

SOMERSET HEALTH AND WELLBEING BOARD

Minutes of the Meeting of the Somerset Health and Wellbeing Board held in the Luttrell Room on 13 June 2022 at 11.00 am

Board Members in Attendance: Cllr Bill Revans (Chair), Cllr Adam Dance (Vice Chair), Prof Trudi Grant, Lou Woolway, James Rimmer, Julian Wooster, Mel Lock, Sup Richard Turner, Cllr Ros Wyke, Cllr J Keen, Cllr Tessa Munt,

Other Members in Attendance Virtually: Cllrs Alastair Hendry, Andrew Govier, Brian Hamilton, Clare Paul, Andy Dingwall, Andy Hadley, Dawn Denton, Emily Pearlstone, Jason Baker, Leigh Redman, Martin Lovell, Mike Hewitson, Peter Clayton, Rosemary Woods, Sue Osborne, Federica Smith-Roberts

Apologies for absence – Agenda Item 1

Apologies were received from Mark Leeman and Jonathan Higman.

The Chair took the opportunity to acknowledge those members of the Board who were leaving and thank them for all their work: Cllr Clare Paul (Chair), Dr Ed Ford (co-Vice Chair), Cllr Frances Nicholson (co-Vice Chair), James Rimmer (CCG), Dr Alex Murray (CCG), Cllr David Huxtable, Cllr Mike Best. He also welcomed the new Board members: Cllrs Bill Revans (Chair), Adam Dance (Vice Chair), Tessa Munt, Gill Slocombe, and Lucy Trimnell.

Declarations of Interest - Agenda Item 2

The list of declared interests on the website was noted. There were no new declarations.

Minutes from the meeting held on 17 January 2022 - Agenda Item 3

The minutes were noted and accepted as accurate.

Public Question Time - Agenda Item 4

There were no public questions.

ICS Verbal Update - Agenda Item 5

James Rimmer, Chief Executive-NHS Somerset CCG and System Lead, advised that the 2022 Health and Care Act had been formally approved, meaning that the CCG will close on 30th June and the ICB (Integrated Care Board), supported by the ICP (Integrated Care Partnership), will commence on 1st July. The ICB and ICP together form the ICS (the Integrated Care System). The ICB which will have a close working relationship with the Health and Wellbeing Board, meaning that the next HWBB meeting will occur in that context. Everything is currently on track for the closure of the CCG and establishment of the ICB; James Rimmer himself will be leaving and other changes will also occur.

Prof Trudi Grant, Director of Public Health in Somerset, observed that the important work being done is centred on the guidance relating to the ICP sitting alongside the Somerset HWBB in a one-on-one formation, and the responsibilities for each must be worked out. In order to do this, a workshop was held and new guidance has since been issued; the HWBB needs to transform into a system-wide, multi-agency leadership Board that runs in parallel with the ICB. It will be seen how the first few months go, beginning 1st July, then it will be assessed.

Paul von der Heyde, Somerset ICS Chair and Chair Designate for NHS Somerset ICB, noted that the ICB has now confirmed all of the non-executive directors and all but one the executive directors, and there will be a sign-off meeting with the Regional NHS team shortly. With regard to the ICP, he will be meeting with the HWBB Chair very soon. He took the opportunity to thank James Rimmer for all of his work.

The Board then discussed the presentation. It was asked if the intention was to develop the Integrated Care Partnership as a separate body like the Safer Somerset Partnership; it was responded that the idea is for the ICP to statutorily develop the Health and Care Plan and oversee delivery of it, although it also needs to take heed of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy developed by the HWBB, so it will also interact with the HWBB regarding the wider determinants of health. Both are statutory boards; duplication will be avoided, but they will be working together. Another member asked what the current status in Somerset is regarding a single body for all of the acute trusts; likewise for the status of the acutes at the moment; and will the ICS be taking over the commissioning regional commissioning of the NHS services. It was replied that, first, the planned merger between the Somerset Foundation Trust and the Yeovil District Hospital Foundation Trust, which are separate organisations with one executive team serving two boards, is ongoing and they are increasingly working as one; the business case was drawn up last autumn, and the merger will formally take place in the spring of 2023. Secondly, with respect to operational

