

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: B
DATE OF MEETING:	25 September 2025	
REPORT TITLE:	Minutes of the ICB Board Meeting held on 24 July 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 24 July 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 **The Guildhall, Chard**, on **Thursday 24 July 2025**

Present:	Paul von der Heyde Suresh Ariaratnam	Chair Non-Executive Director (Chair of Primary Care Commissioning Committee)
	Bernice Cooke	Director of Nursing and Deputy Chief Nursing Officer (deputising for Shelagh Meldrum)
	Christopher Foster	Non-Executive Director (Chair of Finance Committee, Remuneration Committee and Somerset People Board) (Virtual)
	Dr Caroline Gamlin	Non-Executive Director and Deputy Chair (Chair of Quality Committee)
	Alison Henly	Chief Finance Officer and Director of Performance and Contracting
	Peter Lewis	Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)
	Dr Bernie Marden	Chief Medical Officer
Apologies:	Jonathan Higman David McClay	Chief Executive Chief Officer for Strategy, Digital and Integration (Participant)
	Shelagh Meldrum	Chief Nursing Officer and Director of Operations
	Katherine Nolan Grahame Paine	SPARK Somerset, VCSE sector (Participant) Non-Executive Director (Chair of Audit Committee)
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member)
In Attendance:	Graham Atkins Alison Bell Charlotte Callen	Chief People Officer (Participant) Interim Director of Public Health (Participant) Executive Director of Communications, Engagement and Marketing (Participant)
	Judith Goodchild Professor Trudi Grant	Healthwatch (Participant) Director of Population Health and Inequalities, Somerset ICB & Somerset General Practice Support Unit (for item ICB 085/25)
	Dave MacCormick	Headteacher - Holyrood Academy (for item ICB 084/25)
	Jade Renville	Executive Director of Corporate Services and Affairs, NHS Somerset and Somerset NHS Foundation Trust (Participant)
	Alison Rowswell	Director of Localities and Strategic Commissioning (deputising for David McClay)
	Richard Schofield	Director of System Coordination & NHS Greener South West Senior Responsible Officer (SW SRO) (Virtual) (for item ICB 074.3/25 onwards)
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Manager

ICB 073/25 WELCOME AND APOLOGIES FOR ABSENCE

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

Sympathy was expressed to everyone affected by the recent coach incident near Minehead and gratitude expressed to all the emergency services who attended.

Alison Bell was congratulated on her recent appointment to the role of Director of Public Health at Somerset Council.

ICB 074/25 PUBLIC QUESTIONS [\(PLEASE SEE APPENDIX 1\)](#)

ICB 075/25 REGISTER OF MEMBERS' INTERESTS

75.1 The ICB Board received and noted the register of members' interests, which reflected the position as at 16 July 2025.

ICB 076/25 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

76.1 There were no declarations of interest relating to items on the agenda. The quoracy of the meeting was confirmed.

ICB 077/25 MINUTES OF THE MEETING HELD ON 22 MAY 2025 AND ACCOMPANYING ACTION SCHEDULE

77.1 The minutes of the meeting held on 22 May 2025 were **approved** as a true and correct record.

77.2 The action schedule was reviewed, all actions were complete.

ICB 078/25 MINUTES OF THE EXTRAORDINARY MEETING HELD ON 19 JUNE 2025

78.1 The minutes of the meeting held on 19 June 2025 were **approved** as a true and correct record.

ICB 079/25 CHAIR'S INTRODUCTION/REPORT

79.1 The Chair gave some introductory remarks, noting the following:

- Proactive dialogue has continued with chairs regionally and nationally, with leaders and partners across our system.
- NHS Somerset ICB has approval to join a cluster with the Dorset and Bath and North East Somerset, Swindon and Wiltshire (BSW) ICBs. Leadership transition is underway. The Constitution has been amended to allow for a joint Chief Executive appointment, the appointment process for which will soon be underway. Transition Committee work is ongoing. Thanks were expressed to Board members for their support and resilience. The Board remains responsible for delivering its plan.
- The 10-Year Plan and Dash Report highlight the need for focused, high-quality delivery and neighbourhood working, especially with primary care.
- Somerset is well placed to develop an Integrated Health Organisation aligned with neighbourhood teams and population outcomes.
- The Fit and Proper Persons Test report was submitted to NHS England on 26 June, with all 19 Board members confirmed as being fit and proper.
- The Chair continues active engagement through NHS Confederation's integrated care systems and integrated care partnership groups.
- The Chair also chairs the South West People Board, shaping regional workforce strategy and serves as a Social Mobility Commissioner, promoting equity and opportunity.
- Concerns were noted about the future erosion of Integrated Care Partnerships (ICPs); but it was confirmed that Health and Wellbeing Boards are expected to remain a core part of system infrastructures.
- A recent ICB staff event was well received.

