

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Tuesday, 29th November, 2022, 10.30 am

Councillor Dine Romero	Bath and North East Somerset Council
Councillor Alison Born	Bath and North East Somerset Council
Will Godfrey	Bath and North East Somerset Council
Rebecca Reynolds	Bath and North East Somerset Council
Suzanne Westhead	Bath and North East Somerset Council
Mary Kearney-Knowles	Bath and North East Somerset Council
Richard Smale	Integrated Care Board
Laura Ambler	Integrated Care Board
Sue Poole	Healthwatch BANES
Ronnie Lungu	Avon and Somerset Police
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Paul Harris	Curo
Val Scrase	Virgin Care
Kate Morton	Bath Mind
Jocelyn Foster	Royal United Hospital Bath NHS Trust

23 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.

24 **ELECTION OF VICE-CHAIR**

RESOLVED that Paul Harris be elected Vice-Chair of the Health and Wellbeing Board.

25 **EMERGENCY EVACUATION PROCEDURE**

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

26 **APOLOGIES FOR ABSENCE**

Apologies had been received from
Cara Charles-Barks, Chief Executive, RUH
Rachel Pearce, NHS England Area Representative
Amritpal Kaur, Healthwatch,
Sophie Broadfield, Director of Sustainable Communities, B&NES
Alice Ludgate, Bath University,
Sara Gallagher, Bath Spa University
Jayne Davis, Bath College

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

27 **DECLARATIONS OF INTEREST**

Sue Poole declared an interest in the agenda item concerning Healthwatch update and confirmed that she would leave the meeting before that item was considered.

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

There was no urgent business.

29 **PUBLIC QUESTIONS AND STATEMENTS**

There were no public questions or statements.

30 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of 27 September 2022 be approved as a correct record and signed by the Chair.

31 **PRESENTATION ON HOUSING**

Graham Sabourn and Ann Robbins gave a presentation on Housing and Health and Wellbeing issues as summarised below:

Housing, Health & Wellbeing

- Well established causal relationship between physical housing defects and poor physical health outcomes.

- Estimated £2.5b annual cost to NHS.
- 63,000 excess winter deaths (1/3 due to cold homes).
- Developing evidence that non-physical housing factors can also have a significant and negative impact on mental health and wellbeing.
 - Harder to quantify but linked to depression, stress and anxiety.
 - Control, autonomy, status & empowerment all affected and linked to health & wellbeing.

Local Housing Challenges

- Supply challenges
 - Older poor-quality housing
 - Large (and unbalanced) private rented sector
 - Large numbers of HMO
 - AirBnB usage (2,000+ units) having impact
 - Land limited
- Affordability challenge
 - 12.4x lower quartile house price to average earnings
 - 78% of all first-time buyers unable to afford an average terraced property
 - £1,200 mean 2-bed rent (LHA £847)
- Demand challenges
 - 6,000 households on Homesearch & 474 homes available (2021/22)
 - 58 households in temporary accommodation (100% increase in 3 yrs)
 - Trend of complication: homelessness casework, disabled adaptations, rough sleeping all getting more complicated & resource intensive
 - Challenging financial climate

More Homes

- Enabling activities:
 - Delivered 1,848 affordable homes in past 10yrs
 - Facilitating delivery of 100% AH schemes
 - Enhanced Empty Property CPO/enforced sale process
 - Refreshing housing needs evidence base to support Local Plan update (
 - Developing overarching Housing Strategy
- Direct Delivery
 - B&NES Homes Programme, comprising supported housing, shared-ownership & social rent
 - 26 units completed, 21 on site, 208 in medium-term pipeline
 - Energy efficient: Shared-ownership EPC A rated EPC; Grosvenor House reduced energy consumption by over 40%; Theobald air-source heating
- Supported Housing
 - Pemberley Place Extra Care Scheme; 72 flats mixture of social rent & shared-ownership
 - Delivered 24 units of accommodation for former rough sleepers; on site for 14 units of temporary accommodation; working up planning application for 16 units for LD clients
 - In partnership with Adults, Children & Families developing Supported Housing Strategy

