Somerset Council
Amritpal Kaur	Healthwatch
Ronnie Lungu	Avon and Somerset Police
Kate Morton	Bath Mind
Rebecca Reynolds	Bath and North East Somerset Council
Richard Smale	Integrated Care Board
Suzanne Westhead	Bath and North East Somerset Council
Sally Eaton	Bath College
Julia Griffith	B&NES Enhanced Medical Services (BEMS) Primary Care

12 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.

13 EMERGENCY EVACUATION PROCEDURE

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

14 APOLOGIES FOR ABSENCE

Apologies had been received from Will Godfrey, Chief Executive, BANES; Cara

Charles-Barks, Chief Executive, RUH; Rachel Pearce, NHS England Area Representative; Sara Gallagher, Bath Spa University; Jayne Davis, Bath College; Councillor Alison Born, Cabinet Member for Adult Services; Alice Ludgate, Bath University and Val Scrase, HCRG Care Group.

Joss Foster, Director of Strategy (RUH) attended as substitute for Cara Charles-Barks.

Sally Eaton, Bath College attended as substitute for Jayne Davis.

Julia Griffith, B&NES Enhanced Medical Services (BEMS) Primary Care attended as substitute for Andrew Smith.

15 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

16 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR - BETTER CARE FUND NARRATIVE PROGRAMME 2022-23**

The Chair announced one urgent item of business, Better Care Fund Narrative Programme 2022-23 which had been circulated to members of the Board in advance of the meeting.

Suzanne Westhead, Director of Adult Social Care, introduced the report and confirmed the funding priorities for 2022-23 as tackling hospital delays and planning for winter. She reported back on work being undertaken with Age UK to ensure that patients were aware of what support was available in the local community and confirmed that the involvement of the third sector was pivotal. She asked the Board to approve the programme.

Kate Morton, Bath Mind, asked that the winter preparation work start earlier next year with involvement from the Integrated Care Alliance (ICA).

The Board **RESOLVED** to;

1. Approve the Better Care Fund Narrative Programme 2022-2023.

17 **PUBLIC QUESTIONS/COMMENTS**

There were no representations from the public.

18 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of 21 June 2022 were approved as a correct record and signed by the Chair.

Matters Arising

It was noted that, as requested at the previous meeting following the presentation from Paul Harris, Curo, the Council's Head of Housing, Graham Sabourn would be invited to attend a future meeting.

19 REFRESH OF THE PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

Paul Scott, Associate Director and Consultant in Public Health, B&NES gave a presentation on the Pharmaceutical Needs Assessment report as follows:

1. It was a duty of the Health and Wellbeing Board to prepare a PNA and update it every 3 years.
2. The updating of the current PNA had been delayed due to the Covid pandemic but now needed to be updated and published by October 2022.
3. The PNA looked at the needs of the population and identified the need for pharmaceutical services.
4. There was a Steering Group in place which met in between the updates to oversee the work. The membership of the group covered a breadth of organisations e.g., the Integrated Care Board (ICB), pharmacies, Healthwatch and NHS England.
5. If there was an application for a new pharmacy licence to NHS England, the PNA would be used to assess if there was a need.
6. The report divided B&NES into connected community areas. There had been a slight fall in the number of pharmacies since the last update, but there were more than in Swindon or Wiltshire. Rural areas had less access than urban areas.
7. The draft PNA had been the subject of consultation and there were 54 responses with 73% of these being from members of the public. Some of the responses related to the quality of services which was outside the remit of the report, and these comments had been passed on to NHS England.
8. The report concluded that there was no gap in provision of pharmaceutical services in B&NES and that there were sufficient pharmacies to provide for the current and expected population during the lifetime of this PNA.

The following comments were raised by Board Members:

1. It would be useful for secondary care representatives to be involved in the PNU Steering Group.
2. The improved online provision of services was a consideration, but this needed to be balanced with the importance of face-to-face services provided by pharmacies.
3. There was a role for the ICA in looking at provision in a strategic way and this would be included as a future item in the ICA work plan.

