

# Minutes

of the Meeting of

## The Health and Wellbeing Board

**Wednesday, 30 October 2024**

Bradbury Meeting Room, Vision North Somerset, 3 Neva Road, Weston-super-Mare BS23 1YD

Meeting Commenced: 2.00 pm

Meeting Concluded: 5.00 pm

### Board Members:

Jenna Ho Marris (Chair)

Jeremy Blatchford

Mandy Gardner

Catherine Gibbons

Mark Graham

Amy Jones

Matt Lenny

Claire Shiels

Dan Thomas

Helen Thornton

Joe Tristram

Hayley Verrico

**Apologies:** David Moss (Vice-Chairperson) , Paula Clarke, Fiona Cope, Kirstie Corns, Emma Diakou, Jenny Ford, John Heather, David Jarrett, Jonathan Murray, Sarah Pepper, Stephen Quinton and Cllr Roger Whitfield.

**Officers in attendance:** Chris Head (Policy and Partnerships Manager NSC), Judith Hernandez del Pino (Hospital Director HHBW), Jo Hopkins (Principal Occupational Therapist NSC), Georgie MacArthur (Consultant in Public Health NSC), Lorraine McMullen (Associate Director of Children's services Sirona), Sarah Truelove (Chief Finance Officer BNSSG ICB), Leo Taylor (Democratic Services NSC).

### 13 Public participation (Standing Order 17)

**Resolved:** that standing orders in respect of public participation be suspended to enable two speakers to address the Board where prior notice of intention to speak had not been received:

(1) Paul Borthwick, resident and Member of the North Somerset Disabled Access Group. Mr Borthwick addressed the Board about challenges for disabled patients around public transport access to health services (including GP surgeries, hospitals and other NHS facilities) and his thoughts on how to deliver improvements; and

(2) Nicky Clare-Hall, resident, addressed the Board seeking information about the Council's position with respect to the long-term effects of eating 'alternative' foods,

with less dairy and meat together with her view that the Board should prioritise and protect farming, dairy production and related land, to deliver natural food and include this in all North Somerset Council policies, plans and activities.

The Chair thanked Mr Borthwick and Ms Clare-Hall for addressing the Board and confirmed that written responses to these addresses would be provided by the relevant officers and published with the minutes of this meeting. She noted that the minutes of the Board meeting held on 29 July 2024 had not included reference to Ms Clare-Hall's representation at that meeting and it was confirmed this would be corrected.

#### Standing Orders Reinstated

#### **14 Declaration of disclosable pecuniary interest (Standing Order 37)**

None.

#### **15 Minutes**

**Resolved:** that the minutes of the meeting held on 29 July 2024 be approved subject to the amendment referred to above (under Public Participation).

#### **16 Council Budget Update**

The Director of Public Health presented the report which provided an update to the Board on the Council's challenging financial position, and which highlighted spending plans that supported public health activity. The Council's Directors of Adults' Services and Housing and Children's Services also provided directorate perspectives, highlighting the additional impact of increasing demand for (statutorily mandated) services and outlining approaches being taken to mitigate and manage these pressures. The Director of Public Health referred to the risk of Section 114 notices facing this Council, and many others in similar circumstances (where Councils could be placed in special measures due to a failure to deliver balanced budgets); and the quick actions the Council was taking to avoid that eventuality.

Feedback from Members included:

- recognition of the difficult choices that the Council was having to make but emphasis on the need for focus on the Council's best value duty. The Director referred to the Council's publicly available budget simulator (which he agreed to provide for Board Members) which was a helpful illustration of the Council's dilemma and he referred to several public budget events being hosted by the Council to engage with and hear ideas from communities in the district; and
- the need also to keep focus on potential to invest in prevention, despite this being a particularly difficult time to do so;

In closing the discussion, the Chair asked all partner organisations to consider and feedback on the challenge of delivering services in the current financial climate, referencing the need for ideas about prevention in particular.

**Resolved:** that the report be noted.

## 17 **Update on the Care Quality Commission (CQC) Review in Adult Social Services**

The Principal Occupational Therapist (NSC) presented the report which provided an update on the process by which the Care Quality Commission (CQC) evaluated the Adult Directorate's delivery of its duties under Part 1 of the Care Act 2014, progress so far and the next steps.

