

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: B
DATE OF MEETING:	24 July 2025	
REPORT TITLE:	Minutes of the ICB Board Meeting held on 22 May 2025 and accompanying Action Schedule	
REPORT AUTHOR:	Julie Hutchings, Board Secretary and Corporate Governance Manager	
EXECUTIVE SPONSOR:	Jonathan Higman, Chief Executive	
PRESENTED BY:	Paul von der Heyde, Chair	

PURPOSE	DESCRIPTION	SELECT
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	<input checked="" type="checkbox"/>
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	<input type="checkbox"/>
Discuss	To discuss, in depth, a report noting its implications	<input type="checkbox"/>
Note	To note, without the need for discussion	<input type="checkbox"/>
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	<input type="checkbox"/>

LINKS TO STRATEGIC OBJECTIVES (Please select any which are impacted on / relevant to this paper)
<input checked="" type="checkbox"/> Objective 1: Improve the health and wellbeing of the population <input checked="" type="checkbox"/> Objective 2: Reduce inequalities <input checked="" type="checkbox"/> Objective 3: Provide the best care and support to children and adults <input checked="" type="checkbox"/> Objective 4: Strengthen care and support in local communities <input checked="" type="checkbox"/> Objective 5: Respond well to complex needs <input checked="" type="checkbox"/> Objective 6: Enable broader social and economic development <input checked="" type="checkbox"/> Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT
N/A

REPORT TO COMMITTEE / BOARD
<p>The Minutes are a record of the meeting held on 22 May 2025. They are presented to the ICB Board, together with the accompanying Action Schedule, and are published in the public domain through the NHS Somerset website, to provide clarity and transparency about the discussions and decisions made, and to ensure the principles of good governance are upheld.</p> <p>The NHS Somerset ICB Board is asked to Approve the Minutes of the meeting and accompanying Action Schedule and to confirm that the Chairman may sign the Minutes as a true and correct record.</p>

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED
(please enter 'N/A' where not applicable)

Reducing Inequalities/Equality & Diversity	N/A
Quality	N/A
Safeguarding	N/A
Financial/Resource/ Value for Money	N/A
Sustainability	N/A
Governance/Legal/ Privacy	The Minutes are the formal record of the meeting and are presented together with the accompanying Action Schedule.
Confidentiality	N/A
Risk Description	N/A

Minutes of the **Meeting of NHS Somerset Integrated Care Board (ICB)** held at **Victoria Park Community Centre, Bridgwater**, on **Thursday 22 May 2025**

Present:	Paul von der Heyde Suresh Ariaratnam	Chair Non-Executive Director (Chair of Primary Care Commissioning Committee)
	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)
	Jonathan Higman	Chief Executive
	Peter Lewis	Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)
	Dr Bernie Marden	Chief Medical Officer
	Shelagh Meldrum	Chief Nursing Officer and Director of Operations
	Grahame Paine	Non-Executive Director (Chair of Audit Committee)
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member)
Apologies:	Graham Atkins	Chief People Officer (Participant)
	Dr Berge Balian	Primary Care Partner Member
	Judith Goodchild	Healthwatch (Participant)
	Alison Henly	Chief Finance Officer and Director of Performance and Contracting
	Katherine Nolan	SPARK Somerset, VCSE sector (Participant)
In Attendance:	Alison Bell	Interim Director of Public Health (Participant)
	Charlotte Callen	Executive Director of Communications, Engagement and Marketing (Participant)
	Oli Fletcher	Workforce Programme Lead, NHS Somerset (for item ICB 056/25)
	David McClay	Chief Officer for Strategy, Digital and Integration (Participant)
	Jade Renville	Executive Director of Corporate Services and Affairs, NHS Somerset and Somerset NHS Foundation Trust (Participant)
	Mel Roberts	Work, Health & Skills Lead, Somerset Council (for item ICB 056/25)
	Tony Robinson	Healthwatch (Participant) (deputising for Judith Goodchild)
	Stephen Rosser	Head of Commissioning and Transformation (for item ICB 058/25)
	Scott Sealey	Deputy Chief Finance Officer and Deputy Director of Performance & Contracting (deputising for Alison Henly)
	Kate Smith	Associate Director of Strategic Programmes (for item ICB 057/25)
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Manager

ICB 048/25 WELCOME AND APOLOGIES FOR ABSENCE

23.1 Paul von der Heyde welcomed everyone to the meeting of the NHS Somerset Integrated Care Board (ICB). Apologies were noted as above.