Better Homes

- Regulation & Enforcement
 - Enforcement of housing conditions across 33,000 rented homes
 - Proactive HMO Licensing scheme
 - Improved 364 properties through enforcement action

- Commissioning house condition survey & post 2023 licensing position
- Adaptation Services
 - Deliver, commission or fund range of adaptation services: disabled facilities grants; hospital discharge service; rails contract; home improvement agency.
 - Recently incorporated the Community Equipment Store providing specialist community equipment to residents.
 - Urgent repair grants
- Affordable Warmth
 - Energy at Home Service provides advice, signposting and financial assistance to low-income residents.
 - Work with Public Health team and Sustainability team on promotion and targeting to vulnerable groups
 - With BCC/SG successful HUG bid to assist 170+ households living in fuel poverty (£3m for B&NES).

Happy and Healthy Lives

- Housing Options
 - 2,000 approaches p.a. with 40-50% homeless/threatened with homelessness
 - 60% of prevention duties successful helped by Homefinders & Supported Lodgings Scheme
 - Households in temporary accommodation increasing (100% increase in 3 years to 58) but low compared to national rate
- Homesearch
 - Single access point for 85%+ of social housing in district
 - 6k households on scheme & 474 vacant homes in 2021/22
 - Urgent & high priority households waiting 44 & 70 weeks to be housed (2021/22)
 - But, demand/supply ratios very high at 18yrs & 186yrs for 3bed & 4bed properties.
- Rough Sleepers
 - Cohort of around 60 individuals who fall in/out of rough sleeping
 - Comprehensive range of local services, including direct access hostel, floating support, reconnection service, mental health etc.
 - £2m NSAP bid provided move-on accommodation; £1.3m DLUHC bid providing further expansion of services; inc. Housing First, specialist women worker etc.

A Last Few Thoughts

- The challenges are likely to get worse in the short-term
 - Squeezed household incomes
 - More landlords exiting residential market & rising rents
 - Funding & recruitment challenges
 - Housing supply likely to reduce in short-term & planning reform challenges
 - Increasingly frustrated and agitated clients
 - Trend of complication likely to continue
- Locally we are better positioned and more resilient than we have ever been
 - Covid has provided a number of learning experiences
 - We better understand where we can add value & where our partners add value

- More ambitious and willing to intervene where perceived market failure
- Partnership working, both internally and externally, continues to improve
- Opportunity to further simplify housing commissioning arrangements

The Board were asked to contact the Housing Team if they were aware of clients with housing condition issues, require adaptations or likely to become homeless.

The following comments were raised:

1. Kate Morton referred to Section 21 notices and stated that there was a need for more effective alignment between social care, housing and the third sector and that she welcomed the experience of the Council in this area.
2. Paul Harris referred to the case in Rochdale of a child who had died after extensive exposure to damp and mould and stated that this was not just a housing issue but a health and poverty issue. He stated that overcrowding was an issue faced by housing providers and Curo were getting more GP letters on behalf of clients requesting appropriate housing. He concluded that there was a need for better joint working to help people into appropriate housing and made the following suggestions:
 - a. A scheme such as the one in the Forest of Dean where heating vouchers were given out to help with ventilation. This would save money in terms of the cost to the NHS associated with poor housing.
 - b. The best use of existing housing stock, such as encouraging under-occupiers to move by offering good quality alternatives.
3. Cllr Alison Born asked if there was retrofitting funding available to source dehumidifiers to help with damp/mould problems. Graham Sabourn responded that the Council did not offer de-humidifiers but there was the HUG scheme money to assist households living in fuel poverty and there was also a new Government Eco Plus scheme which would help householders with insulation.
4. Joss Foster also emphasised the importance of joint working to meet the short-term risks over the winter period. It was noted that there was a Winter Pressure Plan but there was also a need for a system wide approach to look at opportunities around preventative measures.
5. Ronnie Lungu referred to the issue of overcrowding in accommodation and the pressures on young people which may force them to spend a lot of time on the streets and be at risk of anti-social behaviour. He suggested that it would be useful to offer incentives e.g., vouchers to attend gyms to offer young people positive alternatives.
6. Cllr Alison Born asked if there were any schemes to encourage elderly people with extra space to rent rooms to students. Ann Robins confirmed that this had been considered in the past but too many barriers had been identified to make the scheme viable, however it was something that could be revisited.
7. Concern was expressed about the increasing number of AirBnbs and the impact on the availability of housing and the Board questioned whether anything could be done to address this issue.