In discussion Members sought and received clarification and/or assurance from officers on the following:

- **Who was being interviewed by the CQC?** – a list of core partners had been shared with the CQC. Most of the interviews were with front line staff (without managers present in order to hear honest responses). The focus was on outcomes around maximising independence, wellbeing and safeguarding.
- **Concerns about the process?** – external validation was welcome but required improvements needed to be practicable. There were concerns that if rated as inadequate, there would be no indication about how much time they would have to address shortfalls or consideration given as to how improvements might be resourced.
- **Experience from Children's services Audits (Ofsted)** – the principles were similar, so the experience had been helpful but differences in approach illustrated some missed opportunities. For instance, daily feedback in the Ofsted audit was helpful but was not a feature of the CQC approach.
- **All age autism strategy**– it was acknowledged this was a growing area of need and though there was good awareness across partner organisations, the response was patchy, and more commitment was needed around regular training for non-clinical staff.
- **TEC enabled Care** - concerns about its accessibility for some care workers were acknowledged and, although there was progress, more help was needed. **ACTION:** this challenge had been identified as a major issue in the State of Aging report and it was agreed this should be identified in the Board's work plan. Views from Members welcome.

**Resolved:** that the report be noted.

## 18 **Health and Wellbeing Strategy 2024-2028 Prioritisation of Investment**

The Consultant in Public Health presented the report which updated the Board on the development of the Strategy, providing detail about new commitments needed and recommending approval for the approach to funding new interventions.

Members' discussion of the report included the following themes:

- the need for collaboration and collective focus around, developing and delivering at scale potentially innovative and invest to save interventions e.g. around self-harm;
- ensuring mental health approaches were joined up with schools;
- diet and oral-health and the importance of working with mothers at ante-

- natal stage;
- engaging with people in under resourced areas more effectively using more compassionate, less formal, trauma-informed approaches;
- maximising limited resources, avoiding duplication and identifying gaps;
- promising opportunities around place-based brokerage (VCSE Alliance);
- co design and co production - good to hear how this was being addressed.
- anti-racism and where other Equalities, Diversity and Inclusion strategies fitted in and was it evidence based;
- there should be greater clarity on what inequalities are being addressed **ACTION**; more detail to be described in the final version of the strategy
- anti-racism and pro-equality policies – it was agreed that related organisation policies be shared. **ACTION**: to consider ways of aligning anti-racist/pro-equality statements and policies across the partnership and learn from best practice.

In concluding the debate Members agreed that they supported the approaches to the development of the strategy set out in the report and it was:

**Resolved:**

- (1) that the focus of proposals for the new Joint Health and Wellbeing Strategy and recommended areas for action set out in the report be approved;
- (2) that the approach to funding for Get Active: A Physical Activity Strategy for North Somerset as part of the 'phase 2' workstream of the Health and Wellbeing Strategy 2021-2024 be approved; and
- (3) that the Board commit to the new or updated guiding principles set out in the report.

## **19 Place based approach to tackling health inequalities**

The Director of Public Health presented the report and gave a presentation, providing an overview of the North Somerset Tackling Inequalities Strategy and suggesting key areas of action to which Board members could commit resources, activities and leadership in order to secure improvements in outcomes.

In discussion Members feed-back included the following:

- healthier and longer life as an output;
- the effects of transient displacement in entrenching inequalities in economically deprived areas;
- using “maternity” rather than “early years”;
- housing issues were paramount - warm homes provision worse in Central (privately provided) and South Wards (housing provided by Alliance);
- referencing productivity and need for engagement with employers, supporting the provision of “good” jobs as advocated by the Trade Union Movement and building on successes of the Step Forward project;
- leveraging community learning – evidence showed people engaged in education and learning new skills led more fulfilled lives;
- how to mainstream priorities in the Council and across the partnership, challenging how it has always been done in the past;
- engagement was part of improving mental health, giving agency to people;
- the importance of leveraging social value through procurement, building

community wealth.

Members were broadly supportive of the approach and the suggested priorities and in concluding the discussion the Director confirmed that Member's input would continue to be supported in this ongoing work and that he would be contacting Members in due course for further input and information. A working group may be established to take this forward, and he invited Members of the Board to volunteer themselves and/or colleagues to participate.

**Resolved:** that the proposed approach to tackling health inequalities using the Theory of Change methodology, proposed priority areas of focus and targets that underpin those activities be endorsed.

## 20 Work Plan

In introducing the work plan item, the Director provided updates on the development of the Joint Strategic Needs Assessment; and progress on the Council's Local Plan and opportunities to influence how that plan is shaped.

There was discussion about North Somerset Council's accession to the Age Friendly Network and the Council publicising this.

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Chairman

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