ICB 049/25 PUBLIC QUESTIONS [\(PLEASE SEE APPENDIX 1\)](#)

ICB 050/25 REGISTER OF MEMBERS' INTERESTS

- 50.1 The ICB Board received and noted the register of members' interests, which reflected the position as at 15 May 2025.

ICB 051/25 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

- 51.1 There were no declarations of Interest relating to items on the agenda. The quoracy of the meeting was confirmed. Grahame Paine advised that he was no longer a Governor at Weston College.

ICB 052/25 MINUTES OF THE MEETING HELD ON 27 MARCH 2025 AND ACCOMPANYING ACTION SCHEDULE

- 52.1 The minutes of the meeting held on 27 March 2025 were **approved** as a true and correct record, subject to the following amendment.

36.2, fourth bullet point – wording to be updated to reflect that this was specifically about carrying out quality impact assessments on each of the savings listed.

Action ICB 052/25: Julie Hutchings to link with Alison Bell to agree revised form of wording.

Recognising the need to properly assess the required work, a new, streamlined framework has been put in place that avoids unnecessary bureaucracy and supports positive change. Outcomes and processes may be brought back to a future meeting. It was noted that this was one area within the 2025/26 operational plan Board compliance statement where we were not fully assured and the positive progress was noted

- 52.2 The action schedule was reviewed and updates noted.

ICB 053/25 CHAIR'S INTRODUCTION/REPORT

- 53.1 The Chair gave some introductory remarks, reflecting the following:

- Proactive dialogue has continued with chairs regionally and nationally with leaders and partners across our system.
- There are three major challenges currently facing Somerset: delivering a balanced operational plan, pressures on paediatric and maternity services at Yeovil District Hospital (YDH) and the evolving structure of the NHS and ICBs.
- Significant work is underway to support NHS reconfiguration at pace, with the Chief Executive carrying a substantial leadership load. The system's constructive approach has been positively received at both regional and national levels, and staff were thanked for their efforts.
- Participation in a regional equality, diversity and inclusion strategy day reaffirmed a shared commitment to equity, with a focus on embedding this in all decision-making.
- A joint meeting between ICB and Somerset NHS Foundation Trust (SFT) Non-Executive Directors/Members was held, fostering valuable discussions to maintain alignment and momentum.

ICB 054/25 CHIEF EXECUTIVE'S REPORT

- 54.1 The Board received and noted the Chief Executive's report. There was particular discussion on the following:

SYSTEM PERFORMANCE OVERVIEW AND KEY ISSUES

- Recovery has continued since the challenges of December/January, with sustained improvements in ambulance response and A&E

performance, though bed pressures remain due to high numbers of patients with no criteria to reside.

- It was noted that an elective care strategy discussion was scheduled for later in this meeting. This aims to address waiting lists, through the lens of tackling inequality, including the impact on economic inactivity of people being off work, sick waiting for planned treatment.

NATIONAL DEVELOPMENTS/POLICY

Model ICB Blueprint

- NHS Somerset is preparing a submission to NHSE outlining how it will deliver the Model ICB Blueprint within the funding envelope. Current uncertainty poses a risk to staff focus. Delivery of the operational plan for 2025/26 remains critical.

SOMERSET SYSTEM

Temporary closure of the special care baby unit and inpatient maternity services at Yeovil District Hospital (YDH)

- The special care baby unit and inpatient maternity birthing services at YDH have temporarily closed on safety grounds. Further information can be found on the website of Somerset NHS Foundation Trust. .

Somerset System 2024/25 Financial Outturn

- The system has achieved a balanced position for the second consecutive year.

10 Year Health Plan – Somerset Engagement Report

- Engagement findings have been shared and feedback will be aligned with local planning processes. Somerset collected both local and national data to ensure community voices (including rural and coastal communities) were accurately represented.
- Collaboration is ongoing with SFT and the local authority to integrate insights across the system.
- Publication of the national 10-year plan is expected in July, likely introducing significant changes that support care closer to home and a focus on the “three shifts”: from hospital to home, treatment to prevention, and analogue to digital..

Stroke Stakeholder Reference Group

- Notes from the last meeting were shared for transparency, with a wider stakeholder briefing to follow.

ICB 055/25

ANNUAL REPORT OF THE SOMERSET CLINICAL, CARE AND SUPPORT PROFESSIONAL LEADERSHIP PROGRAMME AND PRINCIPLES CHARTER

55.1

The Board received the Annual Report of the Somerset Clinical, Care and Support Professional Leadership Programme and Principles Charter and Bernie Marden highlighted the following:

- Progress continues in embedding clinical and care professional leadership (CCPL) across Somerset's Integrated Care System (ICS), aligned with national priorities.
- The GP Provider Support Unit (GPSU) has been established to support system-wide collaboration and equitable leadership in primary care.
- The CCPL programme has strengthened cross-sector collaboration and embedded leadership at all levels and supports the “three shifts”.

