

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: B
DATE OF MEETING:	23 May 2024	
REPORT TITLE:	Minutes of the ICB Board Meetings held on 28 March 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 meetings held on 28 March 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 meetings held on 28 March 2024 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 meetings held on 28 March 2024.
Confidentiality	N/A
Risk Description	N/A

Minutes of the Meeting of NHS Somerset Integrated Care Board (ICB) held at Wynford House, Yeovil, at 9.10 am **Thursday 28 March 2024**

Present:	Paul von der Heyde Suresh Ariaratnam	Chair Non-Executive Director (Chair of Primary Care Commissioning Committee)
	Dr Berge Balian Bernice Cooke	Primary Care Partner Member Deputy Chief Nursing Officer (deputising for Shelagh Meldrum)
	Christopher Foster	Non-Executive Director (Chair of Finance Committee, Remuneration Committee and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director (Chair of Quality Committee) (Virtual)
	Professor Trudi Grant Alison Henly	Chief Officer for Population and Public Health 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	Chief Medical Officer
Apologies:	Judith Goodchild David McClay	Healthwatch (Participant) Chief Officer for Strategy, Digital and Integration
	Shelagh Meldrum	Chief Nursing Officer and Chief Operating Officer
	Katherine Nolan Grahame Paine	SPARK Somerset, VCSE sector (Participant) Non-Executive Director and Deputy Chair (Chair of Audit Committee)
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member)
In Attendance:	Charlotte Callen	Executive Director of Communications, Engagement and Marketing
	Dr Victoria Downing-Burn Maria Heard	Chief People Officer Deputy Director of Innovation and Transformation
	Jade Renville	Executive Director of Corporate Affairs
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Lead Officer

ICB 021/24 WELCOME AND APOLOGIES FOR ABSENCE

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

ICB 022/24 REGISTER OF MEMBERS' INTERESTS

22.1 The ICB Board received and noted the register of members' interests, which reflected the electronic database as at 21 March 2024.

ICB 023/24 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

23.1 Under the ICB's arrangements for managing conflicts of interest, any member making a declaration of interest can participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in

order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by the Deputy Chair.

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

ICB 024/24 WITHDRAWAL OF PRESS AND PUBLIC

- 24.1 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 025/24 CLOSE AND DATE OF NEXT MEETING

- 25.1 The meeting closed at 9.15 am. The next meeting will take place at 10.50 am on Thursday 28 March 2024, at Wynford House, Yeovil.

Chairman:

Date:

Minutes of the **Meeting of NHS Somerset Integrated Care Board (ICB)** held at **Wynford House, Yeovil**, on **Thursday 28 March 2024**

Present:	Paul von der Heyde Suresh Ariaratnam	Chair Non-Executive Director (Chair of Primary Care Commissioning Committee)
	Dr Berge Balian Bernice Cooke	Primary Care Partner Member Deputy Chief Nursing Officer (deputising for Shelagh Meldrum)
	Christopher Foster	Non-Executive Director (Chair of Finance Committee, Remuneration Committee and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director (Chair of Quality Committee) (Virtual)
	Professor Trudi Grant Alison Henly	Chief Officer for Population and Public Health 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	Chief Medical Officer
Apologies:	David McClay	Chief Officer for Strategy, Digital and Integration
	Shelagh Meldrum	Chief Nursing Officer and Chief Operating Officer
	Katherine Nolan Grahame Paine	SPARK Somerset, VCSE sector (Participant) Non-Executive Director and Deputy Chair (Chair of Audit Committee)
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member)
In Attendance:	Gabi Basson and her Mum	Patient Story – Guest Speaker (item ICB 032/24)
	Charlotte Callen	Executive Director of Communications, Engagement and Marketing
	Dr Victoria Downing-Burn Judith Goodchild	Chief People Officer Healthwatch (Participant) (Virtual – for items ICB 039/24 onwards)
	Maria Heard	Deputy Director of Innovation (for item ICB 031/24)
	Jade Renville Emma Symonds	Executive Director of Corporate Affairs Somerset Inclusion Lead for Workforce (for item ICB 038/24)
	Eelke Zoestbergen	Quality Lead for Mental Health, Learning Disabilities and Autism/Deputy LeDeR LAC (for item ICB 032/24)
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Lead Officer

ICB 026/24 WELCOME AND APOLOGIES FOR ABSENCE

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

ICB 027/24 REGISTER OF MEMBERS' INTERESTS

27.1 The ICB Board received and noted the register of members' interests, which reflected the position as at 21 March 2024.

ICB 028/24 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

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

ICB 029/24 MINUTES OF THE MEETINGS HELD ON 25 JANUARY 2024

29.1 The minutes of the meetings held on 25 January 2024 were approved as a true and correct record.

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

Action ICB 013/24: Chief Executive's Report: National Mental Health Commissioning Guidance

Ongoing, an update will be brought to the next meeting.

