REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **B**
DATE OF MEETING:	**27 November 2025**	
REPORT TITLE:	**Minutes of the ICB Board Meeting held on 25 September 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)	☒
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	☐
Discuss	To discuss, in depth, a report noting its implications	☐
Note	To note, without the need for discussion	☐
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	☐

LINKS TO STRATEGIC OBJECTIVES
(Please select any which are impacted on / relevant to this paper)

- ☒ Objective 1: Improve the health and wellbeing of the population
- ☒ Objective 2: Reduce 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

PREVIOUS CONSIDERATION / ENGAGEMENT

N/A

REPORT TO COMMITTEE / BOARD

The Minutes are a record of the meeting held on 25 September 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.

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.

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 **Wynford House, Yeovil,** on **Thursday 25 September 2025**

Present:	Paul von der Heyde	Deputy Chair
	Suresh Ariaratnam	Non-Executive Director (Chair of Primary Care Commissioning Committee)
	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
	Jonathan Higman	Chief Executive
	Dr Bernie Marden	Chief Medical Officer
	David McClay	Chief Officer for Strategy, Digital and Integration (Participant)
	Shelagh Meldrum	Chief Nursing Officer and Director of Operations
	Katherine Nolan	SPARK Somerset, VCSE sector (Participant)
	Grahame Paine	Non-Executive Director (Chair of Audit Committee)
Apologies:	Dr Rebecca Duffy	Primary Care Partner Member
	Judith Goodchild	Healthwatch (Participant)
	Peter Lewis	Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member)
	Rob Whiteman	Chair, NHS Bath & North East Somerset, Swindon and Wiltshire (BSW) ICB; NHS Dorset ICB; NHS Somerset ICB
In Attendance:	Graham Atkins	Chief People Officer (Participant)
	Alison Bell	Director of Public Health (Participant)
	Charlotte Callen	Executive Director of Communications, Engagement and Marketing (Participant)
	Emma Dunford	Interim Associate Director of Urgent Care (for item ICB 105/25)
	Anthony Martin	Deputy Director, System Coordination (Oversight, Assurance, Regulation and Reconfiguration), NHS England, South West
	Jade Renville	Executive Director of Corporate Services and Affairs, NHS Somerset and Somerset NHS Foundation Trust (Participant)
	Tony Robinson	Healthwatch (Participant) (deputising for Judith Goodchild)
	Christine Young	Sustainability and Estates Manager (for item ICB 104/25)
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Manager

ICB 093/25 WELCOME AND APOLOGIES FOR ABSENCE

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

ICB 094/25 PUBLIC QUESTIONS (PLEASE SEE APPENDIX 1)

ICB 095/25 REGISTER OF MEMBERS' INTERESTS

95.1 The ICB Board received and noted the register of members' interests, which reflected the position as at 18 September 2025.

ICB 096/25 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

96.1 There were no declarations of Interest relating to items on the agenda.

In accordance with the Constitution, the quorum for Board meetings requires the presence of at least seven members, including either the Chief Executive or Chief Finance Officer, the Chief Medical Officer or Chief Nursing Officer, at least two Independent Non-Executive Members and at least one Partner Member.

While all other quorum requirements were met, the meeting was not quorate due to the absence of a Partner Member (no representation from Primary Care, Somerset NHS Foundation Trust or the Local Authority). As a result, formal decisions could not be concluded during the meeting. However, all Partner Members received the meeting papers in advance and were given the opportunity to comment.

The Board agreed therefore to proceed to discuss agenda items and to make recommendations on decisions. These recommendations would then be circulated electronically to all voting Board members for final approval to ensure decisions are made in line with governance requirements.

ICB 097/25 MINUTES OF THE MEETING HELD ON 24 JULY 2025 AND ACCOMPANYING ACTION SCHEDULE

97.1 The minutes of the meeting held on 24 July 2025 were **recommended for approval** as a true and correct record, with the removal of 'Interim' from Alison Bell's title.

97.2 The action schedule was reviewed, all actions were complete. However, an earlier Board action regarding the Elective Care Strategy remains outstanding, as the strategy was scheduled to be presented at this meeting but has not yet been presented. It was requested that this action be reinstated.

