

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: B
DATE OF MEETING:	22 May 2025	
REPORT TITLE:	Minutes of the ICB Board Meeting held on 27 March 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 27 March 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 **Minehead Community Hospital**, on **Thursday 27 March 2025**

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 (Virtual) Non-Executive Director (Chair of Finance Committee, Remuneration Committee and Somerset People Board) (for item ICB 028/25 onwards)
	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 Peter Lewis	Chief Executive Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)
	Dr Bernie Marden Shelagh Meldrum	Chief Medical Officer Chief Nursing Officer and Director of Operations
	Grahame Paine	Non-Executive Director (Chair of Audit Committee)
Apologies:	Katherine Nolan Duncan Sharkey	SPARK Somerset, VCSE sector (Participant) 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)
	Carmen Chadwick-Cox	Deputy Director of Strategic Commissioning (for item ICB 039/25)
	Judith Goodchild Dr Rachel Handley	Healthwatch (Participant) Consultant in Public Health (for item ICB 035/25)
	Paul Matcham David McClay	CEO, Minehead EYE (for item ICB 034/25) Chief Officer for Strategy, Digital and Integration (Participant)
	Charlie Mead	Wellbeing Outreach Worker, Minehead EYE (for item ICB 034/25)
	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 (for item ICB 038/25)
	Scott Sealey	Deputy Chief Finance Officer and Deputy Director of Performance & Contracting (for item ICB 036/25)
	Kat Tottle	Engagement & Insight Lead Officer (for item ICB 034/25)
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Manager

ICB 023/25 WELCOME AND APOLOGIES FOR ABSENCE

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

ICB 024/25 PUBLIC QUESTIONS

24.1 None received.

ICB 025/25 REGISTER OF MEMBERS' INTERESTS

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

ICB 026/25 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

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

ICB 027/25 MINUTES OF THE MEETING HELD ON 30 JANUARY 2025

27.1 The minutes of the meeting held on 30 January 2025 were **approved** as a true and correct record.

27.2 The action schedule was reviewed and updates noted as follows:

Action ICB 015/25: Somerset ICS DDaT Strategy - provision of data to understand what is happening at the Primary Care Network (PCN) level and improving access to general practice and the need to identify key metrics and ensure data is used effectively at a local level – first cut of data will be ready next week.

27.3 **Matters arising:**

Principal commissioner: There was discussion at the last meeting about NHS Somerset ICB becoming the Principal Commissioner for the South West for specialist commissioning. The Board agreed this subject to three conditions that were subsequently shared with NHS England (South West). These were ensuring sufficient resources transfer, a two-year review period, and a clear financial risk-sharing arrangement to manage any in year financial pressures associated with the Specialist Commissioning budget. Subsequent assurance has been provided from NHSE, including the principles that underpin a financial risk share, the details of which are being finalised. On that basis, NHS Somerset ICB has confirmed its intent to become the Principal Commissioner for specialised services from 1 April 2025. The other South West ICBs are supportive of this arrangement.

ICB 028/25 CHAIR'S INTRODUCTION/REPORT

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

- Proactive dialogue has continued with chairs regionally and nationally, together with leaders and partners across our system.
- The Government aims to reduce bureaucracy by merging NHSE with the Department of Health and Social Care. This aims to avoid duplication, meaning potential reorganisation of systems and alteration of ICB functions is possible. The focus is on creating partnerships across the system for holistic health and care, with the emphasis on delivering the three major shifts: sickness to prevention, hospital to community, analogue to digital.

(Christopher Foster joined the meeting)

- The ICB's four purposes remain and priority programmes for the year include: clinical pathway redesign, workforce, system flow, integrated neighbourhood working and population health transformation.
- Somerset is in a relatively good position with balanced plans and improving relationships. However, we need to improve engagement with the local voluntary sector and dialogue between primary and secondary care professionals, improve data sharing and rationalise our estate.
- The importance of focusing on our population and how it feels for them as we look after their needs and how we can make it easier for them to help us as much as we help them.