ICB 030/24 SOMERSET ACUTE HOSPITAL-BASED STROKE SERVICES RECONFIGURATION – REVIEW OF THE FINANCIAL CASE

30.1 The Board received the Somerset acute hospital-based stroke services reconfiguration – review of the financial case report. Alison Henly highlighted the following:

- The business case was approved at the last meeting, subject to a review of the financial case and providing assurance around the affordability of the revenue and capital case in terms of maximising value for money.
- The business case included a capital cost of £1.8m, based on the Somerset proportional share of an assessment of the capital requirements at Dorset County Hospital (DCH).
- The Finance Committee reviewed the overall Somerset capital plan for 2024/25 at its meeting on 21 February 2024 and this was supported and included a commitment of £1m in 2024/25 and £1m in 2025/26 to support the capital requirements relating to stroke.
- The revenue implications were subsequently reviewed at the Finance Committee on 20 March 2024, where assurance was provided, following a meeting between Somerset NHS Foundation Trust and Dorset County NHS Foundation Trust, that the costs have been based on consistent workforce models. The financial model has been fully costed and is based on all pay and non-pay costs.
- The costs for DCH were based on six additional beds which included two beds as a contingency for patients who could not be repatriated. Discussions have subsequently followed and a pathway has been agreed to ensure Somerset patients are repatriated to Yeovil District Hospital (YDH) following their hyperacute care. The financial modelling was adjusted to reflect the bed modelling of four beds for DCH, taking into account both the confirmed and mimics stroke activity, reducing the revenue implications by £239k, of which £186k relates to Somerset patients. This will have the overall impact of reducing the revenue costs to £4m.
- The Finance Committee supported the process undertaken and the resultant financial implications and recommend approval of the financial case based on a thorough review and assurance provided.

30.2 There was discussion and questioning amongst Board members as follows:

- The process undertaken to ensure that the risk around investment in stroke has been balanced with other competing priorities on the capital programme next year and the year after. Alison Henly advised that a full risk assessment was carried out prior to the capital plan being presented to the Finance Committee on 21 February. In terms of priorities, the capital plan was supported on the basis that it managed the immediate risks within

the system and that this will be the subject of ongoing review throughout the year.

- Additional capital funding has been received since the meeting held in January so the overall capital position has improved, with some of the other risks mitigated as a result.
- The total capital programme for 24/25 amounts to £99 million.

30.3 The Board **unanimously approved** the Somerset acute hospital-based stroke services reconfiguration – review of the financial case report.

ICB 031/24 PUBLIC QUESTIONS ([PLEASE SEE APPENDIX 1](#))

ICB 032/23 PATIENT STORY

32.1 Bernice Cooke introduced Eelke Zoestbergen and Gabi Basson.

Gabi Basson, attending with her assistant dog Cosmo, shared her personal experience of accessing healthcare as an individual who has autism. Gabi has been working with Eelke Zoestbergen on a project to improve care for people with learning disabilities and autism in emergency departments:

- She described how the autism spectrum is not a simple straight line and feels more like a circle with different segments, which has both positive and challenging aspects, from intense joy when exploring their special interests (hyper fixation) to sensory overload which can lead to an autistic meltdown.
- She reflected on her experiences of feeling overwhelmed, distressed, frightened and ignored on the occasions she needed to seek treatment at an emergency department. This was compounded by waiting for a long time in a busy and noisy waiting room without being offered a quieter alternative, NHS colleagues communicating with Gabi's mum rather than her, no one taking the time to explain what was happening, even after a very long wait in a corridor, and a lack of pain relief.
- When she was admitted to a ward late at night, her bed was next to a door alarm which sounded loudly when someone tried to exit. After all this, Gabi's surgery was delayed until the next day, and when this resulted in an autistic meltdown, Gabi was told to "just calm down". Gabi's surgery was postponed twice more, leaving her nil by mouth for over three days.
- Gabi did speak of one compassionate healthcare assistant who talked directly to her, not just her Mum, and Gabi said her thoughtful approach made her feel calmer, but this was the exception rather than the norm.
- Gabi also described facing ableism when doing her job working on different hospital wards. Hurtful comments included "you only have mild autism", "autistic people don't have capacity", "you don't look autistic." and "I've met autistic people and you're nothing like them".

Gabi emphasised the importance of seeing individuals beyond their disabilities and is keen to educate others to create a smoother experience for autistic individuals accessing healthcare. The Oliver McGowan mandatory training plays a crucial role in fostering understanding and empathy. Gabi herself is a trainer with lived experience on this course.

32.2 The Chair thanked Gabi for her story, which highlighted the importance of personalised care. There was discussion amongst Board members as follows:

- Referring to the Oliver McGowan training, it seems that Gabi's experience could have been improved by people having more training. Gabi said that this training is important for anyone who works in healthcare as it covers an "ask, listen, do" approach on how best to support people with learning disabilities and autism. Eelke Zoestbergen advised that roll out of tier 1 and tier 2 started in July last year and good progress is being made. Autism

Somerset is now delivering the training and one more year of funding is available with an opportunity to send people on a 'train the trainer' course.

- Gabi was asked when at work, what makes it feel ok? Gabi appreciates it when people listen to her and provide support. Gabi follows a structured approach but faces challenges when seeking help during her tasks and sometimes she is told that it is "not their job", leading to overwhelm and meltdowns. More training would help as having autism does not mean that people can't work but that they require understanding and some support.
- It would be helpful for Gabi to speak with the new inclusion lead for Somerset, focusing on workforce.
- Gabi's positive experience with the HCA, who was the exception, should become the the rule.

ICB 033/24 CHAIR'S INTRODUCTION/REPORT

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

- Proactive dialogue has continued with chairs regionally and nationally, together with contact with leaders across our system.
- The Chair has agreed to take on the role of Chair of the regional People Board which is being relaunched with strategic purpose built around the Workforce Plan and the region's particular challenges.
- Attendance at the National Conference for Chairs of integrated care boards and foundation trusts in London, where work was witnessed from around the country which will inform us, as well as sharing some of the groundbreaking work being done in our system.
- Dialogue has been maintained with non-executive directors at Somerset NHS Foundation Trust (SFT), local councillors with cabinet posts and the primary care community to understand their different perspectives and pressures, and to foster an ongoing collaborative approach.