ICB 080/25 CHIEF EXECUTIVE'S REPORT

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

SYSTEM PERFORMANCE OVERVIEW AND KEY ISSUES

- Encouraging improvements at hospital front doors due to better ambulance response and stronger urgent care; elective care also improving with fewer 52-week waits and more patients seen within the 18-week target.
- Positive feedback from the regional annual directors' assessment, highlighting joint working, the Improving Lives strategy, population health efforts, and the "Take the Pressure Off" campaign.
- Continued focus needed on persistent challenges in urgent care, elective care, cancer, diagnostics, community and primary care access.
- Early preparation of the winter plan is essential given wider system pressures.

NATIONAL DEVELOPMENTS/POLICY

The 10-Year Health Plan

- The 10-Year Plan aligns with Somerset's current work and provides momentum to accelerate progress, especially in neighbourhood working. Focus remains on three key shifts that support this direction.

Dash Review into the regulatory landscape of the NHS in England

- Nine recommendations were made to improve coordination among organisations involved in quality and safety. The review highlights confusion around roles and accountability, aiming to improve collaborative working and enhance the role of patient experience in new structures.

Maternity and Neonatal Care – Letter from Sir Jim Mackey and Duncan Burton

- There is a national focus on addressing health inequalities, particularly affecting Black and Asian women and individuals from deprived areas, highlighting the need for targeted attention and action within these communities.

SOMERSET SYSTEM

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

- Following previous briefings, the Board was updated on the current position following the temporary closure of SCBU and labour and birthing services at YDH. It was noted that Somerset NHS Foundation Trust (SFT) remain committed to providing safe, high quality, sustainable services for those that need them. The findings of the recent Care Quality Commission (CQC) report were also noted. The CQC rated the Musgrove Park Hospital (MPH) paediatrics site as good, while the YDH site was rated inadequate, reinforcing the need for improvement actions.
- A question was raised about the upcoming three-month progress check in August, with a request for more detail. It was confirmed that the review is being led in partnership, involving close collaboration with the Trust and regional colleagues. The focus is on identifying the necessary elements for safe service delivery, particularly addressing staffing challenges.
- Support was expressed for the collaborative work, but a reminder of the importance of this Board seeking assurance. It was noted that the process is embedded within the contractual arrangements between Somerset ICB and SFT.

JOINT TRANSITION COMMITTEE – TERMS OF REFERENCE (APPROVED)

81.1 The Board **noted the approval** of the [Joint Transition Committee Terms of Reference](#), by electronic resolution.

ICB 082/25 ICB PRIORITY PROGRAMME REPORT AND BOARD ASSURANCE FRAMEWORK 2025/26

82.1 The Board received the ICB priority programme report and board assurance framework 2025/26. Jade Renville highlighted the following:

- The report outlines progress on the five priority programmes and one key enabler (finance), all aligned to the Integrated Care System's (ICSs) seven strategic aims. A new layered Board Assurance Framework has been introduced to improve oversight and risk management.
- By way of highlights, clinical pathways and integrated neighbourhood working programmes are both rated amber due to early-stage development and delays in pathway selection and governance. Workforce and population health programmes face significant risks due to funding constraints, staffing shortages and limited capacity, though focused delivery is underway.
- System flow shows mixed progress, with improvements in discharge processes but continued high delays in acute and community settings. Finance remains a critical enabler, with system-wide financial sustainability flagged as a top risk (score 20).
- Strategic risks span workforce, finance, culture, innovation, population health, outcomes, demographics, inequalities, and transition. There are 66 active corporate risks rated 15+, with financial and workforce issues most prevalent.
- The Board was asked to consider assurance gaps, key concerns, and actions to support programme delivery.

