

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday, 6th February, 2025, 11.15 am

Councillor Paul May	Bath and North East Somerset Council
Laura Ambler	Integrated Care Board
Dr Charles Bleakley	Bath Enhanced Medical Services (BEMS)
Councillor Alison Born	Bath and North East Somerset Council
Amanda Davies	HCRG
Sara Gallagher	Bath Spa University
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust
Will Godfrey	Bath and North East Somerset Council
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
Ben Thompson	Avon Fire and Rescue Service
Suzanne Westhead	Bath and North East Somerset Council
Observer:	Cllr Robin Moss

44 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

45 EMERGENCY EVACUATION PROCEDURE

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

46 APOLOGIES FOR ABSENCE

Scott Hill - Avon and Somerset Police
Stephen Quinton – Avon Fire and Rescue Service
Nic Streatfield – University of Bath
Martin Sim – Bath College
Paul Harris – Curo Housing
Cara Charles Barks – Royal United Hospital, Bath
Val Scrase - HCRG
Julia Griffith - BEMS

47 DECLARATIONS OF INTEREST

There were none.

48 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

The Chair gave the following announcements:

1. Avon Fire and Rescue Services (AF&RS) Consultation.
On 27 December, AF&RS launched a six-week consultation to understand the views of local people, communities, businesses and wider partners on progress towards their Service Plan 2024-2028 as well as how much residents would be prepared to pay for their fire and rescue services in their council tax.

The feedback would help assess how AF&RS were performing against their plan, manage risks effectively, ensure the Service provided value for money, and make sure the Service was a good place to work.

The consultation closed on Friday 7 February at 12 noon. Links to the survey were available across the Service's social media channels, on the website and leaflets were distributed in the community.

2. Statement on behalf of Cllr May and Cllr Born:
“As Banes councillors and cabinet leads, we wish to record formally our concern at the process the ICB have undertaken, without reference to us, regarding the re-procurement of third sector mental health services. Their unilateral, BSW focused, action has destabilised a valuable and effective local supplier which has in recent years been commissioned to build up a range of innovative and highly effective local services in partnership with the local MH Trust. These integrated services have been seen as a lifeline by our residents and are fundamental to meeting their mental health needs. We have found it difficult to understand how our partners in the ICB would re-commission these services without any reference to Local Authority commissioned services in Bath and North East Somerset. We have met with senior colleagues in the ICB to discuss our concerns about the exclusion of local Councillors and Officers from the procurement process and have received assurances on future partnership working. We have also sought information on what

outcomes the new contractor will deliver for our communities and how this will improve on the services currently provided.”

49 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

A question was received from Rosie Phillips (CEO, Developing Health & Independence) in relation to the awarding of the adult and young person's treatment contract. A response was sent, and a copy of the question and answer was circulated to the Board and is attached to these minutes.

50 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of 7 November 2024 be approved as a correct record and signed by the Chair.

51 **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The Board received a presentation on the Director of Public Health Annual Report (as circulated in the agenda papers) from Rebecca Reynolds (Director of Public Health and Cathy McMahon and Kate Richards (Public Health & Prevention Team).

The Board noted the focus on household food insecurity and considered what members could do to address this issue through their roles and networks. In response to questions from the Board about the role of food banks, it was confirmed:

1. Food banks were at the core of crisis response, and this had been identified as an opportunity to provide wraparound support with the co-location of services, e.g., Citizens Advice presence to offer advice about money and benefit entitlements.
2. There had been an increase in the number of people accessing food banks. As well as food banks similar services were provided by food clubs and community fridges. Some of these facilities were offering cookery skills in addition to providing food.

The following comments were raised:

1. It was recognised that volunteers played a key role in supporting food banks.
2. Bath Spa University provided a holistic service to students including food larders, supermarket vouchers, offering support and liaison about community provision and a student community meal offer run by the chaplaincy.
3. More use could be made of allotments in the B&NES area e.g., increasing availability of use for primary schools.
4. LGA had undertaken work on the role of local government in local food supply chains and B&NES Council could promote this through the network of Parish/Town Councils.
5. Greater emphasis was needed on education around cooking food from source. The development of the fast-food industry had resulted in less people having these skills. It was noted that Bath Mind ran nutrition courses and

workshops.

6. Healthwatch had organised a survey on food insecurity and would report back findings to a future meeting.
7. There could be an opportunity for GPs to signpost patients to services via the Community Wellbeing Hub if they recognised symptoms caused by malnutrition.

The Board **RESOLVED** to;

- (1) Understand the position of household food insecurity for the population in B&NES and the recommendations made in the report to further tackle this.
- (2) Consider how to advocate for action to address food insecurity through their roles and networks.
- (3) Note the summary of progress on recommendations made in the previous DPH annual report.

