

Minutes of the NHS Somerset Integrated Care Board (ICB) Annual General Meeting held at The Conference Centre, Bridgwater & Taunton College (Taunton Campus) on **Monday 18 September 2023**

Present:	Paul von der Heyde Suresh Ariaratnam	Chair Non-Executive Director (Chair of Primary Care Commissioning Committee)
	Dr Berge Balian Christopher Foster	Primary Care Partner Member Non-Executive Director (Chair of Remuneration Committee; and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director (Chair of Quality Committee)
	Professor Trudi Grant	Executive Director of Public and Population Health
	Alison Henly	Chief Finance Officer and Director of Performance
	Jonathan Higman	Chief Executive
	Dr Bernie Marden	Chief Medical Officer
	Shelagh Meldrum	Chief Nursing Officer
	Grahame Paine	Non-Executive Director and Deputy Chair (Chair of Audit Committee)
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member)
Apologies:	Peter Lewis	Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)
	David McClay	Chief Officer of Strategy, Digital and Integration
In Attendance:	Charlotte Callen	Director of Communications and Engagement
	Dr Victoria Downing-Burn	Director of Workforce Strategy
	Judith Goodchild	Healthwatch (Participant)
	Katherine Nolan	SPARK Somerset, VCSE sector (Participant) (for item 068/23 onwards)
	Jade Renville	Director of Corporate Affairs
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Lead Officer

**AGM 001/23 WELCOME**

1.1 The Chair welcomed everyone to the Annual General Meeting of the NHS Somerset Integrated Care Board (ICB).

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 2022/23 were approved by the ICB Board at its meeting on 29 June 2023 prior to submission to NHS England.

**AGM 002/23 APOLOGIES FOR ABSENCE**

2.1 Apologies for absence were noted as above.

**AGM 003/23 OUR HEALTH AND CARE STRATEGY**

3.1 The Chief Executive highlighted the following:

- Who we are?

## APPENDIX 1

- We are responsible for meeting the health needs of residents here in Somerset.
  - We have a budget of over one billion pounds. We need to ensure we spend every single Somerset pound wisely and that we deliver high quality care to people when they need it.
  - NHS Somerset is part of the wider Somerset Integrated Care System (ICS) which is a partnership of organisations within Somerset that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. In Somerset we are calling ourselves Our Somerset, together we care.
- Our Vision
    - We want all people in Somerset to live in thriving communities and have healthy and fulfilling lives from birth, through to adulthood and into old age. We want people to live well for longer than they do now.
  - Our Mission: Driving collaboration, supporting innovation, promoting good health
    - We will drive collaboration between the NHS, Somerset Council and our voluntary sector partners to improve the health and wellbeing of people in Somerset. We will listen to our residents and work with communities to develop innovative ways to prevent people from becoming unwell, whilst also delivering high quality services when people need them.
  - Who's in our Integrated Care System?
    - Around 580,000 people live in Somerset
    - We are committed to driving collaboration between the NHS and other partners
    - 1 NHS Foundation Trust delivering care in 2 acute hospitals, 13 community hospitals, mental health and community services. 1 ambulance Trust
    - 62 GP practices coming together in 13 Primary Care Networks. Pharmacy, Dentistry and Optometry
    - Somerset Council delivering care to adults and children in the county
    - Many VCFSE organisations supporting people and delivering services in our communities
  - Current and future Challenges
    - Continuing strike action
    - Impact and learning from the Lucy Letby case
    - Elective care recovery
    - Delays in discharging patients from hospital
    - Challenges around access to primary care services
    - Population projections suggest that the number of over 75s in Somerset will double by 2041
    - Half the Somerset population lives in rural areas, where access to services can be difficult
    - Although the rates are falling, there are around 80,000 smokers in Somerset. Smoking is the most significant risk factor for ill-health
    - 36% of year 6 children were overweight, the rate is better than the England average but getting worse
    - 8,575 people aged over 18 in Somerset suffered from depression in 2021/22
  - Working with Partners
    - The NHS must work with partners to improve health and wellbeing.
    - Health and wellbeing is determined by where we live, and the communities we grow up in.

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- We need to support economic development and wider social and environmental development to improve the health and wellbeing of our communities.
- Somerset Board
  - Across Somerset we join up in one shared board: the Somerset board, where leaders in the NHS, the local council other statutory agencies like the police and the voluntary sector all come together to drive joint working with shared aims.
- Our Health and Care Strategy – steps we will take
  - Aim 1: Improve the health and wellbeing of the population
  - Aim 2: Reduce inequalities
  - Aim 3: Provide the best care and support to children and adults
  - Aim 4: Strengthen care and support in local communities
  - Aim 5: Respond well to complex needs
  - Aim 6: Enable broader social and economic development
  - Aim 7: Enhance productivity and value for money

### AGM 004/23 OUR FINANCES AND PERFORMANCE

- 4.1 The Chief Finance Officer and Director of Performance outlined the salient points from the annual report and accounts. The accounts relate to the period 1 April 2022 to 31 March 2023. These were made up of two sets of accounts which relate to the last three months of Somerset CCG and the first nine months of Somerset ICB. All our statutory duties were met during 2022/23.

### AGM 005/23 OUR FIRST YEAR – TO HIGHLIGHT SOME INNOVATIONS

- 5.1 The Chief Executive highlighted some of the key innovations:

- Our workforce – our greatest asset:

Our focus is on creating more routes into health and care careers to make sure we have a workforce that can meet the future health and care needs of our Somerset community.

  - **Somerset Proud to Care** is an initiative to raise the profile of job opportunities in the care sector across our region. In the last six months, it has matched 261 employees to employers in the care sector.
  - **Somerset Academy for Health and Care** - Plans for a £20 million project to build a health and care training academy on the old Bridgwater Hospital site are now underway. Recognising the work of Taunton and Bridgwater College around nursing, midwifery and healthcare courses.
  - **Scenario Workforce Planning 2035** - As part of our workforce scenario planning for 2035 we are bringing partners together to help future proof our workforce.
- Homeless Health Inclusion Service:
  - Since 2021, the NHS in Somerset has been working in partnership with Somerset Council and the voluntary sector to support the health of those experiencing homelessness.
  - Our award winning Homeless and Rough Sleeper Nursing Service includes nurses, mental health nurses, link workers, two Inclusion Health GPs (located in Taunton and Yeovil) who provide care to those living in tents, vans, hostels and on the streets.

## APPENDIX 1

- Rural Health Hubs:
  - Farming can be a very isolating and lonely occupation, with many farm workers working in remote locations: leaving them with very little time to access healthcare.
  - We have worked with the farming community to set up three rural health hubs offering free access to confidential health checks, without the need to book an appointment.
  - The success of the hubs is a result of a strong collaboration between the NHS and community-based charities from the farming sector.

### AGM 006/23 PREVENTION

6.1 The Executive Director of Public and Population Health highlighted the following:

- Demographics - Somerset Census Data 2021 vs 2011:
  - Total population at census 2021 = 571,600 increased by 41,600, 2011-2021
  - 50-59 years = highest population, 84,700 nearly 15% total population
  - Traditionally people leave the county for university / work late teens/20s and then we see an increase again from early 50s
  - Largest increase was in the 70-74 yr olds, 13,000 more than in 2011.
- In Somerset:
  - More than 100,000 Somerset residents report their day-to-day activities are limited to some extent due to disability or a long-term health condition. (18.7% of residents, or nearly one in five.)
  - 45,000 Somerset residents (7.9% of all residents) have a long-term health condition which does not limit their day-to-day activities.
- Major Conditions Strategy:
  - 1 in 4 adults in England have 2 or more long term conditions
  - 6 groups of conditions – account for 60% of ill health and early death in England
    - Cancer
    - Chronic respiratory disease
    - Cardiovascular disease (including stroke) and diabetes
    - Mental ill health
    - Musculoskeletal disorders
    - Dementia
- Major Conditions Strategy proposes:

55% of NHS costs for hospital admissions and outpatient appointments and 75% of primary care prescriptions are for people living with 2 + long term conditions.

  - Primary prevention: acting across the population to reduce risk of disease
  - Secondary prevention: halting progressing of conditions or risk factors for an individual
  - Early diagnosis: so we can identify health conditions early, to make treatment quicker and easier
  - Prompt and urgent care: treating conditions before they become crises
  - Long-term care and treatment: in both NHS and social care settings

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- Focus on high blood pressure:
  - In total, cardiovascular disease (CVD) contributes to a quarter of all deaths.
  - CVD also accounts for one-fifth of the gap in life expectancy gap between the most and least deprived communities.
  - High blood pressure affects 1 in 4 adults, but it is largely preventable and is treatable at a relatively low cost.
  - 'Know your numbers' campaign, which will be followed by a whole health system campaign to try and identify the missing thousands of people who are undiagnosed, supporting them into earlier diagnosis and self-treatment.

### AGM 007/23 QUESTIONS AND ANSWERS

Two questions were received in advance of the AGM.

#### 7.1 **Question 1: A question from two members of our deaf community (in attendance)**

- “1) What does the NHS offer to long-term deaf patients to help access care, ie. interpreters?”
- 2) Do we have a BSL emergency interpreter?”

#### **Response:**

The Chief Executive thanked the BSL interpreters in attendance for supporting the meeting and recognised the national shortage of BSL interpreters and that securing interpreters at short notice can be a real challenge. A service does exist in primary and secondary care, working with an organisation called 'Word 360'. NHS 111 also has an online video-based interpretation service, as part of the national offer.

The Chief Executive is keen to understand the issues encountered when working with that service and will ask Lee Reed, Equality, Diversity and Inclusion Lead Officer, to follow this up in order to improve the service provided.

#### 7.2 **Question 2: Emma King,**

“As a resident of Glastonbury, it is becoming increasingly clear that we are losing basic services little by little and are being expected to travel ever increasing distances in order to access facilities for our basic needs. We already have no dentists and certainly an NHS service is about as mythological as much of Glastonbury's heritage. We are also coping with the planned closure of St Andrews Ward and the fact that in three weeks' time we will have only one pharmacy for the whole of the town, a pharmacy which is already struggling to cope with the workload and staff have left recently as a result of the workload pressure. Glastonbury is a place of very specific need and high levels of poverty, as well as mental health issues, drug abuse and large numbers of roadside residents who do not live in conventional housing.

As our services are moved and in some instances relocated further and further away, our bus routes are also being reduced with depots in Bridgwater and Yeovil closing down. People feel understandably fearful and insecure about the future of health services in the town and the surrounding area. What reassurances can I give the local people that the ICB is on the case to tackle issues, especially mental health, pharmacies and drug addiction in Glastonbury. There have been a lot of suicides and overdoses recently and we need action.”

#### **Response:**

The Chief Executive thanked Emma King for her question, which demonstrates the issue around working with communities on what their needs

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are and there is power and opportunity in working at a much more local level to try and solve some of these issues.

There is an opportunity to create a health and wellbeing hub in Glastonbury and the ICB will work closely with Glastonbury residents to consider how we provide that offering. From a dentistry perspective, part of the message is to bear with us. The ICB took on responsibility for dental services from 1 April this year and are acutely aware of the dental access issues not just in Glastonbury but across Somerset and are currently working with the local dental committee and also the dental network to look at a dental recovery plan but are keen to focus on those areas where we have the greatest level of need and inequality.

From a community pharmacy perspective, the primary care team recently met with the population in Glastonbury to discuss the pharmacy closure. One pharmacy is closing but the ICB is working hard to find an alternative provider for the second pharmacy.

On the broader issues around mental health, this is good opportunity to work and engage with the community.

7.3 The Chairman invited any further questions. No further questions were received.

### **AGM 008/23 MEETING CLOSE**

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

Chairman:

Date:



# Annual General Meeting 2022/23

Monday 18 September 2023

**We are NHS Somerset**

Driving collaboration, supporting innovation, promoting good health



# Paul von der Heyde Chair

Welcome and Introduction



**We are NHS Somerset**

Driving collaboration, supporting innovation, promoting good health





Thank you for  
coming today



# NHS 75

The NHS treats over 1million people everyday. This year we flew the flag for the NHS at Somerset's Glastonbury Festival.



# Jonathan Higman Chief Executive

The challenges we face and our vision  
for the future



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# Who we are

- We are responsible for meeting the health needs of residents here in Somerset.
- We have a budget of over one billion pounds. We need to ensure we spend every single Somerset pound wisely and that we deliver high quality care to people when they need it.
- NHS Somerset is part of the wider Somerset Integrated Care System (ICS) which is a partnership of organisations within Somerset that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. In Somerset we are calling ourselves Our Somerset, together we care.

# Our vision



We want all people in Somerset to live in thriving communities and have healthy and fulfilling lives from birth, through to adulthood and into old age. We want people to live well for longer than they do now.

# Our mission

**Driving collaboration, supporting innovation, promoting good health**

We will drive collaboration between the NHS, Somerset Council and our voluntary sector partners to improve the health and wellbeing of people in Somerset. We will listen to our residents and work with communities to develop innovative ways to prevent people from becoming unwell, whilst also delivering high quality services when people need them.

# Who's in our Integrated Care System?



Around 580,000 people live in Somerset



We are committed to driving collaboration between the NHS and other partners



1 NHS Foundation Trust delivering care in 2 acute hospitals, 13 community hospitals, mental health and community services. 1 ambulance Trust



62 GP practices coming together in 13 Primary Care Networks. Pharmacy, Dentistry and Optometry



Somerset Council delivering care to adults and children in the county



Many VCFSE organisations supporting people and delivering services in our communities

# Current and future challenges

- Continuing strike action
- Impact and learning from the Lucy Letby case
- Elective care recovery
- Delays in discharging patients from hospital
- Challenges around access to primary care services
- Population projections suggest that the number of over 75s in Somerset will double by 2041
- Half the Somerset population lives in rural areas, where access to services can be difficult
- Although the rates are falling, there are around 80,000 smokers in Somerset. Smoking is the most significant risk factor for ill-health
- 36% of year 6 children were overweight, the rate is better than the England average but getting worse
- 8,575 people aged over 18 in Somerset suffered from depression in 2021/22

## England

Healthy Life Expectancy  
at birth 71-75 years (best)



Total Life  
Expectancy  
79-83 years (avg)  
84-88 (best)

13 years poor health

## Somerset

Healthy Life Expectancy  
at birth 64-65 years



Total Life  
Expectancy  
80-84 years

17-18 years poor health

**Somerset gap**  
for those in  
deprived areas



3 years  
less life

8-9 years less healthy life



# Working with partners

The NHS must work with partners to improve health and wellbeing.

Health and wellbeing is determined by where we live, and the communities we grow up in.

We need to support economic development and wider social and environmental development to improve the health and wellbeing of our communities.