ICB 034/24 CHIEF EXECUTIVE'S REPORT

34.1 The Board received and noted the Chief Executive's report. Jonathan Higman highlighted the following:

- Chief Medical Officer's Annual Report: Health in an Ageing Society – the report was commended to colleagues, as this is particularly challenging for rural communities like Somerset. This also links to the Annual Director of Public Health Report and the Strategy and the case for triangulating these three documents is compelling for us.
- National Dental Plan – published in February. The Healthwatch 'Dentistry in Somerset: Access, affordability and the impact on oral health' report brings to life people's experience of trying to access dentistry in Somerset. Colleagues are translating the national plan and the Healthwatch feedback into our local dental access improvement plans, which it is anticipated will come to the May Board meeting.
- Arrangements for the GP contract in 2024/25 – the contract is about to be implemented and there are risks associated with the BMA rejecting the contract and a referendum is underway with their members, which could potentially result in a risk of industrial action. Locally we continue engagement with the Local Medical Committee (LMC).
- Operational update – areas to note – one of the asks of the NHS nationally was to achieve the 76% A&E performance across the month of March and we are currently at 78.9%.
- Measles – vaccination rates in Somerset are good and there are no cases currently but as we approach the holiday season, with more movement of the population around the country, this is a risk and the importance of

continuing to encourage vaccination uptake was noted.

- Communications and Engagement Activity:
 - 'Live well in Somerset' – the magazine contains all the preventative activity taking place. Charlotte Callen advised that due to cost, the magazine was not delivered to all houses across Somerset, however GP surgeries, libraries and 95 other places across Somerset were targeted for distribution. This will also be highlighted at the summer roadshow 'Somerset's Big Conversation'.
 - 'Take the pressure off' campaign – this has launched to raise awareness and active case finding of high blood pressure. Supporting those with hypertension will be a key focus in General Practice, working with public health.

34.2 There was particular discussion amongst Board members as follows:

- Feedback from members of the public about difficulties being able to access blood pressure monitors and see their GP. It will be very important that we have capacity to follow through and treat people once they present.
- The Health Foundation have recently published the 'Health in 2040: projected patterns of illness in England', the link to which will be shared amongst Board colleagues.

Action ICB 034/24: Link to the Health Foundation report 'Health in 2040: projected patterns of illness in England' to be shared with Board members

ICB 035/24 SOMERSET ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2023: HOMES AND HEALTH

35.1 The Board received a presentation on the Somerset Annual Report of the Director of Public Health 2023: Homes and Health. Professor Trudi Grant highlighted the following:

- There is a requirement for the Council to update the local plan, which is a key long-term document for the shape of housing in Somerset. There are two local plans in Somerset, one of which is for the County and one for Exmoor because Exmoor National Park Authority is a Planning Authority. These will be developed and published by 2025.
- The annual report has been written with a view to influencing the local plan.
- There are three key elements: Affordable and stable housing, good quality and suitable housing and healthy neighbourhoods.
- Affordable and stable housing: Housing in Somerset is unaffordable, especially for young people trying to enter the market. There is also a lack of social housing and high levels of under-occupancy.
- Good quality and suitable housing: Poor-quality, damp, or cold housing with energy inefficiencies leads to worse health outcomes and this work needs to be driven forward with Council Environmental Health Officers. There is also an ageing demographic and people living in homes that are either too big, or not at the right quality/standards to meet their needs.
- The local plan aims to provide housing suitable to needs, allowing downsizing within the same community and lifetime homes can support independent living. Addressing young people's preferences and affordability is crucial and there is a shortage of one and two-bedroom homes. There is a need to attract and keep young people in the county in order to maintain a sustainable workforce.
- Housing affordability and design directly affect health. Neighbourhood factors (transport links, green spaces, family-friendly areas) indirectly

influence lifestyle choices so balancing housing provision neighbourhood quality is essential for promoting healthy behaviours.

- Specific recommendations for the ICB to consider are:
 - Addressing inequalities - focus on those who experience multiple disadvantage.
 - Expanding the inclusion health service (homelessness health work) to support a broader population facing multiple disadvantage.

35.2 There was particular discussion amongst Board members as follows:

- Whether we should try and involve the social housing independence in some way.
- Whether there are any opportunities to influence housing developers. Trudi Grant advised that that the local plan will determine the housing developments for the future in Somerset. There is a need for us as a County to make sure that we have the right kind of housing, conditions, neighbourhoods and facilities from any housing development.
- How Board members can get involved with influencing the local plan and where this report lands in the Somerset Board in the context of the priority set around health and housing. Trudi Grant advised that the process requires development to ensure that everybody's voice is heard and this will link with the work of the Somerset Board. There will be opportunities to influence through the Somerset Board but there needs to be active engagement from the ICB and health services and this will be explored further outside of this meeting.
- Whether affordable housing for key workers is within this scope. Trudi Grant confirmed that this is within this scope and another important reason for the Board to feed into the local plan.
- The need to link with the Estates Strategy which is being developed.

Action ICB 035/24: Trudi Grant to advise on process for ICB engaging with, and influencing, the local plan

35.3 The Board **endorsed** the recommendations contained within the Somerset Annual Report of the Director of Public Health 2023: Homes and Health.