- Clinical and care professionals must be actively involved in key workstreams such as workforce strategy, quality and safety, health inequalities, and innovation and research. Representation should be equitable and inclusive across all sectors and providers.
- Continued support for CCPL development in Somerset is recommended, with progress in CCPL integrated into future strategic planning and assurance frameworks.
- The Principles Charter is representative of the collaborative approach taken to develop them.

55.2

There was discussion amongst Board members as follows:

- The importance of embedding the General Practice Support Unit (GPSU) more strategically was highlighted, recognising primary care as a key access point for the population. Somerset's strong history of primary care engagement was noted, with a focus on ensuring equity and space for innovation.
- There is a need for a scalable training entity and a unified professional approach, with GPSU potentially serving as a hub for community-based learning and system-wide collaboration.
- Discussions are ongoing about inclusive leadership, ensuring space for diverse expertise beyond traditional roles. Input from all sectors, including those with lived experience and operational colleagues, is encouraged.
- Concerns were raised about the exclusivity implied by the current title of the group; efforts are being made to ensure inclusivity and clarity in its purpose.
- A recent clinical event was praised for its diverse representation and positive collaboration, reinforcing the importance of trust and understanding in the shift from hospital to community care.

ICB 056/25

FOCUS ON: 'GET BRITAIN WORKING' – PARTNERSHIP WORKING TO REDUCE ECONOMIC INACTIVITY: 'LIVED EXPERIENCE' STORY (MARK CATTON)

Objectives: 1, 2 & 6

56.1

Alison Bell introduced Mel Roberts and Oli Fletcher, who presented a video setting out a 'lived experience' story about Mark Catton, highlighting the following:

- Mark Catton, a 60-year-old man from Castle Cary with a visual impairment (Retinitis Pigmentosa), struggled to find work after being made redundant during the COVID-19 pandemic.
- He faced repeated job rejections and was even dismissed shortly after starting a role due to concerns about his sight, which severely impacted his confidence.
- Mark eventually found support through the government's Sector-based Work Academy Programme (SWAP), which offers training, work experience, and interview coaching.
- Through SWAP, he secured a role as an estates administrator at Yeovil District Hospital, where he now works alongside his guide dog, Nathan.
- Mark described the job as life-changing and expressed deep gratitude to his colleagues and the SWAP team for their support.
- The Minister for Disabled People praised Mark's journey as inspiring and encouraged others to seek support through Jobcentres.

56.3

Mel Roberts and Oli Fletcher provided a presentation on 'Get Britain Working' - Partnership Working to Reduce Economic Inactivity', highlighting the following:

- The national ambition is to reduce economic inactivity and reach an 80% employment rate, with NHS England targeting a 1.2% reduction in health-related inactivity in Somerset (approx. 606 people by 2028).
- Somerset has 56,700 economically inactive residents, including 16,900 due to long-term illness, with inactivity concentrated in deprived areas.
- Young people (16–29) are disproportionately affected, with 4.1% of 16–18-year-olds not in education, employment, or training (NEET) in 2024.
- The connect to work programme supports individuals with disabilities, long-term conditions, and complex barriers into employment, aiming to support 700 people annually by 2027.
- Community appointment days and employment advisors in health services are already supporting individuals into work.
- The Get Somerset Working Plan will align with national strategy and local skills plans, focusing initially on governance, data analysis, mapping services, and identifying gaps.
- The plan will be developed in partnership with Somerset Council, the ICB, and Job Centre Plus, with a draft expected between July and September 2025.
- Stakeholder engagement and evidence gathering are ongoing, with a submission outline due by 27 June.
- The plan will address key issues such as labour market exclusion, youth unemployment, poor job quality, challenges for women carers, employer recruitment difficulties, and disparities in outcomes.
- A whole-system approach is being developed to tackle these challenges and ensure alignment with broader workforce and economic development strategies.
- The Board was asked to consider:
 - The key labour market challenges in Somerset
 - What the short-term priorities should be
 - How the Board want to engage going forward
 - Nominating a representative for the partnership board

56.4

There was discussion amongst Board members as follows:

- Two key focus areas identified: creating employment opportunities through NHS Somerset's role as an anchor employer (e.g. via SWAP schemes) and addressing health-related barriers to employment. Somerset issued over 500,000 fit notes between 2019–2025—the highest in the South West—highlighting the need to understand waiting list demographics.
- Emphasis on linking social mobility with education and youth engagement, especially in rural areas where transport is a barrier. Work is beginning with the Social Mobility Commission to promote NHS career opportunities beyond clinical roles.
- Somerset's GDP per head is approximately £50,000. Supporting people back into work benefits individuals, public services, and the economy. There is a need to inspire aspiration, particularly among those with health conditions.
- Concerns raised about young people leaving Somerset and the need to expand apprenticeship opportunities.
- Funding challenges noted. Although the connect to work programme is funded, Somerset did not secure previous national funding to fully implement the Get Britain Working plan.
- Difficulty engaging young people in volunteering was discussed. Flexible roles, particularly for young carers, are essential to help individuals reach their potential.

- Concerns expressed about the South West being disadvantaged due to lack of devolved powers and resources compared to other regions.
- Supporting people with long-term health conditions to remain in work is vital. Other health professionals may be better placed than GPs to provide this support, and there may be a need to expand occupational therapy roles.
- A population health approach to employment and health was encouraged, with early intervention (ideally at diagnosis) to support fulfilling lives.
- Collaboration with primary care, especially in deprived areas, is essential. Early intervention models, such as those trialled in North Bristol for musculoskeletal (MSK) issues, were highlighted as examples.
- Concerns raised about young people not in education or employment, and the need for earlier identification and support.
- Around 70% of economically inactive individuals are affected by MSK conditions. Somerset will receive £2.5 million from Sport England to support physical activity, particularly along the coast. Better coordination of funding and local priorities is needed.
- Fit note data is held at GP level but lacks detail on duration and individual trends, limiting its usefulness.
- Tackling inequalities should be embedded in routine work, with deep, targeted, community-based interventions. Service colocation and integration with neighbourhood teams were suggested.
- Simplifying access to support and social prescribing is needed, along with greater engagement from health professionals.
- Transport and rurality remain major barriers, particularly for young people accessing education or work.
- The Get Somerset Working Programme presents an opportunity to align fragmented efforts under a shared strategic plan, potentially via an operational delivery plan.
- Ongoing discussions will continue through the collaboration forum, with a representative to be nominated to the Partnership Board. Acknowledged that Somerset's diversity requires tailored, locally responsive approaches.

ICB 057/25

TRANSFORMATION PROGRAMME: UPDATE

Objectives: All

57.1

David McClay introduced Kate Smith who provided presentations on the 'Joint Forward Plan – Priority Programme Updates' and 'Somerset System Flow – Deep Dive', highlighting the following:

Joint Forward Plan – Priority Programme Updates

- Clinical pathways work is focusing on paediatrics, ophthalmology, gynaecology and weight management, aiming to improve consistency and outcomes – further scoping work to be carried out.
- The workforce programme is developing a long-term strategy to reduce reliance on temporary staffing, though progress is hindered by lack of dedicated resource.
- System flow aims to reduce hospital delays and improve discharge processes, with key actions underway including an expanded pathway 1 service and a 100-day improvement sprint.
- The neighbourhoods programme is advancing integrated community care, with initiatives such as frailty redesign, virtual wards, and leadership development. Also working to reset the governance around this.
- Population health is targeting prevention and health inequalities, with a

focus on hypertension, smoking cessation, and outreach to inclusion groups.

- Risks across programmes include funding cuts, lack of programme management capacity, and data challenges, with mitigations being explored through agile methods, internal realignment, and focused programme delivery.

Somerset System Flow – Deep Dive

- The aim is to reduce the number of patients in hospital beds who no longer meet the criteria to reside (NCTR), targeting a reduction to 15% at Somerset NHS Foundation Trust by September 2025. This is a collaborative programme with a focus on data.
- Five key projects are underway: a 100-day discharge improvement sprint, enhancements to the transfer of care hub, right-sizing of Pathway 1 home-based care, optimisation of Pathway 2 community bed use and establishment of a dedicated Pathway 3 bed base (enabling people to have assessments in care homes closer to home).
- Early results show reductions in hospital process delays and improvements in discharge planning.
- Risks include workforce recruitment challenges and delays in implementing pathway 3.
- Mitigations include temporary resource redeployment and strengthened oversight.
- The programme supports improved patient outcomes, reduced length of stay and financial efficiency across the system.

