

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: B
DATE OF MEETING:	28 November 2024	
REPORT TITLE:	Minutes of the ICB Board Meeting held on 26 September 2024	
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 26 September 2024. They are presented to the ICB Board 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 to confirm that the Chairman may sign them 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.
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 26 September 2024**

Present:	Paul von der Heyde Suresh Ariaratnam	Chair Non-Executive Director (Chair of Primary Care Commissioning Committee)
	Dr Berge Balian Christopher Foster	Primary Care Partner Member 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) (absent for items ICB 102.3/24 to ICB 103.2/24)
	Professor Trudi Grant	Executive Director of Public and Population Health
	Alison Henly	Chief Finance Officer and Director of Performance and Contracting
	Jonathan Higman Peter Lewis	Chief Executive Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member) (Virtual)
	David McClay	Chief Officer for Strategy, Digital and Integration
	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) (for items ICB 094/24 to ICB 102/24)
Apologies:	Dr Bernie Marden	Chief Medical Officer
In Attendance:	Graham Atkins Charlotte Callen	Chief People Officer (Designate) Executive Director of Communications, Engagement and Marketing
	Lucy Danes	Transformation Project Manager for Women's & Children's Health (for item ICB 103/24)
	Ben Edgar-Attwell	Deputy Director of Corporate Services (working across SFT and Somerset ICB)
	Judith Goodchild Sukeina Kassam	Healthwatch (Participant) Director of Primary Care (for item ICB 105/24) (Virtual)
	Anthony Martin	Interim Deputy Director of Strategy and Transformation
	Katherine Nolan Jade Renville	SPARK Somerset, VCSE sector (Participant) Executive Director of Corporate Services and Affairs, NHS Somerset and Somerset NHS Foundation Trust
	Richard Schofield	Director of System Coordination & NHS Greener South West Senior Responsible Officer (SW SRO) (for items ICB 094/24 to ICB 104.1/24) (Virtual)
	Christine Young	Sustainability and Estates Manager (for item ICB 102/24)
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Manager

ICB 094/24 WELCOME AND APOLOGIES FOR ABSENCE

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

ICB 095/24 PUBLIC QUESTIONS [\(PLEASE SEE APPENDIX 1\)](#)

[Working Together to Improve Health and Wellbeing](#)

ICB 096/24 REGISTER OF MEMBERS' INTERESTS

96.1 The ICB Board received and noted the register of members' interests, which reflected the position as at 19 September 2024.

ICB 097/24 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

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

ICB 098/24 MINUTES OF THE MEETING HELD ON 25 JULY 2024

98.1 The minutes of the meeting held on 25 July 2024 were approved as a true and correct record.

98.2 The action schedule was reviewed, all actions are complete.

ICB 099/24 CHAIR'S INTRODUCTION/REPORT

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

- Proactive dialogue has continued with chairs regionally and nationally, together with contact with leaders and partners across our system.
- The publication of Lord Darzi's report, *NHS: its role, organisation and health*, which reminds everyone of their collective responsibility. Steady progress is being made but momentum must be maintained and focus on delivering the five key strategy workstreams is critical.
- RTT performance is an issue for us and we will need to deliver statutory performance targets to earn the freedom to expand our horizons. Winter planning is ongoing.
- A meeting took place with the Chief Executive and Police and Crime Commissioner.
- Chaired the South West Region People Board meeting.
- Visited Exeter University to discuss future joint working.
- Participated in the South West Social Mobility Commission, to improve the social mobility of those who live on the peninsular.
- The ICB Annual General Meeting and Marketplace will be taking place on Monday 30 September at The Canalside in Bridgwater.

ICB 100/24 CHIEF EXECUTIVE'S REPORT

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

- The publication and content of the Darzi Report, which acknowledged the issues surrounding access to healthcare and the variability in the quality of care and services. A ten-year plan is under development, with engagement activities scheduled for the winter months, leading up to publication in the next five to seven months. The plan will focus on three main shifts: from hospital to home, from analogue to digital, and from treatment to prevention.
 - Whilst we can fully engage with the primary prevention work, it is secondary prevention that we should be focusing on within the NHS to release resources for primary prevention.
 - CFO to review whether NHS Somerset has access to health levies to invest in the foundations of health for young people, as outlined in the Darzi report. It was noted that the voluntary sector in Somerset receives funding from the statutory sector which could facilitate alternative collaborative approaches to health initiatives.
 - There is a need to understand the propositions around prevention and whether we are investing system money in the best way in order to make that difference, perhaps initiating some specific pilots to progress this work.