ICB 029/25 CHIEF EXECUTIVE'S REPORT

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

SYSTEM PERFORMANCE OVERVIEW AND KEY ISSUES

- Recovery in ambulance handovers and response times since winter was noted, however pressure on hospital beds remains with flu still present. The 12-hour performance data highlights flow issues and bed levels, making this a critical focus area for delivery of the 2025/26 operational plan.

NATIONAL DEVELOPMENTS/POLICY

Changes to the NHS Operating Model

- An overview of the recent national announcements around the changes to the NHS architecture was provided. It was acknowledged that there is a gap between the generality of the announcements at this stage and clarity around the detail of what is happening and that this is creating uncertainty for staff. There is a hope that clarity will emerge within the next few weeks.

Changes to the GP Contract in 2025/26 and the New Funding Framework (NFF)

- Collective action has been paused following agreement of the new national GP contract, however some elements, particularly safe working practices, will be difficult to reverse. The NFF has identified and tried to mitigate some un-commissioned services and implications are being addressed.
- Somerset's exact share of the national allocation of £889 million to support the GP contract has not yet been confirmed, but it is usually around 1%. Work is ongoing to analyse GP data from around the county and Dr Claire Fuller and Professor Tim Briggs from NHS England will visit the two PCN pilot sites in Mendip and Frome tomorrow to discuss data sharing improvements and improving the GP/Hospital interface
- The financial challenges of the new GP contract were highlighted, particularly the pressures associated with increased National Insurance contributions and staff pay uplifts.
- The NFF is crucial in supporting general practice resilience.

SOMERSET SYSTEM

Additional dental provision in South Somerset

- A wider range of initiatives aimed at improving dental access in Somerset were set out in the paper, including the procurement of three new dental practices in Wellington, Chard and Crewkerne.
- A pilot taking place at Westfield School was also highlighted. This aims to deliver a comprehensive support package including a public health campaign on oral hygiene, oral health assessments for all children, and pathways for further dental treatment. This pilot aims to address dental access issues and may be rolled out to other parts of the county if successful.

Reconfiguration of Stroke Services

- The first stroke stakeholder briefing has been distributed to all stakeholders.

ICB 030/25 MODERN SLAVERY AND HUMAN TRAFFICKING STATEMENT 2024/25

30.1 The Board received the Modern Day Slavery and Human Trafficking Statement 2024/25 and Jade Renville highlighted the following:

- NHS Somerset updates its modern slavery statement annually and the statement must be published within six months of the financial year-end.
- The statement includes details on structure, supply chains, policies, due diligence, risk assessment, key performance indicators and training and reflects the commitment to preventing modern slavery and human trafficking for the financial year ending 31 March 2025.

30.2 The Board **unanimously approved** the statement, prior to publication on the website.

ICB 031/25 EMERGENCY PLANNING, RESILIENCE AND RECOVERY (EPRR) SELF-ASSESSMENT ASSURANCE REPORT 2024

31.1 The Board received the Emergency Planning, Resilience and Recovery (EPRR) Self-Assessment Assurance Report 2024 and Jade Renville highlighted the following:

- The Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, NHS Act 2006 and Health and Care Act 2022 underpin EPRR within health. The NHS Standard Contract Service Conditions (SC30) require compliance with the EPRR Framework.
- NHS England Board assures readiness through an annual assurance process and report and providers and commissioners complete an annual self-assessment based on core standards, covering 10 domains: governance, risk assessment, plans, command and control, training, response, warning, cooperation, business continuity, chemical biological radiological nuclear (CBRN) and hazardous material (HAZMAT).
- NHS Somerset were assessed against 47 core standards and were substantially compliant, with more focus next year on EPRR exercising and testing and business continuity.
- Somerset NHS Foundation Trust were assessed against 62 core standards and were fully compliant.
- SWAST were fully compliant, HUC and Emed were substantially compliant.
- Somerset teams work together and oversee arrangements through the Local Health and Care Resilience Partnership (LHCRP). In addition Somerset ICB also form part of a multi-agency arrangement as part of the Local Resilience Forum (LFR) .