It was agreed that Graham Sabourn, Laura Ambler and Paul Harris would meet to discuss the issues raised in more detail and would report back to the next meeting of the Board.

The Board **RESOLVED** to;

1. Note the presentation.
2. Agree that Graham Sabourn, Laura Ambler and Paul Harris meet to discuss the issues raised in more detail and report back to the next meeting of the Board.

32 **HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

Becky Reynolds reported that the amended terms of reference had been circulated to members of the Board for comment and in principle agreement prior to approval by Council on 10 November.

It was noted that members of the public were not participating in HWB meetings and there may be issues that needed considering such as venues and accessibility to improve engagement. Paul Harris, Kate Morton and Laura Ambler undertook to discuss this issue in more detail.

Paul Harris questioned whether quoracy should be reconsidered at a future review. It was noted that members had the opportunity to send substitutes from their organisation if they were unable to attend.

The Board **RESOLVED** to;

1. Note the proposed changes to the Health and Wellbeing Board's Terms of Reference, which include changes to the Board's vision and membership in particular.
2. Note the addition of the Bristol, Swindon and Wiltshire Integrated Care Board to its membership, as part of the statutory requirements of the 2022 Health and Care Act.
3. Approve the updated Terms of Reference for the B&NES Health and Wellbeing Board.

33 **BSW INEQUALITIES STRATEGY**

The Board **RESOLVED** to;

1. Note that the BSW Inequalities Strategy will be on the agenda for the January meeting of HWB.

34 **DRUG AND ALCOHOL STRATEGY 2022**

Celia Lasheras gave a presentation on the Drug and Alcohol Strategy as summarised below:

Alcohol and Drug Abuse impacted on a wide range of local priorities:

- Health, Wellbeing and Social Care
- Prosperity and Attainment
- Criminal Justice

National Strategy:

- From Harm to Hope: A 10-year Drugs Plan to Cut Crimes and Save Lives was published by the Central Government in December 2021. The strategy committed the whole of government and public services to work together to:

- Break drug supply chain
- Deliver a world-class treatment and recovery system
- Achieve a shift in the demand for recreational drugs
- The national Alcohol Strategy also committed to combine nation-wide interventions and policies with locally developed approaches to reduce harmful drinking and the impact on the population.

Funding for local areas:

- Supplemental Grant Funding (2022 – 2025) £950,438. Supplementary to the treatment grant, which would help improve B&NES drug and alcohol treatment and recovery systems.
- RSDATG (2022 – 2024) £1,393,508. Focussed on improving access and engagement of rough sleepers or those at risk of rough sleeping engaging with drug and alcohol treatment.

Translating national strategy to local needs

- High levels of drug and alcohol related hospital admissions
- High levels of people not in treatment
- Drug-related death rate now above national average
- Increasing complexity (mental health and social needs)
- An ageing treatment population with increasing long-term conditions
- Children in need assessments identify parental substance use disorder as a factor (21-23%)

Development of the Strategy

- B&NES Drug and Alcohol Partnership Group
- Consultations:
 - Online consultation for stakeholder networks
 - Focus groups with adult service users and front-line workers
 - Online and paper feedback from young people with P28
 - Stakeholder events at Bath Council in July and September
 - Engagement events with housing, education, treatment services
 - Strategic forums
- Multi-agency collaborative work

Core Vision:

- To work together to enable people from B&NES to grow up and live free from the harms of substance use.

Core Aims:

- To focus on prevention alongside early intervention, and support those that experience difficulties with substance use by having an effective treatment and recovery support system.

Priorities:

1. Reduce demand for substances in the B&NES population
2. Support more adults and young people to access and benefit from treatment and recovery services
3. Prevent and reduce harms from drugs and alcohol, including preventing drug and alcohol-related deaths
4. Support the health and social needs of adults and young people with complex lives

Next Steps:

1. **Action planning** to deliver the strategy (*in process*)
2. Implementation will be overseen by the Bath and North East Somerset Drug and Alcohol Partnership with supporting governance
3. Outcomes for monitoring the strategy and action plan will be informed by national guidance (awaited 2022), with locally agreed indicators informed by the priorities and data discussed

The Board were asked to champion the strategy within their organisations to ensure that it did not sit in isolation to other work programmes.