57.2

There was discussion amongst Board members as follows:

Priority Programme Updates

- It was suggested that future updates to the programmes include indicative timelines to provide greater clarity. It was noted that the priority programmes are at varying stages of development. The ICB TMO team is now fully recruited and operational. While clinical pathways are progressing well, further work is needed in the area of population health.
- There was agreement on the need for greater consistency in how updates are presented across different committees.
- A link between the Board Assurance Framework (BAF) and the priority programmes has been developed, though there is a risk of duplication which should be avoided by having just one route of reporting.
- Concerns were raised about the potential for the five programmes to fall short of their intended outcomes by May 2025. Two key risks were identified: the potential for loss of focus due to ongoing NHS structural changes, and challenges in maintaining momentum in delivery of the system flow programme.

Somerset System Flow – Deep Dive

- Around 20% of patients discharged from YDH are from Dorset; this figure is consistent, and efforts are ongoing to improve cross-border coordination. Dorset runs its own services, which differ from those in Somerset, creating integration challenges.
- Clarification was given that there is one overarching programme with five projects beneath it. The current plan runs until the end of September, with further scoping planned if needed.
- Progress is currently at 15%, with a target to reduce to below 10%; focus remains on building pathway capacity and adapting working methods.

- While the focus is on MPH and YDH, solutions are intended to benefit the entire Somerset population, including those using RUH and Weston.
- “Home first” remains the approach, with support available for pathway 1 discharges. Improvements in pathway 1 capacity are expected by July, which should help reduce numbers.
- Concerns were raised about low numbers in pathway 0; current performance is at 88%, and efforts continue to reduce backlogs across all pathways.

Key Meeting Reports

- Collaboration Forum – there is a recognised risk of distraction from business-as-usual due to ongoing ICB transformation work.
- Population Health Transformation Board – population health needs to be fully integrated with other areas such as major conditions and neighbourhoods to gain insight on prevention; a joint meeting is planned for early summer.
- People Board – notes 4–6 in the report were highlighted as key to future planning.

57.3 The Board **noted** the transformation programme update.

ICB 058/25 **UPDATE ON ELECTIVE STRATEGY DEVELOPMENT** *Objectives: 1-4 & 7*

58.1 David McClay introduced Stephen Rosser who provided an update on elective strategy development, highlighting the following:

- Strategy development for elective care in Somerset has resumed after a pause during operational planning.
- Six strategic goals have been proposed, focusing on demand forecasting, aligning capacity with resources, improving care quality, expanding digital access, redesigning care pathways, and revising performance metrics to include health inequalities.
- The elective waiting list has grown significantly, with NHS providers seeing longer wait times and a higher proportion of patients from deprived areas compared to independent sector providers.
- A capacity and demand model has been developed, showing a widening gap between projected demand and available capacity. The model includes demographic and non-demographic growth, productivity improvements, and planned infrastructure such as new diagnostic and surgical centres.
- Future work includes refining the model, engaging with residents and clinicians, reviewing best practices and incorporating national reforms.
- A draft strategy will be presented to the Board in September 2025. The strategy will address equality, quality, financial sustainability, and governance considerations.

58.2 There was discussion amongst Board members as follows:

- Children awaiting treatment may be out of school or underachieving, emphasising the need for a clear strategic focus on children. While older patients dominate waiting lists, younger individuals often benefit more from timely treatment.
- It was suggested that addressing capacity and demand presents a key opportunity for impact, with this being the right time to explore preventative approaches, even if specific interventions are not yet identified.

- It was noted that some systems are introducing weighting biases in favour of children, due to critical developmental windows (e.g. hearing). It was suggested that this area could warrant specialist attention.
- How supporting services such as diagnostics fit into the strategy. It was clarified that modelling is currently by specialty, with flexibility to address specific issues (e.g. ophthalmology) as they arise. There was a desire to understand pressures from a disease-based population perspective (e.g. cardiac disease, diabetes, cancer).
- Whilst supportive of a focus on children and young people, there was a proposal of stepping back to assess broader population needs and a suggestion to analyse data by deprivation and life stage to generate more targeted insights. There is potential for co-creation with the public using insights from the Somerset Insight Report.
- Concern was expressed that the strategic goals in the report lacked clarity and did not clearly aim to reduce waiting lists, with a need for a more multi-dimensional approach.
- Whether current prioritisation practices (e.g. for people with disabilities) could be extended to children. It was confirmed that the next phase will link life stages with capacity and demand and incorporate qualitative feedback from the insights report.
- The importance of collaboration beyond Somerset, as children may appear on waiting lists in other regions, noting that a regional pilot focused on children is underway.
- Suggestion to review regional approaches to identify whether children or other groups should be prioritised differently.
- The importance of shaping the strategy early, based on individual needs and whether any practical interim actions can be taken before the strategy is completed.
- It was agreed that the strategy will be brought back to the Board in September.