31.2 There was discussion amongst Board members as follows:

- The EPRR system is strong, with Hinkley and Glastonbury Festival providing opportunities to test the system and focus on business continuity
- There are risks associated with the merger of NHS England (NHSE) into the Department of Health and Social Care (DHSC), as NHSE is the regional mechanism for mutual aid.
- A recent cyber training event in Exeter highlighted the need to test the cyber strategy across the system to understand the response.
- Training involves on-call sessions, bite-size sessions and training with multi-agency partners.
- The Board discussed whether they felt sufficiently informed about EPRR arrangements or if a more detailed conversation was needed. It was suggested to take the compliance through the Audit Committee, however since Board approval is required, this might lead to duplication.

31.3 The Board **noted** the results of the assurance process for 2024 and the position of NHS Somerset and its partners and **unanimously approved** the ICB's statement of compliance for 2024.

ICB 032/25 AMBULANCE PARTNERSHIP BOARD (APB) TERMS OF REFERENCE AND DELEGATION AGREEMENT (APPROVED)

32.1 The Board **noted the approval** of the [Ambulance Partnership Board \(APB\) Terms of Reference and Delegation Agreement](#), by electronic resolution.

ICB 033/25 REVISED NHS SOMERSET INTEGRATED CARE BOARD (ICB) CONSTITUTION (ENDORSED)

33.1 The Board **noted the endorsement** of the [revised NHS Somerset Integrated Care Board \(ICB\) Constitution](#), by electronic resolution, which was approved by NHS England on 20 March 2025.

ICB 034/25 FOCUS ON: 10 YEAR HEALTH PLAN – CHILDREN AND YOUNG PEOPLE Objectives: All

34.1 Charlotte Callen introduced Kat Tottle who provided a report on the 10 Year Health Plan – Children and Young People, highlighting the following:

- In October, the government launched the "Change NHS" initiative to move more care from hospitals to communities, improve technology use, and prevent sickness.
- The communications and engagement team spoke with people in Somerset, including hard-to-reach groups and children under 16, through 49 in-person sessions. Key themes included strong support for a free NHS, concerns about staff shortages and long waiting times and broad support for community-based care and preventative health.
- National feedback is expected in spring or summer, with regional analysis to follow.

34.2 Paul Matcham and Charlie Mead from Minehead EYE presented a patient story entitled 'Feedback from children and young people on what matters to them'. Minehead EYE is a voluntary youth community organisation in Minehead, working with children and young people in West Somerset, focusing on providing support for those with SEN needs and those not in school. They highlighted the importance of collaboration with various partners to address the challenges faced by these young people.

34.3 There was discussion amongst Board members as follows:

- The impact of low school attendance on student attainment, particularly in West Somerset. Post-COVID, absenteeism has risen, with many children experiencing trauma and believing they do not need to attend school. There is a need to build hope and address the broader national issue of persistent absenteeism.
- The role of health services and the NHS in supporting welfare and economic activity was emphasised, along with the importance of school attendance for learning and safeguarding. Issues of deprivation and the role of community services were discussed, as well as the need for strategic commissioning and funding across Somerset. Alternative learning systems and future health plans were also considered.
- A Board development session was suggested to address the role of health services and the NHS and the refocused role of Somerset ICB as strategic commissioner, with an opportunity to learn from the coaching taking place in West Somerset.
- The importance of addressing the themes emerging from children and young people on the 10-year health plan on what they would like to see in the future, including social prescribing, use of technology/health management tools and promotion of NHS careers.

Action ICB 034/25: Session on the role of health services and the NHS in supporting children and young people to be added to the Board development programme.

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

ICB 035/25 ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT: SMOKEFREE SOMERSET BY 2030
Objectives 1,2,3 & 6

35.1 The Board received a presentation from Dr Rachel Handley on the Annual Director of Public Health Report: Smokefree Somerset by 2030, highlighting the following:

- In Somerset, 12.6% (60,000) of our population smoke and in 2021 alone, we lost a total of 13,787 years of healthy life across Somerset because of smoking, costing our system £190 million.
- 22% of the Somerset population are within the highest deprivation group. 8 billion lives in the UK have been lost to smoking since 1971. New Bills are being introduced to Parliament tightening regulations on the sales, marketing and advertising of both tobacco and vaping products.
- Children are heavily influenced by adult role models, so it is critical to support adults to stop smoking. School nurses and health visitors need to be actively promoting this in communities.
- The report presents a case for system action to achieve a Smokefree Somerset by 2030, aligning with national targets, through:
 - Screening and recording smoking status for all inpatients and maternity patients.
 - Developing smokefree policies and environments in healthcare settings through communication, signage, training, and smoking cessation support.
 - Equipping health workers to deliver brief advice and signpost support, focusing on patients from deprived areas.
 - Ensuring effective stop smoking support for mental health service users.