- Colleagues were encouraged to read The Institute of Public Policy Research report on the NHS and its future: [‘Our greatest asset: the final report of the IPPR Commission on health and prosperity’](#)
- Winter preparedness is underway, with vaccination programs for Covid, flu, RSV, and MMR currently in progress, alongside preparations for potential cases of Mpox. This planning also aligns with efforts to ensure safe care delivery, including supporting bed capacity at Somerset NHS Foundation Trust and maintaining ongoing communication with Hertfordshire Urgent Care, who provide our 111 service.
- A review was conducted into the low uptake of vaccinations among patient-facing staff last year, with the goal of simplifying the process. As Section 7a services are integrated more closely with Integrated Care Boards (ICBs), this should enable a more coordinated, whole-system approach to vaccination and screening. It was also noted that Spark has a small amount of funding, carried over from the Covid response, to address inequalities in vaccination uptake.

Action ICB 100a/24: The Chief Nursing Officer (CNO) to connect with Katherine Nolan regarding funding for vaccination and screening initiatives.

- The new Inpatient Mental Health Ward in Yeovil is now open, with the first patients from St Andrews Ward in Wells admitted to Rowan Ward 2 in Yeovil. A virtual tour of the new ward is available for viewing [here](#).
- The Somerset GP Provider Support Unit has been established to improve engagement with general practice across Somerset and facilitate system-wide working. Dr. Andy Brooks has been appointed as the Interim Chief Executive.

Action ICB 100b/24: Dr Andy Brooks and Dr Jon Dolman to be invited to a future Board meeting to provide an overview on the GP Provider Support Unit

- Communications and engagement spotlight – the ICB finance team were also shortlisted for HFMA ‘Team of the year’ and the prescribing team were shortlisted for the PrescQIPP award for patient safety and addressing overprescribing. The Chief Nursing Officer also presented one of the twelve South West Primary Care Nursing Awards, where five were awarded to Somerset nurses, with two also being highly commended.

ICB 101/24 REVISED GOVERNANCE HANDBOOK

101.1 The Board received the revised governance handbook. Jade Renville highlighted the following:

- In November 2023 - March 2024 an ICB governance review was completed by our auditors, BDO, which included a review of constitutional documents and governance arrangements.
- The governance handbook (published on our website (<https://nhssomerset.nhs.uk/about-us/governance/>) sets out NHS Somerset ICB’s key governance arrangements and is comprised of the following:
 - Constitution (incorporating the Standing Orders) (to be approved by NHS England)
 - Terms of Reference for the Committees of the ICB Board (providing consistency and noting the requirement to circulate papers five working days prior to meetings)
 - Scheme of Reservation and Delegation and Standing Financial Instructions
 - Standards of Business Conduct and Managing Conflicts of Interest Policy

- Integrated Care Boards Establishment Order 2022
- The amended Constitution includes:
 - A range of general formatting and grammatical updates.
 - Removal of a number of sections required at the point of Establishment which are no longer relevant.
 - The option to increase the number of Non-Executive Members from four to five and to recruit an Associate Non-Executive Member, if required.

101.2 There was discussion amongst Board members as follows:

- We are considering whether there is a need for an internal ICB strategic commissioning committee, which will need to be reviewed by the Board when appropriate.
- The Quality Terms of Reference will be considered at the next meeting on 16 October 2024.
- The change to the requirement for papers to be circulated five working days (rather than five calendar days) ahead of meetings, was welcomed.

Action ICB 101/24: Composition of the Board within the Constitution to be amended to clarify that the 'Public Health Expert' is the Director of Public Health.

101.3 The Board:

- **Endorsed** approval of the revised Constitution to NHS England
- **Approved** the updated Terms of Reference for ICB Committees
- **Approved** the updated Standing Financial Instructions.

ICB 102/24 SOMERSET ICS INFRASTRUCTURE STRATEGY
All Objectives

102.1 Alison Henly introduced Christine Young, Sustainability and Estates Manager, who presented the Somerset ICS Infrastructure Strategy, highlighting the following:

- The Infrastructure Strategy was presented to the ICB Finance Committee in July 2024 and has been developed in collaboration with the ICS-wide Estates Group, with advice from NHS England.
- The key aim is to set out plans for the future and how we intend to realise those plans, focusing on neighbourhood and community working.
- Challenges include ageing estate, demography, housing developments, lack of key worker housing, lack of maintenance and capital availability.
- The Strategy has been submitted to NHS England, with feedback awaited and will be refreshed annually
- The document will also be considered by Somerset NHS Foundation Trust's Finance Committee.
- Work has also been undertaken in terms of prioritisation frameworks.
- Work is taking place with Somerset Council in terms of the planning function, so there are links across the health and care sector.