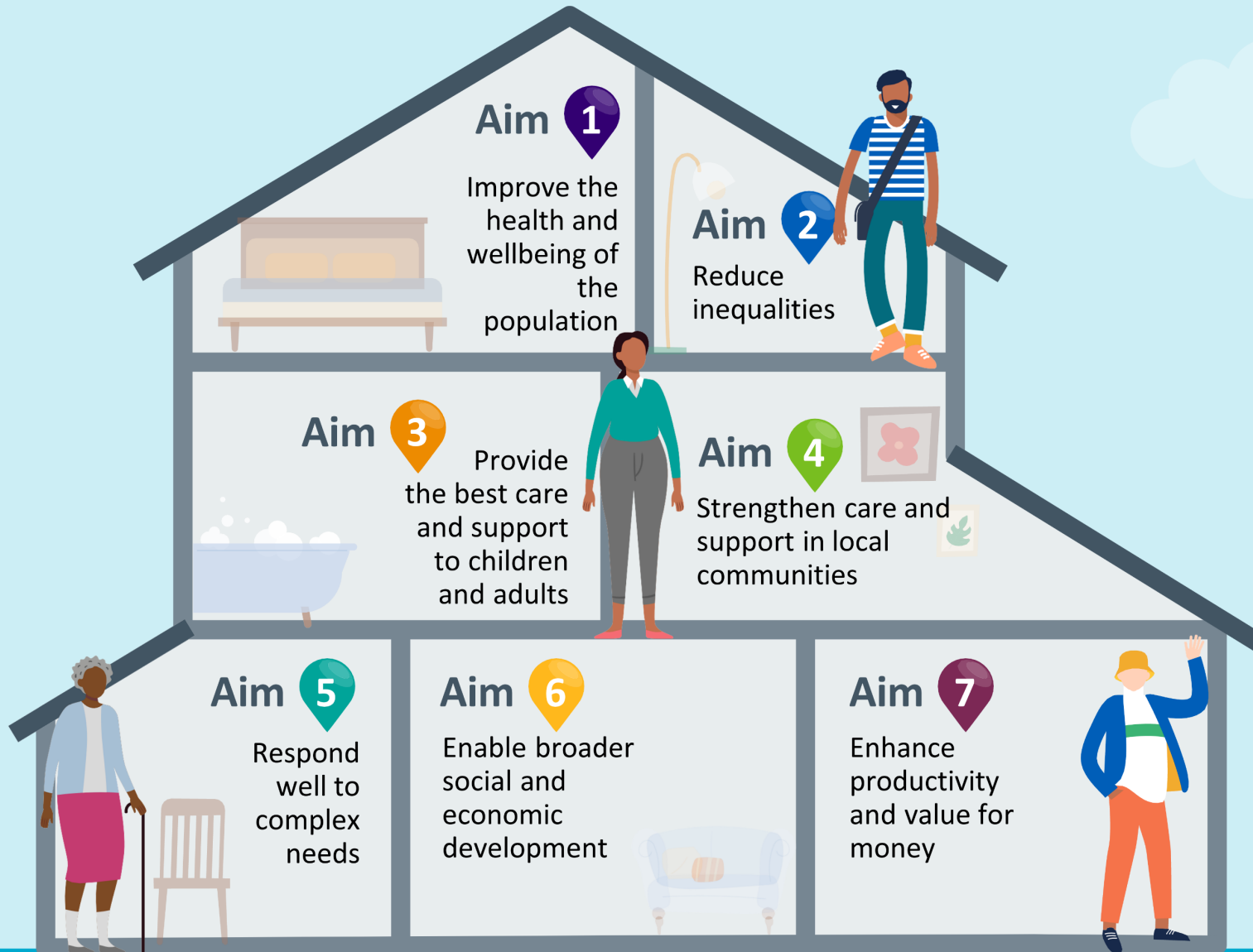


# Somerset Board

Across Somerset we join up in one shared board: the Somerset board, where leaders in the NHS, the local council other statutory agencies like the police and the voluntary sector all come together to drive joint working with shared aims.



# Steps we will take



# Alison Henly Chief Finance Officer and Director of Performance

Our finances and performance



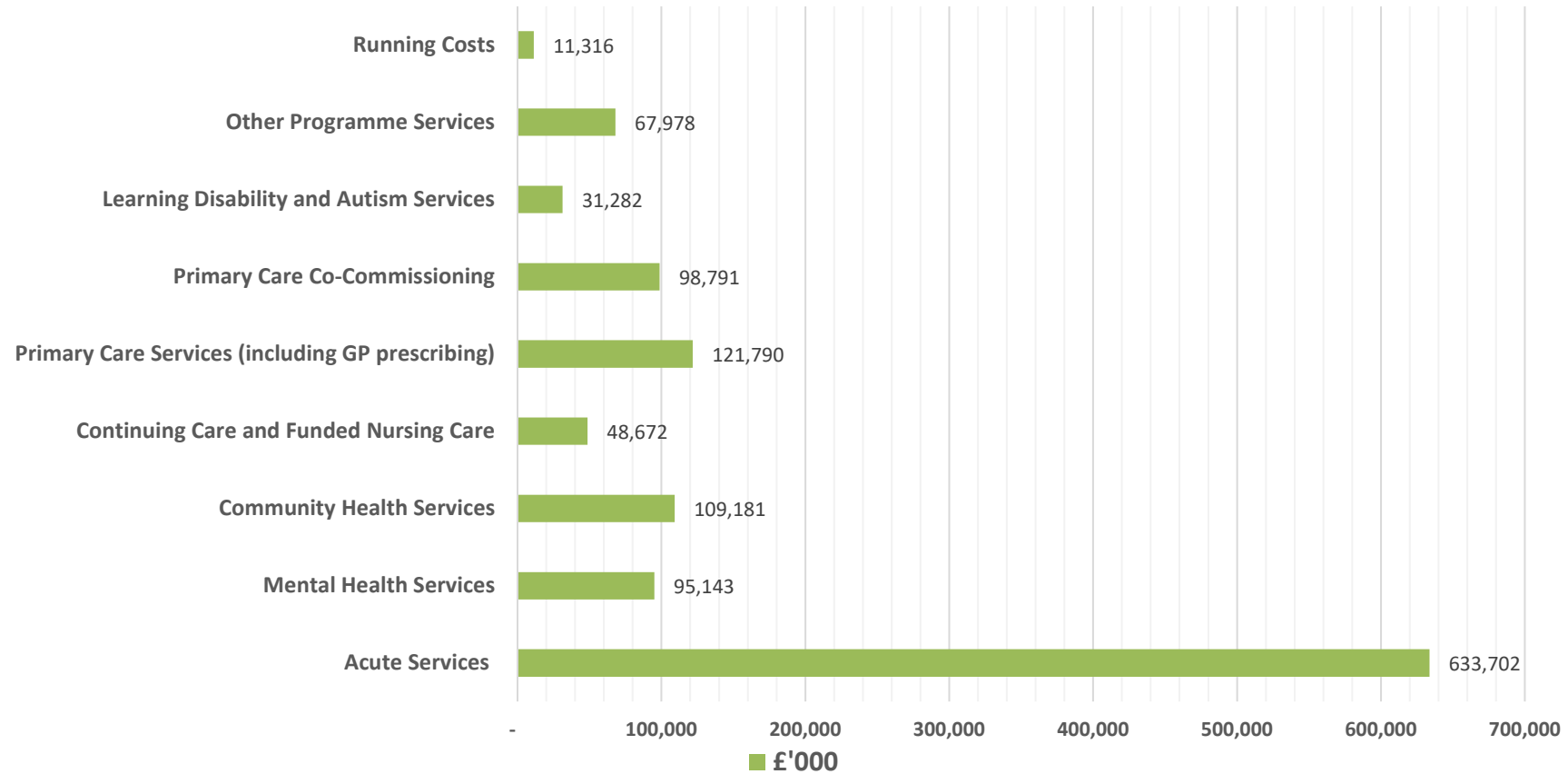
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# How we spend our money

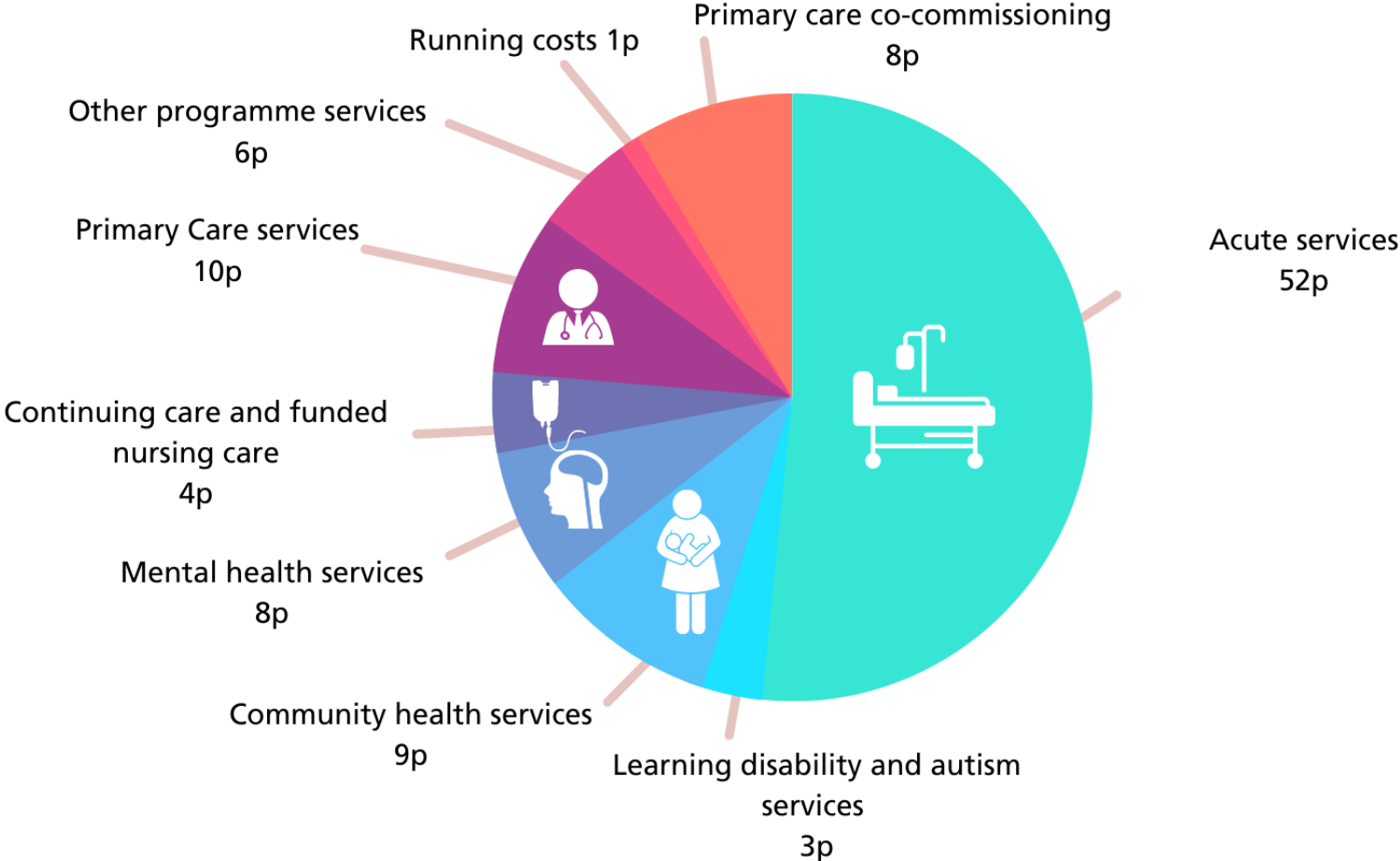
## NHS Somerset Clinical Commissioning Group / Integrated Care Board Expenditure 2022/23







**£1,217,855,000 for 2022/23**

# How we spend our money

How we spend our Somerset pound 2022/2023



# Our target financial performance

2022/23 Target Performance	Achieved
Expenditure not to exceed income	
Capital resource use does not exceed the amount specified in Directions	
Revenue resource use does not exceed the amount specified in Directions	
Revenue administration resource use does not exceed the amount specified in Directions	

# Performance 2022/23

- **96,245 people called an ambulance:** 44% conveyed to A&E, 3% to another destination.  
South West average: 38.2% conveyed to A&E, 3.3% to another destination.
- **Average response time for a Category 1 call:** 12 minutes.  
South-West average: 11.1 minutes. National average: 9.2 minutes.
- **Average response time for a Category 2 call:** 55.1 minutes  
South-West average: 69.1 minutes. National average: 51.4 minutes.
- **146,079 people attended A&E services:** 58.3% were discharged, admitted or transferred within 4-hours.  
South-West average: 61.3%. National average: 62.5%.
- **103,882 people attended MIU:** 96.4% were discharged or transferred within 4-hours.  
South West average: 97.1%. National average: 94.8%.
- **41,690 people admitted** to Musgrove Park or Yeovil District Hospital stayed more than 1 day.
- At 31 March 2023: 207 patients in an Acute Hospital bed were medically fit but unable to be discharged, taking up 22.7% of the hospital's acute beds, compared to 20.7% beds lost across the South West and 14.7% nationally.



# Performance 2022/23

- As at 31 March 2023, 7.3 million people across England are on the **Elective Waiting List**. 631,809 in the South West and **61,638 in Somerset**.
- **4 Somerset patients' waiting time exceeded 104 weeks**: compared to 184 across the South West and 511 nationally.
- **79 Somerset patients' waiting time exceeded 78 weeks**: compared to 1,926 across the South West and 10,718 nationally.
- **1,239,958** people attended **hospital out-patient appointments**. **77,963** attended **in-patient** or **day case** procedures.
- **28,572** patients received communication of a **cancer diagnosis** or ruling out cancer: **64.3% within 28 days of referral**, compared to 69.7% across the South West and 70.2% nationally.
- **4,407** Somerset patients who had a **first definitive cancer treatment**: **91.2% received this within 31 days** of the decision to treat, compared to 86.5% across the South-West and 91.7% nationally.
- **9,119** people accessed **Talking Therapies** services: **98.9% waited less than 18 weeks** from referral to access, compared to 99.6% across the South West and 98.4% nationally.
- **87.5%** of **urgent Children and Young Persons Eating Disorder referrals** that waited less than **1 week**, compared to 47.2% across the South West and 78.7% nationally.
- **96.4%** of **routine Children and Young Persons Eating Disorder referrals** waited **less than 4 weeks**, compared to 83.1% across the South West and 82.5% nationally.

# Jonathan Higman Chief Executive

Our first year, much to be proud of



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# Our workforce – our greatest asset

Our focus is on creating more routes into health and care careers to make sure we have a workforce that can meet the future health and care needs of our Somerset community.

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**Scenario Workforce Planning 2035** - As part of our workforce scenario planning for 2035 we are bringing partners together to help future proof our workforce.



# Homeless health inclusion service

Since 2021, the NHS in Somerset has been working in partnership with Somerset Council and the voluntary sector to support the health of those experiencing homelessness.

Our award winning Homeless and Rough Sleeper Nursing Service includes nurses, mental health nurses, link workers, two Inclusion Health GPs (located in Taunton and Yeovil) who provide care to those living in tents, vans, hostels and on the streets.



**300**

adults in contact with the service at any one time

**871**

clients have been referred into the service

**4469**

appointments have taken place

**24%**

of clients have been helped to register with a GP

# Rural health hubs

Farming can be a very isolating and lonely occupation, with many farm workers working in remote locations: leaving them with very little time to access healthcare.

We have worked with the farming community to set up three rural health hubs offering free access to confidential health checks, without the need to book an appointment.

The success of the hubs is a result of a strong collaboration between the NHS and community-based charities from the farming sector.



# Professor Trudi Grant Executive Director of Public and Population Health

Prevention



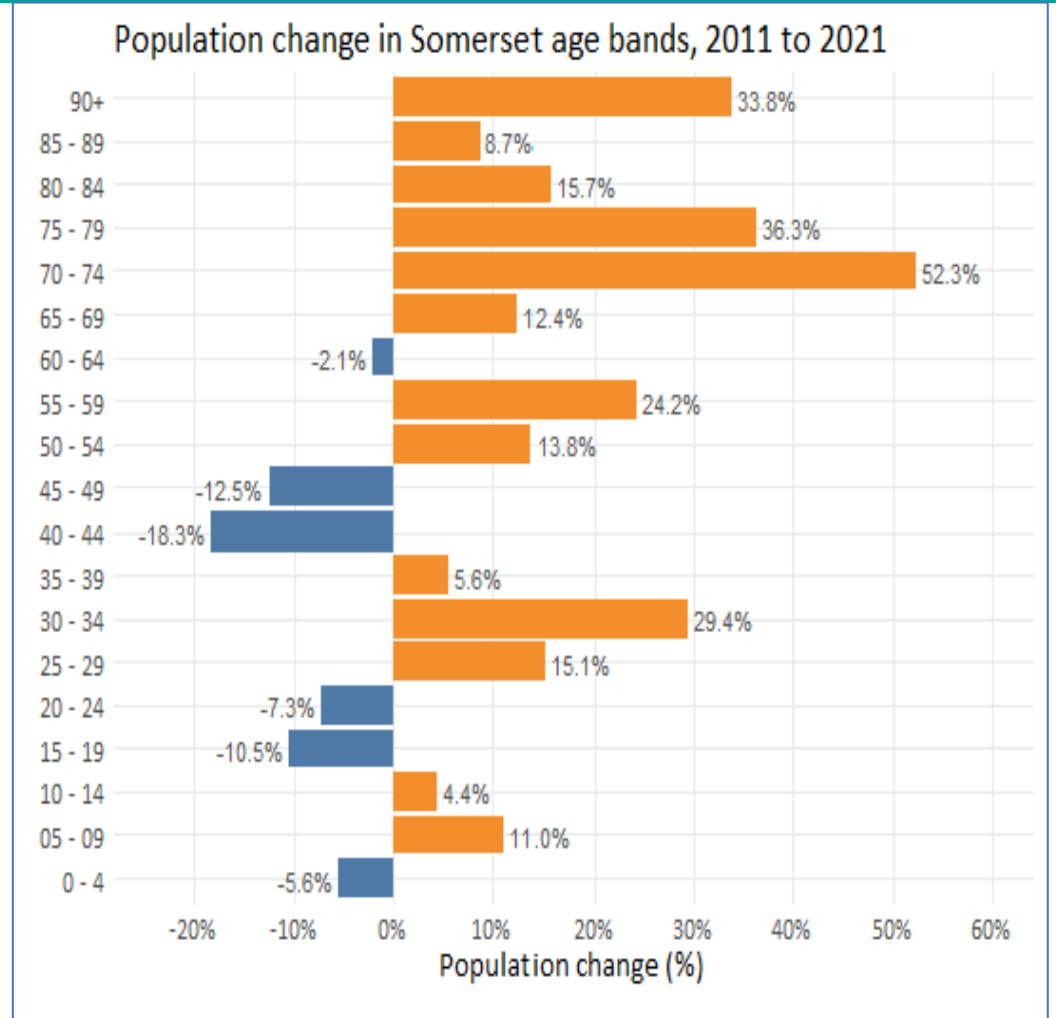
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## Somerset Census Data 2021 vs 2011