35.2 There was discussion amongst Board members as follows:

- Tobacco pouches and cannabis use in hospitals - cannabis is not part of mainstream training but efforts are made to reduce its usage and new initiatives to tackle tobacco dependency in wards, including posters with QR codes to support smoking cessation.
- Mechanisms to prevent young people from buying tobacco products and challenges in blocking social media advertising and online sales, noting upcoming legislation that will ban disposable vapes, expected to pass in the summer.
- The relatively straightforward nature of smoking cessation compared to other health issues and the need to highlight the financial and health benefits.
- Reflection on the need for renewed energy and leadership in this area.
- The steep decline in smoking rates since 2001 due to funding for various initiatives.
- The importance of correct vaping messaging, as children often perceive vaping as safe and whilst vaping is safer than smoking, it is still highly addictive and has significant psychological and financial impacts. The goal is to use vaping as a step down from smoking, ideally through prescriptions.

35.3 The Board **unanimously endorsed** the recommendations within the report.

ICB 036/25 NHS SOMERSET 2025/26 OPERATIONAL PLAN OVERVIEW - FINAL SUBMISSION
Objectives: All

36.1 The Board received the NHS Somerset 2025/26 Operational Plan Overview - Final Submission report. Alison Henly highlighted the following:

- NHS England published priorities and planning guidance for 2025/26 in January 2025. The plan was reviewed and supported by the Finance Committee on 19 March 2025.
- Key priorities include reducing elective care waiting times, improving cancer diagnosis standards, enhancing A&E waiting times and ambulance response times, and increasing access to general practice and urgent dental care. Additionally, there is a focus on improving patient flow through mental health crisis and acute pathways.
- The plan must be affordable within the allocated budget, emphasising productivity and tackling waste.
- ICB and Somerset NHS Foundation NHS Trust (SFT) aim to save £92m (6.2% of total spend) through cash releasing and productivity improvements. Workforce assumptions include reducing reliance on temporary workforce and non-clinical staffing groups.
- There are two changes to the performance indicators:
 - A typographical error in the 31-day cancer standard table: provider performance is 92%, commissioner performance is 91.3%.
 - Community length of stay (LOS) plan now set, aligning with Better Care Fund and Intermediate Care Demand and Capacity submission and reflects the 7-day LOS reduction from baseline due to discharge improvement work at community sites as part of the no criteria to reside (NCTR) improvement plan. Combined elective/non-elective LOS will decrease from 37.9 to 29.7 by September 2025.
- Ambulance handover time targets and trajectories remain under review given the link to delivery of the overall Ambulance Trust (SWAST) category 2 response time target for 2025/26 of 30 minutes. The Ambulance Partnership Board have supported the Somerset trajectory, although further work is needed to ensure SWAST can deliver the category 2 30-minute target next year across the South West. This may require some further adjustment to ambulance hand over trajectories.
- Greater than 52-weeks trajectories flagged as non-compliant due to waiting list makeup and outpatient transformation focus to deliver the 18-week target.
- Three key risks: elective recovery, lack of a general reserve to manage in-year financial pressures and the plan does not include an investment reserve to pump prime change as we go through next year. This would need to be generated from further savings.
- A draft response to the ICB assurance statement is included, acknowledging that further work needs to be completed on quality and equality impact assessments (QEIAs) as the plan continues to be developed.
- The SFT Trust Board supported and approved the plan at their meeting this week, however, noted the difficulty with the amount of detail to enable an understanding to unequivocally sign off each of the assurance statements. However, the SFT Board is assured and is committed to the delivery of the plan, as are the ICB. The SFT Board also recognised that the risks need to be managed and mitigated throughout the year. It was not practical to consider an overarching QEIA, so specific QEIAs are required.