ICB 036/24 SOMERSET'S JOINT FORWARD PLAN REFRESH

36.1 The Board received Somerset's Joint Forward Plan refresh. Jonathan Higman and Alison Henly highlighted the following:

- The document sets out the priorities for improving health and care of the population over the next three years but particularly over the next 12-18 months.
- The suggestion is that the Board does not approve it at this stage as it requires further work. The original submission date was the end of March which has now been delayed until June, so there is an opportunity to bring a final version back to the May Board meeting for approval.
- There are five priorities – population health management, productivity and short-term financial savings, workforce (question over whether workforce productivity and financial savings come together), system flow and the creation of integrated neighbourhood working.
- The Collaboration Forum agreed that these were the right priorities, however there are two things to consider: 1) whether there are five priorities or whether workforce and efficiency and productivity could be consolidated; and 2) the need to take stock of what the problem is that we are going to solve and what work programme we consider would best deliver it underneath each one of the priorities.

- The document points to a different way of delivering this work and whilst this will link through to a system group for assurance, it has been agreed to identify a Chief Executive lead for each one of those areas of work and facilitate a dedicated team of people who have the mandate to take this work forward on a day-to-day basis, in order to deliver the change at the desired pace.
- The Board is therefore asked to endorse this as a direction of travel, recognising the five priority areas contained. Further work will be done before bringing this back at the end of June, by which time the areas of work will be up and running and starting to deliver.

36.2 There was particular discussion amongst Board members as follows:

- We need to start from the priority area and define the problem we are trying to solve and what we are trying to achieve and that will then dictate how many priorities we have. Whilst recognising the potential benefit and focus, the messaging around consolidating efficiency short-term savings and workforce in one sentence needs to be given careful consideration. Jonathan Higman advised that some of the shorter-term workforce actions could link to the efficiency and productivity work but there are other things that are around delivering a more strategic solution to workforce, so further discussion is required as to how those two areas could be connected.
- The report makes a suggestion about taking Chair's action around changes, however it is important that this is seen as a Board to provide clarity about the work that is underway and the document will therefore come back to the Board meeting at the end of May.

Action ICB 036/24: Updated JFP Refresh to be approved at the May Board meeting

36.3 The Board **endorsed** the direction of travel for Somerset's Joint Forward Plan Refresh, with a view to this coming back to the Board at the end of May.

ICB 037/24 STAFF SURVEY RESULTS 2023: NHS STAFF AND PAN SOMERSET SURVEYS

37.1 The Board received a presentation on the NHS staff and pan Somerset surveys. Victoria Downing-Burn highlighted the following:

- The NHS undertakes a survey on an annual basis to hear from staff about their experiences.
- There are three things in the report that relate directly to the NHS experience in Somerset but also some data from a survey initiated a year ago which signals the need to look at how we tailor some of our actions around the entire workforce.
- The national NHS survey results are very positive, despite industrial action and continued uncertainty in that area. There are some particular areas where improvements have been seen nationally such as health and wellbeing, flexible working, appraisals and learning and development, however following a deeper dive, it can be seen that results for providers are improving but declining for ICBs.
- In all areas, NHS Somerset are just above the average, with the exception of 'we are always learning' and 'we work flexibly' and conversations have begun internally about how to address those areas. A very good response rate of just under 80% was achieved.
- Somerset NHS Foundation Trust (SFT) have improved in all areas since last year.
- In terms of how staff feel, the statutory organisations are outstripped by other employers including the Hospice, general practice and the voluntary sector.

- Learning development is a challenge for the ICB. The Trust Chief People and Culture Officer at SFT is working with us on how we can work together to make better efficiencies and to enable some sharing and learning around 'learning development'.
- The presentation will be circulated following the meeting.

37.2 There was particular discussion amongst Board members as follows:

- Examining how someone who works in one organisation has an influence on how somebody in another organisation feels or experiences their work life. Victoria Downing-Burn agreed that these are independent surveys for the purpose of organisations understanding how their staff experience being at work, however, the work on systems thinking is about encouraging people to think not only of their own position within their own organisation but also what the implications are for the system. It was recognised that we do not actively ask 'how was it when ...?' and this will be taken away for further consideration.

37.3 The Board **noted** the staff survey results 2023.

ICB 038/24 ANTI-RACISM REPORT

38.1 The Board received the anti-racism report. Victoria Downing-Burn introduced Emma Symonds who highlighted the following:

- Why is it important? Staff experience, diverse workforce, better health outcomes, addressing inequalities.
- Anti racism initiatives: Black Lives Matter Pledge 2020, Referencing Race Document, Inclusive Language – Black, Asian and minority ethnic (BAME), Lunch & Learn Allyship.
- We use 'Black minority ethnic' rather than 'BAME'.
- Future/current initiatives: Southwest Ethnic Minority Action Plan (EMAP), Primary Care EDI Fellow, Primary Care Allyship Training Sessions, Freedom To Speak Up, Too Hot to Handle mapping.
- Leading the way: authentic change – being vulnerable, implementation and delivery of senior leadership programs, learning from lived experiences and embracing allyship, implementation of robust systemic anti-racist policies and processes, learning to be uncomfortable with discomfort.

38.2 There was particular discussion amongst Board members as follows:

- The primary care equality, diversity and inclusion (EDI) members are already having an impact. More than 20% of our registrars have an ethnic background and having people that are not only training and supporting people but also challenging the perception that is out there is very important and there is a need to ensure that we systemise this.
- The paper states "we must be brave and lean into the word racism to dismantle the negative experiences that it impacts to create a fairer and more effective healthcare system." - how do we encourage the Board to step outside it's comfort zone to be brave in this area? Emma Symonds commented that personally being brave is about accepting and not being afraid of privilege, embracing the unknown, being human and vulnerable.
- Whether a reverse mentoring programme, which is powerful in terms of understanding other people's perspectives, having genuine conversations and learning from each other, was being considered. Emma Symonds prefers the term reverse reciprocal mentoring and would put the person of colour in the lead but expect that the leader would 'give back' and embrace and learn from this experience. This needs to be across the system.
- The papers refers to 'a robust and direct response' and colleagues were encouraged to take a moment outside the Board environment to think

about how brave and disruptive they want to be and also how disrupted they want to be, as nothing different comes from doing the same.

