

Minutes of the NHS Somerset Integrated Care Board (ICB) Annual General Meeting held at The Canalside, Bridgwater on **Monday 30 September 2024**

Present:	Paul von der Heyde	Chair
	Christopher Foster	Non-Executive Director (Chair of Finance Committee, Remuneration Committee and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director and Deputy Chair (Chair of Quality Committee)
	Professor Trudi Grant	Executive Director of Public and Population Health
	Alison Henly	Chief Finance Officer and Director of Performance and Contracting
	Jonathan Higman	Chief Executive
	Peter Lewis	Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)
	Shelagh Meldrum	Chief Nursing Officer and Director of Operations
Apologies:	Grahame Paine	Non-Executive Director (Chair of Audit Committee)
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member)
	Suresh Ariaratnam	Non-Executive Director (Chair of Primary Care Commissioning Committee)
In Attendance:	Dr Berge Balian	Primary Care Partner Member
	Dr Bernie Marden	Chief Medical Officer
	Graham Atkins	Chief People Officer
	Charlotte Callen	Executive Director of Communications, Engagement and Marketing
	Judith Goodchild	Healthwatch (Participant)
	David McClay	Chief Officer for Strategy, Digital and Integration
	Katherine Nolan	SPARK Somerset, VCSE sector (Participant)
	Jade Renville	Executive Director of Corporate Services and Affairs, NHS Somerset and Somerset NHS Foundation Trust
Secretariat:	Rachel Donne-Davis	Learning from Lives and Deaths Local Area Contact (for AGM 001/24)
	Representatives from My Day Care Services	Alison Cooper, Rachael Dellafield, Lucy Durman, Melissa Foster, Briony Lane, Kai Lovell and Ollie Stuckey (for AGM 001/24)
	Julie Hutchings	Board Secretary and Corporate Governance Manager

AGM 001/24 WELCOME AND INTRODUCTION

1.1 The Chair welcomed everyone to the Annual General Meeting of the NHS Somerset Integrated Care Board (ICB). He made some introductory remarks, as follows:

The ICB has a statutory obligation to hold an Annual General Meeting to formally present the Annual Report and Accounts, to ensure that we are accountable for the services and money we spend on the public's behalf.

The Annual Report and Accounts 2023/24 were approved by the ICB Board at its meeting on 27 June 2024 prior to submission to NHS England.

“WE NEED TO TALK ABOUT DEATH” FILM

The Chair introduced Rachel Donne-Davis, Learning from Lives and Deaths Local Area Contact and representatives from My Day Care Services, who presented the “We need to talk about death” film. The film was commissioned by NHS Somerset and produced by biggerhouse film, working with a group of adults with learning disabilities from My Day Care Services

Filming was challenging for both cast members and filmmakers as for many cast members, this was the first time they had talked about death or dying. However the process helped some reflect positively on lost loved ones and opened up important conversations.

The importance of personalised care, communication and collaboration in healthcare was emphasised, aiming for integrated and seamless care, despite challenges. The cast was thanked for attending and praised for the film, which encourages straightforward discussions about death. The film can be found here: [We need to talk about death - NHS Somerset ICB](#)

AGM 002/24 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were noted as above.

AGM 003/24 MINUTES OF THE ANNUAL GENERAL MEETING HELD ON 18 SEPTEMBER 2023

3.1 The minutes of the Annual General Meeting held on 18 September 2023 were approved as a true and correct record.

AGM 004/24 TWO YEARS IN – THE VALUE OF WORKING TOGETHER FOR THE BENEFIT OF ALL

4.1 The Chief Executive highlighted the importance of collaboration over the past two years, focusing on improving health services. The report covered the Darzi Review and the alignment of the national 10-year plan with the Somerset Health and Care Strategy. Financial efforts were discussed, including reducing waiting times for operations and ensuring access to urgent care.