Aligned to this, Grahame Paine and David McClay had a discussion yesterday about future planning and while the initial intention had been to present the strategy, it was questioned whether this may have been overtaken by wider NHS developments (as discussed at the System Assurance Forum). Notwithstanding, it was acknowledged that greater scrutiny on growing elective waiting lists would be helpful, particularly in relation to addressing health inequalities across Somerset.

Noting that significant work has taken place and that elements of the strategy are being incorporated into commissioning intentions, it was agreed that an update would be brought to the next Board meeting.

Action ICB 097/25: Update on elective waiting lists to be brought to the November Board meeting.

ICB 098/25 DEPUTY CHAIR'S INTRODUCTION/REPORT

98.1 The Deputy Chair gave some introductory remarks, noting the following:

- Apologies were conveyed on behalf of the new Chair, Rob Whiteman. Rob has proposed that the Deputy Chair continues in their role within Somerset ICB and also to support him as the new cluster arrangements are formed.
- The NHS is undergoing significant change.
- The 10-Year Plan is beginning to be implemented but key terms such as 'Strategic Commissioning', 'Integrated Health Organisations' and 'Neighbourhood Health Teams' are being used inconsistently across different contexts, leading to confusion and concern.

- Within Somerset, the system faces ongoing pressures including service reconfiguration, estates development, the need to deliver care closer to home and essential technological investment. The Board continues to focus on the three strategic shifts outlined in the 10-Year Plan: Hospital to Community, Sickness to Prevention and Analogue to Digital.
- The Deputy Chair reflected on recent engagement with partners locally, regionally and nationally, including feedback from the Regional People Board, South West Social Mobility Commission, Somerset Board members, and Primary Care colleagues. There is a strong commitment across the system to deliver for the population and the leadership team was commended for its efforts in navigating these challenges.
- A key priority remains the delivery of the current year's operating plan and achieving financial balance. While progress is being made, the upcoming winter presents significant challenges. Collaboration across all partners is essential to earn the right to further develop Somerset's health and care system.

ICB 099/25 CHIEF EXECUTIVE'S REPORT

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

SYSTEM PERFORMANCE OVERVIEW AND KEY ISSUES

- The ongoing ICB organisational change was acknowledged and executive colleagues were thanked for their leadership during this period of uncertainty. Risks were noted around business continuity during this period, plans for which are being considered.
- A letter from Sir Jim Mackey, Chief Executive of NHS England, set out priorities for the next six months, reaffirming the importance of delivering a safe winter and meeting the operating plan. While the NHS met Government expectations in the first half of the year, concerns remain about the second half, including backloaded financial plans and performance pressures, particularly in elective care and Accident and Emergency (A&E).
- Financial delivery remains critical, especially in the context of winter pressures and organisational change. The number of patients waiting over 65 and 52 weeks at Somerset NHS Foundation Trust has increased, resulting in the Trust being placed into the National tiering oversight process for Elective performance.
- A key system risk relates to the number of patients in our hospitals with 'no criteria to reside' (NCTR) status - those in hospital who should be receiving care elsewhere and are awaiting transfer to a more appropriate care setting. Work is ongoing with the Council and partners to right-size community capacity, which is central to both the operating and winter plans. While home-based reablement capacity has successfully been increased, cultural challenges persist and concerns remain about meeting operating plan ambitions.
- The link between performance challenges and winter planning was emphasised, noting this is a national issue requiring coordinated action.

NATIONAL DEVELOPMENTS/POLICY

10-Year Plan and NHS Organisational Change

- A Board development session is planned for October to focus on the NHS operating plan and strategic commissioning. Discussions have taken place with Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) and NHS Dorset ICB (Dorset ICB) to hold identical sessions across the cluster, aiming to explore shared understanding and approaches.

COMMUNICATION AND ENGAGEMENT UPDATE

- NHS Somerset has been awarded Gold Employer Status for its outstanding work with the armed forces community. This recognition reflects significant progress made in a relatively short time. An award ceremony will be held in November to mark the achievement. The Board paid tribute to Teri Underwood and the Armed Forces Team for their dedication and hard work in supporting this initiative.