performance, it remains a challenge but is improving. The NHS has established “Opal Systems Operational Performance Escalation Levels” 1-4 (Level 1 was previously denoted as “green” and Level 4 as “black”); during the past six months, the system was in Level 4, which was extremely challenging due to Covid. The recurrence in the form of Omicron put some of the recovery plans on hold, but Opal level 3 was seen last week for the first time. The situation remains challenging, but they are working closely with social care, where their colleagues have been doing an incredible job both on the front line and in the planning aspects; they have a plan and a real trajectory working in parallel. Primary care remains challenging, but there has been innovation, including a new model in Minehead. As far as the recovery programme goes, there has been a return to elective work but long waits are the longest they have ever been across the NHS and also Somerset; two-year waits are coming down, which they hope to reduce to 400,000 by the end of the year. As to the third point regarding specialised and regional commissioning, this is currently a transition year for the NHS; at the moment in Somerset, primary care GP commissioning is being done, with pharmacy, optometry and dental to come into the system in April 2023. More rare, specialised (tertiary) commissioning which was normally commissioned out will also come in. The plans are still being worked through nationally, but some local and specialised commissioning will be either at the regional or national level, depending on the service. It was added that, because the South West has a series of smaller systems, there has been collaborative work on the plan, which is progressing well.

The Somerset Health and Wellbeing Board noted the update.

Somerset People Plan - Agenda Item 6

Chris Squire, Director of Customer and Digital Workforce for SCC, introduced the topic, noting that he is also the Chair of the ICS People Board, a productive group with inclusive representation from primary care, secondary care, acute care, and the community and voluntary care sectors that deals with workforce initiatives. They will now move into the ICB as far as activities and reporting arrangements. Jane Graham, System Workforce Programme Manager-Health and Social Care and also the workforce lead, then made the presentation on the “ICS People Plan Update for Health and Wellbeing Board Somerset for Health and Social Care”. The slides touched on what the People Board is and their responsibilities, their achievements in 2021-2022, their priorities for 2022-2023, their focus on the ICS Colleague Health and Wellbeing Programme, their purpose/vision/key objectives, their 10-point plan, and their focus on social care.

The Board then discussed the presentation; appreciation was expressed for the very comprehensive presentation, and it was asked if the Prevent Programme for Women’s

Health could be expanded to teenage pregnancy and substance abuse as those can be life-changing and need prevention. It was responded that the programme involves the health of the workforce, meaning people of working age, for which there has been an £800,000 investment from the NHS, which includes training of management in order to help the workforce. It was pointed out that 16-17 year olds also make up part of the workforce, but it was felt that there are specific programmes for teenagers outside of this initiative.

Another member noted with respect to the 10-point plan that it would be helpful to understand where it had failed and where assistance could be offered, in order to aid recruitment and retention of staff; it was replied that there are programmes for young people, return to the workforce, and career change, but there is still a need to work on recruitment. This is due to a very tight labour market and the need of many young people to explore their career options before deciding, and there are many leavers needing to be replaced every year due to issues with pay and career progression. It was enquired that since pay is not the only issue, what else is being done in this area; the response was that with the significant increase in the cost of living, pay matters a great deal, and as a result all social care providers are having problems recruiting and retaining since there are other job options that pay more. There is a need to work together across the system; Yeovil Hospital Foundation Trust does great work on overseas recruitment, and the People Board has begun collaborating with them. It was added that a pilot for international recruitment is being looked at for one of the biggest social care providers, while last year one of the Board's achievements was obtaining funding for a talent hub operated by Somerset Foundation Trust; this would enable the coordinated recruitment and development of talent which would then be deployed where necessary. The trial program includes a reservist scheme, for those who can commit to working up to 20 days per year.

It was opined that there is a need to improve how people value social care and social work, and to look at it in a different way. It was responded that there is indeed a perception issue, so the 'fun' side of social care and its apprenticeships/careers is being promoted; 'Proud to Care' branding is a big part of the strategy.