102.2 There was discussion amongst Board members as follows:

- The impact on the new hospitals programme was noted, although currently unknown.
- Prioritisation criteria are outlined in the spreadsheet and a shape atlas tool can be used to analyse specific geographical areas.
- Focus is required on optimising funding, including the need for clearer operational plans and a detailed understanding of the purpose of GP surgeries within localities.
- Section 106 and Community Infrastructure Levy (CIL) funding is limited, resulting in challenges for affordable housing.
- Collaborative spaces are essential for integrated neighbourhoods.

- Horizon scanning for primary care (including general practice) estate to be considered, in the context of supporting services, capital and leasing challenges, and the potential future contracting and operational model.
- The public estate encompasses more than just council and health properties.
- Wellbeing and housing solutions are crucial for recruitment, particularly for key workers and a Somerset Board workshop on housing is taking place tomorrow, which will explore NHS contributions to housing challenges and key worker accommodation.

(Caroline Gamlin left the meeting)

102.3 The Board **endorsed** the decision of the Finance Committee to submit the Strategy to NHS England on behalf of the ICS.

(Duncan Sharkey left the meeting)

ICB 103/24 FOCUS ON: WOMEN'S HEALTH INVESTMENT

Aim 1: Improve the health and wellbeing of the population

Aim 3: Provide the best care and support to children and adults

103.1 Shelagh Meldrum introduced Lucy Danes, Transformation Project Manager for Women's and Children's Health, who presented a report and presentation on women's health investment: ['Women's health patient story – illustrating the need for change'](#), highlighting someone's experience with diagnosis and management of endometriosis. The report highlights the following:

- The Women's Health Strategy 2022 highlighted the barriers to health and care services experienced by women, despite the fact that 51% of the population is female.
- Nationally, there is a drive to improve women's health provision, including the adoption of a life course approach and the development of women's health 'hubs' with national investment of £25 million.
- A local oversight group was developed for women's health with support from the NHS, Somerset Council and voluntary sector organisations.
- Priority areas were identified: menopause, endometriosis, access to long-acting reversible contraception and pelvic health.
- Due to the short-term funding, locally this was allocated to support quality improvement, learning and integration as opposed to additionality.

103.2 There was discussion amongst Board members as follows:

- It was noted that 11 out of the 13 PCNs signed up. It was not felt that there was an underlying fundamental reason for this, other than perhaps workload of the some PCN Directors, as there was overwhelming support at the county LMC meeting.
- The need to consider how to communicate this to the public. Healthwatch and Spark offered to distribute information through their newsletters.

(Caroline Gamlin rejoined the meeting)

- There are some commissioning gaps that will not be covered through non-recurrent funding.

Action ICB 103/24: Conversation to take place outside of meeting regarding next steps following the non-recurrent funding.

103.3 The Board **noted** the report and presentation.

ICB 104/24 SOMERSET'S JOINT FORWARD PLAN REFRESH - PRIORITY PROGRAMMES (PP) UPDATE
All Objectives

104.1 David McClay provided an update on priority programmes, highlighting the following:

- The scoping and diagnostic phase is now complete for the Flow and Neighbourhood working programmes
- Running alongside that was the need to create capacity and capability for change within the system, some of which will be achieved through the ICB restructure which has created programme management support
- Developing a mixed model of both traditional quality improvement methods and systems thinking.

PP1: Finance and Resource Allocation (Alison Henly)

- Mainly focused on short-term savings to ensure we reach a balanced outturn financial position and this is being reported regularly to the Finance Committee.
- Working through the Infrastructure Strategy and looking to understand savings coming out of other programmes and what that will mean in terms of addressing the significant financial gap next year.
- Flagged frailty as this is happening in pockets and there is some duplication, so this needs to be brought together.
- Also need to consider moving funding from the front end to the back end and how we reduce that cost base to enable this to happen.

PP2: Workforce (David McClay)

- Focus has been on developing the Somerset Academy and work within West Somerset around 'team-of-teams' coaching and leadership development.
- There is a need for a re-set on the strategic workforce as a programme. This will be easier now that there is a clearer model emerging around neighbourhoods and what particular roles and type of functions are required.

PP3: System Flow (Peter Lewis)

- Initially focused on the level of no criteria to reside patients in acute beds but there is a larger issue about flow and reducing reliance on beds across the whole system.
- There is variability in the system and inconsistency of decision making on discharge across the county.
- The balance between discharge to assess and community bed capacity needs to shift to create more discharge to assess capacity, with more work required on this. . Also need to look at the type of beds and where they are, as some patients are travelling a long way from where they live to be in a community hospital.
- There is a benefit to the patient, population and finances in getting this right, however there are some short-term challenges and short-term investments required to deliver those benefits. There is a proposal to implement some of this work in the second half of the year to assist through winter and enable the shift of balance of capacity going into next year.