The Board **RESOLVED** to;

1. Note the findings of the Pharmaceutical Needs Assessment, in particular the key finding at the end of the Executive Summary that there was no gap in provision of pharmaceutical services in B&NES and that there were sufficient pharmacies to provide for the current and expected population during the lifetime of this PNA.
2. Approve the report for publication.

20 CHILDREN AND YOUNG PEOPLE'S SUB-GROUP REPORT

Mary Kearney-Knowles, Director of Children's Services and Education introduced the annual report of the Children and Young People (CYP) Sub-Committee as summarised below:

1. The CYP Sub-Committee was a formal sub-committee of the Health and Wellbeing Board and produced an annual report for the Board to review.

2. Appendix 1 set out a review of delivery during 2021/22 and demonstrated that significant progress had been made despite the impact of the Covid pandemic.
3. The majority of items were RAG rated amber or green, and it was a testament to partners that the priorities had been progressed.
4. Appendix 5 gave an overview of Special Educational Needs and Disability (SEND) participation. There had been an increase in the number of children eligible for Education and Health Care Plans (EHCP) and more cases relating to social and emotional issues.
5. Appendix 6 set out the priorities of the Education Inclusion Service. A big priority was emotional health and wellbeing and there was still a lot of work that needed to be done in this area.
6. The CYP Sub-Committee reviewed its terms of reference on an annual basis and was asking the Health and Wellbeing Board to approve the changes. However, as the Board's terms of reference were also being updated, the Sub-Committee was asking for provisional agreement subject to any changes to the Board's terms of reference.
7. The focus of the Youth Forum had changed to move away from supporting a single member of the Youth Parliament towards engaging more participants. This change had been supported by the Children, Adults, Health and Wellbeing Scrutiny Commission.

In response to questioning by Board Members, Mary Kearney-Knowles responded as follows:

1. The reason that some of the priorities were RAG rated amber was that the increasing complexity of experiences of children and young people had been challenging during the Covid pandemic and an amber rating was a fairer reflection on the ability of partners to deliver. There could be more narrative to make this clear in the report.
2. She concurred with the view that the gap in inequalities was widening and that the cost-of-living crisis would put greater pressure on the system and have an impact on the employment of SEND young people.

The Board **RESOLVED** to;

1. Note and approve the CYPP Year 1 Review progress report on the priorities identified in the plan for 2021-2023.
2. Approve in principle the revised Terms of Reference for the CYP sub-committee.
3. Incorporate the CYPP Year 1 review and the priorities into the new Health and Wellbeing Strategy, currently under development.
4. Note and approve the Participation Standards.
5. Note and approve the overview of Participation/SEND Standards report.
6. Note and approve the Education Inclusion Report.

21 **HEALTH PROTECTION BOARD ANNUAL REPORT**

Anna Brett, Health Protection Manager and Amy McCullough, Consultant in Public Health gave a presentation on the Health Protection Board annual report as summarised below:

What is Health Protection?

Protecting the health of the population by improving the prevention and control of

communicable diseases and other environmental threats:

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

Which specialist areas does the Health Protection Board cover?

1. Healthcare Associated Infection (HCAI)
Key Performance Indicators (KPI): MRSA, C.difficile & Ecoli bacteraemia
2. Communicable Disease Control & Environmental Hazards
KPI: Private Water Supplies & Air Quality Management Areas
3. Health Emergency Planning
KPI: Civil Contingencies Act requirements
4. Sexual Health
KPI: HIV & under 18 conceptions
5. Substance Misuse
KPI: Hep B vaccination, Hep C testing, Opiates & Non-Opiates & Alcohol
6. Screening & Immunisation
KPI: National screening programmes & uptake of universal immunisation programmes

Priorities the Board agreed for 2018-19 that were implemented in 2019-20 and beyond and RAG rated GREEN:

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 are informed about emerging threats to health.
4. Support the development and implementation of all the Air Quality Action Plans in B&NES.