Key initiatives included:

- Bridgwater and Taunton College's partnership with local NHS Trusts to address workforce challenges, offering various nursing degrees.
- Efforts to improve dental services, focusing on deprived communities and expanding emergency access.
- Initiatives to improve GP services, including digital telephony systems and the NHS app rollout.
- Enhancements in maternity services and safeguarding arrangements.
- Plans to enhance stroke services at local hospitals, with significant investment.
- A campaign to test blood pressure, identifying new cases of hypertension.
- Signing a Memorandum of Understanding with the voluntary, community, faith and social enterprise (VCFSE) sector to work together for better health and wellbeing.
- Establishing hubs to support the Armed Forces community with various needs.

Performance metrics for NHS services were also acknowledged, such as response times, hospital bed demand and waiting times. Improvements in elective activity, cancer referrals, talking therapies, dementia diagnosis and community health services were noted. The details are contained within the Annual Report.

The importance of collaboration, innovation, and continuous improvement to achieve better health outcomes for the community, was highlighted.

AGM 005/24 OUR FINANCES AND PERFORMANCE

- 5.1 The Chief Finance Officer and Director of Performance and Contracting outlined the salient points from the Annual Report and Accounts. The accounts relate to the period 1 April 2023 to 31 March 2024. NHS Somerset met all its statutory financial duties during 2023/24.

AGM 006/24 INTEGRATED NEIGHBOURHOOD TEAMS – HOW WE ARE WORKING TOGETHER

- 6.1 The Chief Officer for Strategy, Digital and Integration explained the role of integrated neighbourhood teams who aim to deliver the right care, at the right time and place, with the right person. The approach focuses on developing local partnerships where agencies and communities collaborate to support people in living fulfilled, happy, and healthy lives. The model places the citizen at the centre, surrounded by personal care circles and neighbourhood teams. It emphasises working in partnership to coordinate services, activities and networks, creating opportunities to bring people together.

The community-led approach involves co-designing with residents to ensure care and support meets local needs. The goals include building stronger communities that can support one another, enabled by a strong Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector. Integrated services involve multi-disciplinary teams working together using a relationship and strengths-based approach to deliver shared outcomes. The workforce is encouraged to feel connected and well-networked, working flexibly across physical and virtual spaces.

Early prevention is key, addressing issues early and tackling inequality through more integrated public services and resilient local communities. The model will be established across the county within 18 months, with arrangements for continual improvement, expansion and learning that influences system thinking and improves knowledge.

Individuals are invited to join the mission and contribute to the development of integrated neighbourhood teams. The vision includes mutual understanding and agreement of responsibilities with partners to deliver fully integrated and seamless care, recognising that one size does not fit all and striving to provide personalised care tailored to individual needs.

AGM 007/24 QUESTIONS AND ANSWERS

Two questions were received in advance of the AGM:

- 7.1 **Question 1: From Councillor Oliver Patrick, Somerset Council (not in attendance):**

“I am a Somerset Councillor and I sit on Planning Committee South which meets in Yeovil. Recently at committee we heard that Crewkerne’s primary care facilities would be operating over capacity, at 104%, following housing growth in the area. To meet this demand Somerset ICB requested what, to me, seems a low sum of £29,000 to expand healthcare premises in Crewkerne.

This isn’t a problem unique to Crewkerne: North Petherton, Martock, Bruton, and many other parts of Somerset have seen significant housing growth in recent years. Local communities are rightly concerned about their GP surgeries not being able to meet demand.

My question is this:-

Given the urgent need for increased primary healthcare capacity in areas with significant housing growth - what is the ICB doing to ensure it is not only obtaining adequate contributions from developers, but assessing the viability of any expansion plans, so that GP surgeries can grow to meet the needs of their local communities?”

Response:

The Chief Executive thanked Councillor Patrick for his question relating to a housing development in Crewkerne, the potential impact that this has on local Primary Care capacity and the ICB's request for section 106 monies to support an expansion in primary care GP estate.