PP4: Integrated Neighbourhood Working (Jonathan Higman)

- A deliberate approach has been taken to define this separately but in a contributory way to the wider work of Somerset Board. This is around the creation of health and social care integrated neighbourhood teams.
- There is a challenge around differential development.
- A framework has been created to enable neighbourhood teams to develop in a consistent way through leadership team development, data/technology, risk stratification and consistent roll out of Brave AI, a better approach to learning and sharing good practice, having key evaluation criteria from the outset, estates and also the financial offer.
- The second element is identifying the patient cohort and concentrating efforts on the area of highest need.

- A sub-group is building the framework and work is taking place to start to look at an economic model that sits alongside this.

PP5: Population Health Transformation (Trudi Grant)

- A number of focussed programmes are underway, such as hypertension.
- The positive liver disease work in Somerset NHS Foundation Trust may spread across the South West.
- A more detailed look at smoking is starting, with a view to achieving the national targets by 2030 as a system.
- The improving lives data platform is now progressing within the digital pathway.
- Inequalities focus work is largely looking at hypertension but public health consultants are now linking with each PCN to progress this work.
- Neighbourhoods work is starting.
- Need to consider longer-term resourcing for this programme, as capacity is a significant issue.

104.2 There was discussion amongst Board members as follows:

- The additional detail provided to Board members was helpful, and an abridged version to support the summary report may be helpful going forwards.

(Richard Schofield left the meeting)

- Peter Lewis and Duncan Sharkey to discuss to establish whether there is any opportunity to be explored in terms of Council owned Care homes.
- Whilst the bigger and immediate benefit comes from focusing on the top 5% high intensity users, there is also a need to focus on the next 25% to stop them becoming part of the 5%. There may be a need to focus on population cohorts and those with life limiting conditions rather than on a geography basis.
- Whilst it is possible to intervene intensively with the top 1-2% of that 5% and improve their quality of life, there is not a significant impact on activity as they tend to be people that are so ill that they end up being admitted, whereas the top 3-4% of the second group have the highest risk of being inappropriately admitted if they do not receive the appropriate care. By shifting the cohort slightly in Brave AI, this addresses this issue.
- The Vanguard data from 2015/16 is informing thinking on this and some of the key people involved in the original work are involved in this group.
- There is a need for the SROs for the five programmes to come together to ensure things are done systematically to a five-to-ten-year plan, to ensure the best outcomes for the Somerset population but also for the taxpayer's money.

Action ICB 104/24: Priority Programme SROs to meet and discuss next steps.

104.3 The Board **noted** the update.

ICB 105/24 NATIONAL PCN PILOT PROGRAMME OVERVIEW ***Aim 4: Strengthen care and support in local communities***

105.1 Sukeina Kassam provided a verbal overview on the national PCN pilot programme, highlighting the following:

- A launch event for the Primary Care Network (PCN) test site programme was held in London last week and the programme started on 18 September.
- This is a partnership between 7 ICBs, led by NHS England, involving 22 PCNs across ICBs. PCNs were selected to represent urban, rural, coastal and deprived and affluent areas. In Somerset, Mendip and Frome PCN were selected for their rural context.

- The programme responds to challenges faced by practices and PCNs regarding current contracts and policies, primarily focusing on assessing the gap between demand and capacity in general practice, including funding issues.
- An intensive data collection phase has started, which will establish baseline metrics on workforce, time and activity. In the New Year, PCNs will have access to capacity to start the work.
- The programme, funded through a section 96 financial contract, will run until March 2027 and there is no change to the GMS and PCN DES contracts.
- PCNs will analyse baseline data and relevant population datasets, aligned with future integrated neighbourhood team working.
- The GIRFT team are supporting the programme by developing data tools in collaboration with the 22 PCNs.
- Whilst the programme encompasses only a portion of PCNs and ICBs, it aims to inform potential reforms in general practice contracts.