99.2 There was discussion amongst Board members as follows:

- The Board noted the operational pressures which are already building ahead of winter. A meeting with the senior team of SFT is planned to better understand the pressures and the connected challenges in delivering their contractual performance, particularly around elective activity targets.
- Concerns were raised about system partner engagement, noting some key partners were absent from the meeting. While today's absences were due to personal circumstances, the Board acknowledged the impact of ongoing organisational change and the need to maintain strong relationships. It was agreed that continued dialogue with Trusts and the Local Authority is essential, especially as uncertainty around roles persists.
- Updates were shared on hospital infrastructure work in Dorset to support the new model of hyper acute stroke services for Somerset patients, with appreciation expressed for communications received over the summer. The Board looks forward to further updates and a more detailed briefing will be provided at the next meeting.

Action ICB 099/25: Update on hospital infrastructure work in Dorset to be brought to the next meeting.

99.3 The Board **noted** the update.

ICB 100/25 GOVERNANCE HANDBOOK UPDATE

100.1 The Board received an update on the Governance Handbook. Jade Renville highlighted the following:

- The annual presentation of the Somerset ICB Governance Handbook is deferred due to ongoing collaboration with BSW and Dorset ICBs.
- The delay allows time to align governance frameworks across the cluster and avoid presenting an outdated version.
- Existing governance arrangements remain valid and operational.
- A revised handbook is expected in early 2026, with interim updates provided as needed.

100.2 There was discussion amongst Board members as follows:

- The Audit Committee requested early sight of governance arrangements across the cluster for assurance. A proposal was discussed at the Transition Committee and will be further considered in the confidential session later today.

100.3 The Board **recommended endorsement** of the approach set out within the Governance Handbook Update.

ICB 101/25 FOCUS ON: THREE-MONTH REVIEW OF TEMPORARY CLOSURE OF THE YEOVIL DISTRICT HOSPITAL SPECIAL CARE BABY UNIT AND INPATIENT MATERNITY SERVICE
Objectives: 1-3

101.1 The Board received a report on the three-month review of temporary closure of the Yeovil District Hospital special care baby unit and inpatient maternity service. Shelagh Meldrum highlighted the following:

- The review on 14 August confirmed no adverse outcomes directly linked to the temporary closure, with births safely redirected to other hospitals.
- Positive feedback was received from service users and staff, with improved collaboration across sites.
- Options for phased reopening were explored but not pursued due to safety and feasibility concerns. Full reopening depends on meeting key safety criteria, including staffing, governance and training.
- Recruitment progress is promising; next formal review is scheduled for November. In addition, there is also a planned review in October.
- A maternity enhanced oversight group and paediatric quality improvement group have been established and those two groups will continue to oversee progress.

101.2 There was discussion amongst Board members as follows:

- Concerns were raised about service clarity and public messaging.
- Somerset NHS Foundation Trust is actively recruiting staff to be based at Yeovil District Hospital (YDH) as part of a cross-Somerset paediatric team. This is seen as a relaunch of a new model of care, with onboarding and cultural alignment considered as important as staffing levels. The Trust is exploring improvements to emergency department pathways for young people.
- The Board welcomed efforts to address inequalities in access to paediatric services, particularly community paediatrics.
- Ensuring women's voices are heard, especially through Maternity Voices, is essential.
- More communications to local users was encouraged to focus on reassurance and the broader transformation underway. The Trust's commitment to reopening services is supported and recent successful recruitment is positive, though coordination is needed with staff returning from other roles.

101.3 The Board **noted** the update.

ICB 102/25 TRANSFORMATION PROGRAMME UPDATE
Objectives: 1-7

102.1 David McClay provided an update on the transformation programme, highlighting the following:

- The update covers progress on Somerset's transformation priority programmes: clinical services redesign, system flow, neighbourhoods and population health.
- Workforce transformation will now be overseen by the People Board.
- Key risks include slow progress on reducing "no criteria to reside" (NCTR) bed occupancy, which may impact winter planning and finances.
- Community hospital "test and learn" bed reductions are underway, with outcomes to be reported.
- Population Health Transformation faces funding and data-sharing challenges, with current focus on maintaining existing workstreams and piloting neighbourhood data projects.
- Interesting work on clinical pathways and good engagement from across the different partnerships.
- Opportunities for innovation in relation to weight management services.