38.3 The Board **endorsed** the recommendations contained within the Anti Racism Report.

(Judith Goodchild joined the meeting)

ICB 039/24 FINANCE REPORT – MONTH 10 2023/24

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

- The Finance Report covers the period 1 April to 31 January 2024.
- There is a £2.4m deficit for NHS Somerset in this period relating to industrial action in December and January. At this stage, no financial impact was reflected relating to further industrial action in February. Further national funding has subsequently been released to fully support the costs and this will bring the position back to break even for month 12.
- Somerset Council is showing a forecast deficit of £16.3m for 2023/24, largely driven by pressures in adult social care and children and family services. The Council is focused on addressing the in-year financial plan, with a forward view on the 2024/25 financial plan.
- There is an overspend of £2.2m against the capital allocation related to the cost of additional leases and in year retail price index (RPI) impacts not taken into account in the plans at the beginning of the year. A request for support from the regional contingency to support this pressure has been submitted and we have this week received confirmation that this has been supported.
- The agency control limit has been breached by £4.2m which is a significant focus for the system. A system review of controls and process has been undertaken and this continues to be a significant area of focus for the Trust and ICB finance committees.
- As a result of the additional funding received, the number of system risks has reduced and at month 10 the main focus was on industrial action, which has now been mitigated through the release of the additional national funding.

39.2 There was particular discussion amongst Board members as follows:

- Whether the industrial action had significantly contributed to the breach of the agency control limit, which is being reimbursed. Alison Henly advised that the report to the Finance Committee contains an analysis of how much of the agency relates to industrial action, also broken down by categories of staff, although this is not a significant issue. This is reviewed by the committee on a monthly basis to understand the drivers and those slides can be shared following the meeting if useful.

ICB 040/24 SYSTEM ASSURANCE FORUM FEEDBACK: INTEGRATED BOARD ASSURANCE EXCEPTION REPORT (IBAR)

40.1 The Board received the IBAR exception report for the period 1 April 2023 – 31 January 2024. The Chief Finance Officer and Director of Performance and Contracting highlighted the following:

The System Assurance Forum met on 7 March 2024 and focused on the following areas:

- The developing 2024/25 Operating Plan: The Forum considered the finance, workforce and performance ambitions for 2024/25 and the interdependencies between the various elements. In order to deliver the elective recovery and urgent care ambitions and financial planning

assumptions, this will require a focus on making sure patients are ready to be discharged with required support when ready.

- Deep dives took place into the following two areas:
 - Ambulance handovers and category 2 performance – the Forum recognised the system focus on ensuring patients are not delayed in ambulances when they arrive at A&E. Somerset's handover delays continue to be the lowest in the South West, however this does not translate into improving the category 2 performance. Colleagues at South Western Ambulance Service have undertaken a deep dive to understand how the performance in neighbouring systems affects the resource availability in Somerset, the outcome of which is being discussed through the Ambulance Joint Commissioning Committee.
 - 111 update on call abandonment and dental calls – an update was provided by HUC (Herts Urgent Care Limited) on the underlying reason for the decline of the call answering and abandonment performance, alongside an update on the actions being taken to improve these areas both in the short and long term.
- The meeting reviewed the emerging risks which will impact on operational delivery, which will form the focus of future agenda items.

40.2 There was particular discussion amongst Board members as follows:

- The catalyst for HUC and incident reporting and learning. Alison Henly advised that this was more about being a learning organisation and how to improve their services going forward.

ICB 041/24 KEY MEETING REPORTS

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

Board Committee Reports:-

- Finance Committee: written report provided. The next meeting will focus on the savings plan and prescribing, which is a significant risk for 2024/25.
- Audit Committee: written report provided.
- Quality Committee: written report provided.
- Primary Care Commissioning Committee: Written report provided.

Regarding dental services, there was discussion about intelligence in relation to complaints and PALS which was quite significant and whilst the dental plan presented has a long and medium term solution, it was felt that some more immediate interventions may be required. There was discussion about whether we are truly identifying the harm associated with the impact of pain (not going to work/school etc) and a follow-up conversation is to take place at the Quality Committee.

Jonathan Higman advised that this will be discussed at the Primary Care Commissioning Committee before coming to the next Board meeting and encouraged the Board to be challenging of the short-term actions as well as the medium and long-term actions. Conversations have also taken place with Somerset Council, who might be able to help as they are also picking up some wider intelligence around the impact this is having on mental health, people being unable to access work and also on education.

System Group Reports:-

- People Board: Written report provided.

- Children, Young People and Families: There was a presentation on the survey feedback of 5000 children and young people in Somerset, on their thoughts regarding progress with meeting their needs since the previous Children and Young People Plan and what is important to them now. It is hoped to bring this piece of work back to a future Board meeting, with some young people giving their thoughts directly. There was also an update from the SEND Delivery Board on the new SEND inspection framework and an update on the transitions workstream, which is one of the priority areas for the Children and Young People's Board.
- Collaboration Forum: Written report provided.
- Somerset Board: The last meeting took place on 14 December and the next meeting will take place on 23 July.

ICB 042/24 ANY OTHER BUSINESS

42.1 None was raised.

ICB 043/24 CLOSE AND DATE OF NEXT MEETING

43.1 The meeting closed at 2.18 pm. The next meeting will take place on Thursday 23 May 2024, at Frome Community Hospital.

