

SZC HEALTH AND WELLBEING WORKING GROUP

NOT PROTECTIVELY MARKED

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| Date: | 24 th January 2024, 11:00-12:00 |
| Location: | Teams |
| Chair: | Rebecca Calder (SZC) |
| Attendees: | Gary Crockett (ESC), Stuart Halsey (ESC, obs / attending on behalf of Nicole Rickard, Head of Communities at ESC), Richard Cracknell (RCr) (SCC Public Health), Anna Crispe (SCC Public Health), Louise Hardwick (East Suffolk ICB), Jane Crawford (East Suffolk ICB), Dr Imran Qureshi (East Suffolk GP), Sarah MacLennan (East Suffolk GP obs) Rebecca Calder (RC) (SZC), Ceri Bryant (SZC), Rachel Hunt (Norfolk and Waveney ICB, obs) |
| Apologies: | Isaac Nunn (SCC) Chris Lawson (Health and Wellbeing Officer) |

Meeting Notes:

1 INTRODUCTIONS

- East Suffolk ICB requested a member from Norfolk and Waveney ICB is in attendance.
- Noted that the health and wellbeing officer has now been appointed and will attend future meetings.

2 TERMS OF REFERENCE

- RC reported that the Economic Review Group have requested fully clarity on KPIs / reporting from the sub-groups i.e. what is being reported and timescales of receipt/ issue of information – Social Review Group likely to mirror this request so SZC will update ToR accordingly and re-circulate.
- Working groups will run throughout construction phase,
- Sizewell C has committed to providing an occupational health service to internalise as much demand from the workforce as possible - CB will be reporting to working group on KPIs set out in Deed of Obligation (DoO).
- DoO includes residual healthcare contribution for any residual demand from non-home based workers and their families – Health and Wellbeing Officer to report to working group on how spent and why.
- Working group will discuss relevant issues and feedback members, including other working groups, to help inform how fund can be used effectively.
- Noted some members of this Group will sit on other social working groups to ensure cross-collaboration.
- Discussion on what evidence is required re: effects on East Suffolk:
 - IQ confirmed they can provide data but evidence gathering is going to be timely/ require resource to do so. IQ requested if any financial support or resource can be given upfront to help with this.
 - Group discussed that at this point, do not want to create additional measurement criteria which may be onerous and expensive.
 - Suggestion that existing population health and trends may help inform how can fund be used effectively and should be used initially.
- Working Group to meet quarterly, particularly for first couple years and chaired by ICB.
- Third parties may be invited to join meetings, where required.
- Decision making must be unanimous.
- Report up to Social Review Group – every 6 months inc. KPIs and collaborative working that the Group is undertaking.
- LH flagged that meeting quarterly may not be beneficial – may be helpful to have internal task and finish groups in the interim of the scheduled quarterly Working Group meetings. LH having discussions with relevant parties.

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- RC advised that Ceri Bryant should be the main point of contact on health and wellbeing for any issues needing to be flagged with SZC between the Working Group meetings.
- AH queried scope of occupational health service – noted need for accurate data on sexual health. CB advised that this would be included but likely to be sub-contracted to SCC’s provider – noted needed to capture data.
- IQ discussed existing problems with alcohol and drug use in the area. Noted number of charities in area. CB advised that discussions are already underway to support in a number of areas with charities such as Turning Point.

ACTION: Working Group to review and agree final ToR, including any proposed changes from the Social Review Group.

3 DCO FIRST COMMENCEMENT UPDATE

- First commencement took place Monday 15th Jan 2024 but RC noted that there would be a slow ramp up initially and several years until peak (and maximum workforce).

4 DISCUSSION ON HEALTH AND WELLBEING EFFECTS

- CB gave presentation on the Sizewell Health service and what it seeks to offer.
- Noted focus on capturing all lessons learnt from HS2, Hinkley Point C etc and to look at health in a holistic manner.
- Scope of service is sub-divided into 3 categories: Prevention of Ill Health; Fitness for Work; and Treatment Service.
- Will require a collaborative, innovative and holistic approach.

ACTION: CB to share presentation pack with Working Group.

5 KEY RISKS, ISSUES AND OPPORTUNITIES

- IQ flagged concern over advertising for SZC roles and if this will take away from surgery support:
 - If project brings new talent to the area, IQ questioned if there will be opportunity to share the resource between SZC and GP surgeries in locality to prevent loss of resource and talent.
 - CB reiterated this can potentially be explored going forward, will need confirmation of provider.
- AC raised that SCC have some anxieties over domiciliary care workforce and potential loss of these roles. RC noted that Community Safety Working Group monitoring this risk and there is a public services resilience fund set up to address any issues.
- As per ToR discussion, group noted burden of reporting and how the Working Group manage requirement of evidencing vs not increasing workload.
- Need to ensure correct drugs and sexual health information is sent out to the Group for monitoring and mitigation of this risk item.
- Impact of prescribing medicines – will this affect funding? RC confirmed there will be an on-site pharmacy. CB advised that for long-term health conditions, people will continue to be prescribed / cared for by their home GP.
- IQ requested discussions be held with CB – opportunities that can materialise short term and long term.

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- JC discussed the non-medical interventions that can help support people's health and wellbeing that can be explored. SH flagged the area has a strong voluntary service and there is a concern that this could become overwhelmed – how will it be monitored whether they need extra resource to help meet demand. LH – social prescribing link workers will be able to assist on these items. RC noted there is also a Community Fund provided in the Deed of Obligation.

ACTION: RC to liaise with lawyers regarding Deed of Covenant for ICB – update LH.

ACTION: CB to link group to counterparts at Hinkley Point C and feedback to Group.

ACTION: RC to confirm if Norfolk & Waverley ICB can join the Group as formal members or remain as observer.

6 AOB

Next meeting to be 2hrs going forward on Teams.

ACTION: SZC to send out meeting invite for next Working Group meeting.

ACTION: SZC to circulate ES information on the occupational health service and coordinate separate meetings (1:1s) to discuss scope where required.

ACTION: Details of Health and Wellbeing Officer to be shared with CB. LH to arrange meeting between Officer and CB.

Actions raised during the meeting:

| Date Raised | Ref. | Description | Lead | Date Due |
|----------------------|------|-----------------------------------------------------------------------------------------------------------------|---------------|-----------------------------|
| 24 th Jan | 1 | Working Group to review and agree final ToR. | Working Group | For next meeting |
| 24 th Jan | 2 | CB to share presentation pack with Working Group. | CB | Sent with meeting note |
| 24 th Jan | 3 | RC to liaise with lawyers regarding Deed of Covenant – update LH. | RC | Complete |
| 24 th Jan | 4 | Link CB with a meeting with HPC and feedback to Group. | CB | Ahead of next meeting |
| 24 th Jan | 5 | RC to confirm if Norfolk & Waverley ICB can join the Group as formal members or remain as observers. | RC | Mid Feb 24 |
| 24 th Jan | 6 | SZC to send out meeting invite for next Working Group meeting. | SZC | Mid Feb 24 |
| 24 th Jan | 7 | SZC to recirculate further information on the service and coordinate separate meetings (1:1s) to discuss scope. | SZC | Info sent with meeting note |

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| 24 th Jan | 8 | Details of Health and Wellbeing Officer to be shared with CB. LH to arrange meeting between Officer and CB. | LH | Complete |
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Author: Eleanor Wright (Quod)