36.2

There was discussion amongst Board members as follows:

- The importance of ensuring productivity within the constraints of existing resources, as there is no extra funding for new initiatives.
- Plans assume a 4% productivity increase, however currently, only 2.2% is planned to be achieved.
- Concern about the lack of reserve and the ambitious savings plan and the need for clear messaging about using resources differently, noting that there is no uncommitted reserve.

- A query as to how quality impact assessments were incorporated into the process, noting that a panel will be convened to review these.
- Regular review is critical to delivery.
- The provider assurance statement from SFT received last night will be incorporated into the Somerset ICB assurance statement. Whilst respecting the decision made by the SFT Board, it was noted that this may not be the end of the process as not all boxes have been ticked.
- Discussion as to the ICB Board's confidence in delivering the plan.
- Recognition that whilst prioritisation decisions have been received by the Board, the Board has not specifically reviewed them and they have been considered as set out in the planning guidance.
- Comments were invited on the draft ICB assurance statement by 5 pm today, prior to submission.

Action ICB 036/25: SFT and ICB workforce plans to be shared, together with the ICB assurance statement, once finalised.

36.3 The Board **approved** the NHS Somerset Integrated Care System operational planning submission for the 2025/26 financial year recognising the three risks stated above. The draft ICB assurance statement will be developed further, with delegation to the Chair and Chief Executive to sign off the final wording.

ICB 037/25 NHS SOMERSET ICB COMMISSIONING INTENTIONS 2025/26
Objectives: All

37.1 David McClay provided a report on NHS Somerset ICB Commissioning Intentions 2025/26, highlighting the following:

- The report outlines key service changes and priorities aimed at improving healthy life expectancy, reducing waste and achieving a balanced budget. The document highlights the importance of clinical models of care, integrated primary care, and neighbourhood working.
- Key areas include redesigning priority pathways to streamline services, transforming GP, pharmacy, dental, and optometry services and developing personalised care and support planning. The ICB aims to shift resources from medicines spend to social prescribing activities and improve elective care performance, cancer detection, and diagnostic services.
- Urgent and emergency care will be enhanced through better pathways, remote monitoring and virtual wards. Women's and children's health will focus on elective recovery and developing women's health hubs. Adult mental health and dementia priorities include redesigning dementia pathways and improving mental health crisis support.
- The ICB will also focus on improving ADHD/autism assessments, taking responsibility for specialised commissioned services and enhancing commissioning processes for the voluntary, community, faith, and social enterprise (VCSFE) sector. Emphasis is placed on shifting from treatment to prevention, improving data capabilities and aligning non-clinical services.
- Enabling streams include leadership, workforce, digital services, and finance, with a focus on reducing duplication, waste and improving efficiency and productivity.
- Intention is that, subject to approval, ongoing review will be through the proposed Strategic Commissioning Committee.

37.2 There was discussion amongst Board members as follows:

- The primary care support for SHS mentioned on page 4 refers to the special allocation scheme and ongoing work is taking place with Symphony to support their transformation. Supporting the intentions confirms the ongoing trajectory for a gradual reduction in support.

- It was noted that the proposed Strategic Commissioning Committee would provide oversight.
- How the frailty model in the neighbourhood scheme would be measured – it was noted that this would be discussed further in the confidential meeting.
- Praise for the paper's intentions, noting the urgency of its contents.