Action ICB 058/25: Elective Strategy to be considered at the September meeting.

58.3 The Board **noted** the update on elective strategy development.

ICB 059/25 INTEGRATED BOARD ASSURANCE DASHBOARD AND EXCEPTION REPORT FROM THE SYSTEM ASSURANCE FORUM

59.1 The Board received the integrated board assurance dashboard and an exception report from the System Assurance Forum (SAF). The Deputy Chief Finance Officer and Director of Performance and Contracting highlighted the following:

- The report covers the period 1 April to 31 March 2025, which now encompasses the Quality and Finance Committee discussions.
- An update was provided on the quality segment, highlighting a decline in performance for initial health checks for children looked after. This was attributed to a process change between health and the local authority. Non-validated data is up to 67% which, while not ideal, shows improvement. A spike in children entering care in February (37 cases) also contributed. Teenagers often decline health checks, prompting notes reviews instead. No harm was identified despite delays. Dental targets for children looked after are not being met, however escalation processes and dedicated primary care resources are in place. Further detailed reporting will be taken to the Quality Committee.
- System-wide urgent and emergency care pressures persisted from January to March, with high bed occupancy impacting A&E wait times and 12-hour trolley breaches. March performance data is reported, with selected urgent and emergency care metrics extending into April.

- No special cause variation concerns were identified in urgent and emergency care, though A&E performance is highlighted. A&E performance declined through Q4 and into April, falling behind plan due to hospital flow challenges and high numbers of patients with no criteria to reside. Improvement actions are underway in A&E and through the System Flow Programme, targeting Q1 and Q2 of 2025/26.
- Elective care shows no special cause variation concerns; updates include incomplete pathways, 65+ week waits, diagnostics, and cancer standards. Longest waits continue to trend downward.
- CT diagnostic performance is recovering but remains below expected levels; improvement actions are in place.
- The 28-day faster diagnosis standard, particularly in breast services, declined in March due to radiology staffing issues; short-term capacity is being added.
- Talking therapies performance declined, breaching the upper control limit in February; national trend mirrored, with local improvement actions underway.
- Workforce remains focused on addressing medical vacancies and retention; March workforce slightly exceeded plan due to escalation at Yeovil District Hospital. Workforce cost improvement programme exceeded targets for 2024/25.
- The ICB and Trust delivered a balanced financial position for 2024/25, subject to audit, supported by significant cost improvement programmes. The council are on track to deliver a balanced financial position in 2024/25, following the delivery of significant cost improvement programmes.

59.2

There was particular discussion amongst Board members as follows:

- A query was raised about the talking therapies score and whether it signals broader concerns about mental health services, particularly in light of rising fit note usage. It was clarified that the issue is specific to talking therapies, driven by staff sickness and capacity challenges. The value of talking therapies in supporting people to remain in work was emphasised.
- It was noted that while group therapies and school-based mental health support are effective, national targets can restrict flexibility. There is a desire to move beyond rigid frameworks to better meet local needs, despite previous challenges when deviating from national rules.
- National mental health performance metrics may not accurately reflect local service quality; a population-focused approach is needed.
- Concern was expressed about increasing work-related stress and the need to address this more effectively.
- It was acknowledged that while the assurance dashboard reflects national frameworks and local priorities, a more detailed view of mental health could be brought separately if required.

ICB 060/25

OTHER KEY MEETING REPORTS

60.1

None submitted for this meeting (explanation below).

ICB Assurance Committee Reports:-

- Audit Committee: no report: last meeting 5/3, next meeting 12/6.
- Primary Care Commissioning Committee: - no report: last meeting on 4/3, next meeting on 4/6.

System Group Reports:-

- Somerset Board: - no report: last meeting 11/3, next meeting 23/7.
- Children, Young People and Families: - no report: last meeting 25/2, next meeting 12/5.

