

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday, 2nd May, 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
Scott Hill	Avon and Somerset Police
Sara Gallagher	Bath Spa University
Will Godfrey	Bath and North East Somerset Council
Julia Griffith	B&NES Enhanced Medical Services (BEMS)
Nicola Hazle	Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)
Mary Kearney-Knowles	Bath and North East Somerset Council
Kate Morton	Bath Mind
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Martin Sim	Bath College
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust

The Chair welcomed everyone to the meeting.

59 **EMERGENCY EVACUATION PROCEDURE**

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

60 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

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

Cara Charles Barks, Chief Executive - RUH

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

61 **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 and if a conflict of interest arose at any future meeting, he would declare and withdraw from discussions.

62 **UPDATES/URGENT BUSINESS AGREED BY THE CHAIR**

To note the following Chair's Updates:

1. At the Bath and North East Somerset Council meeting on 14 March, there was unanimous agreement to pass a motion to treat 'Care Experience' as if it were a 'protected characteristic'.

Board members were asked to contact the Chair with a view to taking this forward within their organisations.

2. Bath & North East Somerset Council had brought Adult Social Care Services back under its direct control from 1 April 2024.

Will Godfrey, Chief Executive B&NES thanked HRCG for ensuring the safe transition of the service.

63 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

There were none.

64 **MINUTES AND ACTIONS FROM PREVIOUS MEETING**

Sue Poole, Healthwatch gave an update on action taken since the previous meeting following the joint Parent/Carer Forum (PCF) and Healthwatch presentation on emotionally based school avoidance (EBSA):

1. Val Scrase had contacted the PCF to offer assistance in getting health input at the LA led EBSA Steering Group.

2. PCF were now signposting and advising parents to contact the School Nurse with their EBSA concerns rather than their GP.
3. PCF had taken EBSA training into more schools and had also trained 25 members of Children's social services (disability team)
4. Feedback from teachers following EBSA training was that it would make a positive difference in how they responded to EBSA and also that schools /social services were now signposting parents to the PCF
5. PCF now had 750 members having grown significantly since the work on EBSA was initiated 12+ months ago.
6. PCF and Healthwatch proposed to undertake a follow up to the 2023 research in 12-18 months' time to give time for the changes initiated as a result to embed.

RESOLVED that the minutes of the meeting of 8 February 2024 be approved as a correct record and signed by the Chair.

65 **HEALTH AND WELLBEING BOARD STATEMENT TO SUPPORT THE INTEGRATED CARE BOARD IMPLEMENTATION PLAN**

The Board **RESOLVED** to agree the statement as final wording of the Health and Wellbeing Board statement to support the Integrated Care Board Implementation Plan as follows:

“The Bath and North East Somerset Health and Wellbeing Board welcomed the opportunity to work with Integrated Care Board (ICB) colleagues on responding to the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Strategy's refreshed Implementation Plan.

We have a long-standing approach and history to joint working in this area, we have good representation on the Health and Wellbeing Board, and Integrated Care Alliance (ICA) and relevant Integrated Care Board (ICB) committees. We have developed close cooperation since early concepts with good communications, working with directors at both the Council and ICB and the Councils Health Oversight Scrutiny Committee.

This includes working together closely on the ICB Implementation Plan and we can confirm that it is reflective of and informed by the activity at local level and our Health and Wellbeing priorities.

In Bath and North East Somerset our Health and Wellbeing action plan maps across to the ICA key objectives and these have both informed the BSW ICB implementation plan.

We have a model of distributed leadership across our organisations who lead on relevant priorities in the Health and Wellbeing Strategy Action Plan and the refreshed ICB Implementation Plan.

We have provided specific comments around the prevention agenda which will be taken into account in the final version of the plan, and we recognise that there is further opportunity for comment on refining the plan in April and May.”

66 **PRESENTATION BY ST JOHNS FOUNDATION/EARLY YEARS PROJECT TEAM**

Sam Gillett, St John's Foundation, gave a presentation on the vision of St John's Foundation, including support for the Language for Life Project as one of the programmes to significantly reduce the Key Stage 2 educational attainment gap (attached).