The Board **RESOLVED** to;

1. Approve the B&NES Drug and Alcohol Strategy 2022 – 2027
2. Support development and implementation of the accompanying Action.
3. Plan to deliver on the strategic priorities and commitments.

35 **B&NES COMMUNITY SAFETY AND SAFEGUARDING PARTNERSHIP (BCSSP) ANNUAL REPORT**

Mary Kearney Knowles drew attention to the BCSSP Annual report and asked members to email any queries or suggestions to her/Suzanne Westhead.

The Board **RESOLVED** to;

1. Note the Annual Report and Executive Summary for the BCSSP.
2. Forward any queries or suggestions of additional areas for consideration for BCSSP to Mary Kearney Knowles and Suzanne Westhead.

36 **BETTER CARE FUND**

Suzanne Westhead and Laura Ambler gave an update on the Better Care Fund and drew attention to the following:

- The Government had confirmed that the £500 million Adult Social Care Discharge Fund would be pooled into local Better Care Fund plans and Section 75 agreements.
- Funding would be provided through grants to Local Authorities (40% of the national fund) and allocations via ICBs (the remaining 60%).
- Use of funding would be agreed locally between the ICA and Local Authority.
- The money would be released in two tranches, the first in early December and the second in January.
- ICBs would need to confirm the agreed distribution of their allocations across the HWBs in their area via submission of 2 plans:
 - **ICB Level** – Used to confirm how funding allocated to ICB's would be distributed across the HWB BCF plans that the ICB contribute to

- **HWB Level** – Used to confirm how the funding in each HWB’s BCF would be spent and the expected activity.
- Submission deadline for plans had been set as 16th December 2022.
- The NHS B&NES, Swindon and Wiltshire allocation was confirmed as £6,247,209.87 and the allocation to the B&NES area would be agreed locally.
- The B&NES Council allocation was £608,127.
- The money needed to be spent by the end of March 2023 and there were proposed schemes in place.

It was agreed that Paul Harris be included in future discussions with Suzanne Westhead and Laura Ambler about proposed schemes.

The Board **RESOLVED** to:

1. Note the Better Care Fund Update.

37 HEALTH AND WELLBEING BOARD STRATEGY

Fedalia Richardson gave a presentation on the Health and Wellbeing Strategy Update. She advised that draft priorities had been informed by the first phase of consultation, feedback from engagement sessions and the Strategic Evidence Base.

Draft Priorities:

- 1) Improving access to health services
- 2) Mental health and emotional wellbeing of children, young people and adults
- 3) Low-income families (housing, food security, fuel poverty, access to education, training and skills)
- 4) Chronic disease prevention with a focus on the four main behavioural risk factors (tobacco smoking, physical inactivity, unhealthy eating, and the harmful use of alcohol)
- 5) The health and wellbeing needs of rural communities (inequality and different accessibility needs, isolation and loneliness)
- 6) Improved quality of life for people with dementia (this priority may change as the needs of older people coming through the engagement process and SEB are further explored)
- 7) Access to nature and leisure facilities

Next Steps:

- 1) The Health and Wellbeing Strategy Steering Group will provide feedback on the identified priorities.
- 2) The Health and Wellbeing Strategy Team will meet with key partnership groups to sense-check the draft priorities.
- 3) The Health and Wellbeing Strategy Team will meet with colleagues within the public health team and council to:
 - i. discuss whether these are the right priorities
 - ii. discuss interventions already in place to tackle identified priorities

Board Members raised the following comments:

1. Kate Morton stated that the priorities should not be seen in isolation, e.g., there was a crossover between mental health and a number of other

- priorities.
2. Mary Kearney-Knowles suggested that there was a need to look at what individual organisations and the ICB did differently and how resources could be moved around e.g., to support children and young people. She suggested identifying 3 areas and looking at current impact and then reviewing this at a future date.
 3. Richard Smale referred to the ICB transformation work which was looking at how to deliver services differently.
 4. Cllr Dine Romero suggested that social prescribing should be a future agenda item for the Health and Wellbeing Board.