NHS Somerset works with one of its NHS partners to review each planning application larger than 20 dwellings. As part of this assessment, the size of existing practice premises is compared against the recommended size for the local population that it supports. This would establish whether the premises has potential capacity to accommodate additional patients or not. If a practice is found not to have sufficient spare capacity to accommodate the additional population increase resulting from a housing development, an application for section 106 funding is made to the Local Authority. Any such approved funding would be used to support the increase in primary care resources.

The applications submitted by NHS Somerset are specific to the housing development in question and the methodology used to calculate the funding request is one that has previously been agreed with the Local Authority. It is believed that the funding request is proportionate to the size of the housing development, associated population increase and resulting impact on GP estate need. NHS Somerset is mindful that section 106 applications are potentially also being requested by other agencies, equally being impacted by the population growth and that the level of funding available via this source is not unlimited. We also acknowledge that any section 106 funding approved is only a contribution towards the potential development needs of the local practices and should not be relied upon as the sole source of funding.

NHS Somerset believe that the planning application to which Councillor Patrick refers constitutes a development of 45 dwellings with an estimated population of 100. The addition of these to the current practice list size would result in a small need for additional space at the Crewkerne Health Centre facility. NHS Somerset's application for section 106 funding reflects this specific impact. However, it should be noted that NHS Somerset has also submitted separate section 106 applications associated with other local housing developments around Crewkerne and that if all of these were approved, the total contribution would equate to £119,350.

As part of NHS Somerset's service planning for the population of Somerset, there is a programme to review the ongoing capacity and development needs of its primary care GP estate. This not only involves assessment of current estate against existing populations and the recommended sizes for each practice but also factors in some estimated population growth associated with natural increases and those associated with housing development. This has highlighted those practices to be in most need so that as funding becomes available, it can be directed appropriately.

Additionally, NHS Somerset are also embarking on a project to survey practice accommodation so that the development potential at specific sites can be understood more fully, or to ascertain where development on alternative sites may be required.

NHS Somerset also works closely with the Council and other partners on strategic estates planning through the One Public Estate Programme Board and are constantly seeking opportunities to collaborate on developments and any opportunities for external funding. NHS Somerset's aim is to ensure that public estate is optimised and that any planning takes account the population growth across the county and wherever possible, to develop local services to meet future demand.

Councillor Patrick was offered the opportunity to discuss this response in further detail, if helpful.

7.2

Question 2: From Conor Ogilvie-Davidson, Town Clerk, Glastonbury Town Council (in attendance)

“Glastonbury Town Council is delivering the St Dunstan’s House Community Health and Wellbeing Centre as part of the Glastonbury Town Deal. This capital project is being supported by revenue funding for a Project/Centre Manager role by the Primary Care Network to get the building’s systems established before it opens in Summer 2025.

Glastonbury Town Council have invited expressions of interest for relevant organisations to form a strategic partnership of three – the Town Council and two others; one with a focus on health and another with a focus on wellbeing respectively to devise the operating strategy for the facility to best cater for the local population.

This is an innovative approach to improve local health and wellbeing; are there any innovation funds for this type and level of community transformation to support this forward-thinking model linking to the ‘Fit for my future strategy’?”

7.2.1

Response:

The Chief Officer for Strategy, Digital and Integration thanked Mr Ogilvie-Davidson for his question and referred to a recent visit to St Dunstan’s House. NHS Somerset fully agree that this is perfectly aligned with the direction of travel for bringing services together in local neighbourhoods.

Unfortunately, as discussed previously with Mr Ogilvie-Davidson, there is no funding that can be put towards this at the current time, however, NHS Somerset are keen to keep in touch with the programme regarding any grants or funding opportunities that may arise in the future and would welcome a meeting to look at how this might best be achieved.

7.3

The Chairman invited any further questions. The following questions were received.