105.2

There was discussion amongst Board members as follows:

- The initiative in Mendip and Frome aims to foster innovation, share learning and facilitate strategic discussions about the GP contract and funding.
- A national dashboard has been created to gather data from GP systems across the PCNs involved, alongside a time and motion study to assess practice workflows. Funding could be used to develop digital solutions to enhance workflows and improve primary care integration, noting that many practices are managing immediate demands.
- Clear data demonstrating the value of general practice will help inform national contracts and allow for more flexibility at practice level, with integrated collaborative working in the two PCNs showcasing potential benefits.
- A local baselining exercise will analyse demand profiles and the impact of integrated working on community health.
- Royal United Hospital Bath (RUH) data will also be reviewed due to the geography of the two PCNs involved.
- There is a need to link with work on population health transformation.
- There needs to be recognition that tailored approaches are required in different areas, rather than being too prescriptive.
- Somerset have also been successful in the 'volunteering for health' programme, funded with £0.5m over three years, which could inform culture change within the system. This will focus on developing a volunteering strategy but also on integrated collaborative working and working closer to communities. A county-wide strategy will be developed which will be informed by two PCN pilots on work around volunteering, providing an opportunity to align with ICB initiatives related to neighbourhoods.

Action ICB 105/24: Katherine Nolan to meet with Jonathan Higman, David McClay and Sukeina Kassam to review with an integrated neighbourhood team strategic approach, adopting a similar process used for expressions of interest and weighting and capability of PCNs.

105.3

The Board **noted** the overview.

ICB 106/24 FINANCE REPORT – MONTH 4 2024/25

106.1 The Chief Finance Officer and Director of Performance and Contracting presented the finance report, highlighting the following points:

- The report covers the period 1 April to 31 July 2024 and was reviewed by the Finance Committee last week.
- The report highlights a nominal deficit of £1.2m for NHS Somerset in this period due to the costs incurred as a result of the industrial action taken by junior doctors at the end of June and beginning of July. Support will now be made available from NHS England, meaning that the system is projecting to deliver a break-even position at month 12.
- The capital plan has now been phased based on our final submitted capital plan and we are £0.5m ahead of the plan for this period. The system is expecting to fully utilise its capital allocation in 2024/25 and further work is planned to test this position over the next few weeks.
- The report highlights that agency expenditure is £2.1m under plan, which is a significant focus for the system, although this position remains over our agency cap.
- Somerset Council is forecasting an overall year-end underspend of £0.2m based on the financial position for this period. A potential overspend against children, family and education services is expected to be offset by an underspend on corporate contingency.
- The report highlights that the system has several significant risks to delivering its financial position and work is ongoing to mitigate those risks.

106.2 There was particular discussion amongst Board members as follows:

- A stretch target was set for the cost improvement program and efforts have been made to close the funding gap. However, a persistent discrepancy between recurrent and non-recurrent funding remains, posing challenges for next year.

ICB 107/24 INTEGRATED BOARD ASSURANCE DASHBOARD AND EXCEPTION REPORT FROM THE SYSTEM ASSURANCE FORUM

107.1 The Board received an update on 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 to 31 July 2024 and provides a summary of escalation issues for quality and performance against the constitutional and other standards.
- This is the second month of a scorecard/quadrant approach to bring together quality, workforce, performance and finance indicators and the structure of the report will evolve as reporting is developed.
- The SAF undertook deep dives into the following five areas:
 - A&E activity – a deep dive focusing on A&E activity, performance against the 4-hour ED standard, ambulance arrivals and emergency admissions was reviewed at each of the Musgrove Park Hospital and Yeovil Hospital sites. The learning from this is being used to develop the winter plan and urgent care strategy.
 - Preparedness for winter and arrangements for the winter workshop – the process and timeline for developing the plan to ensure sustainable services over the winter period.

- Patients waiting longer than 65 and 78 weeks – an update was provided on the focused work being undertaken across the ICB and SFT to make sure that patients are not waiting for longer than 65 weeks.
- SFT diagnostic waits – an update on the actions being taken to reduce the number of people waiting for diagnostic tests, with a specific focus on ECHO and MRI scans.
- SFT cancer performance – an update on the actions being taken to improve performance to deliver the 28 faster diagnosis and 62-day standard.

107.2 There was particular discussion amongst Board members as follows:

- There is particular focus on 65 and 78 week waits to address the backlog, also redoubling efforts around choice to create capacity.
- It was noted that a local version of the Practice Fellowship Programme has been created, designed to support new GPs on other business aspects.

Action ICB 107/24a: A concern was raised around emergency readmissions within 7 days, noting that the readmission rate at Musgrove Park Hospital is four times higher than the rate at Yeovil District Hospital. To be reviewed and an update brought back to the next Board meeting.

- The IBAR report received by Board members demonstrates that adherence to cancer standards is behind although adherence to improvement planning is better, whereas the dashboard does not currently reflect this.

Action ICB 107/24b: Dashboard to be reviewed for those standards where a trajectory has been agreed as part of a plan, to include rag ratings against both trajectory of the plan and also against the national target.