82.2 There was discussion amongst Board members as follows:

- Priority programmes are progressing at varying speeds; some delays noted, but others are advancing ahead of winter, with alignment to the 10-Year Plan.
- The operational plan is ambitious, with financial improvement goals presenting challenges early in the year.
- Optimism around the no criteria to reside (NCTR) programme, though dependent on significant changes; improvements seen in discharge pathway 1..
- Pathway 1 delivery is geographically sensitive due to reliance on local home care providers.
- Delays in community hospital beds are reducing, although 30% of beds are still occupied by delayed patients.
- Additional pathway 3 beds are being introduced to support discharges closer to home, with expected impact soon.
- A query was raised about integrated working risk ratings; commentary will be reviewed to ensure alignment with overall programme rating.
- Risks around primary care, dental, specialised commissioning, and Section 78 responsibilities are being monitored through governance structures.
- Concerns raised about vaccination uptake; focus requested on how this is being addressed, including responsibilities under Section 7A immunisation.

ICB 083/25 RISK MANAGEMENT STRATEGY

83.1 The Board received the Risk Management Strategy. Jade Renville highlighted the following:

- The Risk Management Strategy sets out the ICB's approach to identifying, assessing, managing and monitoring risks that may impact delivery of strategic aims, core purposes and compliance with NHS standards.
- It replaces the former Clinical Commissioning Group (CCG) strategy and has been developed through extensive engagement. It has been reviewed and recommended for approval by the Management Board and Audit Committee.
- The strategy promotes a proactive and transparent risk culture, with clear roles for risk owners, handlers and all staff. It includes a systematic process for risk identification, assessment using a 5x5 matrix, mitigation, monitoring and reporting.
- Risk appetite is defined across domains, with optimal and tolerable thresholds guiding decision-making. Risks are reviewed bi-monthly and reported through standardised formats to relevant committees.
- The Board Assurance Framework (BAF) links strategic risks to delivery aims and is updated quarterly. The strategy also outlines training, audit and review mechanisms to ensure effectiveness and compliance.

83.2 There was discussion amongst Board members of the inherent risks involved in healthcare delivery, and the importance of having a structured approach to understanding, overseeing and mitigating and/or having a clear articulation of risk tolerance.

83.3 The Board **approved** the Risk Management Strategy.

ICB 084/25 FOCUS ON: THE 10 YEAR HEALTH PLAN
Objectives: All

84.1 Bernie Marden introduced Dave MacCormick, who presented a locality story: 'Building a cradle to career model of support for Chard and the surrounding area', highlighting the following:

- Holyrood Academy and Chard Community Hub (CCH) are delivering a Cradle to Career (C2C) model focused on improving social justice and mobility in Chard.
- CCH provides vital community services including food, clothing, repairs, play sessions and agency support, with thousands of residents benefiting.
- The partnership has strengthened educational transitions, increased parental confidence and improved attendance and community engagement.
- Through growing the partnership between Holyrood Academy and CCH, this has achieved educational, relational and local system coherence.
- Youth voice initiatives have influenced curriculum enrichment, community safety planning and collaboration with Chard Town Council.
- Leadership of the C2C model is now distributed across school and community stakeholders, with strong local authority support.
- Future goals include a coherent all-through education system, expanded youth and early years services and national sharing of the model.

84.2 There was discussion amongst Board members as follows:

- Initial public scepticism about the school-based initiative has shifted to growing support and improved perception.
- The approach integrates antenatal care, parenting, and healthy living, seen as a strong example of neighbourhood working.
- Positive male role models were highlighted, with past success from a youth worker funded by a local church group; future sustainability is being explored.

- Reading to children was noted as a key factor in tackling inequality, with concern about children leaving school without strong literacy.
- Leadership, relationships, and local anchor organisations were identified as essential for scaling or replicating the model.
- Formal evaluation over a three-year period is planned to assess community impact.
- Dental care access was raised as a key concern; the school is open to hosting dental assessments if NHS Somerset ICB can support delivery. The potential for collaboration was acknowledged, with a commitment to explore this further outside the meeting, noting that the follow-up care might be more challenging.
- Career development and alumni engagement are underdeveloped but some initiatives, like life skills sessions and a careers festival, have taken place.
- Transport remains a barrier to employment and career access in rural areas.
- Emphasis placed on enabling young people to thrive within their own communities rather than needing to leave to succeed.