Great interest was expressed in the Passport to Care, and it was asked how students studying health and care moved into the various specialisations in the field; do they 'fall into' it, or do they choose it and enter into specialities like hospital work? It was replied that the programme is currently in its early stages; the primary idea is to target Chard, Crewkerne and Ilminster for recruitment. As it is a new pilot, the data requested will be known later on, but the People Board would be happy to give a future update. Mel Lock, Lead Commissioner-Adults and Health, stated that they are going into colleges and talking to students about social care; they don't have a breakdown of who ends up working in the field or in which sector though. The challenge is that there

is a ceiling on the number of young people in Somerset, which has an older demographic, which influences the number of those who want to work in the care system. It was added that a nursing degree programme has been set up to start in September at Bridgwater and Taunton College, as well as a social worker degree programme that has been running for three years at Yeovil College; there is also exploration on converting Bridgwater Hospital into a health and social care training centre.

The Somerset Health and Wellbeing Board noted the progress made by the People Board and its delivery measured against the ICS People Plan, and agreed that future reporting arrangements will be made through the Integrated Care Partnership (ICP).

Living with Covid-19 - Agenda Item 7

Alison Bell, Strategic Manager-Public Health, and Joe McGregor-Harper, Covid-19 Health Protection Practitioner-Public Health, made the presentation; the first slide covered the Background and Context of the Covid-19 pandemic (declared on 11 March 2020) and the response in Somerset, which as a system functioned very well. The last meeting of the Somerset Covid-19 Engagement Board was held on 14 March as the response transfers into the 'Living with Covid-19 Plan' which will be administered by the Health and Wellbeing Board. Other topics covered were the aims of the plan, the ADPH (Association of Directors of Public Health) framework, the prevention of negative outcomes, risk mitigation by and for individuals (including behavioural insights via focus groups), management of local outbreaks (including surveillance), risk mitigations for high-risk settings (including care homes and SEND schools), emergency response, and governance (the Health and Wellbeing Board oversees the Health Protection Board and its Health Protection Team).

The Board then discussed the presentation. It was asked what the incidence of long-term covid was, if this was a significant problem, and if there was a plan to deal with it; the answer was that there are different cohorts of people. At any time, just under 2% of people are testing positive for acute covid, while another group of people had actually had Covid and within the first three months had lingering symptoms like a cough and feeling under the weather. Then there were the official long Covid sufferers who had tested positive more than three months ago but were still reporting symptoms of post-viral illness (fatigue and inability to return to work). Those with official long Covid are supported by the NHS through special services, and many are health or care workers. AB said that she could get the actual numbers for those who were interested, which included the Vice Chair (ACTION).

It was enquired what the current situation is as regards organisations being asked to send back Covid testing kits and what the plan is going forward for care/residential homes and SEND schools; it was replied that limited testing is still available for staff in health and care settings although not for SEND schools, and if any symptoms of infectious disease of any type are identified in a high-risk setting, then test kits will be sent out by the UK Health Security Agency in order to determine a definitive diagnosis. It was asked how any increase in variants would be monitored, given the reduction in testing; it was responded that there has been a national discussion on robust surveillance and that the Office of National Statistics is still monitoring the data through a national prevalence survey (the latest data showed that 1.87% of people through a random sample of PCR specimens were testing positive). The specimens are sent to the lab with a certain amount being analysed to determine if there are any new variants; any results from persons testing positive while in hospital or a social care setting are sent to a different laboratory to analyse the genome. Health personnel on the ground are also able to determine differences in symptoms and frequency via 'soft intel'.

The Somerset Health and Wellbeing Board supports the approach described in Living with Covid-19 and will only receive exception reports on Covid-19 as an agenda item if the situation changes.