Chairman:

Date:

APPENDIX 1

ICB 031/24 PUBLIC QUESTIONS

31.1 The Chair reminded everyone that meetings of the ICB Board and the decisions made are in public, ensuring accountability and transparency. Through the website, members of the public were invited to submit questions in advance and a number of questions were received from members of the public about the unanimous decision made at the last Board meeting to reconfigure hospital-based stroke services in Somerset in order to provide better outcomes for our population.

The questions submitted were from some of our regular attendees, all of whom have asked questions before and many of the points raised have been addressed previously, either at previous Board meetings, or at the open public session at Westlands Entertainment Centre in Yeovil on 1 March 2024. At that public meeting, a presentation was provided which is also on our website, along with a very detailed FAQ section.

Over 50 events or drop-in sessions were held during the consultation process, together with a number of larger public meetings (including the one at Westlands last month) and a number of stakeholder sessions specifically for councillors. A significant amount of time has intentionally been devoted to questions around stroke at previous meetings and any new lines will be summarised. Five questions were received and due to some overlap, some questions and answers have been grouped together. In the interests of time, given the full agenda, questioners were kindly asked to abide to the two-minute limit stipulated.

31.2 **From Rick Beaver, Quicksilver Community Group (in attendance):**

"At the meeting on 25.1.24 this board approved the proposed reconfiguration of the Stroke Services in Somerset. This was a unanimous decision and seemed to particularly reflect the board's view that the clinical care pathways and enhanced provision both in terms of equipment and staffing at Musgrove Park HASU would be a significant benefit to stroke patients and meet national clinical standards.

However, the provision at MPH HASU will only serve about three quarters of the Somerset stroke patient population. An estimated 255 stroke patients from the Yeovil area will receive their initial emergency care at Dorchester County Hospital HASU.

At the time of the decision the DCH HASU had not been established at stage 1, (for Dorset patients), let alone the stage 2 development which the Somerset Stroke Services reconfiguration is dependent on. We were told that following the decision detailed discussion would be taking place between NHS Somerset, NHS Dorset and DCH to ensure the implementation of the HASU and its extended provision. We were concerned about the lack of detail made available at the January ICB meeting about the proposed DCH provision and its implementation. and whether this will meet national clinical standards.

Our concern is heightened as in a meeting in November 2023 NHS Dorset and DCH had indicated that they did not expect to be able to recruit stroke consultants. Yet we heard from Dr Whiting at the last ICB that it would require in the region of 6-8 Stroke consultants to satisfactorily staff a HASU which would meet national clinical standards.

Please could the board outline the progress that has been made in the discussions with NHS Dorset and DCH and outline the details of the clinical care pathway, provision and staffing which DCH are developing for both stages of the HASU development?

We would also like to know details of how progress at DCH will be monitored by this board, and your programme of progress review. Will these reviews be reported in detail to this board so that it is shared with the public and can be open to questions from the public as it progresses?

Could you also outline the critical success criteria which are being applied to the development and implementation of the DCH HASU, and what contingencies this ICB and NHS Somerset have should those critical success criteria not be achieved?"

Supplementary question: "The review of the financial cost quotes that the revenue cost of the 313 Somerset patients attending DCH will be £1,771,331 and that is by division, £5,660 per patient. What is the equivalent projected revenue cost per patient at MPH?"

31.2.1

Jonathan Higman thanked Mr Beaver for his questions. The supplementary question will be responded to separately following the meeting. The Somerset Stroke Programme is in the process of transitioning to an implementation phase to focus on the detailed planning and delivery of the reconfigured model of acute hospital-based stroke services, and the terms of reference and membership of the existing stroke programme delivery and governance groups will be reviewed. Oversight and assurance of implementation and go-live will actively include milestones and go/no-go gateways before any decision is made for the proposed changes to go-live by both NHS Somerset and NHS Dorset.

A detailed project plan will be developed with these milestones within it and decisions and contingencies will be made at these points should either SFT or DCH not be ready. The intention is to keep all services running as they are currently until there is assurance that all sites are ready to move to the new model for stroke services. Implementation of the preferred recommended option is planned to take place over an 18-month timescale.

Concerns around recruitment of the necessary workforce are recognised and this represents a key risk for implementation of the proposed changes. This will be considered in detail and closely monitored in preparation for and during implementation and beyond. There is an interdependency on workforce at Musgrove Park Hospital, Yeovil District Hospital and Dorset County Hospital which will require implementation alignment to ensure safe transition of service. Implementation plans will consider how best to safely implement the changes whilst still retaining current workforce and being sure the other sites are ready to receive.

Following the Board's decision, a meeting has taken place with the Chief Executive of Dorset County Hospital who has provided assurance that the delivery of the collective ambitions to improve Stroke services is a key priority of their Board and a follow up meeting between the NHS Somerset Board and the DCH Board is being scheduled. NHS Dorset have approved their stage 1 business case which sees the development of a dedicated HASU on the Dorchester site. This is planned to open later in the spring of this year.

A governance model for the implementation planning and delivery phase is set out in in the DMBC and incorporates structures and responsibilities for tracking and monitoring benefits of the proposed change.

31.3

From Eva Bryczkowski (in attendance):

"*Unsurprisingly, on the 25th of January, Somerset ICB ploughed ahead and voted unanimously to close Yeovil hospital hyper acute stroke unit, (HASU).

*The debate was totally unbalanced in that there was nobody from Yeovil HASU to provide balance during the debate.

