

## **HEALTH AND WELLBEING BOARD**

### **Minutes of the Meeting held**

Tuesday, 14th March, 2023, 2.00 pm

Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Joss Foster	Royal United Hospitals Bath NHS Foundation Trust
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
Natalia Lachkou	Bath and North East Somerset Council
Ronnie Lungu	Avon and Somerset Police
Kate Morton	Bath Mind
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
David Trethewey	Bath and North East Somerset Council
<b>Co-opted Non-Voting Member:</b> Cllr Eleanor Jackson	Bath and North East Somerset

#### **54 WELCOME AND INTRODUCTIONS**

Paul Harris, Vice-Chair chaired the meeting in the absence of Councillor Dine

Romero and welcomed everyone to the meeting.

Members of the Board and officers introduced themselves.

**55 EMERGENCY EVACUATION PROCEDURE**

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

**56 APOLOGIES FOR ABSENCE**

Apologies had been received from:

Sophie Broadfield, Director of Sustainable Communities, Bath and North East Somerset Council

Cara Charles-Barks, Chief Executive, Royal United Hospitals Bath NHS Foundation Trust

Jayne Davis, Principal and Chief Executive, Bath College

Sara Gallagher, Head of Student Wellbeing Services, Bath Spa University

Alice Ludgate, Director of Student Support and Safeguarding, University of Bath

Suzanne Westhead, Director of Adult Social Care, Bath and North East Somerset Council

Rachel Pearce, NHS England Area Representative

Cllr Dine Romero, Cabinet Member for Children, Young People, & Communities

Alison Smith, AWP

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

Natalia Lachkou, Assistant Director, Integrated Commissioning, for Suzanne Westhead

David Trethewey, Director of External Affairs, attended as a substitute for Sophie Broadfield

Cllr Eleanor Jackson attended as a substitute for Cllr Robin Moss.

**57 DECLARATIONS OF INTEREST**

There were none.

**58 TERMS OF REFERENCE**

The Board was asked to note the Terms of Reference when considering the following agenda items. Kate Morton raised a question about whether the Terms of Reference needed to be refreshed.

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

There was no urgent business.

**60 PUBLIC QUESTIONS AND STATEMENTS**

There were none.

**61 MINUTES OF PREVIOUS MEETING**

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

Paul Harris updated on the following actions from the minutes:

1. Public Participation Report – This was included in the agenda for this meeting.
2. Aligning Mental Health presentations – There would be a joint presentation from Bath MIND/AWP at the June meeting.
3. Health and Wellbeing Board Final Priorities – the final priorities had been signed off and the final strategy was included on the agenda for approval.
4. Funding streams – Becky Reynolds would report back on the breakdown of funding streams.
5. ICP Strategy feedback – Board Members had been circulated a draft copy for comments.

## 62 **INCREASING PUBLIC PARTICIPATION AT HEALTH AND WELLBEING BOARD MEETINGS**

Paul Harris introduced the report which had been drafted following discussions with Kate Morton and Laura Ambler. He drew attention to the following points:

1. The report suggested different ways of working and the use of different venues to encourage public participation.
2. There were 6 recommendations relating to purpose; communication; meetings; impact; committee and joining up.
3. Some of the recommendations would require additional resource. It was noted that Sarah Heathcote had been appointed to a new Inequalities Manager role starting in April and may be able to assist in this work.
4. B&NES Council provided free meeting venues in the Guildhall/Keynsham Community Space for Health and Wellbeing Board meetings and so there would be a resource issue of using alternative venues unless any other partners were able to offer venues free of charge.

Board members raised the following comments:

1. Kate Morton raised the value of the input of 3SG, the third sector group, as a conduit to community organisations and asked for a commitment from the board to recognise the role of 3SG in engagement work.
2. Sue Poole advised that Healthwatch worked with 3SG and also publicised the work of the Health and Wellbeing Board through its newsletter.
3. Laura Ambler commented that there were a lot of good mechanisms already in place but there was a need to join this work up while formalising the role of 3SG and recognising their function. She hoped the new Inequalities Manager role could help with this.
4. Cllr Alison Born supported the suggestion of using alternative venues but cautioned that this needed to be done in a planned way. Nicola Hazle concurred with this view and suggested that there should be an appropriate lead in time to allow for planning and publicity. Val Scrase suggested that a meeting could be held in a school or Bath College to engage younger people.
5. In terms of improving communication, Laura Ambler suggested that partners

take away key messages from HWB meetings and that a few targeted and focused points be identified at the end of each meeting. Other suggestions included using the 3SG and HWB website and 3SG and Healthwatch newsletters.

