

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday 3rd July 2025, 10.30 am

Councillor Paul May	Bath and North East Somerset Council
Laura Ambler	Integrated Care Board
Charles Bleakley	BEMs+ (Primary Care)
Becky Brooks	3SG
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust
Kevin Hamblin	Bath College
Fiona Lloyd-Bostock	Oxford Health
Lisa Miller	Oxford Health
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Emma Solomon-Moore	University of Bath
Christopher Wilford	Bath & North East Somerset Council

1 **WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

2 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer read out the emergency evacuation procedure.

3 **APOLOGIES FOR ABSENCE**

Cllr Alison Born – Bath and North East Somerset Council
Paul Harris - Curo
Will Godfrey – Bath and North East Somerset Council
Suzanne Westhead – Bath and North East Somerset Council
Sophie Broadfield – Bath and North East Somerset Council
Sara Gallagher – Bath Spa University
Nick Streatfield – University of Bath
Scott Hill - Avon and Somerset Police

4 **DECLARATIONS OF INTEREST**

Becky Brooks declared interests in the following items:

Item 8 – Bath and North East Somerset Health Inequalities Funding - she had sat on the scoring panel for some of the projects.

Item 11 – Better Care Fund Update - 3SG had received funding from the BCF and she would abstain from voting on this item.

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

There was no urgent business.

6 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

There were no items from the public.

7 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of 1 May 2025 be approved as a correct record and signed by the Chair.

8 **BATH AND NORTH EAST SOMERSET HEALTH INEQUALITIES FUNDING**

Sarah Heathcote/Paul Scott gave a presentation (attached as an appendix to these minutes).

The following two questions were put forward for the consideration of the Board.

1. Any comments, clarifications or questions on the report content?

The Board responded as follows:

1. How did this work tie in with other inequalities work, e.g., the Youth Trailblazer scheme and closing the education attainment gap? *The funding was focussed on health care, although the Health Inequalities Manager had created networks and made links with other inequalities projects.*
2. It was recognised that there had been an unprecedented level of evaluation/focus on outcomes in relation to this funding aimed at addressing health inequalities.
3. Had there been challenges with secondary care? *There had been good engagement with both primary and secondary care and the steering group provided strategic leadership but there were understandable challenges in terms of operational day to day pressures.*
4. As there was uncertainty about future funding post-March 2026, there was a

need for this work to be integrated into the mainstream, e.g., every plan/report/business case to address health inequalities implications.

2. In the context of wider organisational change and uncertainty regarding the health inequalities funding stream from April 2026, what role can the Health and Wellbeing Board play in sustaining progress on Health Inequalities in B&NES?

- a. *Are there opportunities as part of the JHWS strategy implementation plan refresh?*
 - *Include an explicit focus on delivery to and outcomes for specific disadvantaged groups across the 4 priority theme areas?*
 - *Where possible ensure that actions address inequalities?*
 - b. *Can the process for monitoring the implementation plan do more to support addressing inequality?*
 - c. *Could development sessions include focus on inequalities?*
 - *Are there other opportunities e.g. extending the Core Indicator Set; Biannual Exception Reporting Process; requirement for board papers....?*
 - *Board members champion inequalities through their board and wider organisational roles.*
1. The Board agreed that there was an opportunity to sustain the work on addressing health inequalities as part of the JHWS strategy implementation plan refresh, but there was a limit to what could be achieved by the implementation plan alone. Leaders of partner organisations had a responsibility to develop and promote this work.
 2. It was noted that there was work being done within individual organisations and there was a challenge to make sure work was linked especially as network meetings may not continue after the end of funding in March 2026.
 3. There was an opportunity for a deep dive at development sessions.
 4. There could be an explicit reference in the template for meetings to ensure that each topic discussed addressed health inequalities.

The Board RESOLVED to:

1. note the performance of the Health Inequalities Network and the B&NES Health Inequalities Fund (BHIF) projects.
2. note the risks to the Health Inequalities work going forward and to consider its role in advocating and championing a continued focus on Place-Based work to address health equity.

9 AWP - MENTAL HEALTH, LEARNING DISABILITY, AND AUTISM (MHLDA) INPATIENT QUALITY TRANSFORMATION PROGRAMME

Representatives from AWP - Sarah Jones (Director of Nursing and SRO for the Inpatient Programme), Cintia Faria (Inpatients Programme Manager) and Holly Matthewman (Head of Inpatient Programme) gave a presentation as circulated to Board members in advance and drew attention to the following:

MHLDA Inpatient Quality Transformation Programme

1. This was a nationally mandated 3-year programme that AWP commenced in June 2024.
2. Overall, the programme aimed to:

- a. Bring care closer to home
- b. Eliminate out of area placements
- c. Enhance the community offer
- d. Reduce restrictive practice
- e. Provide trauma- and autism-informed care that is equality focused,
- f. Increase therapeutic interventions
- g. Improve patient outcomes and improve the experience for staff and patients.

Older Adults Project

The project aimed to transform older people's mental health community services and the care pathway for people with dementia in BSW.