102.2 There was discussion amongst Board members as follows:

- The Board discussed rising obesity rates in Somerset, now the second worst in the South West. There was concern about the lack of focus on the food environment and the importance of early intervention to improve long-term outcomes.
- Internal delays in hospital discharge were highlighted as a key issue, particularly at Somerset Foundation Trust (SFT). A 100-day sprint to address delays had stalled and new pathways are being reviewed. There is a need to balance financial and performance pressures, with further engagement planned with SFT's clinical leadership.
- The no criteria to reside (NCTR) metric was discussed as a potential system-wide indicator of effectiveness. While some Board members advocated for a zero target, others questioned whether current targets are realistic. There was consensus on the need for a collaborative, person-centred approach to discharge planning and intermediate care, with underused capacity in some pathways noted.
- Cultural and structural barriers were identified as recurring themes in persistent challenges such as NCTR, maternity services and neighbourhood health. The importance of behavioural shifts and stronger relationships across primary and secondary care was emphasised.
- The Board reflected on the need to move beyond metrics and focus on population health drivers, including personal behaviours. The "Big Tent" initiative was praised for fostering collaboration and breaking down perceptions between hospital and community care.
- Digital transformation was highlighted as a key enabler, with significant progress in data sharing across the system. This supports better decision-making and admission avoidance, particularly through virtual ward capacity.
- The Neighbourhoods Programme is evolving into a broader vision for community-based care. While progress is being made, there is a need to improve public understanding and engagement, especially in areas like Minehead, Glastonbury, and Frome. Concerns were raised about governance, as Programme 2 was removed without formal Board agreement.
- Inclusion health was discussed under the population health report, with a decision made to proceed with further review and options appraisal. Clarification was provided that this relates to commissioning decisions, not decommissioning.

102.3 The Board **noted** the update.

ICB 103/25 FOCUS ON: COMMUNITY SERVICES
Objectives: 1-5

103.1 The Board received a report on community services from David McClay and Charlotte Callen, highlighting the following:

- The 10-Year Health Plan emphasises the importance of shifting care from hospitals to community settings through Neighbourhood Health Centres (NHCs).
- Locally, three key programmes are underway:
  - Intermediate Care Test and Learn – reducing reliance on bed-based care and increasing reablement at home.
  - Burnham-on-Sea & Crewkerne engagement – exploring service redesign.
  - Future planning for Shepton Mallet, Chard, and Wellington – developing integrated community hubs.

- Drivers include an ageing population, technological advances, estate challenges, and a focus on personalised care.
- Extensive public and stakeholder engagement is ongoing, with a strong emphasis on co-production and meeting our statutory obligations. It was also noted we need to pay attention to the carers and those looking after people at home.
- Risks include public concerns, integration challenges, funding pressures, and balancing short- and long-term improvements.
- Quality and Equality Impact Assessments are being conducted and sustainability is aligned with national strategy.

103.2 There was discussion amongst Board members as follows:

- The need for clearer public messaging was emphasised, particularly around terminology such as "Pathway Three".
- The Board discussed the success in Shepton, highlighting strong community collaboration and suggesting immediate showcasing of good practice rather than waiting for formal decisions. The importance of relational working and community investment was noted as key factors in Shepton's progress.
- A case study was proposed to demonstrate effective partnership working between NHS, community and voluntary sectors.
- Concerns were raised about occasional issues with home assessments, with a recommendation that the trial captures and compares these instances.
- The need for robust evaluation criteria was highlighted as essential to the programme's success.

103.3 The Board **noted** the update.

ICB 104/25 OUR GREEN PLAN 2025 – 2028
Objectives: 1-2, 4, 6-7

104.1 Alison Henly introduced Christine Young who presented 'Our Green Plan 2025 – 2028', highlighting the following:

- NHS Somerset's Green Plan 2025–2028 sets out how the organisation will reduce its environmental impact and achieve net zero carbon emissions, in line with national NHS and legal requirements.
- The plan focuses on decarbonisation (especially in primary care), building strong local partnerships, and increasing resilience to climate risks.
- It highlights that climate action supports health, reduces inequalities and is more cost-effective than inaction, but warns of risks if targets are not met.