Action ICB 084/25: Bernie Marden/team to connect with Dave MacCormick regarding the possibility of Holyrood Academy hosting dental assessments.

84.3 Bernie Marden provided a presentation on The 10 Year Health Plan, highlighting the following:

- The plan sets out a long-term transformation of the NHS through three major shifts: from hospital to community care, from analogue to digital systems and from treatment to prevention. It was shaped by extensive public and staff engagement, including strong input from Somerset.
- Key reforms include the creation of neighbourhood health services, a unified digital patient record, expanded use of AI and wearables and a stronger focus on prevention and personalised care. The NHS App will become the main access point for services and new care models will be introduced for long-term conditions, mental health and maternity.
- The plan introduces a new operating model with devolved decision-making, outcome-based financial incentives and a streamlined regulatory framework. Workforce transformation is central, with new employment standards, reduced admin burden and expanded training.
- Innovation will be driven by five “big bets” (data, AI, genomics, wearables, robotics), supported by new research hubs and digital infrastructure. A delivery plan and financial framework will follow later in 2025.

84.4 There was discussion amongst Board members as follows:

- Delivering the 10-Year Health Plan will require collective effort beyond the NHS, with strong community engagement and support for the three key shifts.
- Concerns were raised about digital exclusion, particularly among older populations, highlighting the need for collaboration with the voluntary sector to improve access and training.
- Emphasis was placed on convening the right partners to deliver system-wide change and continuing to engage the Somerset population in shaping the plan.
- The NHS should focus on leveraging existing community assets and building from the ground up, rather than filling gaps in isolation.

- The Somerset Board will reflect on the Improving Lives Strategy in September, considering what NHS partners can deliver independently and what needs wider system input.
- Discussion around workforce culture highlighted the need to focus on underlying values and behaviours, not just structural or procedural elements.
- The plan was seen as strong on vision but lacking detail on implementation; a new long-term workforce plan is expected in the autumn.
- Public dissatisfaction in the NHS was identified as a key issue, with concerns about how the plan will improve care and reduce waiting times amid funding challenges.
- The importance of honest communication, sharing positive stories, and addressing visible issues like dental and primary care access was emphasised.
- The challenge remains to focus on what matters most to people using NHS services, rather than what matters to organisations.

ICB 085/25 TRANSFORMATION PROGRAMME UPDATE: POPULATION HEALTH TRANSFORMATION PROGRAMME
Objectives: All

85.1 Bernie Marden introduced Professor Trudi Grant who provided a presentation on the population health transformation programme, highlighting the following:

- The programme has been reviewed and restructured using the NHSE population health maturity matrix. Capacity has been secured until March 2026 but long-term funding remains a risk. The programme is now focused on targeted projects and system-wide integration. A focus is required on optimisation.
- Key developments include Somerset's inclusion in the coastal navigators network (focused on health-related unemployment in Burnham-on-Sea and Highbridge), the continuation of the 'Focus on MORE' training and the development of a population health and inequalities strategy by SFT.
- The programme's six workstreams include tackling healthcare inequalities, focus on major conditions and priority population health programmes, embedding prevention into commissioning, development of a population health management approach in neighbourhoods, enabling workforce development and improving data integration.
- Governance arrangements such as data sharing underpinned by a joint controller agreement and data protection impact assessment are pending partner sign-off.
- The Board were asked to endorse the programme's direction, support data governance sign-off and consider continuing the programme as a core system priority from April 2026.

85.2 There was discussion amongst Board members as follows:

- There was recognition of the challenge in maintaining focus on public health priorities amid wider system pressures, with a shared commitment to doing so.
- Concerns were raised about limited resources and how to sustain momentum during the transition to cluster arrangements.
- Smoking cessation was highlighted as a key area requiring close collaboration between the NHS and public health teams; recent improvements noted, but scale of challenge remains significant.
- Emphasis placed on embedding prevention and behaviour change into commissioning, with upcoming professional reference group focusing on neighbourhoods.