37.3 The Board **unanimously approved** the NHS Somerset ICB Commissioning Intentions 2025/26.

ICB 038/25 JOINT FORWARD PLAN
Objectives: All

38.1 David McClay introduced Alison Rowsell who provided a report on the Joint Forward Plan, highlighting the following:

- The Joint Forward Plan (JFP) outlines key priorities and strategies for the next five years.
- The plan aims to meet the population's health needs and arrange services to address physical and mental health requirements. It supports the Integrated Care Strategy, Operating Plan and Joint Local Health and Wellbeing Strategy. Key achievements over the past year include reducing ICB running costs, establishing priority programmes, publishing a digital strategy and developing a framework for neighbourhood working.
- For 2025/26, the plan focuses on five priority programmes: clinical pathways, workforce, system flow, neighbourhoods and population health. These priorities address financial challenges and aim to improve outcomes, develop intermediate care models, understand bedded care needs, reduce reliance on temporary workforce and expand prevention programmes for cardiovascular disease.
- The impact of the Government's announcement to abolish NHS England and reduce Integrated Care Boards' running costs by 50% will be assessed and reflected in future iterations of the plan.
- An overview of what has been achieved in 2024/25 was provided, including work on system flow, neighbourhood working and frailty, workforce, prevention with an underpinning financial focus.
- Lessons learnt: to deliver change at pace there is a need to review the resource around system priorities; we do not have some of the system level data required; and to ensure that detail is worked up with clear lines of governance and accountability.

38.2 There was discussion amongst Board members as follows:

- Concern about the language used, noting it focuses on internal actions without mentioning patients, with a suggestion to incorporate patient perspectives into discussions about the five priority programmes.
- How completed actions are recognised and assured, acknowledging the challenge of reporting and communication.
- Suggestion to strengthen the connection between reporting on priority programmes and the Board Assurance Framework (BAF).
- The need for language that is understandable to the general public.
- It was noted that discussions have taken place regarding the workforce programme's continuation and reference was made to a Health Foundation study last Autumn on priorities, which highlighted the top priorities as access to GP appointments, improving waiting times and reducing the number of staff leaving the NHS by improving working conditions, highlighting the importance of continuation.
- The need to strengthen oversight and assurance of these programmes next year and to consider regular reporting to the Board, as these are critical to delivery of the operational plan.

38.3 The Board **approved** the Joint Forward Plan for publication, noting that future iterations would focus on the patient as per the Board's discussion.

ICB 039/25 DELEGATION OF SPECIALISED COMMISSIONING FROM 1 APRIL 2025
Objectives: 1-5 & 7

39.1 David McClay introduced Carmen Chadwick-Cox who provided a report on the Delegation of Specialised Commissioning from 1 April 2025, highlighting the following:

- The delegation of specialised commissioning includes 175 specialised services such as cancer, cardiac, neonatal, and adult critical care. The delegation aims to improve efficiency, align commissioning with local priorities, and foster collaboration among ICBs.
- Key points:
 - Delegation Agreement: sets terms for NHS Somerset ICB to manage specialised services, with NHS England retaining oversight.
 - Safe Delegation Checklist: ensures all necessary assurances are met for safe delegation (currently five outstanding, however not delegation pre-requisites).
 - Collaboration Agreement: establishes a Joint Committee among South West ICBs to oversee commissioning and financial management.
 - Joint Controller Agreement: Clarifies responsibilities for personal data processing under UK GDPR.
 - Risks include financial management, legal compliance, performance monitoring, collaboration, contract management and data governance. Mitigation strategies involve structured governance, financial oversight, quality assurance and legal clarity.

39.2 There was discussion amongst Board members as follows:

- The implications of recent announcements on NHSE responsibilities and the two-year break clause, although it was recognised that we need to proceed despite the absence of the current supporting partner and any changes in NHSE will need to be addressed in due course.
- With regard to the statement that the budget is transferring risk to the commissioner, the Finance Committee have spent significant time considering the financial plan for specialised commissioning for 2025/26 and the potential break clause after two years.
- The seven identified risks and mitigations will be fully stated and monitored through the proposed Strategic Commissioning Committee, along with the full spectrum of commissioning.

39.3 The Board **approved** the delegation, collaboration, and joint controller agreements and **noted** the appendices relating to the delegation process and remaining ICB actions detailed in the Safer Delegation Checklist.

ICB 040/25 ESTABLISHMENT OF A STRATEGIC COMMISSIONING COMMITTEE

40.1 David McClay and Jade Renville provided a report on the establishment of a Strategic Commissioning Committee, highlighting the following:

- The committee aims to provide oversight and assurance that the ICB is fulfilling its statutory responsibilities for commissioning services that meet the needs of its population. It will ensure that commissioning strategies align with the ICB's objectives, including improving population health, tackling inequalities, enhancing productivity and supporting broader social and economic development.
- The committee will replace the existing Primary Care Commissioning Committee, although an operational committee for Primary Care will be

maintained. It will include sub-groups for specific tasks. It will be composed of ICB Non-Executive Directors, Chief Officers and Directors from various departments, with a focus on diversity and equality. Meetings will be held bi-monthly.