Questions for the Board:

1. *What are the opportunities and challenges in your area of work?*
2. *Are there groups we should be engaging with?*

The following comments were raised by the Board:

MHLDA Inpatient Quality Transformation Programme

1. The guidance was intended to ensure same quality of service regarding the setting, so it was important to ensure those in private beds as well as AWP commissioned beds had this standard.
2. There were challenges in acute care in terms of serious Mental Health issues – was AWP working at other facilities? *This was not included in this project but alongside this AWP were doing community transformation piece of work.*
3. It was noted that there was a new 10-bed regional resource, the Kingfisher Unit led by BSW ICB as strategic lead commissioner and AWP as the provider, which would provide short therapeutic stays for people with learning difficulties/autism experiencing a crisis.
4. What about the transition between children to adult services? *There were transition workers within AWP. AWP was putting together data re-transitions of children into adult mental health services and this looked positive in terms of improvement.*
5. Consideration needed to be given to young carers whose parents had mental health issues.

Older Adults Project

6. 3SG Vice-Chair was leading on an Ageing Well network and welcomed AWP to join this space.
7. The Older Adults Project was welcomed as it was recognised that there was a gap in acute care.
8. There was also a gap in primary care where an adult developed dementia but was not well enough to be referred to ReMind (dementia research and treatment centre).

The Board **RESOLVED** to feedback any further comments in relation to the Older Adults Project.

Chris Wilford gave a verbal report as below:

1. The Council had received formal notification of the inspection on 2 June.
2. Inspectors looked at how the local authority provided service to children.
3. It was a two-week inspection, one week off-site and one week on-site.
4. The first week was about performance data and speaking to senior leaders.
5. The second week involved a lot of interviews with staff, young people, schools and a focus on care leaders.
6. The Inspectors had a particular focus on children outside education/school system and mental health pathways for children in care/care leavers.
7. Inspectors were looking to see if the level of service had been maintained, improved or deteriorated.
8. The outcome of the inspection was embargoed until the report was published at the beginning of August.
9. He thanked all staff including social workers for their input.

The Board **RESOLVED** to note the information about the ILACS inspection.

11 **BETTER CARE FUND UPDATE**

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

1. There was a requirement to complete quarterly returns and annual returns.
2. Laura Ambler and Suzanne Westhead were delegated to approve returns on behalf of the Board as the timings did not allow the Board to approve prior to submitting the returns.
3. The Board was requested to ratify the BCF Quarter 4 end of year return.
4. The national metrics had been met, everything planned was spent and within budget.

In voting for the recommendation, Becky Brooks abstained as 3SG had benefited from some of the available funding.

The Board **RESOLVED** to ratify the BCF Quarter 4 End of Year return.

12 **CURRENT NHS REFORMS**

Laura Ambler gave a verbal update as below:

1. The policy paper – 10 Year Health Plan for England had been published on 3 July.
2. There had previously been an announcement that NHS England would be abolished, but it would now be merged with the Health and Social Care department.
3. The running cost of ICBs would be cut by 50%.
4. There was an ICB model blueprint setting out a number of functions to grow and some to be transferred.
5. ICBs would remain, but it was not sustainable for them to stay as they were and there was an expectation for them to cluster into larger geographical areas. BSW ICB was working with Dorset and Somerset. 42 ICBs would be reduced to 26 clusters.

6. Clustering arrangements would stay in place up to 2027.
7. It was a difficult time for staff who continued to work hard.

The Board raised the following questions/comments:

1. Was there a case for joining with BNSSG rather than Dorset/Somerset to reflect the West of England Combined Authority region? *This was considered as an option but combining with Dorset/Somerset made sense from a health footprint point of view. This may change in the future. However, the boundaries were not hard, e.g., people in B&NES could still access health services in Bristol.*
2. The HWB emphasised the need to ensure the community of B&NES would not be negatively impacted by the changes.

The Board **RESOLVED** to note the latest position in relation to NHS reforms.

13 **OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES (OHID) SOUTH WEST ASSURANCE VISIT**

Rebecca Reynolds, Director of Public Health, gave a verbal update as below:

1. All Local Authorities had an annual grant ringfenced for public health activities and a certificate of assurance needed to be signed off.
2. This year there had been much closer scrutiny on how money was being spent.
3. Bath and North East Somerset Council's assurance visit had taken place in June with the Chief Executive, Executive Director – Operations, Director of Public Health, Cabinet Member for Adult Services and Section 151 Officer in attendance.
4. The visit was led by the Regional Director of Public Health, and he gave feedback that there was strong and strategic understanding of action being taken in relation to addressing inequalities in education and food.
5. Cllr Alison Born had reflected on the successes of the Health and Wellbeing Board.
6. There was a second meeting with the 3 Directors of Public Health in B&NES, Swindon and Wiltshire to look at how they worked with the ICB.
7. The certificate of assurance was signed off; there was a minor comment about greater clarification on how information was recorded on the data system.

The Board **RESOLVED** to note the details of the visit.

The meeting ended at 12.30 pm

Chair

Date Confirmed and Signed

Prepared by Democratic Services