Julie Adams and Julie Eden, Early Years Project Team and Sally Oakley HCRG SLC gave a presentation on the Language for Life Project (attached).

In response to questions from the Board, the following was confirmed:

1. Families were involved in the project; they were invited to attend a question-and-answer session with a speech and language assessor three times a year and settings were also given resources to share with families.
2. St John's Foundation had agreed to fund the project for the next two years and it was likely that this would be extended to 2030.
3. It was noted that results were better in the second year, and this was due to a number of reasons, such as children benefitting from the first year and the sector being trained to deliver the programme.
4. Individual children were not tracked but there would be general data from the early years' attainment gap in Key Stage 2.
5. It was recognised that it was important for schools to get feedback from early years as part of the transition process and a page had been included in the "moving on" transition pack in relation to the project.
6. In terms of sharing data with Health and Social Care, the setting was able to share with Health Visitors if consent had been granted. There had been examples of the project identifying special educational needs and disability and appropriate referrals being made.
7. There were some common issues identified for children in the red zone including summer born boys and multi lingual children and this information would be further analysed as the project developed.
8. Although there would be expected to be an improvement from year 1 to year 2 as part of the natural development of children, settings now had the tools to speed up the process.
9. In terms of links with the Ages and Stages Questionnaire (ASQ), education settings were encouraged to contact Health Visitors in relation to children in the red zone.

Board Members raised the following comments:

1. Early intervention was important, and this project was making a difference.
2. This was a good example of collaboration between a number of partners.
3. As this was a research project, it was important to share the findings with others.

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

67 **2024 - 2030 CHILDREN AND YOUNG PEOPLE'S PLAN - PRIORITIES AND INDICATORS**

Sarah McCluskey (Strategic Commissioning Officer) introduced the report and drew attention to the following:

1. The Children and Young People's Plan sought to deliver on Priority 1 and strategy objectives of the Health and Wellbeing Strategy.
2. The Children and Young People's sub group of the Health and Wellbeing
3. Board oversaw the delivery of the plan.
4. An update on the red/amber exception reports was included in the appendix.

In addition to the updates set out in the report, the Board received the following verbal updates in relation to exception reports:

Laura Ambler reported that the ICB was in the process of restructuring and one of the proposals was for an Emotional Health and Wellbeing Lead in the Children and Young People's Team who would work across the BSW area.

Mary Kearney-Knowles reported that work was ongoing to resource a Designated Social Care Officer (DSCO) as recommended in the SEND Review and there would soon be an update on the new role.

Board Members raised the following comments:

1. The Children and Young People's Plan should also refer to the physical as well as emotional health and wellbeing of CYP.
2. There was a lot of good work going on in relation to social, emotional and mental health and it would be useful to have a Development Session dedicated to this area in the future.
3. It was good to see that the monitoring of the JHWS was happening and that the Board was being updated in relation to the exception reports.
4. In response to questions about the membership of the CYP Sub-Group, it was recommended that this be looked at as part of the next 6-month review.

The Board **RESOLVED** to

1. Note and approve the CYPP 2024-2030 with the addition of the word "physical" in addition to "emotional health and wellbeing".
2. Note and approve the revised TORs for the CYP Sub-Group of the Health and Wellbeing Board.
3. Note and approve updates relating to the Priority 1 Strategic Objectives that were flagged as either RED or AMBER in the Q4 exception report.

68 **REPORT BACK ON GOVERNMENT CONSULTATION "CREATING A SMOKEFREE GENERATION AND TACKLING YOUTH VAPING"**

Cathy McMahon (Public Health Development and Commissioning Manager) and Ruth Sampson (Health Improvement Officer) introduced the report and drew attention to the following:

1. The Government's Smoke Free Generation consultation closed on 6 December 2023.
2. There were over 25,000 responses with the majority in support of the proposal to create a smoke free generation.
3. The Tobacco and Vapes Bill would make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products as well as restricting the use of vaping, particularly around children.
4. There would be additional measures to support enforcement.
5. The Bill had its second reading in the House of Commons on 16th April 2024. 383 MPs voted for the Bill.
6. The Government aimed to bring in additional legislation to ban disposable vapes from April 2025.