7.3.1

Question 1: From Debbie Elliott-Chorley, Bridgwater and Taunton Deaf Club (in attendance)

- “1) I would like to ask you to put up your hand if you have not heard of the Accessible Information Standard? How can more awareness of this be raised among NHS services and staff?
- 2) Often interpreters are only booked for short time slots for Dr or hospital appointments. It would be better to book for 1 or 2 hour slots because of long wait times.”

7.3.2

Question 2: From Alan Stewart, Bridgwater and Taunton Deaf Club (in attendance)

“The management of NHS need to be more deaf awareness, as many are barriers when go into hospital, need interpreter present with them. Also need red flag to show up that the person is deaf when appointment is coming and interpreter should be book as well, no need to ask if want one”

7.3.3

Response to questions 1 and 2 above:

The Chair acknowledged the challenges in arranging interpreters and expressed gratitude for the BSL interpreters present and advised that detailed responses to the specific questions will be provided following the meeting via email.

The Chief Executive thanked attendees for their ongoing engagement and highlighted efforts to improve services for the deaf community in Somerset, acknowledging room for improvement. Since last year, ICB colleagues have attended the Taunton and Bridgwater Deaf Club to discuss interpreter challenges and participated in a national Healthwatch event focused on interpreters. An interpreter card was introduced to help communicate needs

at reception and provide information for staff on how to book interpreters. Training for GPs and Healthwatch on the importance of interpreters is ongoing.

Projects with pharmacy, optometry, and dental colleagues are underway to train staff on the need for interpreters, with plans to expand. Recognising the importance of interpreters for safeguarding, training covers this aspect. Efforts are also being made to implement national reasonable adjustment flags on patient records, including adjustments for BSL and longer appointments when needed. There is a lot of ongoing work and more to be done, with continued engagement.

7.3.4

Question 3: From Emma King, Glastonbury Independent Alliance (in attendance)

"Firstly, I just want to thank you for enabling our new pharmacy to open in the High Street, Glastonbury. It has already been well used and well received and is being run by a lovely team who are committed to serving the community. I was, however, a little disappointed that no one from the ICB contacted me to let me know that the objection had been overturned and the lease on the new premises had been signed – communication still needs to be worked on!

Anyway, in the light of this resounding victory in the restoration of a vital service to our Town, we now need to move towards the restoration of an NHS dentist to Glastonbury. I know there has been a rise in mouth cancers nationally and I know personally of people borrowing money and taking out loans to pay for vital dentistry. One person I spoke to has to travel to Castle Cary to see an NHS dentist. I also know that someone in one Glastonbury area ended up with sepsis as they could not access dental treatment.

Clearly it is NOT cost effective for the NHS to not provide basic dentistry and the complications resulting from untreated oral infections can then result in thousands of pounds of treatment.

When can we have our NHS dentist back? There's an empty property in the High Street NOW!"

7.3.5

Response:

The Chief Executive thanked Emma King for her question and stated that a general response would be provided, with a specific follow-up regarding Glastonbury.

It was acknowledged that access to NHS dentistry in Somerset, as in many parts of the country, is not where it needs to be, leading people to seek alternative solutions. Over the past 12 months, efforts have been made to increase payments to local dentists and work with those willing to take on more NHS patients. A new NHS dental advisor has been appointed to strengthen local connections.

Collaborations with public health include targeted campaigns for supervised toothbrushing in schools and specific procurements in Wellington, Chard, and Crewkerne. Additionally, targeted support is being developed for communities with poor access to dentists, including a package of support based around a local school. This involves assessing dental needs and creating care pathways for those requiring treatment, with plans to expand this model across the county.

Efforts are also being made to explore new procurement methods with local dentists to create a one-stop shop for dental services. The challenges are recognised.

AGM 008/24 MEETING CLOSE

8.1

The Chair thanked everyone who joined the meeting and closed the AGM.

Chairman:

Date: