**HEALTH AND WELLBEING BOARD**

# Minutes of the Meeting held

Thursday 4th September 2025, 11.00 am

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| Councillor Paul May | Bath and North East Somerset Council |
| Paul Harris | Curo |
| Laura Ambler | Integrated Care Board |
| Charles Bleakley | BEMs+ (Primary Care) |
| Councillor Alison Born | Bath and North East Somerset Council |
| Fiona Lloyd-Bostock | Oxford Health |
| Jocelyn Foster | Royal United Hospitals Bath NHS Foundation Trust |
| Sara Gallagher | Bath Spa University |
| Jean Kelly | Bath and North East Somerset Council |
| Natalia Lachkow | Bath and North East Somerset Council |
| Liz Kearton | University of Bath |
| Sue Poole | Healthwatch BANES |
| Stephen Quinton | Avon Fire & Rescue Service |
| Rebecca Reynolds | Bath and North East Somerset Council |
| Val Scrase | HCRG Care Group |
| Emma Solomon-Moore | University of Bath |
| Agata Vitale | Bath Spa University |

## 14 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

## 15 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the emergency evacuation procedure.

## 16 APOLOGIES FOR ABSENCE

Apologies for absence had been received from:
Becky Brooks – 3SG
Sophie Broadfield – Executive Director of Sustainable Communities, B&NES
Will Godfrey – Chief Executive, B&NES
Kevin Hamblin – Bath College
Scott Hill - Avon and Somerset Police
Nick Streatfield – University of Bath – Kiz Kearton substituting
Suzanne Westhead – Director of Adult Social Care, B&NES - Natalia Lachkow substituting

## 17 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 18 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

## 19 PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

There were none.

## 20 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on Thursday 3 July 2025 were approved as a correct record and signed by the Chair.

## 21 FEEDBACK FROM DEVELOPMENT SESSIONS

Paul Harris gave the following feedback on some of the actions following the previous HWB Development Session on Warm Homes:

1. The B&NES Community Energy Network Project Manager had met with 3SG and was looking to engage other organisations in a retrofitting group.
2. A toolkit was being developed to raise awareness among frontline professionals and assist in identifying and addressing damp and mould.
3. A fridge magnet had been created for residents which contained advice on what they could do if they had a problem with damp or mould.

22 **BETTER CARE FUND UPDATE**

Laura Ambler, Executive Director of Place – B&NES BSW ICB and Natalia Lachkou, Adult Social Care, B&NES gave a verbal update as follows:

1. The BCF Quarter 2 report had been signed off and submitted. NHSE continued to give positive feedback about B&NES annual and quarterly reporting on the BCF. There was a need to demonstrate impact and the link to winter planning.
2. There was ongoing work to monitor and track progress with a focus on delivering plans in place.
3. The future of the BCF was still unknown but there was likely to be something similar in place and the advice was to continue working as before.
4. The B&NES locality was proactive in the national network and looked at best practices to inform future plans.

23 **CHANGES WITHIN NHS**

Laura Ambler, Executive Director of Place – B&NES BSW ICB advised the Board of the latest developments in relation to changes within the NHS:

1. She reminded the Board that there would be significant changes. In March it was announced that NHSE would be abolished and its role would be subsumed. ICBs were instructed to cut costs by 50% and to achieve this, individual ICBs were looking to cluster with other ICBs. BSW ICB would be clustering with Dorset and Somerset.
2. There was a key role for Health and Wellbeing Boards in the NHS 10 Year Plan. Every locality would be required to prepare neighbourhood plan and the HWB would be responsible for signing off the plan. B&NES HWB was well placed to respond to this challenge.
3. Neighbourhood Plans would come together in the ICB clusters (there would be 6 areas in the new cluster) and inform a population health management plan which ICBs would need to take account of in planning services.
4. The ICB blueprint identified 13 workstreams to be transferred out, this was being reviewed to see where this work would sit.
5. The regional blueprint for NHSE had not yet materialised.
6. There would be different time scales for changes as some required legislation.

Board members raised the following questions/comments:

1. *How could services be delivered in the context of 50% cuts to the ICB?* The cluster was looking at a new operating model and identifying what needed to be done across the whole area and what needed to be done at a place perspective. The first step would be the appointment of a Chair and Chief Executive Officer for the cluster. Early indications were that there was a function for place and that

this would be built into the operating model.

2. *Will the ICB still provide the same services in relation to children and SEND?* This was not clear, SEND was originally on the list of services to be retained for a period of time or maybe indefinitely. The ICB would need to keep working with the local authority as there was a shared statutory duty.

3. *Is there any indication that there will be a cut in budgets for services?* The cuts would be in relation to operational costs and there was no planned reduction to the costs of programmes.

4. Further guidance would be produced with details of Neighbourhood Plans and how they would differ from the Joint Health and Wellbeing Strategy and the ICB Strategy.

5. B&NES, Swindon and Wiltshire had experience of working together across three local authority areas which was a strong position to be in when moving towards clustering.

6. In relation to the future of Healthwatch, until there was legislative change Healthwatch was continuing to carry out its statutory function. There was a petition asking the Government to support the independent voice in relation to health services.

7. In terms of boundaries, healthcare had been grouped together with Swindon and Wiltshire for a long time and to move away from that may cause more problems than it solved. Patients had always crossed boundaries to access health services and this would continue to happen, e.g., residents of B&NES accessing health services in Bristol. There may be a future expectation for health services to align with the strategic authority (West of England Combined Authority) and any formal merger between ICBs would need to take this, along with other issues, into account.

8. Whatever the future model would be, it was important to continue to work together effectively with the ICB.

The Chair thanked Laura Ambler for the update and acknowledged the difficult position for ICB staff in responding to the changes.

## 24 JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN

Paul Scott, Consultant & Associate Director of Public Health, B&NES, introduced the Q2 exception reports and thanked reporting leads and sponsors for producing the reports. He drew attention to the following:

1. The action plan was being refreshed and the deadline for amendments was 8 September. The refreshed action plan would come back to the HWB in November.

2. Most actions were now green; some had changed from amber to green and a few remained amber.

3. Priority 1 - good progress in relation to the work on Families First. There were still challenges around the safety valve.

4. Priority 2 – there had been good progress in meeting the actions. The Business and Skills Annual Report 2025 highlighted some positive actions in this area.
5. Priority 3 – the actions were mostly green, but amber in relation to the future of the Community Hub and there was a request for the Board to continue to support the hub.
6. Priority 4 – 4.1 was amber around the Local Plan in terms of getting people engaged and making it work in terms of health and wellbeing infrastructure. There had been good progress on 4.2 and 4.3 and it was noted that the Housing Plan had been adopted in April 2025. There was also a new affordable warmth grant about to launch with details on B&NES own energy advice website www.energyathome.org.uk

The Board raised the following comments/questions:

1. Welcome the exception reports as evidence that the Board was delivering its Joint Health and Wellbeing Strategy.
2. For future reports it would be useful to have a breakdown at the top of the report on the number of red, amber and green actions.
3. In relation to Priority 1:
    a. It was hoped that the £11m safety valve funding would soon be released to the Council.
    b. There would be a focus on the Families First programme at the Development Session in February in advance of plans being in place by 1 April. This was a multi-agency, integrated front-door approach to support children and their families.
    c. Be Well B&NES was helping reduce the attainment gap for young people in B&NES.
4. In relation to Priority 3:
    a. The risk to the future funding around the Community Hub was that it was funded through the Better Care Fund and there was a level of uncertainty about the future of BCF.
    b. There had been a positive peer review on the Community Hub which recognised the strengths of joining up referrals and information sharing. It was noted that the hub now served children as well as adults.
5. In relation to Priority 4.1 - Local Plan: if B&NES had to deal with an additional 29k homes in the next 20 years, there would be major implications in terms of health care and it was essential to keep promoting the need for associated infrastructure. It was noted that there would be a special Cabinet meeting on 25 September to agree the Local Plan options document and Board members were urged to encourage people to engage with the consultation.

Rebecca Reynolds, Director of Public Health, advised the Board that Sarah

Heathcote, Health Inequalities Manager, had been ensuring that the Implementation Plan and related exception reporting had a strong focus on addressing inequalities, and that her role may not continue beyond March 2026. By March 2026 the Implementation Plan would have been refreshed and a reporting system would be embedded. She confirmed the reporting system would be "lighter touch" with reporting leads continuing to update on actions, and the role of sponsor would become increasingly important in terms of overseeing Development Sessions and reporting back to HWB.

25 **PHARMACEUTICAL NEEDS ASSESSMENT (PNA)**

Paul Scott, Associate Director and Consultant in Public Health, B&NES introduced the report and Victoria Stanley, ICB and Richard Brown, Chief Officer, Community Pharmacy - Avon and Wiltshire were in attendance to answer questions:

1. The PNA was a duty of the Health and Wellbeing Board and needed updating every 3 years.
2. The purpose of the PNA was for NHSE to use as an evidence base when they receive applications for changes to pharmacies.
3. No gaps had been identified in the report, but it had been noted that there were a number of long-term temporary pharmacy closures.

The Board raised the concerns about long-term temporary closures which were creating a gap in provision for patients and questioned why this was not addressed in the PNA report. It was noted that this was a particular problem for patients where temporary closures were concentrated within a geographical area where there was no alternative local pharmacy provision.

It was clarified that, in terms of the regulations, a pharmacy was either open, temporarily closed or no longer a pharmacy. The regulations did not cover the scenario of long-term temporary closures, and a gap could not be identified when a pharmacy contract was still in place.

The Board recognised the need to have an up-to-date PNA, but asked that, in publishing the report, a note be included in relation to concerns about long-term temporary pharmacy closures and the impact on patients.

In response to a question about late night opening hours and the fact that there was only a service up until 7pm in Bath rather than 9pm as suggested in the report, it was clarified that it was unreasonable to request pharmacies to open late at their own cost when there may not be a demand for a late night service and that there were other options for dispensing urgent medication.

The Board **RESOLVED** to:

1. Note the findings of the Pharmaceutical Needs Assessment, in particular the key finding at the end of the Executive Summary.
2. Approve the report for publication with a note included in relation to concerns about long-term temporary pharmacy closures and the impact on patients.

The meeting ended at Time Not Specified

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**