6. Cllr Eleanor Jackson suggested that to engage the public it was necessary to explain what the Health and Wellbeing Board was and what it was trying to achieve. She suggested that varying the time of meetings may help with engagement for those unable to attend meetings during the working day.
7. In relation to timings of meetings, Julia Griffith suggested that this should be dependent on the audience, for example, a meeting in a school would need to take place during the school day. It was agreed that if there was sufficient notice most members could make an evening meeting, but it would be better to schedule evening meetings during the summer.
8. The option of hybrid meetings/recorded meetings was also discussed. Some board members thought this may increase participation while others expressed concern that engagement could be lost if meetings were hybrid or recorded.
9. It was noted that the public were likely to be more interested in a specific focus item rather than the business-as-usual agenda items.
10. In relation to impact, Mary Kearney Knowles suggested that delivering the outcomes of the Health and Wellbeing Strategy would be a good indicator.

**The Board RESOLVED to;**

1. Agree key messages from each meeting for Board Members to promote within their organisations/networks.
2. Commit to recognising the role of key partner, 3SG.
3. Plan to hold a focussed meeting to increase public engagement
4. Make progress on the communication, purpose and joining up elements before starting to hold meetings in other locations (6-9 months time).

**63 HEALTH AND WELLBEING STRATEGY**

Fedalia Richardson introduced the report and asked the Board to sign off the final strategy. She confirmed that there would be some minor editorial changes and that officers would be creating an indicator set to measure progress in delivering the priorities.

In relation to the recommendation for Board Members to champion the strategy, Rebecca Reynolds undertook to produce a summary document to help partners promote the strategy and its priorities.

The Board commended the process and consultation involved in developing the strategy.

**The Board RESOLVED to;**

1. Sign off on the Joint Health and Wellbeing Strategy 2023-2030.
2. Health and Wellbeing Board Members become champions of the Health and Wellbeing Strategy and its priorities.

**64 HEALTHWATCH NHS ENGLAND AND IMPROVEMENT (NHSEI) - EXPERIENCE OF UNPAID CARERS DURING THE PANDEMIC**

Sue Poole and Anne Marie Scott, Healthwatch, gave a presentation on the experience of unpaid carers during the pandemic as follows:

#### Who are we?

- Healthwatch champion the views of the public for health and social care.
- Healthwatch are an independent statutory body, with the power to make sure NHS leaders and other decision-makers listen to feedback and improve standards of care.
- Healthwatch worked with the NHS England E&I Commitment to Carers Rapid Learning Pandemic Legacy Project to deliver a piece of research to hear the experiences of unpaid carers and their view about mental health during the Covid 19 pandemic.
- The research was carried out in Swindon and Bath and North East Somerset which are part of the BSW ICS.

#### What did we do?

- Project was carried out in March 2022.
- Used online Surveys in Bath & North East Somerset and Swindon.
- Attended group meetings/sessions with unpaid carers and families/advocates experiencing mental ill-health.
- Analysed information/data supplied from carers centres based in each locality and national statistics taken from Carers UK.
- Incorporated existing sources of feedback/reports so that people don't have to repeat themselves (data collected by Local Healthwatch).
- Ran a Twitter poll.

#### What were the challenges?

- People do not recognise themselves as carers when caring for loved ones.
- Healthwatch were NOT able to go into care provisions to carry out interviews to gather feedback directly from their staff and service users due to COVID restrictions and capacity at the time.
- There was limited input from ethnic minority carers, they are less likely to self-identify as carers.
- Only able in timescale to talk to a small proportion of carers.

#### Key Findings

- Pandemic had a significant impact on carers – isolation, lost support and a lot have not got that support back.
- Carers feel they are not being listened to and their own mental health is negatively impacted.
- Care coordinators are overstretched, high turnover, it further impacts on unpaid carers and other service users.
- Ethnic minorities generally do not self identify as carers.
- Rural nature of Bath and North East Somerset hinders Carers getting support.
- One positive was 'virtual' get togethers made carers feel less isolated.

#### What has happened since?

- Healthwatch has shared the report findings both locally and nationally with organisations that can make a change.
- Increased Healthwatch engagement with carers across B&NES's communities and shared their feedback.

- Continued working with the local Carers Centres to ensure their voice is heard
- The three Carers Centres in BSW are meeting with AWP in March to look at how they can help AWP staff identify carers during their work & make referrals for tailored support (BSW Older people & mental health sub-group).
- Working with the local hospital to improve support for carers when the people they care for are inpatients.

#### Questions for the Health and Wellbeing Board

- What further steps are B&NES Council and other Health & Wellbeing Board partners taking to:
  - Identify carers?
  - Recognise and meet their needs for support as carers?
  - Listen to their voices as an 'expert' about the person they care for?

The following comments were raised by Board members:

#### **General comments**

1. In response to a question, Sue Poole confirmed that the survey relied on feedback from Young Carers via Carer Centres rather than direct feedback. Mary Kearney Knowles undertook to share the Young Carers' Strategy with Healthwatch.
2. Kate Morton confirmed that she was aware of a lot of work going on to address the concerns raised in the survey and undertook to meet with Healthwatch representatives to discuss this further. She advised that KS2 was a valuable group supporting carers of people with mental health difficulties and it was important to widen the profile of this group.
3. Ronnie Lungu stated that the term "ethnic minorities" was wide that it would be useful to have an understanding of issues facing different groups within that category.

#### **Identify Carers/Recognise and meet their needs**

4. Becky Reynolds commented that some GPs had a register of carers which had proved helpful in identifying people who were eligible for a flu jab.
5. Cllr Alison Born suggested that the Village Agents working in North East Somerset may be able to help identify carers in rural communities.
6. Natalia Lachkou stated that employers could help identify carers and also had a statutory duty to support carers. It was noted that benefits were available such as carers' leave/carers' passport.
7. Sue Poole suggested that organisations could contact the Carers Centres if they identified any carers.

#### **Listen to their voices**

8. Joss Foster commented that while the feedback about hospitals/GPs listening to carers was generally positive, there was always more that could be done.
9. Nicola Hazle stated that a priority of the Health and Wellbeing Strategy was to strengthen healthy communities and that this included carers. She questioned whether carers also needed to be represented on the Health and Wellbeing Board.

In identifying an action for the Health and Wellbeing Board, it was agreed that a starting point would be for Healthwatch to get feedback from the Carers Forum to provide information which organisations could use to support National Carers Week in June. Becky Reynolds suggested that information could also be included in the

primary care newsletter.

Laura Ambler suggested that in the longer term, a small task group be identified to pull all the information together with a view to signposting carers, as well as providing practical support for organisations and employers.

**The Board RESOLVED to;**

1. Ask the Carers' Forum to provide information for partners to support National Carers' Week in June.

**65 BETTER CARE FUND UPDATE**

Gary Guest, Commissioning Project and Programme Manager, B&NES updated the Board as follows:

**Adult Social Care Discharge Fund - Scheme RAG rating:**

1. Big Packages of Home Care £200k – RED: This project was being reviewed.
2. Art+ Investment £100k – GREEN: This project expected to make impact.
3. Social Worker Recruitment £160k – AMBER: There were some agency workers in place.
4. MHSocial Worker Recruitment £40k – RED: funding had now been released to the RUH.
5. Assistive Technology £190k – GREEN: there were a number of ongoing schemes.
6. Care Journey Coordinator Recruitment £139k – AMBER: interviews had been arranged.
7. Community Wellbeing Hub £105k – GREEN: self-serve kiosks went live on the 13 March.
8. Hospital Discharge Support Payment £62.5k – GREEN: launched in February.