104.2 There was discussion amongst Board members as follows:

- Clarification was sought on the term "grey fleet", which refers to staff using their own vehicles; it was noted this cannot be directly controlled by organisations.
- Discussion took place on the sustainability progress of cluster partners. BSW has commissioned Commissioning Support Unit (CSU) support; Dorset is still developing its green plan, with support from system partners.
- Strong partnership working with local authorities and system partners was highlighted as key to delivering population health and the 10-year plan.
- Concerns were raised about future-proofing sustainability work. Despite mixed messages nationally, the Board agreed on the importance of staying focused on local targets.

- Financial and resource challenges in delivering sustainability goals were discussed, with emphasis on aligning with existing strategies and identifying cost-saving opportunities. It was noted that return on investment may not be immediate.
- The role of the voluntary sector was acknowledged, particularly around the support provided for the digital inclusion programme, which will require a more strategic approach around investment. This will be crucial to the success of achieving the three shifts, most notably, analogue to digital. This shift cannot be achieved without longer term funding and investment to address the inequalities around digital exclusion.

104.3 The Board **recommended approval** of 'Our Green Plan 2025 - 2028'.

ICB 105/25 WINTER RESILIENCE PLAN
Objectives: 1, 3-4

105.1 Shelagh Meldrum introduced Emma Dunford who presented the winter resilience plan, highlighting the following:

- The plan aims to anticipate winter demand spikes and ensure high-quality care delivery. Developed through self-assessment, data analysis, workshops, and partner collaboration and aligns with seven national priorities including ambulance response, Emergency Department (ED) performance, and reducing long stays.
- Actions include improving access to urgent treatment centres, improving ambulance triage and enhancing discharge processes. There is a focus on supporting high-risk patients in the community and reducing unnecessary admissions.
- Learning from Winter 2024/25 includes increasing referrals from South Western Ambulance Service NHS Foundation Trust (SWAST) to the Care Coordination Hub and having a focus on winter respiratory conditions.
- Two resilience workshops held in September; further scenario testing planned.
- Surge and escalation plans coordinated by the Somerset System Coordination Centre (SCC).
- Risks identified include urgent treatment centre (UTC) closures, consistency of care co provision, respiratory capacity and discharge delays. Mitigations are in place.
- £500,000 winter funding allocated for schemes to build resilience in the system against agreed criteria.
- Winter is expected to be challenging, especially for respiratory illness; vaccination and improved ambulance handovers are key. Planning is more joined-up this year, with early preparation but further work is needed on infection, prevention and control (IPC) testing and coordination with Dorset. Monitoring impact is essential; ineffective actions should be stopped and replaced. Further development is needed for hospital-at-home and virtual wards, particularly in care home settings.

105.2 There was discussion amongst Board members as follows:

- Cyber security was highlighted as a significant risk, with a need to better integrate cyber planning into winter and emergency preparedness plans.
- Concerns were raised about vaccination uptake; plans are in place to improve flu and COVID vaccination rates through clinical champions and targeted outreach, though current targets may need to be more ambitious.
- A population health approach to vaccination was suggested to reach vulnerable groups not identified through primary care.
- Funding for care staff vaccinations remains uncertain and the robustness of the current offer was questioned.

- Board members were reminded to complete cyber updates on their devices.

105.3 The Board **noted** the update.

ICB 106/25 INTEGRATED BOARD ASSURANCE DASHBOARD AND EXCEPTION REPORT FROM THE SYSTEM ASSURANCE FORUM 1 APRIL 2024 TO 31 JULY 2025