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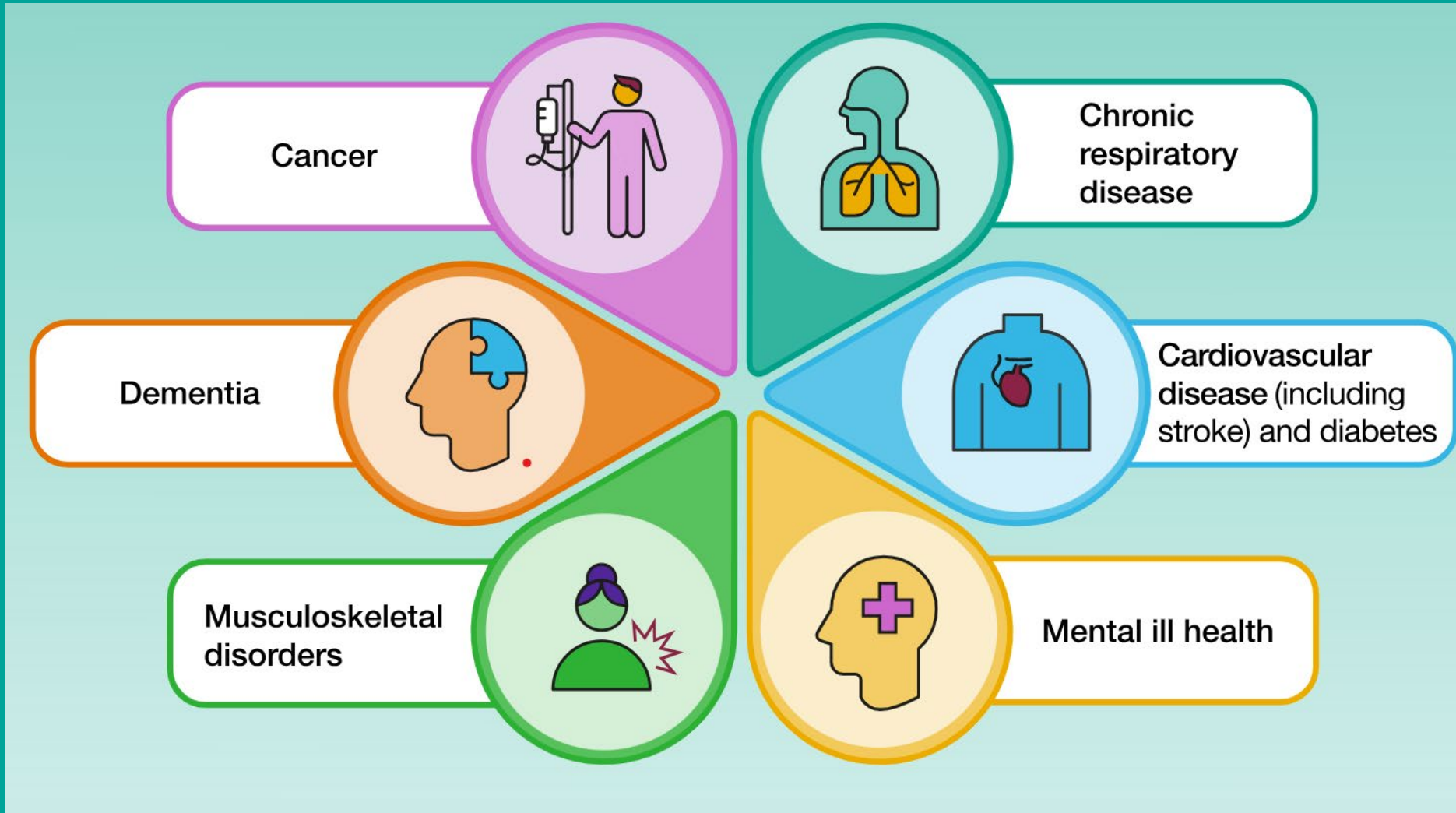
# In Somerset

More than **100,000** Somerset residents report their day-to-day activities are limited to some extent due to disability or a long-term health condition. (18.7% of residents, or nearly one in five.)

**45,000** Somerset residents (7.9% of all residents) have a long-term health condition which does not limit their day-to-day activities.



# Major Conditions Strategy



**1 in 4** adults in England have 2 or more long term conditions

**6** groups of conditions – account for **60%** of ill health and early death in England

# Major Conditions Strategy proposes

55% of NHS costs for hospital admissions and outpatient appointments and 75% of primary care prescriptions are for people living with 2 + long term conditions.

**Primary prevention:**  
acting across the population to reduce risk of disease

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so we can identify health conditions early, to make treatment quicker and easier

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**Long-term care and treatment:**  
in both NHS and social care settings

# Focus on high blood pressure

In total, cardiovascular disease (CVD) contributes to a quarter of all deaths.

CVD also accounts for one-fifth of the gap in life expectancy gap between the most and least deprived communities.

High blood pressure affects 1 in 4 adults, but it is largely preventable and is treatable at a relatively low cost.



**72**  
strokes  
prevented

**106**  
heart attacks  
prevented

# Paul von der Heyde Chair

Questions?



**We are NHS Somerset**

Driving collaboration, supporting innovation, promoting good health



# Thank you

Stay in touch, follow NHS Somerset on:



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[nhssomerset.nhs.uk](https://nhssomerset.nhs.uk)