ICB 061/25 ANY OTHER BUSINESS

61.1 None was raised.

ICB 062/25 ITEMS TO BE DISCUSSED AT THE CONFIDENTIAL MEETING

- 62.1
- Minutes of the confidential meeting held on 27 March 2025
 - Chief Executive's Part B report
 - New NHS Operating Model

ICB 063/25 WITHDRAWAL OF PRESS AND PUBLIC

63.1 The Board moved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

ICB 064/25 CLOSE AND DATE OF NEXT MEETING

64.1 The meeting closed at 1.12 pm. The next meeting will take place on Thursday 24 July 2025, at The Town Hall, Chard.

Objectives – Key:

Objective 1: Improve the health and wellbeing of the population
 Objective 2: Reduce health and social inequalities
 Objective 3: Provide the best care and support to children and adults
 Objective 4: Strengthen care and support in local communities
 Objective 5: Respond well to complex needs
 Objective 6: Enable broader social and economic development
 Objective 7: Enhance productivity and value for money

Chairman:

Date:

APPENDIX 1

ICB 049/25 PUBLIC QUESTIONS

49.1 From Daniel Mumby, Local Democracy Reporter (in attendance):

- “1. How much money is the Somerset NHS Foundation trust saving from the temporary closure of Yeovil Hospital’s maternity unit?
2. Is this money being directly reallocated to Musgrove’s maternity unit, or is it being redirected elsewhere - for instance, to make repairs across the Taunton site?
3. What level of risk assessment was carried out before the temporary closure regarding the transport of mothers in labour to Dorchester and Bath, and is the trust satisfied that both of these sites have sufficient capacity?
4. What assurances can the trust and ICB give that this closure will be temporary, and what communication has been made with the DHSC to secure either further funding or assist with recruitment?
5. With the ongoing work to change Yeovil’s stroke unit and this, can the trust give assurance that Yeovil Hospital’s wider future is secure and will not be subject to ‘death by a thousand cuts’?”

49.1.1 Jonathan Higman thanked Mr Mumby for his questions and advised that questions one to three fall within the remit of Somerset NHS Foundation Trust (SFT) to answer and NHS Somerset have been in touch with the Trust on Mr Mumby’s behalf and the responses supplied by the Trust were shared with Mr Mumby in advance of this meeting.

With regards to question four, NHS Somerset recognise that the Trust’s announcement to temporarily close the unit at Yeovil District Hospital is deeply concerning for local people and staff alike, particularly as it had to be taken so quickly.

As the commissioner of these services for the local population, NHS Somerset have been working closely with the Trust to seek assurance as to the Trust’s ability to safely provide the maternity service in Yeovil following a CQC inspection in January 2025 of the acute paediatric service. This involved the CQC issuing a safety warning notice due to the need to make significant improvements.

SFT have advised that they are committed to providing safe, high quality and sustainable services for those who need them, they recognise the disruption caused by this change and NHS Somerset apologise to anyone who is affected by these changes.

Teams in NHS Somerset are working with the Trust to support them and oversee the improvements required as they work to reopen the service in a safe and sustainable way, with the aim of delivering high quality care for service users. This includes actively trying to recruit to key clinical roles in the hospital.

While it is not possible at this stage to provide a definitive date that the service will reopen, through contractual mechanisms, the Trust have been asked to provide a mid-point report to us on Tuesday 19 August 2025, on their progress towards reinstating the service. NHS Somerset will then require a period of time to review the progress in detail and will provide a formal update to local people and stakeholders in early September. In the meantime, NHS Somerset will continue to support the Trust in any way possible to expedite the reinstatement of the service.

The Department of Health and Social Care are being kept informed of the position and ongoing developments. The decisions taken by the Trust were made to reduce the risk to safety for pregnant women, birthing people and families while they make improvements and were not about money. SFT is responsible for recruitment and is actively trying to recruit to key clinical roles in the hospital.

With regards to question five, NHS Somerset are committed to continue investing in local services for both hospitals in Somerset, this includes a commitment to a fully functioning district general hospital in Yeovil. The changes

to stroke services in Somerset will mean better emergency treatment, reduced disability, fewer deaths and better recovery for stroke patients. They involve investing in the Acute Stroke Unit at Yeovil Hospital.

NHS Somerset are keen to work with local people and stakeholders in Yeovil and surrounding areas to listen to local concerns and are proud of the ongoing investment programme. Last autumn SFT welcomed the first patients to the Maple Unit – a new breast cancer unit, which marked the first ever unit of its kind at Yeovil Hospital. Other investments include the planned opening later this year of a new diagnostic centre adjacent to the Yeovil Hospital site – this will be a state-of-the-art stand-alone facility adjacent to the hospital and will provide over 70,000 diagnostic tests and outpatient appointments a year, over seven days a week.

49.2 From Anonymous (in attendance):

“Chairman, Thank you, this is about a trip to the dentist, we were picked up, including me, who is the patients comfort, father, and holder of an LPA, about 09.00hrs outside the patients nursing home in Frome, we arrived at the Yeovil Dental Access unit at about 10.00hrs, (not the easiest place to access) we went into the surgery on time and back in the waiting room by 11.00hrs. We left the waiting room about 15.30hrs, 4 ½ hours waiting after treatment, to return to the nursing home, arriving at the nursing home about 16.30hrs. The patients who use this service have to be ready two hours before the appointment time, but the return time can be anytime that suits the PTS, this to some patients, is unbearable, in more ways than one, in our case it was at least nine and a half (9 ½) hours without any liquid, food or medication, passing our lips, longer than a normal working day.