52 **BETTER CARE FUND UPDATE**

Laura Ambler, (Executive Director of Place, B&NES BSW ICB) and Suzanne Westhead (Director of Adult Social Care, B&NES Council) introduced the report and drew attention to the following:

1. Performance against metrics was on track, maintaining good performance of people being discharged from hospital and outcomes of people not returning to hospital was good.
2. The Board was asked to ratify the BCF Quarter 3 return.
3. There was new guidance for 2025-26, and it would be a 1 year rather than 2-year plan. There would be a funding review in line with the NHS 10-year plan and emerging policy on social care reform.
4. 31 March was the deadline for the submission and approval, and as timelines did not align to HWB meetings, it was recommended that officers be delegated authority to submit the report following circulation to the Board via email.

In response to Board members questions:

1. It was agreed that a summary of the new guidance be circulated to the Board.
2. It was noted that the changes included:
 - (i) less metrics to enable more autonomy for localities.
 - (ii) a shift to prevention.

The Board **RESOLVED** to;

(1) Ratify the BCF Quarter 3 return.

53 **ICB IMPLEMENTATION PLAN REFRESH AND THE OUTCOMES FRAMEWORK**

Laura Ambler (Executive Director of Place, B&NES BSW ICB) introduced the report and slides circulated in advance of the meeting and drew attention to the following:

1. The 2025/26 approach for the Implementation Plan was being brought to the Board to set out the path to publication at the end of March 2025 and the opportunities for feedback until that date.
2. The format of the plan would be more deliberate and streamlined.
3. An evidence-based Outcomes Framework was in development across the system and would form part of the Plan's evaluation process.
4. There had been a workshop for Alliance partners in B&NES to discuss priorities on 31 January:
 - a. Children and Young People's emotional health and wellbeing
 - b. Integrated Neighbourhood Teams
 - c. Health Inequalities – there was a discussion at the workshop about a focus on the educational attainment gap - could partners influence educational attainment and need?
5. There would be a further opportunity for feedback on the final version in advance of publication on 31 March which would include a statement from the Board.

The following comments were raised:

1. It was noted that there was a lot of work already being carried out in relation to narrowing the gap in educational attainment and it was important to avoid duplication. The focus needed to be on bringing different partners together to influence outcomes.
2. In response to questions about the format and accountability of integrated neighbourhood teams, it was confirmed that there would be a joint piece of work to influence the shape and delivery of the teams, and the structure and format would sit within the contract.

The Board **RESOLVED** to;

- (1) Note the attached slide deck setting out the pathway and approach to the 2025/26 Implementation Plan refresh.
- (2) Encourage participation in the feedback process once open.
- (3) Delegate opinion and approval of the Plan to the Chair of the Board in consultation with their chosen local authority representative and the ICB Place Director.

54 **JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN**

Sarah Heathcote, Health Inequalities Manager, B&NES Council summarised the Quarter 4 exception reports and annual priority indicator set summary and highlighted the main findings (presentation attached as an appendix to the minutes).

Laura Ambler (Executive Director of Place, B&NES BSW ICB) confirmed that in relation to Priority action 4.4 “Improve equitable access to physical and mental health services for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based specialist services and our specialist centres”, the pilot work on integrated neighbourhood teams had paused, but once the ICB work programme was set there would be integration with the JHWS priorities.

The following comments were raised:

1. it was noted that the work on the Affordable Schools Programme (1.3.3) had been shared with all schools and was recognised as best practice.
2. There were some new indicators relating to priority 2 based on the Council's Economic Strategy.
3. Should the Health and Wellbeing Board receive Equality Impact Assessments?

The Board **RESOLVED** to:

(1) Note the requests on the log:

- a. to promote and encourage schools to engage in the Affordable Schools Programme (1.3.3)
- b. to continue to champion the Community Wellbeing Hub (3.1.1)
- c. to flag any funding opportunities to support the alignment of culture and health and wellbeing outcomes (3.2.3).

(2) Note that a Master Exception Reporting Log was being maintained and updated.

(3) Feedback any issues to be considered as part of the Review and Refresh of the JHWS Implementation Plan currently in progress.

55 **WINTER PLANNING - REVIEW OF URGENT AND EMERGENCY CARE DATA**

This item was deferred until the next meeting.

56 **UPDATE ON PUBLIC HEALTH AND MENTAL HEALTH PROCUREMENTS**

This item was deferred until the next meeting.

The meeting ended at 12.37 pm

Chair

Date Confirmed and Signed