The Board **RESOLVED** to;

1. Note the findings from the public consultation and feedback from stakeholder engagement sessions with third sector organisations.
2. Note the proposed priorities for the new Joint Health and Wellbeing Strategy 2023-2030.

38 **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2021-2022**

Becky Reynolds gave a presentation on the contents of the Public Health Annual Report 2021-22 as summarised below:

Chapter 1 – Impact of Covid 19

Summarised the far-reaching impact of the pandemic on the population, giving voice to local people and organisations that responded to the challenge.

Chapter 2: The Health of Children, Young People and Families

An overview of health and wellbeing indicators, summarising challenges including the impact of COVID-19 and the cost of living crisis, and providing examples of action taken to improve the lives of children, young people and families and reduce inequalities.

Chapter 3: The Importance of Our Places

Gives examples of innovative ways in which partners have worked together to further strengthen health and wellbeing through developing the places in which we live.

Chapter 4: Recommendations:

- 1) Implement the B&NES Living Safely and Fairly with COVID-19 Plan
- 2) Further strengthen the targeted action to support children, young people and families outlined in the Children and Young People's Plan
- 3) Ensure that the new B&NES Local Plan and the B&NES Economic Strategy that are being developed, both maximise their potential to reduce inequalities and make it easier for people to live healthy lives
- 4) Update and implement the B&NES Health and Wellbeing Strategy, ensuring it has a strong focus on addressing inequalities
- 5) The NHS to increasingly embed prevention and inequalities action into its priorities, and be helped to increasingly support social and economic development in B&NES
- 6) All partners of the Health and Wellbeing Board, the Integrated Care Alliance, and the Future Ambitions Board, commit to and deliver on action to improve

health and reduce the inequalities that previously existed and have been highlighted as a result of the pandemic

Indicators

- The report contained a list of indicators taken from Public Health Outcomes Framework and other key sources
- Indicators were particularly chosen to show the areas of greatest challenge
- These would inform identification of priorities in the Joint Health and Wellbeing Strategy

The following comments were raised by Board Members:

1. Val Scrase referred to the indicators in relation to hospital admissions for children and young people and stated that Health providers had identified this as an area of concern.
2. Paul Harris commented that the report did not refer to long covid and asked how this would be addressed. It was noted that there were long covid clinics in B&NES, but in terms of looking forward, the Local Authority would need to consider how to support people suffering from long covid.
3. There was only 1 positive indicator listed. There were other positive indicators, but the report focused on areas for improvement.
4. The report would need to feed into the ICA to consider the implementation of the recommendations and Laura Ambler undertook to speak to Becky Reynolds about how the priorities would flow into the wider system.

The Board **RESOLVED** to;

1. Receive the report.
2. Support dissemination and implementation of the recommendations in the report.

39 HEALTHWATCH CONTRACT

The Board noted the Healthwatch Contract Update.

ACTIONS ARISING FROM THE MEETING

Issue	Action	Action Lead
Housing and Health	Graham Sabourn, Laura Ambler and Paul Harris to meet to discuss the issues raised in more detail and report back to the next meeting of the Board.	Graham Sabourn/ Laura Ambler/ Paul Harris
Public Participation in Health and Wellbeing Board meetings	Paul Harris, Kate Morton and Laura Ambler to discuss.	Paul Harris/ Kate Morton/ Laura Ambler
Community Safety and Safeguarding Partnership (BCSSP) Annual Report	Any queries or suggestions of additional areas for consideration for BCSSP to Mary Kearney Knowles/Suzanne Westhead.	All Board Members
Social Prescribing	Social Prescribing to be included as	Kate Morton/

	an agenda item for a future meeting of the Health and Wellbeing Board.	Laura Ambler
Adult Social Care Discharge Fund	Paul Harris to be included in future discussions with Suzanne Westhead and Laura Ambler about proposed schemes.	Suzanne Westhead/ Laura Ambler/ Paul Harris

The meeting ended at 12.45 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services