The patient in this case travels in a wheelchair, during the day the patient is still in bed or sat in a ‘Phoenix 2tm, armchair’ depending on their mood. The patient is on a IDDSI diet at level 4, has a PEG fitted because of a major swallow problem, this is where all the nutrition, including food, and all medication enters their body. The patient has been on a DOLs since Feb 2014, and I have held full ‘Power of Attorney’ (LPA), for their health & welfare since Nov 2014. What I am asking for, is that there must be a few patients, who need that little bit of extra help, and thought from the services that the NHS says is available to them, it also means I do not eat or drink when I am with the patient, and I am a diabetic, type 2. One answer is, could they, the patient, be triaged, as done, within the acute A/E units, and then end up with a personal password, so they can be identified, within the PTS control hub, as needing that extra care and attention.

Yes, they are in a wheelchair, but this is a ‘Tilt in Space’ wheelchair, making the total length almost twice as long, and there are several reasons for this, all of them health reasons, some from birth, but the main reason was a stroke on the 29th Dec 2013, this also now includes being hoisted everywhere for whatever reason.”

49.2.1 Scott Sealey expressed thanks for taking the time to document the experience and apologised that expectations and needs were not met. Due to the nature of the service, patients can be picked up some time before their appointment or afterwards. This can be dependent on several factors including appointment location, whether other patients need to be picked up and unavoidable issues on the day such as traffic. There are also limitations due to the funding available and the capacity of the provider to meet needs.

With permission, NHS Somerset will investigate this in more detail to understand whether there is any learning and whether this is in line with the service commissioned. However, it was also made clear that there are currently no additional resources available to enhance the service. The individual will be updated on the outcome of those discussions.

49.3 The Chair thanked members of the public for their questions, which are valued.

ICB ACTION/DECISION LOG

Committee Name: ICB Board

Item No or Type (Action/Decision/Issue/Risk)	Date Raised	Item	Decision/Actions/Comment	Lead	Update	Status (Complete/Ongoing/ Approved/Endorsed)	Date Action Closed
ACTIONS CLOSED SINCE LAST MEETING							
ICB 034/25	27/03/2025	Focus On: 10 Year Health Plan - Children and Young People	Session on the role of health services and the NHS in supporting children and young people to be added to the Board development programme.	Julie Hutchings	28/03/2025: Item added to Board development programme forward planner - date TBC. 30/06/2025: '10 Year Health Plan' added to agenda for July meeting.	Complete	30/06/2025
ICB 036/25	27/03/2025	NHS Somerset 2025/26 Operational Plan Overview - Final Submission	SFT and ICB workforce plans to be shared, together with the ICB assurance statement, once finalised.	Alison Henly/Graham Atkins	31/03/2025: ICB assurance statement shared.	Complete	31/03/2025
ICB 040b/25	27/03/2025	Establishment of a Strategic Commissioning Committee	Diagram clarifying the roles of committees to be created and shared.	Jade Renville	13/05/2025: The strategic commissioning committee terms of reference were presented at the last Board meeting, governance structure updates to be presented at the next audit committee. 14/07/2025: Narrative overview of the roles of committees considered at the March Board meeting. Updated governance chart shared with the Board , uploaded to the website and to be shared in 60 seconds w/c 21 July.	Complete	14/07/2025
ICB 052/25	22/05/2025	Minutes of the meeting held on 27 March 2025 and accompanying Action Schedule	36.2, fourth bullet point – wording to be updated to reflect that this was specifically about carrying out quality impact assessments on each of the savings listed - Julie Hutchings to link with Alison Bell to agree revised form of wording.	Julie Hutchings	06/06/2025: Wording updated as follows: A query as to how quality and equality impact assessments (QEIA's) were incorporated into the process, noting that a panel will be convened to review these. An assurance was received as part of the discussion that each programme submitted would be subject to a quality and equality impact assessment (QEIA's) but an overarching QEIA had not been prepared as part of the submission and therefore Board members were not sighted on this.	Complete	06/06/2025
ICB 058/25	22/05/2025	Update on Elective Strategy Development	Elective Strategy to be considered at the September meeting.	David McClay	23/05/2025: Item added to forward planner for September.	Complete	23/05/2025