*None of the medical staff, including Dr Rashid, MBE, who in a letter to Mr Paul von der Heyde, (chair of NHS Somerset ICB), stated that it would be a catastrophe if Yeovil HASU were to be closed.

*The concerns you expressed at the Somerset Health and Wellbeing Scrutiny Committee on 31st of May 2023, attended by the Quicksilver Group and myself, regarding apparent inadequate staffing levels at Yeovil HASU,
SINCE THEN ARE LARGELY BEING DEALT WITH

*The lead consultant has delayed his retirement to sort this out, for example recruiting extra staff, despite attempts by Musgrove Park to poach some of them, (I dare say in order to "prove" that Yeovil was poorly staffed).

*At the ICB meeting on January 25th, the goalposts were moved in a spectacularly unfair fashion.

You announced that, in order to "solve" the problem of Yeovil HASU apparently being under staffed and inadequately equipped, you decided to dismantle/dilute hyper acute services at Yeovil and ***MOVE A MASSIVE AMOUNT OF SOMERSET MONEY TO DORCHESTER HOSPITAL, which isn't fully equipped either!

*Potential stroke patients who live in Shepton Mallet, Frome, Wincanton and other places further away from Musgrove Park, risk slower recovery rates, brain damage, and increased morbidity, due to the long waiting and drivetime of ambulances.

*170,000 people living in south and east Somerset can expect poorer health outcomes if they are not able to access emergency stroke treatment as they are now.

*The Quicksilver Group, Somerset residents, and trade union members will continue to fight against your decision, in a more vigorous way this time.

*Or there is another alternative:

*A win - win situation can be created (Not a compromise, which in history has often led to the more powerful party winning).

*Instead, an outcome which genuinely meets the needs of all Somerset residents, on the one hand, and also the ICB's need for the best clinical outcome.

*I humbly propose that on the 28th of March, or beforehand, you each consider voting for a genuine moratorium at this stage.

*So that in the meantime, a win - win outcome between both parties can be achieved.

*Will you explore and consider this opportunity?"

31.4

From Gerry Smith (in attendance):

"The ICB HASU proposal for the residents of Somerset has met with widespread opposition.

Figures quoted from the independent report and relate to Yeovil residents, where 78% of Yeovil's general NHS staff are opposed, 60% of Yeovil's specialist stroke staff are opposed and the Senior Stroke Consultant at Yeovil Hospital is opposed.

Among the general public 58% are opposed, 10,000 people have signed the on line petition opposing your plan and the Chairpersons of Patient Groups representing 90,000 Somerset patients are opposed.

More importantly, among those personally affected by stroke, 77% of Yeovil stroke survivors are opposed and 84% of Yeovil stroke survivors' family members and carers are opposed.

You do not have the support of the Unitary Authority Scrutiny Committee or any other local council I am aware of.

In view of this widespread opposition from the general public, with 81% of Yeovil residents being opposed to what you are about to do and depending on which ward you go, those figures range from 77% to 83% so from the general public, highly qualified clinicians, stroke survivors and their family members and carers, or locally elected councillors please advise me of the number of

ICB decision makers with medical qualifications who approved this contentious plan on the 25th of January ?”

Supplementary question: “I would like a single point of contact as I am looking at your procedures and have a lot more questions and cannot keep coming here, so would much rather email you and you can respond so that there is a record between us of what was said. Undoubtedly there will be a legal challenge to what you have decided and you write a lot of documents (over a thousand pages so far) and I have a lot to go through, so a single point of contact would be very useful, thank you.”

31.4.1 The Chair thanked Mr Smith for his questions and advised that the absence of Duncan Sharkey today is unrelated to this business case.

Jonathan Higman advised that as acknowledged in the conversation held at the last Board meeting, that was not an easy decision and the contention around the decision made was acknowledged. However the option to have a HASU at all three hospitals, as suggested by Eva, was ruled out during the detailed options appraisal process and that information is all publicly available on our website through the DMBC and other documents.

In answer to both questions, the new model for delivery of acute stroke services in Somerset was designed by a team of experienced clinicians working in the Stroke service in Somerset. All the proposed models were then reviewed by an expert panel of clinicians who sit as part of the SW Clinical Senate.

With regards to Mr Smith’s question around the clinical membership of our board - Dr Caroline Gamlin is a retired GP and former Director of Public Health in Somerset, she was also a Medical Director at NHS England and is now one of our NEDs. Dr Bernie Marden is our Chief Medical Officer and is a consultant and previous Medical Director of the Royal United Hospital in Bath, Dr Berge Balian is a GP at Crewkerne Medical Centre having worked in Somerset since 1995. Shelagh Meldrum, our Chief Nurse, also brings extensive clinical experience and was Chief Nurse at YDH for a number of years, also relevant is her work as a specialist nurse in neurology. Our Board also benefits from the experience of Professor Trudi Grant who is also the current Somerset Director of Public Health so we have extensive and highly experienced clinical experience represented on our Board.

With regard to the engagement with the senior stroke team at Yeovil Hospital during the process, whilst it would not be appropriate to detail all those interactions, assurance was provided that NHS Somerset have actively engaged with the team throughout the process, including with Dr Rashed. The Chief Executive and other members of the Board have met with Dr Rashed on numerous occasions during the process and have talked in detail about his views.

As stated previously, NHS Somerset continue to work with all the teams across Somerset NHS Foundation Trust and Dorset County Hospital to ensure the smooth implementation of the plans.

The strong sense of feeling being voiced by some as a result of the decision was recognised but these proposals were widely consulted upon and the feedback from the public has been balanced with the very strong clinical case for change.