106.1 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 31 July 2025 and includes updates from the Quality and Finance Committees.
- Quality improvements are underway in several areas, though performance remains below target; dental checks and CDiff rates require further investigation.
- The Quality Committee reviewed maternity, paediatrics, blood issues, and CHC pressures, highlighting the breadth of oversight required by the ICB. The importance of maintaining strong quality oversight, particularly as clustering progresses, was noted.
- Urgent and emergency care performance is stable, with virtual wards flagged for improvement; early signs of progress are being monitored.
- No criteria to reside and A&E 4-hour targets are being tracked ahead of winter, though not currently showing significant variation.
- Elective care shows improvement in long waits and diagnostic pathways, with mitigation actions in place.
- Mental health services continue to improve, particularly in talking therapies and employment support, with data issues being addressed.
- Workforce data from Somerset FT shows deterioration since June/July; further analysis is being commissioned. GP workforce figures are below plan, prompting scenario modelling by the People Board. Increased use of bank and agency staff reflects rising operational pressures.
- Financially, the ICB and Trust are on track to deliver a balanced position; Somerset Council is forecasting a £5.4m overspend.
- The cost improvement programme is progressing but remains backloaded, with £11.4m in savings still to be identified, posing a risk to year-end financial delivery.
- Finance Committee discussions reflected broader Board themes, with a focus on service delivery alongside financial oversight. Dentistry remains under close review, with updates provided every three months. Following positive progress in primary care prescribing, attention is shifting to secondary care prescribing. National guidance on calculating underlying financial position differs from local practice, creating some variation. Under delegated authority, the Committee approved commissioning of a new contract for Minehead Medical Centre.

ICB 107/25 OTHER KEY MEETING REPORTS

107.1 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. Cyber security was raised as a risk and area of focus with counter fraud colleagues.
- Strategic Commissioning Committee: written report provided.

System Group Reports:-

- Somerset Board: written report provided. Encouraging progress was noted in building strong, integrated partnership working.

- Children, Young People and Families: - no report: last meeting 13/5, next meeting in October. A reset is planned, with renewed focus on progressing current transformation programmes.

ICB 108/25 ANY OTHER BUSINESS

108.1 None was raised.

ICB 109/25 ITEMS TO BE DISCUSSED AT THE CONFIDENTIAL MEETING

109.1
- Minutes of the confidential meeting held on 24 July 2025
- Chief Executive's Part B report
- Transition Committee Update
- Winter Resilience Plan Board Assurance Statement

ICB 110/25 WITHDRAWAL OF PRESS AND PUBLIC

110.1 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 111/25 CLOSE AND DATE OF NEXT MEETING

111.1 The meeting closed at 1.08 pm. The next meeting will take place on Thursday 27 November 2025, at Glastonbury Town Hall.

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 094/25 PUBLIC QUESTIONS

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

"With the Secretary of State for Health, calling in the Somerset Health Foundation Trust as allegedly among the worst performing trusts in the land, “How did we get into this situation”?

94.1.1 Jonathan Higman expressed thanks for raising the question and advised that NHS England has published a new interactive dashboard that enables patients, carers, families and the public to see how the performance of Somerset NHS Foundation Trust (SFT) services, and its performance overall, compares with other providers in England.

SFT is currently ranked 20th overall out of the 134 trusts in England that the framework compares it against. SFT provides a unique range of services. The dashboard enables anyone to compare their performance in all metrics against other organisations that provide those services.

The dashboard and league tables show that their performance compares well with others but they also highlight areas they are working to improve on. Those areas include the percentage of patients waiting over 52 weeks; the percentage of urgent cancer referrals to receive a definitive diagnosis within 4 weeks; and the average number of days from discharge ready date and actual discharge date. The underlying causes for some of these pressures will be explored as part of today’s agenda.

So, whilst this is a great position for the Trust to be in, there is variation in performance within the rating that everyone is keen to see addressed for local people. In summary, it is very encouraging and a credit to all those that work hard to deliver good quality care.

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

“This question is prompted by some figures we acquired from the South Western Air Ambulance Service regarding the three-hour figure for stroke victims going to hospitals. The figures are: Bath 9%, Salisbury 35%, Taunton 37% and Yeovil 44% (under three hours). These figures will be shared on an FOI later on during the course of the day.

In January 2024 the Somerset ICB decided to close the HASU at Yeovil District Hospital in Spring 2026 and outsource critical care for patients in South and East Somerset to neighbouring hospitals in Dorset, Wiltshire and Bath and North East Somerset.

The NHS Hospital league table published on the 9th of September 2025 reveals that the Somerset NHS Foundation Trust hospitals rank 20th in the league table. The hospitals that the ICB intend over a third of Somerset stroke patients to be outsourced to are scored as follows: Dorset County 48, Salisbury General 57, University Hospitals Dorset 67 and the Royal United Hospital Bath 112, out of a total of 118 Hospital Trusts.