- Reflections on the need to balance NHS-led initiatives with broader public health engagement, avoiding dominance by NHS framing.

85.3 The Board **noted** the progress and risks and **endorsed** the programme's direction, with support for data governance sign-off and continuation of the programme as a core system priority from April 2026.

ICB 086/25 WINTER PLANNING BRIEFING
Objectives: 1-5

86.1 The Board received a winter planning briefing from Alison Rowswell, highlighting the following:

- Somerset's winter plan 2025/26 is being developed collaboratively, focusing on vaccination uptake, community-based care, hospital flow and discharge improvements, aligned with NHS England's Urgent and Emergency Care (UEC) Plan.
- Key initiatives include enhanced vaccination campaigns (flu, COVID-19, RSV), "Call Before Convey," expanded Care Coordination Centre referrals and targeted respiratory and mental health support. There is a requirement to increase the uptake of seasonal vaccination of healthcare workers by 5%.
- Lessons from winter 2024/25 have informed planning, with actions underway to improve system resilience and reduce pressure on urgent and emergency care.
- The final plan will be presented to Management Board in August and to the Board in September 2025, together with the Board Assurance Statement.

86.2 There was discussion amongst Board members as follows:

- It was noted that while workforce and the 5% focus were positively acknowledged, these were not explicitly included in the recommendations and actions; confirmation was given that they are incorporated within the wider plan.
- Clarification was sought regarding remaining winter planning funds; it was advised that some transformation funding may be earmarked to support targeted short-term winter schemes, pending outcomes from the upcoming workshop.

ICB 087/25 INTEGRATED BOARD ASSURANCE DASHBOARD AND EXCEPTION REPORT FROM THE SYSTEM ASSURANCE FORUM

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

- The report covers the period 1 April 2025 to the end of May 2025 and includes updates from the Quality and Finance Committees.
- An update was given on the quality segment, highlighting an increase in ligature incidents, VTE risk assessments, children looked after rates and observation rates. It was noted that while ligature incidents are being reported, they may involve a small number of patients, and each case requires understanding of its specific complexities. Complexities around MSA were acknowledged, with the team continuing work to gain further clarity.
- An update was provided on the Quality Committee meeting highlighting that the focus was on maternity, paediatric and patient transport services, in addition to discussion on child death reviews and pressure on that service.
- Urgent care performance improved across all key targets.
- No major concerns in elective care; updates provided on waiting lists and diagnosis pathways with mitigating actions in place.

- Mental health services show continued improvement, especially in talking therapies.
- An update was provided on the workforce element, noting that general practice workforce levels are being monitored to identify any emerging trends. A query was raised about the adequacy of data to support primary care workforce planning. Pilot work within Somerset Primary Care Networks (PCNs) is providing insights into workforce roles, activity, and associated costs, though a comprehensive analysis of this data is not yet available. Emphasis was placed on the importance of team configuration to support effective workforce planning.
- Financial plans were met by both NHS Somerset ICB and the Trust, with a balanced year-end position anticipated. Future reports will include council data.
- An update was provided on the Finance Committee meeting highlighting deep dives on the cost improvement programme, continuing healthcare (CHC) and dental services.

ICB 088/25 OTHER KEY MEETING REPORTS

88.1 The chairs of the Board committees and system groups provided written and/or verbal reports of the most recent meetings, as follows:

ICB Assurance Committee Reports:-

- Audit Committee - written report provided.
- Primary Care Commissioning Committee - written report provided. The final meeting was held on 4 June, focusing on identifying common ground; a Primary Care Collaborative Group will be established to report into the Strategic Commissioning Committee. Challenges were noted in obtaining robust data for pharmaceutical, ophthalmic and dental (POD) services and in managing timing issues. A correction was made to section 3.1, clarifying that the estimated opening date is spring 2026, not spring 2025.
- Strategic Commissioning Committee - written report provided. The inaugural meeting was held on 16 June to discuss ways of working. Discussions focused on future strategic commissioning intentions and how the Board will be assured around strategic commissioning going forward.