**Better Care Fund (BCF) - 2022-23 Closing and 2023-24 Planning**

1. 25 individual schemes were funded through the BCF in 2022-23
2. 12 schemes will close at the end of March 2023
3. 13 schemes have existing commitments through to 2023-24
4. Financial review in-progress to identify available 'uncommitted' funding to support new initiatives in 2023-24
5. Process for applying for 2023-24 funding to be confirmed and communicated.
6. Outcome of review will be presented to HWB at next board meeting.

2-year plan:

7. The policy framework & planning requirements remain in draft, aiming to publish by end of March.
8. Capacity and demand planning will form a more integral part of BCF planning for 2023-25.
9. Estimates of capacity and demand should influence plans for delivering against both the programme objectives:
  - A. to enable people to stay well, safe and independent for longer
  - B. and to provide the right care in the right place at the right time.
10. This will include a section in the narrative plan detailing learning from the

capacity and demand exercise and plans to address gaps in capacity and how these will feed into metric ambitions.

Regional update:

11. Dept. Health and Social Care feedback provided on 2022-23 BCF narrative plan.
12. Strengths of submission were highlighted including governance, BSW inequalities strategy and homelessness discharge support.
13. Areas to strengthen: partnership with voluntary sectors, better use of equalities & inequalities impact assessments to drive continuous improvement and more detail on carer services to be included in next submission.

Better Care Fund – Next Steps

1. Conclude BCF end of year review - review of existing commitments in to 2023-24 to determine available 'uncommitted' funding.
2. Agree & Open Process - determine application process for new initiatives seeking BCF financial investment.
3. Agree priorities - determine system priorities & follow application process, playing outcomes through correct governance.

Board members raised the following comments:

1. Will Godfrey questioned whether the increase in the number of discharges from hospital was due to the money or new capacity. He stressed the need for a breakdown of how much capacity was already in the system which could be used more effectively and how much was due to extra money. He confirmed it was important to understand the system as if it was just due to the additional money, it would not be sustainable once the funding stopped. Laura Ambler responded that it was a combination of process and money but acknowledged that it was important to identify what made a difference. Gary Guest undertook to look into this issue.
2. In response to a question about what would happen if the recruitment process was still ongoing at the end of March, Gary Guest stated that it was uncertain if money could be carried over into the next year.
3. In response to a question about if there was any duplication between the Active Recovery Team (ART) at the RUH and re-enablement services, Val Scrase responded that there was not a duplication and the ARTs team provided short term support.
4. Kate Morton stressed the need for due diligence in allocating funding as there was resource in the Third Sector that could be utilised.
5. Becky Reynolds stated that future funding needed to reflect the priorities in the Health and Wellbeing Strategy. Laura Ambler undertook to take this forward with Gary Guest/Judith Westcott.

**The Board RESOLVED to;**

1. Note the update in relation to the Better Care Fund/Adult Social Care Discharge Fund, in particular that evidence led planning would feed into the priorities for the next round of funding.

**KEY MESSAGES FROM THE MEETING**

1. The Health and Wellbeing Strategy was signed off and board members

- committed to champion the strategy through partner organisations and networks.
2. There was a commitment from the Board to recognise the work of the key partner 3SG.
  3. The Board would link with the Carers' Forum with a view to getting information for partners to support National Carers' Week in June.
  4. Better Care Fund. There would be evidence led planning to feed into the priorities for the next round of funding.

## ACTION LOG

Issue	Action	Responsible	Date of meeting
Funding streams	Breakdown of funding streams for Board's consideration	Becky Reynolds	24 01 23
Increasing public engagement in HWB	Board Members to take away key messages from HWB meetings to share with their organisations/networks	All	14 03 23
Increasing public engagement in HWB	Plan a future meeting to increase public engagement	Corrina Haskins/ Becky Reynolds/Sarah Heathcote Dine Romero/ Paul Harris	14 03 23
Health and Wellbeing Strategy	Production of a summary document to help partners champion the strategy	Rebecca Reynolds/ Fedalia Richardson	14 03 23
National carers week	Link with the carers' forum with a view to getting information for partners to support national carers' week in June	Anne Marie Scott/Sue Poole, Healthwatch	14 03 23
Better Care Fund	Breakdown on reasons for increase in discharge rates and how much was due to money and how much to capacity.	Gary Guest	14 03 23

The meeting ended at 3.25 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services