ICB 108/24 KEY MEETING REPORTS

108.1 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:-

- Finance Committee: written report provided. It is forecasted that by the end of the year, agency spend will be around £5m below that planned, albeit still above cap.
- Audit Committee: written report provided. Internal and external auditors contributed fully to the meeting and external auditors continue to praise our finance team.
- Quality Committee: written report provided. There is now a very detailed quality highlight report. The Terms of Reference will be reviewed at the next meeting, together with an update on planning.
- Primary Care Commissioning Committee: written report provided. The importance of robust data and timeliness of papers was highlighted.

Action ICB 108/24: 'GP workforce – general decrease' paper to be considered by Board once complete.

System Group Reports:-

- Somerset Board: not met since last meeting but housing workshop taking place tomorrow.

- Collaboration Forum: written report provided. Somerset Council Transformation Plan is now a regular standing item on the agenda.
- Population Health Transformation Board: written report provided. Thanks were expressed to the team involved in the 24-hour blood pressure test-a-thon for know your numbers week, which increased awareness.
- People Board: no report (last meeting held on 23 April, next meeting taking place on 16 October).
- Children, Young People and Families: written report provided. The Children and Young People's Plan will be relaunched next week, with four very specific actions, with health leading one on early help.

ICB 109/24 ANY OTHER BUSINESS

109.1 The Chief Executive advised that a letter had been received from NHS England confirming delegation of specialist commissioning from 31 March 2025, with conversations to take place around one system in the South West becoming the 'principal commissioner'. Decision points are to be aligned to our November Board meeting and this will be discussed further at the October Board development session.

ICB 110/24 ITEMS TO BE DISCUSSED AT THE CONFIDENTIAL MEETING

110.1

- Chief Executive's report
- Minutes of the confidential meeting held on 25 July 2024
- Board forward planner
- Strategic objectives and measures and Board assurance framework draft development

ICB 111/24 WITHDRAWAL OF PRESS AND PUBLIC

111.1 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 112/24 CLOSE AND DATE OF NEXT MEETING

112.1 The meeting closed at 12.58 pm. The next meeting will take place on Thursday 28 November 2024, at Wincanton Community Hospital.*

(Post meeting addendum: meeting venue will now be Deane House, Taunton)*

Chairman:

Date:

APPENDIX 1

ICB 095/24 PUBLIC QUESTIONS

95.1 From Rick Beaver, Quicksilver Community Group (not in attendance):

“This board has agreed the reconfiguration of the Stroke Services in Somerset, based on the board’s view that the clinical care pathways and enhanced provision in terms of equipment and staffing at Musgrove Park HASU would be a significant benefit to stroke patients and meet national clinical standards. However, this will only serve about three quarters of the Somerset stroke patient population. Due to the closure of the HASU at YDH an estimated 255 stroke patients per year from the Yeovil area will receive their initial emergency care at Dorchester County Hospital HASU.

The stage 1 DCH HASU for Dorset patients is now implemented and we have been told that a Joint Stroke Consultation Board has been set up, first meeting in September, led by NHS Somerset to oversee decision making and governance for Stage 2.

We are told that, operationally, the dependency on setting a go-live date will be based on:

Recruitment of appropriate mix and levels of specialist stroke clinicians across the entire stroke pathway; the majority of roles required are in nursing.

Extending the stroke unit at DCH. The work is due to commence in the coming weeks.

1. I am still concerned that the provision developed by DCH for the HASU is of comparable staffing, equipment, and quality care pathways to that proposed by SFT for the reconfigured HASU at MPH. Dr Whiting has previously indicated that MPH will need 6 – 8 Consultant Stroke Physician for the enhanced HASU. We understand the number of dedicated Consultant Stroke Physicians anticipated, (and yet to be recruited), for the DCH HASU is 2 fte. Why does this board see a necessity for 6 – 8 Consultant Stroke Physicians for a viable HASU at MPH but considers 2 are sufficient for a viable HASU at DCH?
2. A key argument for the proposed closure of the Yeovil HASU was the inability to recruit Consultant Stroke Physicians, however given Yeovil now has already recruited 2, it is clearly as viable as the DCH HASU. There is no logic reason to close the YDH HASU, to the disadvantage of the 255 south Somerset stroke patients (per annum) who will now have to travel to Dorchester rather than Yeovil to receive the time critical treatment to address their stroke condition.
3. In the interests of transparency and accountability are the Joint Stroke Consultation Board meetings open to the public with the opportunity for public questions? If not why?
4. In response to my previous questions, I was told that the YDH HASU is not a dedicated HASU but part of the coronary care unit. The YDH HASU has always been referred to as the HASU even in the SFT papers and the DMBC. I am concerned that this previous answer indicates that the YDH HASU has already been downgraded even before any implementation of the DCH stage 2 HASU. This suggests SFT have reneged on the commitments previously given in this meeting that the YDH HASU would continue until both MPH and DCH HASUs were fully functioning. This is especially concerning as not only is this a vulnerability in the service to a significant number of stroke patients in south Somerset but also appears to be an attempt to make the YDH HASU unviable prior to any decision by the Secretary of State following the number of requests made for the decision to be reviewed. Please can the board provide a detailed description of the current status of the YDH HASU.”

95.1.1 David McClay thanked Mr Beaver for his questions and advised that question 1 was responded to as part of the July questions and included as a post addendum note to the minutes and provided a response to questions 2-4 as follows:

The improvements sought from the planned changes have been set out within the DMBC. They extended beyond workforce capacity and included factors such as the minimum viable number of cases to meet national standards.

The Joint Stroke Consultation Board meeting is not open to the public as it is an internal ICB led meeting to oversee and review progress of the implementation phase and provide oversight and assurance to ensure milestones and go/no-go gateways are in place before any decision is made for the proposed changes to go-live. The meeting sits within the governance structure for service reconfiguration programmes of work and reports through this structure.

The HASU function at YDH has always been provided on the coronary care unit (with the exception of a period during the pandemic when it was temporarily located on a different ward). This is not therefore a change that has been made in response to the ICB's decision in respect of the future configuration of acute stroke services. This does also not represent a downgrading of the service provided by SFT nor does it make the service less viable.

95.2 **From Gerry Smith (in attendance):**

"The Somerset ICB DMBC has admitted its plans to outsource the critical care of 70% of YDH stroke patients to adjoining ICB hospitals in Dorchester, Salisbury and Bath and the transfer of the remaining 30% of YDH stroke patients to Taunton will have a detrimental effect on those patients care as the support of family and carers in the crucial 72-hour hyper acute phase will be severely affected.

This is evidenced by the ICB's admission on page 79 of the DMBC document that 109,072 Somerset and 15,160 Dorset residents will lose access to a HASU by public transport when the Yeovil HASU is closed.

The Equalities Impact Assessment provides further evidence of the negative impacts of the planned closure of the Yeovil HASU on patients, family and carers.

The DMBC contains a plethora of well meaning statements and intentions to partially mitigate the detrimental outcomes of the closure decision but precious little evidence has been forthcoming.

The public consultation feedback report listed a series of practical suggestions to mitigate some of the damage caused by this planned closure. Please answer yes or no to the following suggestions made by concerned residents.

To assist family and carers who are older, live in rural or more deprived areas without access to public transport:

- 1 Do you intend to provide shuttle buses between Yeovil and Dorchester?
- 2 Do you intend to provide shuttle buses between Yeovil and Taunton?
- 3 Have you considered any other transport assistance for family or carers to travel to Bath or Salisbury?
- 4 Have you considered extending the Hospital Car Service to provide transport for immediate family or carers to attend HASU's out of hours?
- 5 Will you provide free accommodation for family or carers to support patients during their stays at HASU's for the critical 72 hour period?
- 6 Have you made any financial provision to assist those family or carers who find themselves supporting their relatives and assisting hospital staff during that crucial 72 hour period?
For family and carers who have access to a vehicle and are not one of the 124,232 residents who have no access to public transport to visit HASU's have you:
- 7 Arranged to cancel the outrageous parking fees you charge at your hospital sites for the family and carers of stroke patients?

- 8 Will you provide free accommodation for those family and carers attending out of County HASU's during the critical 72hour period?
- 9 Have you made any financial provision to assist those family or carers who may have access to a motor vehicle but are still regarded as deprived, unemployed or in receipt of benefits?
- 10 Have you discussed any of the above issues with colleagues at Dorset Salisbury or Bath hospitals as all will be affected by the same issues?

I don't really want a generic answer today, I want answers to ten specific questions. If that's difficult, then I can withdraw these questions and I will submit them under Freedom of Information (FOI). In fact, from today, I think all my questions with come under FOI because then I'll get a detailed record rather than the minutes, because the recording here is destroyed after you take the minutes. So, I'm quite prepared for you not to answer these ten specific questions and I'll have them in writing under FOI rules, so I'll submit via the admirable Mrs Hutchings. I've quite a few more very, very detailed questions. I've been ploughing through your 1000 pages which takes an awful long time and will continue ploughing through them and there's a lot more detail that we haven't got and really this forum hasn't provided me or some of my colleagues with the detailed answers that we need, so will go back to FOI and thank you for your time."