- The committee will ensure that the ICB's commissioning decisions are aligned with national best practices and support the delivery of the ICB's core aims.

40.2 There was discussion amongst Board members as follows:

- Whether there are now governance committees covering all areas, such as General Data Protection Regulation (GDPR), digital, and workforce. It was confirmed that GDPR and digital fall under the Audit Committee and that workforce governance involves multiple committees, including the System People Board, the People and Culture Committee and System Assurance Forum (SAF).
- It was suggested that the SAF's reporting to Board could be strengthened.
- It was noted that some trusts have a Finance and Resources Committee and agreed that any resources issues should be reported through the Finance Committee.
- The current ambiguity on workforce governance requires clarity. Workforce matters are often addressed at Finance Committee, highlighting the importance of integrating finance and workforce planning to cover all NHS Somerset staff.
- Noting the extensive remit of the committees, it was suggested that a diagram to clarify roles would be helpful.
- The need for a multi-dimensional approach to specialised commissioning for Somerset, reflecting the principal commissioner and hub hosting.
- Inconsistencies in the documentation were highlighted, as although headlined as Strategic Commissioning Committee, elsewhere in the document it refers to the Commissioning Committee and a suggestion to call it the Commissioning Committee, recognising that as all committees, it must have an element of strategic focus.
- The Committee will be chaired by Suresh Ariaratnam,

Action ICB 040a/25: SAF's reporting to Board to be strengthened.

Action ICB 040b/25: Diagram clarifying the roles of committees to be created and shared.

Action ICB 040c/25: Inconsistencies regarding the name of the Committee to be corrected within the Terms of Reference.

40.3 The Board **unanimously approved** the establishment of the Strategic Commissioning Committee and accompanying Terms of Reference, subject to minor consistency corrections.

ICB 041/25 STANDING FINANCIAL INSTRUCTIONS AND FINANCIAL POLICIES

41.1 Alison Henly provided a report on the Standing Financial Instructions and Financial Policies, highlighting the following:

- The standing financial instructions are designed to support the ICB in delivering its functions. They have been reviewed in light of the Procurement Act 2023, ensuring they are fit for purpose, with changes supported by the Audit Committee on 5 March.
- The ICB Procurement Policy has also been updated and discussed at the Audit Committee. Amendments include tightening financial controls, reflecting inflationary adjustments in financial limits and incorporating amendments required by the Procurement Act. These changes include

increases in write-offs, single tender waivers and authorisation of tenders and competitive quotes through the Board.

41.2 There was discussion amongst Board members as follows:

- Constitutional changes, including the SFIs, Constitution, and Scheme of Reservation and Delegation (SORD), are interdependent and need to be updated to reflect changes in specialised commissioning. These updates will be incorporated into the revised SORD and constitutional documents, which will be considered as part of the annual Governance Handbook review at a future meeting.

41.3 The Board **unanimously approved** the Standing Financial Instructions and Financial Policies.

ICB 042/25 INTEGRATED BOARD ASSURANCE DASHBOARD AND EXCEPTION REPORT FROM THE SYSTEM ASSURANCE FORUM

42.1 The Board received the integrated board assurance dashboard and key meeting reports from the Finance Committee and Quality Committee. The Chief Finance Officer and Director of Performance and Contracting highlighted the following:

- The report covers the period from 1 April 2024 to 31 January 2025 and now includes the key meeting reports from the Quality and Finance Committees. It was noted that the System Assurance Forum report was not included in the pack and this will be added for future meetings.
- System pressures during Christmas and New Year impacted A&E waiting times, 12-hour trolley breaches, bed occupancy levels and ambulance handover times, with improved performance seen in January.
- The elective section does not flag any concerns, though updates are provided on incomplete pathways, patients waiting over 65 weeks, and diagnostic waits.
- A downward trend in MRI and CT performance was noted, with actions being taken to improve these areas.
- The mental health slide shows improving performance in talking therapies and children and young people access standards.
- Regarding workforce, slight delays in performance were noted, with sickness absence and agency being monitored in SFT and GP workforce significantly above plan. Metrics will continue to be developed.
- The finance section indicates that the ICB, Trust, and Council are on track to deliver a balanced financial position for the current financial year, following significant cost improvement programmes.