System Group Reports:-

- Somerset Board - no report: last meeting 11/3, next meeting 11/9. A meeting took place with the Leader of the Council, with a positive outlook on maximising the effectiveness of the committee going forward.
- Children, Young People and Families: written report provided.

ICB 089/25 ANY OTHER BUSINESS

89.1 **Resident doctors' industrial action**

- Industrial action will commence tomorrow morning and continue until Wednesday morning next week. There has been engagement from the Government to resolve the issue but no agreement has been reached.
- Services will operate on a business-as-usual basis, where possible, with a focus on business continuity and patient safety.
- The public is asked to remain patient in the event of any disruption to care. Community pharmacies and primary care services will remain open as normal.

ICB 090/25 ITEMS TO BE DISCUSSED AT THE CONFIDENTIAL MEETING

- 90.1
- Chief Executive's Part B report
 - Minutes of the confidential meeting held on 22 May 2025
 - New NHS operating model/transition update
 - Specialised commissioning – commercially sensitive item

ICB 091/25 WITHDRAWAL OF PRESS AND PUBLIC

- 91.1 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 092/25 CLOSE AND DATE OF NEXT MEETING

- 92.1 The meeting closed at 12.55 pm. The next meeting will take place on Thursday 25 September 2025, at Wynford House, Yeovil.

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 074/25 PUBLIC QUESTIONS

74.1 From Andrew Lee, Somerset Confidential (in attendance):

“How far along is the proposed merger of the ICBs into a mega-ICB and what is the anticipated timeline to completion?”

Having a close connection between Somerset Council, Somerset NHS Foundation Trust and the ICB has always been a strength, they have coterminous boundaries. Can the board comment on how that strength may be maintained within a larger ICB which will not necessarily be based in Somerset?

Within the larger ICB there will be several major hospitals and I think I am right in saying that each ICB area has one major hospital in it, with the exception of Somerset, which has two. Can the board reassure residents that Yeovil hospital will not be closed down once the mega-ICB comes into effect, to focus on hospitals like Dorchester, Salisbury, RUH and Musgrove? Similarly, that the beds at community hospitals will be preserved through these changes.

The proposed super ICB will have a different make up to:

- The proposed Wessex Mayoral authority
- The fire service
- The police

Can you explain why it makes sense to have our public services all within different boundaries, rather than within coterminous ones?

Could I please have a written response to these questions.”

74.1.1 Bernie Marden acknowledged Mr Lee’s question and reaffirmed the ICB Board’s responsibility for the health and wellbeing of Somerset’s population, providing assurance that, as future developments unfold, efforts will remain focused on ensuring Somerset is well-positioned to contribute effectively within its cluster. In May, South West CEOs and Chairs and NHS England South West Regional colleagues met to discuss the changes to ICB geographies and functions.

Discussions about configurations were carried out in line with a series of agreed design criteria to help ensure that the outcome was as good as possible in terms of sustainability, affordability, and the ability to discharge new responsibilities in line with the Model ICB blueprint. It was also widely acknowledged that systems would need to work on larger footprints to benefit from the efficiencies of working at scale, continuing as a standalone ICB for Somerset was not viable.

The seven ICBs and regional colleagues reached an agreement on a preferred configuration for the future and the proposed approach was that there would be three ICBs in the South West serving larger footprints.

These new configurations were considered by each Board of the seven ICBs, including Somerset’s on 22 May 2025.

In June, it was confirmed that our proposed cluster, BSW (Bath and North East Somerset, Swindon and Wiltshire), Dorset and Somerset, had been approved by NHS England and ministers.

This approval means we will be one of three in the South West and one of 26 across the country (down from the current 42 ICBs).

This confirmation of the cluster arrangement marks the start of a fundamental change in how we will operate in our new role as strategic commissioners.

Continuing to work closely with Somerset Council and Somerset NHS Foundation Trust will remain vitally important to ensure we can continue to serve the population of the county and continue the strong relationships we have with partners. Design work is currently underway to establish how to maintain this

principle, whilst realising the significant cost savings targets that have been placed upon us.

With the cluster approach now agreed, we will begin working more closely together under transitional arrangements later this year. Clustering ICBs might make joint senior appointments and establish joint committees and may formally merge in future to provide stability.

A formal merger for our cluster is expected from April 2027.