Can the Board assure the Somerset stroke patients transferred to the outsourcing hospitals mentioned above by the second to last performing Ambulance Trust in England will receive the same quality of care they would receive locally.

Should you not be providing equitable care to all of Somerset’s 560,000 residents?

One last point, I have not had an answer from the July meeting as to whether you are going to hold a public meeting in Yeovil regarding the closure next year.”

94.2.1 David McClay thanked Mr Smith for his question and continued interest in this topic and undertook to revert following the meeting regarding the request made at the July meeting.

As previously mentioned, it was good to see SFT rank 20 nationally out of all Trusts, noting there is some variation within that. A decision was already taken by the Board to reconfigure stroke services last year. The factors driving the case for change have not altered and the pathway design work is progressing between the Trusts to ensure that patient care will be safe and outcomes improved through the new model. A full briefing on progress is contained within the appendix to the Chief Executive's report under item 2.2.

94.3 **From Emma King (in attendance):**

"Many people in Glastonbury and the surrounding area have been very distressed to hear that there are plans afoot to close a 14 bed ward at West Mendip Hospital in Glastonbury.

This hospital was built as a minor injury unit less than 20 years ago and has a good reputation for serving the local community, with high rates of approval from patients. As a purpose built hospital for the local community, one which is still being paid for by tax payers, the announcement of this closure has caused a lot of distress.

After the removal of all the mental health wards from the Mendip area, this just feels like another blow to local services. We are already located further away from an A&E department than almost anywhere else in the country and therefore rely heavily on the services provided by West Mendip Hospital.

We are particularly aggrieved at the complete lack of consultation or adequate communication about this proposal to the public. After the fiasco of the consultation about the closure of St Andrew's, I really had hoped that you as a group would have learned something from that and done better with your efforts to include the public in your future plans, which drastically affect real people – not just statistics – in this area.

I notice you are holding/have held a few in-person events under the "Big Conversation" banner, but I notice that none of these events are even in the Mendip area, let alone in Glastonbury where the hospital is located. This is simply not good enough! The public who pay for these services have a right to a say when these services are under threat.

My questions are:

1. Why was there no public consultation over these plans to close the ward?
2. What impact do you believe this is likely to have on local people?
3. What possible benefits do you believe this will bring to the local community?

And I ask you again – HOW DO YOU EXPECT ANYONE IN THE GENERAL PUBLIC TO SUPPORT ANY OF THE CHANGES YOU MAKE WHEN YOU MAKE DECISIONS BEHIND CLOSED DOORS AND DO NOT CONSULT WITH ANY OF US?

You need to do better. I am disappointed that we are here again!"

94.3.1 David McClay thanked Emma King for her questions and ongoing advocacy for the Glastonbury area and advised that there is a community hospitals paper within today's pack detailing the steps that SFT are taking to try and deliver more care in people's home or their place of residence. Both the Trust and NHS Somerset updated the Scrutiny Committee on 21 August and they are taking a close interest in this as it moves through its stages. As the Trust is not withdrawing a whole service from a particular location then this is not classified as major service change requiring formal consultation. This is just a test and learn pilot, which will be discussed further later on the agenda. It does however require good engagement and there is some learning from how this initial phase was launched. The monitoring of the pilot will show the impact and benefit the pilot has had on local people but the intent is to re-provide more care through

getting people home with a package of support, rather than having to go home via a stay at the community hospital.

An offer was made to keep in touch outside the meeting regarding ongoing developments. The Chief Executive highlighted the move towards community neighbourhood models, with feedback from public engagement supporting care closer to home.

94.4 The Deputy 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 097/25	25/09/2025	Minutes of the meeting held on 24 July 2025 and accompanying action schedule	Update on elective waiting lists to be brought to the November Board meeting.	David McClay	25/09/2025: Item added to agenda for November meeting.	Complete	25/09/2025
ICB 099/25	25/09/2025	Chief Executive's report - hospital infrastructure work in Dorset	Update on hospital infrastructure work in Dorset to be brought to the next meeting.	David McClay	25/09/2025: Item added to agenda for November meeting.	Complete	25/09/2025