42.2 There was particular discussion amongst Board members as follows:

- In addition to the Finance Committee key meeting reported included, a further Finance Committee meeting was held focussing on financial and specialised commissioning plans for the next year.
- The impact of increasing elective waiting lists and the need to bring this back to the board. It was noted that incomplete pathways are being used as a proxy for the waiting list size and that an Elective Strategy would be presented to the May meeting.
- The encouraging monthly agency expenditure was noted, with a need for continued improvements in agency and bank usage next year.

ICB 043/25 KEY MEETING REPORTS

43.1 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.
Suresh Ariaratnam thanked Christopher Foster for chairing the meeting in his absence and for the comprehensive nature of the report.

System Group Reports:-

- Somerset Board: written report provided.
- Collaboration Forum: written report provided.
- Population Health Transformation Board: written report provided.
- People Board: not met since last meeting, next meeting is taking place on 9 April 2025.
- Children, Young People and Families: written report provided. It is positive to note that The Children and Young People's Plan dashboard is being scrutinised by children and young people themselves. The next meeting will receive insight into the subject of school dinners.

ICB 044/25 ANY OTHER BUSINESS

44.1 None was raised.

ICB 045/25 ITEMS TO BE DISCUSSED AT THE CONFIDENTIAL MEETING

- 45.1
- Minutes of the confidential meeting held on 30 January 2025
 - Chief Executive's Part B report
 - Commercial issues relating to the 2025/26 Operational Plan

ICB 046/25 WITHDRAWAL OF PRESS AND PUBLIC

46.1 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 047/25 CLOSE AND DATE OF NEXT MEETING

47.1 The meeting closed at 1.27 pm. The next meeting will take place on Thursday 22 May 2025, at Victoria Park Community Centre, Bridgwater.

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:

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 034/25	27/03/2025	Focus On: 10 Year Health Plan - Children and Young People	Session on the role of health services and the NHS in supporting children and young people to be added to the Board development programme.	Julie Hutchings	28/03/2025: Item added to Board development programme forward planner - date TBC.	Ongoing	
ICB 036/25	27/03/2025	NHS Somerset 2025/26 Operational Plan Overview - Final Submission	SFT and ICB workforce plans to be shared, together with the ICB assurance statement, once finalised.	Alison Henly/Graham Atkins	31/03/2025: ICB assurance statement shared.	Ongoing	
ICB 040b/25	27/03/2025	Establishment of a Strategic Commissioning Committee	Diagram clarifying the roles of committees to be created and shared.	Jade Renville	13/05/2025: The strategic commissioning committee terms of reference were presented at the last Board meeting. governance structure updates to be presented at the next audit committee.	Ongoing	
ACTIONS CLOSED SINCE LAST MEETING							
ICB 015/25	30/01/2025	Somerset ICS DDaT Strategy	Provision of data to understand what is happening at the Primary Care Network (PCN) level and improving access to general practice and the need to identify key metrics and ensure data is used effectively at a local level.	David McClay/Lucie Laker	19/03/2025: Admissions data pulled together at a PCN level but further metrics will be agreed during the population health discovery phase. 27/03/2025: First cut of data will be ready next week 17/04/2025: Data to be shared at SAF on 22/4.	Complete	22/04/2025
ICB 040a/25	27/03/2025	Establishment of a Strategic Commissioning Committee	SAF's reporting to Board to be strengthened.	Alison Henly	14/04/2025: SAF notes to be included as part of integrated board report for May board meeting.	Complete	14/04/2025
ICB 040c/25	27/03/2025	Establishment of a Strategic Commissioning Committee	Inconsistencies regarding the name of the Committee to be corrected within the Terms of Reference.	David McClay	17/04/2025: Complete	Complete	17/04/2025