Board Members raised the following comments:

1. In response to a question about communications, it was confirmed there would be national, regional and local comms on the proposed legislation.

2. There would be a strong message that vaping was a tool to support people in giving up smoking.
3. It was noted that there would be additional funding for enforcement agencies but there may need to be a further discussion if more needed to be done at the local level.
4. Communications plans needed to involve schools/settings to ensure the right messages were reaching young people around vaping. It was noted that this was a sensitive issue as children may have parents using vapes as a way to give up smoking.
5. Sue Poole undertook to share work that Healthwatch was carrying out with young people on this issue.

The Board **RESOLVED** to

Note the contents of the report and consider how agencies/members can support the aim of achieving a smoke free generation, a reduction in youth vaping and supporting smokers to quit.

69 **BETTER CARE FUND UPDATE**

Lucy Lang (Commissioning Programme and Project Manager) gave an update on the Better Care Fund return and timeline for the annual plan submission:

1. 5 April - BCF 24/5 Planning Refresh Requirements Published
2. 13 May - Optional Draft Planning Submission
3. 10 June – Full Planning Submission
4. 15 July - Scrutiny of Plans by Assurance panels/Moderated Outcomes sent to regional BCF teams
5. End of July - Cross Regional Calibration
6. August - Approval Letters Issued
7. 30 September - All Section 75 Agreements to Be signed and In place

She confirmed key updates for 24/25:

1. Addendum to the 2023-25 Policy Framework and Planning Requirements published which confirmed the requirements for plan updates in 2024-25.
2. Areas would be expected to submit plan updates around the following areas:
 - Ambitions for national metrics
 - Capacity and demand plans
 - Spending where applicable. Changes to 2024-25 spending plans as a result of:
 - Agreement to vary spending plans
 - Updates to/confirmation of allocations for the year
 - Demonstrating value for money
3. Due to some changes to data collections in 2024-25, the BCF metrics had been updated for this year. The national metrics that remained the same were:
 - Falls
 - Discharge to usual place of residence
 - Unplanned Admissions
4. Areas were asked to set ambitions for the long-term admissions to residential care metric using the guidance for deriving existing SALT and ASCOF measures from CLD, which was published by NHS England.
5. The metric on percentage of people 65 and over still at home 91 days after discharge would be stood down. The Addendum committed to introducing a

replacement for this later in the year.

6. Increased significance of Capacity and Demand planning

- Additional data in hospital discharge planning aspect of the template on
 - Average time to commence service
 - Average Length of stay in intermediate care
- Requirement to set out how BCF Capacity and Demand planning, NHS Demand Capacity and Flow planning and MSIF capacity planning had been aligned.

Board Members raised the following comments:

1. It was noted that the metric on the percentage of people aged 65 and over still at home 91 days after a discharge was being stood down due to the quality of the data not being reliable.
2. The 3 metrics that remained were national priorities, but metrics were just one element and a local narrative could be added to give a complete picture.

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

70 **SOCIAL PRESCRIBING**

Kate Morton gave a verbal update on the Social Prescribing Project as follows:

1. Sept-Oct 2023 – Task and Finish Group established to agree the framework.
2. Dec 2023 – WECA Active Health funding approved investment for one year to recruit a Project Lead to develop the framework – map provision and identify duplication/gaps/inconsistencies.
3. 20 March 2024 – David Jenkins was appointed to the position. Steering Group to be established as accountable mechanism to oversee and monitor progress.
4. April 2025 – final report and recommendations to be produced.
5. Social prescribing would be launched at the Community Wellbeing Hub.

She suggested that a report on the draft framework come back to the February meeting of the Health and Wellbeing Board and also that it would be useful to have an update on the Community Wellbeing Hub.

In response to questions, it was confirmed that social prescribing did include children and young people.

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

The meeting ended at 12.21 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services