We are also in discussions around how we work at place, to ensure the needs of local people and communities are at the heart of our work.

NHS Somerset and Somerset NHS Foundation Trust stated their commitment to having a fully functioning district general hospital in Yeovil earlier this year.

In terms of ancillary aspects to question, the 10 year plan speaks strongly of importance of moving care close to where people live in communities and this is what we are focussing on. Looking at all available options and opportunities and exist currently with Somerset and what happens to community hospitals is part of that conversation but we welcome the strengthening of our approach in communities and the principle of bringing care as close as possible to where people live. In terms of the mayoral authority question, this is an active conversation in many places and we are alert to some of the issues alluded to but for us, it is about how we continue to strengthen our partnership approaches with all local authorities and further understanding is required as things move forward.

74.2 **From Anonymous (in attendance):**

“Background:

Using information obtained through FOI requests, indicating the catchment area and population density of YDH is larger than MPH, in addition to no information supporting:

“Longer travel times are more than offset by better care at the point of delivery”

The latest SRG document, version 2, barely mentions travel times, which seem to have been ignored in this discussion.

Can you answer the following please?

Is this just a vanity project, under the guise of self justification, heavily weighted in favour of MPH leading to managed decline of YDH with a long term plan to turn YDH into nothing more than another cottage hospital or outpost of MPH, and throwing stroke patient care in south and east Somerset under the juggernaut of acceptable collateral damage?”

74.2.1

Bernie Marden expressed his thanks for raising this question and acknowledged the longstanding concerns expressed across various forums. He reiterated that the approach to improving stroke services in Somerset has consistently been driven by the goal of achieving the best possible outcomes for patients and the population and that this remains the central focus as implementation progresses. The changes being made to stroke services in Somerset, including investing in the Acute Stroke Unit at Yeovil District hospital, will mean better emergency treatment and better recovery for stroke patients. A considerable amount of work has gone into this programme, including hugely valuable input from clinicians, staff, stroke survivors and their loved ones.

As stated previously, The Secretary of State said the Government believes that NHS Somerset is best placed to determine the needs of our local population.

The decision taken by NHS Somerset was the right one for the people of Somerset and NHS Somerset remains committed to making these improvements to stroke services, which will lead to fewer people dying or suffering serious disability.

NHS Somerset will continue to work closely with partners, patient groups, staff and local MPs, including through the Stroke Stakeholder Reference Group, which is well established and is independently chaired by Healthwatch Somerset

to make sure local voices are heard. NHS Somerset also publish a dedicated stroke update to keep the public informed of how the implementation work at Dorset County Hospital (DCH), Yeovil District Hospital (YDH) and Musgrove Park Hospital (MPH) is progressing.

It is a complex project and there is still a long way to go, however issues will be worked through with local partners and community representatives as part of the implementation phase.

74.3 **From Gerald Smith (in attendance):**

“In October 2024 I asked the Somerset ICB to provide a list of staff who had to be in post at MPH and YDH prior to the closure of the YDH HASU, detailing their numbers descriptions and grades. You failed to provide that detailed information referring me to your DMBC and its appendices.

I also asked you to provide the same staff information for the Dorchester County Hospital, your partner agency in the Stroke Reconfiguration project. You failed to provide that detailed information, again referring me to your DMBC and its appendices.

In November 2024 I asked DCHFT for details of the current staffing levels in the Dorchester ASU as at the 1st of December. In April this year (four months later) they replied refusing to tell me the number of consultants ACP's or B7 nurses they employed, but indicating the number for each discipline was below five.

I also asked DCHFT to provide a list of their staff who had to be in post prior to the closure of the YDH HASU. They again refused to give me the numbers of consultants, registrars, psychologists, therapy AHP's, Radiology AHP's, or pharmacists that were required, but indicated that in each discipline there would be no more than four persons.

DCHFT are anticipating a six bed HASU and full stroke multi-disciplinary team will go live in spring 2026, the 1st of March, and an ASU that will go live in September 2026.

I have examined the Somerset ICB DMBC and its appendices carefully as recommended by Jade Renville to ascertain the projected staffing requirements of DCH, MPH and YDH.