2018-19 priorities that were RAG rated AMBER

1. Improve the uptake of flu vaccinations in identified eligible groups and maintain high rates of childhood vaccinations.
The Covid-19 pandemic had an impact on flu vaccination coverage. For most population groups vaccination coverage increased, as vulnerability and the importance of vaccination against infectious disease was highlighted during the pandemic. Reductions in uptake were seen in pregnant women and children, this reduction was also seen nationally.
2. Continue to reduce health inequalities in bowel screening.
There would be a B&NES wide multimedia campaign to raise awareness. This had been delayed due to the Covid pandemic and was due to be launched in the Autumn. This would be supplemented with a primary care arm which would include both awareness raising training for local health and social care professionals, as well as a targeted, personalised approach to addressing specific sections of the target audience.

The following 8 priorities have been identified for 2022-23:

1. Assurance: continue to monitor 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 are informed about emerging threats to health.
4. Support the development and implementation of clean air projects and plans in B&NES.
5. Ensure the delivery of the B&NES Living Safely and Fairly with Covid-19 Plan 2022-24, and associated actions, and informed by the evaluation of key interventions.
6. Support the development of an Infection, Prevention & Control Strategy across the Integrated Care System, and further embed IP&C prevention across settings.
7. Improve the uptake of flu, pneumococcal, covid and childhood vaccinations in identified eligible groups.
8. Continue to reduce health inequalities, including in cancer screening programmes and particularly bowel screening and cervical screening.

Kate Morton reported that during the pandemic Bath Mind had carried out some good work with the Youth Group on encouraging vaccinations and advising on Covid safety but noted that this was at a time when there was a large bank of volunteers supporting the vaccination programme and questioned what would happen without this support in the future. Anna Brett responded that emergency planning colleagues were looking at who could engage in future training but the Covid vaccination organisers at Lansdown Racecourse had confirmed that they had a strong bank of volunteers at the current time.

Richard Smale reported that the ICB was developing an integrated care strategy and highlighted that further work needed to be done in terms of inequalities, not just comparing the local area to the national position but also identifying gaps within the B&NES area. He confirmed he could support with sharing data to feed into the Health Protection Plan and Paul Scott also offered support in view of his experience in developing the BSW Inequalities Strategy. It was noted that as part of the review of the Health and Wellbeing Strategy there would be a postcode question to identify key challenges in different areas to align and strengthen work to tackle inequalities.

In response to a question about a key ask for the Health and Wellbeing Board, Anna Brett reported that there was a current scoping exercise being undertaken in relation to developing a Continuing Professional Development (CPD) programme and requested the help of partners in sharing knowledge and training resources on emergency planning resilience. She asked members to contact her with what their organisation could offer to support this programme. Richard Smale confirmed that Integrated Care Board (ICB) member Gill May had knowledge of this area and would be able to support this request.

Joss Foster sought clarification on whether health care settings were represented on the Health Protection Board and identified as part of future plans relating to Covid 19 and was advised that this was the case and this would be made clearer in the plan.

In response to a question about the imaging for the bowel screening campaign, Anna Brett confirmed that the case study and image reflected the health inequality data that of those eligible for screening the lowest update was amongst men in their early 60s.

Cllr Dine Romero asked for an update in relation to groups not taking up the offer of flu vaccinations. Anna responded that a lot of work was going on with maternity services to encourage pregnant women to get vaccinated. There was also work with organisations such as homeless charities, housing associations and food banks to reach out to other communities.

The Board **RESOLVED** to:
Note the Health Protection Board annual report and support the priorities for the Board in 2022-23.

22 **SEXUAL HEALTH STRATEGY ANNUAL REPORT**

The Board **RESOLVED** to;

- i) Approve the report.

The meeting ended at 12.07 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services