Pharmaceutical Needs Assessment (PNA)- Agenda Item 8

As a supplement to his report contained within the agenda, Pip Tucker, Service Manager-Public Health, made a presentation on the Pharmaceutical Needs Assessment 2022-25. In explaining what the PNA is, it was noted that it is part of the 'market entry system' for pharmacies and that the Health and Wellbeing board is required to provide this independent, factual view (due for September 2022) because the NHSE has a conflict of interests. From April 2023, pharmacy commissioning will be the responsibility of the Integrated Care Board. The PNA does not review the quality of pharmacies regarding service or hours or assessment locational conditions. The PNA was written by a working group delegated by the Health and Wellbeing Board in October 2021, which is made up of the principal stakeholders (medical and pharmaceutical committees, Healthwatch, NHS England, Public Health, etc). The findings were also presented, with it noted that the steering group is consulting on two improvements (wider commissioning of Hepatitis C antibody testing and the commissioning of an existing pharmacy in Chard to provide Sunday opening); there were also findings outside the scope of the PNA, which noted a considerable reduction in opening hours currently (largely caused by staffing difficulties) that is affecting prompt service.

The Board then discussed the PNA. It was enquired if alternative methods of dispensing medicines were being looked at, such as mobile pharmacies or online services; it was responded that 20% of provisions are now digital. It was suggested that digital prescriptions could cause problems for those without access to online services and that as the population ages, people may lose their sight or the ability to use their hands even if they know how to go online, so it would not be fair to shut down pharmacies. The response was that 80% of prescriptions are still delivered face-to-face and that the trend toward digital is in all sectors; it is positive because it frees up staff and pharmacist time. However, it was agreed that pharmacies should not be closed, as pharmacists also provide advice.

It was observed that many pharmacies are now a part of chains and that there is a pattern emerging of certain meds no longer being available, so were these meds imported? The answer was unknown, as the issue does not form part of the PNA, but there are supply chain issues across all sectors; another response advised that work is being carried out with NHS England to identify substitutes for these meds, and everyone is very grateful to the pharmacy community for this.

A Council Member living in Dorset noted that community pharmacies have had a 40% reduction in funding from the NHS, which has influenced a reduction in opening hours. He opined that PNA's across the country are generally conservative, almost complacent about the situation, and that access is not just about opening hours but also staff levels, which are all affected by funding shortages. It was asked if there was adequate resilience in the sector to cope with this, if the PNA could help remedy it, and what will happen if the situation deteriorates before the next review in three years? It was suggested that weekend openings don't go far enough and could even lead to weekday closures, while more access is needed in some areas for those who can't get delivery of meds. The reply was that Somerset has a higher rate of online prescriptions compared to other counties, that any short-term pharmacy closures are an NHS matter, and that information on the requirements for Chard would be welcomed.

A concern was raised about the NHS promoting pharmacies to take the pressure off GP, as if this is going to happen, there needs to be better access to pharmacies. It was replied that Primary Care encompasses pharmacies as well as GPs, so the PNA is crucial going forward, as during Covid a drop-off in GP visit was seen with pharmacies playing a key role. A huge opportunity will arise with the move to local commissioning, and it is necessary to ensure that each group within Primary Care gets the attention that it needs.

The Director of Public Health pointed out that the PNA is a huge piece of work and that there is not a similar needs assessment for dentistry; it will be interesting to see where it all goes in the future. This information may go to the ICS rather than the HWBB, although commissioning will be done by our system in future.

The Somerset Health and Wellbeing Board endorsed the draft PNA; commented on the provision of Sunday opening in Chard and Hepatitis C antibody testing; and delegated endorsement of the final draft of the report to the Chair of the Health and Wellbeing Board, assuming only minor changes from the consultation draft.

Work Programme - Agenda Item 9

Lou Woolway, Deputy Director of Public Health, stated that as the relationship between the HWBB and the ICP is developed, there will be a need to raise other topic and return to holding workshops. She asked to be kept posted on these matters.

When asked if there were any suggested topics for the Work Programme, it was requested that information be provided on outpatient access. It was also queried if there had been a final report regarding the ongoing programme of improvements for Children's Services, i.e., SEND; Julian Wooster, Director of Children's Services, stated that there had been a final visit from DfE, but work was ongoing as the national SEND system needed improvement. Trudi Grant advised that it had been agreed at the last meeting to run a development session on the topic.

The Somerset Health and Wellbeing Board noted the Work Programme and agreed to run a development session/workshop in July regarding levelling up for the SEND system.

Any Other Items of Business - Agenda Item 10

There were no other items of business. The next meeting is scheduled for 26 September 2022.

The meeting ended at 13:15 pm

CHAIR