There is a small confusing chart of little use on page 120 of the DMBC, a stroke clinical and workforce model in Appendix 4 with no staff numbers included and a workforce plan in Appendix 7 consisting of six unnumbered pages again with no staff numbers included.

The recent catastrophic collapse of the Special Care Baby Unit at Yeovil Hospital as a result of a lack of consultant cover highlights the importance of achieving and maintaining robust consultant rotas, especially for critical care units such as HASU's.

I believe your decision to close down an established HASU within our county and to outsource Somerset patients to three adjoining counties as well as increasing their journey times to MPH demands you engage with the public face to face, particularly in the Yeovil area. Residents should be told clearly the staffing levels actually planned and in place before the reconfiguration is activated.

This isn't the first time I've stood in an ICB meeting and urged you to engage with the public you serve face to face and to your credit you had one public meeting in Yeovil on 1 March last year.

I strongly suggest you repeat the exercise in Yeovil with an independent chairperson and the CEOs of the Hospital Trust and this Board together with the Board's Medical Director to answer the very many questions this reconfiguration has prompted. I don't need an answer thank you but I've got certain questions which I will send to you on FOIs.”

74.3.1

Dr Bernie Marden thanked Mr Smith for his statement, noting that it aligned with the Board's priorities to ensure stroke services in Somerset are sustainable and future-fit, with the appropriate skill mix and professional workforce to meet patient needs. The central aim of the decision-making business case (DMBC) for stroke services in Somerset was to ensure compliance with the national stroke standards of care. The national stroke staffing standards can be met in a number of ways depending on the local service configuration and complementary staffing across other specialties.

This will often be different in different hospitals because of the way services develop and the fact that individual specialists often have different skills and experience in clinical teams.

It is very important to achieve robust consultants' rotas for critical care units such as hyper-acute stroke units (HASUs) and it is important to go back to the original vision for stroke care in Somerset which was the provision of acute hospital-based stroke services that are timely, easy to access, high quality and efficient, with stroke experts available 24 hours a day, 7 days a week, 365 days a year.

There continue to be challenges with the recruitment and retention of specialist stroke staff and variation and inequitable provision of acute stroke care across the county, especially over weekends and out of hours.

From a senior medical perspective, the service at YDH was very much single consultant-dependent and although this has been bolstered through recent recruitment, YDH will not meet the number of staff required to deliver a 24/7, 365 day a year stroke service. A recent trial of 24/7 working at Yeovil Hospital had to stop as it proved unsustainable from a workforce perspective.

NHS Somerset can confirm that the HASU beds within the critical care unit (CCU) are still functioning as HASU beds for the care of any strokes that require thrombolysis or HASU care and has not been downgraded. This arrangement and the current stroke service at Yeovil will continue as it is while this period of change is ongoing.

It is also important to remember that YDH do not have a dedicated Acute Stroke Unit which it will have once the reconfiguration is complete.

'Ready to go' would mean that the ICB are satisfied that the outcomes and improvements to hyper acute stroke care can be safely delivered by the DCH HASU. One of the criteria will be that staffing is safe to activate the reconfiguration. SFT, DCH, South Western Ambulance Service NHS Foundation Trust (SWASFT) and NHS Somerset will be part of recommending to the ICB Board that the criteria have been satisfied.

As stated previously, NHS Somerset continue to engage with local stakeholders and the public around the improvements being made to stroke services. This includes dedicated visits to the hospital sites for interested MPs and members of the Patient Participation Groups. NHS Somerset are working closely with the Stroke Stakeholder Reference Group, which includes people with lived experience of stroke, The Stroke Association and Healthwatch – as well as providing written updates from the implementation programme made available through this board and the NHS Somerset website - and updating the FAQs. NHS Somerset will continue to be open and transparent as these important improvements are made to stroke care in Somerset and with its neighbours in Dorset.

74.4

The Chair expressed his gratitude for people continuing to raise their concerns, as it is important that these are heard.

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 084/25	24/07/2025	Focus On: The 10 Year Health Plan	Bernie Marden/team to connect with Dave MacCormick regarding the possibility of Holyrood Academy hosting dental assessments.	Bernie Marden	18/9/2025: Meeting scheduled for 24 October.	Complete	18/09/2025