NHS Somerset are aware that a number of groups and individuals have written to the Secretary of State for Health and Social Care over the decision and respect people’s right to do that. To date, no formal notification has been received from the Secretary of State and the implementation of the new model would only be paused if NHS Somerset receives a direction letter from the Secretary of State, which communicates that a ministerial decision to call-in the Board’s decision has been made.

31.5 **From Andrew Lee, Somerset Confidential (in attendance):**

“What is presented today, in terms of total cost, is sketchy at best and not robust enough for a board to make an informed decision.

At the very least, there should be an analysis of total costs and total savings with the two figures presented together for the board to see a net total. There isn't.

There is no indication as to how many staff are required. Do the staff costs included in the business case include recruitment fees? Include pension provision and NI? Does it include relevant redundancy costs for staff no longer required by Yeovil Hospital?

What other costs will be incurred in Yeovil as a result of equipment wastage, building costs to make good the unit for other purposes? Are there any? Are there none?

Where are the contingencies?

What if recruitment cannot be achieved, one of the reasons given for not carrying on with Yeovil. Are agency costs/locums considered? What if the unit is not ready on time? How much in extra cost would be incurred?

What if building and fitting out costs are much higher than expected – at the moment capital costs are notorious for over-running?

Where is the money coming from?

Is there a budget for this? The capital cost has been budgeted to the tune of £2m over 2 years. Has the revenue cost been budgeted?

What about the £4.2m (or more if contingencies are needed)?

If the implication is a net cost in year one (regardless of whether there are net savings in future years) then presumably to fund that cost, either other healthcare provided by the ICB will have to be cut (in which case – which services) or the budget will need an external injection of funds – from where? And again if the set up takes more than a year, where will the money come from? Is it by cutting services elsewhere? Or an injection of new funds. If so from where?

Secondly I note the case (3.2) shows an assumption of 88 Dorset patients and 313 Somerset patients. If these are total numbers for the Dorchester HASU it makes a nonsense of the decision you made in January to close Yeovil. It also shows the new HASU would also be below the 500 patients you suggest are needed to make a HASU worthwhile. So again, your decision in January is unsupported by this paper.”

Supplementary comment: “I had a series of detailed questions about the financial paper before you today and as you have already discussed it and voted on it, there is no point whatsoever in me reading out the question”

31.6 **From Ray Tostevin, Chair of Quicksilver Community Group (in attendance):**

“Dr Khalid Rashed, lead consultant stroke physician at Yeovil Hospital, says the true cost of removing the Yeovil HASU has been grossly under-estimated. The suggestion that the cost will be offset by improvement in health and functional recovery is flawed and based on no evidence from any health cost economic analysis.”

Please explain why Dr Rashed, Somerset's most senior stroke physician, is wrong to come to this conclusion.”

31.6.1 Jonathan Higman thanked Mr Lee and Mr Tostevin for their questions. Referring to the earlier discussion around the finances for this proposal, it is hoped that this has provided some of the reassurance sought. Based on the recommendation of our Finance Committee, the Board has agreed the financial

case today and the Board will continue to oversee the financial assumptions as part of the implementation plan.

Regarding the question about whether the changes are going to save money, the answer is categorically no. The intention is to invest £4 million of revenue and £1.8 million worth of capital in the service. The amount of detail behind that has been built up from staffing rotas from the ground upwards. More money will be invested in stroke services for Somerset and linked to that is the need to recruit more staff. The changes are focused on ensuring the best care and outcomes for people who have a stroke, meaning faster diagnosis and treatment, fewer deaths, and less disability.

Whilst acknowledging that it is unlikely that the financial benefits associated with reducing long term disability will be cash releasing, these do reflect an avoided cost further along the pathway resulting from improved care in the hyper acute and acute phases of care. As discussed at the last meeting, there is also focus on preventing strokes in the first place, which is a key aim of our 'take the pressure off' campaign which aims to raise awareness of the importance of identifying and treating high blood pressure.

31.7 **From the floor:** A gentleman raised his hand.

The Chair advised that it was not possible to ask questions from the floor due to time constraints and that these should ordinarily be submitted prior to the start of the meeting.

From the floor: "Your notes state that you take questions on the day, at times. Would you prefer to receive them through the press? It is not a topic that has been discussed at all."

Jonathan Higman suggested that this question be taken outside of the meeting, with a written response provided directly in due course. Charlotte Callen was asked to take a note of the gentleman's question.

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 013/24	25/01/2024	Chief Executive's Report: National Mental Health Commissioning Guidance	Update on implications of National Mental Health Commissioning Guidance to be considered at future meeting	Shelagh Meldrum	15/03/24: No update as yet 28/03/24: Update to be provided at the next meeting	Ongoing	
ICB 034/24	28/03/2024	Chief Executive's Report	Link to the Health Foundation report 'Health in 2040: projected patterns of illness in England' to be shared with Board members	Trudi Grant	28/03/24: Link shared following Board meeting	Complete	28/03/2024
ICB 035/24	28/03/2024	Somerset Annual Report of the Director of Public Health 2023: Homes and Health	Trudi Grant to advise on process for ICB engaging with, and influencing, the local plan	Trudi Grant	11/05/24: Trudi Grant to meet with Mickey Green and Paul Hickson (Somerset Council) to identify the best way for the ICB to be able to be involved in the Local Plan process.	Ongoing	
ICB 036/24	28/03/2024	Somerset's Joint Forward Plan Refresh	Updated JFP Refresh to be approved at the May Board meeting	David McClay	28/03/24: Item added to forward planner	Complete	28/03/2024