95.3 **From Anonymous:**

"Background:- It is thought that the underlying principle of an I.C.B. should, in executing it's primary functions, is to have regard to the need to reduce, (certainly in the local area in question), the likelihood of inequalities between patients, with respect to their ability to access vital health services, with a view to reduce any imbalance between patients, respecting the outcomes for said patients by the provision of state of the art health services within easy reach. Additionally, the inequality of the likely outcome to be considered should include as a matter of course, outcomes in relation to service effectiveness, safety and the quality of the experience of patients as a major factor in relation to maintaining or improving the quality of the Service provided. We are now at the stage of Y.D.H. having three stroke consultants, a state of the art scanner and a new diagnostic building at an advance stage of construction.

Question :- Can you please justify and explain in some detail, why the decision has been taken to downgrade the HASU at YDH from its current status please?"

95.3.1 David McClay expressed thanks for submission of the question. YDH does not presently have a dedicated HASU (by strict definition) in line with national standards. The decision was made, in line with national guidance, to reconfigure stroke services in the area, the full justification for which was set out in the DMBC. One of the concerns raised during the process was the long-term future of the YDH site. As the question sets out, there are a variety of new developments at the site, including the ongoing provision of Acute Stroke Care.

95.4 The Chair thanked members of the public for their questions which are valued, recognising that whilst keen to continue to provide detailed answers, time at the Board meeting is obviously precious.

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
ICB 105/24	26/09/2024	National PCN Pilot Programme Overview: 'Volunteering for Health' programme	Katherine Nolan to meet with Jonathan Higman, David McClay and Sukeina Kassam to review with an integrated neighbourhood team strategic approach, adopting a similar process used for expressions of interest and weighting and capability of PCNs.	Jonathan Higman/David McClay	22/11/2024: Meeting to be scheduled before Christmas.	Ongoing	
ACTIONS CLOSED SINCE LAST MEETING							
ICB 100a/24	26/09/2024	Chief Executive's Report: Spark funding for inequalities in vaccination uptake	The Chief Nursing Officer (CNO) to connect with Katherine Nolan regarding funding for vaccination and screening initiatives.	Shelagh Meldrum	13/11/2024: Shona Turnbull-Kirk has been asked to take forward this conversation.	Complete	13/11/2024
ICB 100b/24	26/09/2024	Chief Executive's Report: GP Provider Support Unit	Dr Andy Brooks and Dr Jon Dolman to be invited to a future Board meeting to provide an overview on the GP Provider Support Unit	Julie Hutchings	27/09/2024: Item added to forward planner (date TBC).	Complete	27/09/2024
ICB 101/24	26/09/2024	Revised Governance Handbook	Composition of the Board within the Constitution to be amended to clarify that the 'Public Health Expert' is the Director of Public Health.	Julie Hutchings	18/10/2024: Constitution updated.	Complete	18/10/2024
ICB 103/24	26/09/2024	Focus On: Women's Health Investment	Conversation to take place outside of meeting regarding next steps following the non-recurrent funding.	Shelagh Meldrum/Alison Henly	13/11/2024: In progress	Complete	13/11/2024
ICB 104/24	26/09/2024	Somerset's Joint Forward Plan Refresh - Priority Programmes Update	Priority Programme SROs to meet and discuss next steps.	David McClay	22/11/2024: Priorities session with 4/5 SROs to take place 25 November. Conversation with SFT CEO to follow that session. Outcome will be included within refreshed Joint Forward Plan.	Complete	22/11/2024
ICB 105/24	26/09/2024	Key Meeting Reports: Primary Care Commissioning Committee	'GP workforce – general decrease' paper to be considered by Board once complete.	Julie Hutchings	27/09/2024: Item added to forward planner (date TBC).	Complete	27/09/2024
ICB 107a/24	26/09/2024	Integrated Board Assurance Dashboard and Exception Report from the SAF	A concern was raised around emergency readmissions within 7 days, noting that the readmission rate at Musgrove Park Hospital is four times higher than the rate at Yeovil District Hospital. To be reviewed and an update brought back to the next Board meeting.	Shelagh Meldrum	13/11/2024: Under review – will be tabled through Quality Committee if required	Complete	13/11/2024
ICB 107b/24	26/09/2024	Integrated Board Assurance Dashboard and Exception Report from the SAF	Dashboard to be reviewed for those standards where a trajectory has been agreed as part of a plan, to include rag ratings against both trajectory of the plan and also against the national target.	Alison Henly	14/11/2024: Update added to report moving forward – complete	Complete	14/11/2024