

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: B
DATE OF MEETING:	30 January 2025	
REPORT TITLE:	Minutes of the ICB Board Meeting held on 28 November 2024 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 28 November 2024. 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 **Deane House, Taunton, on Thursday 28 November 2024**

Present:	Paul von der Heyde Suresh Ariaratnam	Chair Non-Executive Director (Chair of Primary Care Commissioning Committee)
	Dr Berge Balian Christopher Foster	Primary Care Partner Member Non-Executive Director (Chair of Finance Committee, Remuneration Committee and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director and Deputy Chair (Chair of Quality Committee)
	Professor Trudi Grant	Executive Director of Public and Population Health
	Alison Henly	Chief Finance Officer and Director of Performance and Contracting
	Jonathan Higman Peter Lewis	Chief Executive Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)
	Dr Bernie Marden Shelagh Meldrum	Chief Medical Officer Chief Nursing Officer and Director of Operations
	Grahame Paine	Non-Executive Director (Chair of Audit Committee)
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member) (for items ICB 113/24 to ICB 122/24 and items ICB 125/24 onwards)
Apologies:	None	
In Attendance:	Graham Atkins Ella Baker	Chief People Officer Operational Manager Link LD/A and Learning Disabilities Nurse, Somerset NHS Foundation Trust (for item ICB 121/24)
	William Barnwell	Commissioning Manager – Learning Disability & Autism (for item ICB 121/24)
	Shelley Bevins	Clinical Lead and Clinical Lead and Principal Clinical Psychologist, Link LD/A, Somerset NHS Foundation Trust (for item ICB 121/24)
	Charlotte Callen	Executive Director of Communications, Engagement and Marketing
	Carmen Chadwick-Cox	Deputy Director of Strategic Commissioning (for item ICB 123/24)
	Catherine Connor	Associate Director - Mental Health, Autism, and Learning Disabilities (for items ICB 121/24 and ICB 122/24) (Virtual)
	Rose Firth	Head of Commissioning and Localities – Women’s and Children’s Commissioning (for item ICB 121/24) (Virtual)
	Judith Goodchild Gillian Kenniston-Goble	Healthwatch (Participant) Chair, Healthwatch Somerset (for item ICB 120/24)
	David McClay	Chief Officer for Strategy, Digital and Integration
	Katherine Nolan Jade Renville	SPARK Somerset, VCSE sector (Participant) Executive Director of Corporate Services and Affairs, NHS Somerset and Somerset NHS Foundation Trust (up to and including ICB 124/24)
	Alison Rowswell	Director of Localities and Strategic Commissioning (for item ICB 126/24)
	Jacque Silcox	Assistant Engagement Officer (for item ICB 124/24)

Steve Sylvester

Director of Collaborative Commissioning, NHS
England (for item ICB 113/24 to ICB 123/24)

Secretariat:

Julie Hutchings

Board Secretary and Corporate Governance
Manager

ICB 113/24 WELCOME AND APOLOGIES FOR ABSENCE

113.1 Paul von der Heyde welcomed everyone to the meeting of the NHS Somerset Integrated Care Board (ICB). No apologies had been received.

ICB 114/24 PUBLIC QUESTIONS [\(PLEASE SEE APPENDIX 1\)](#)

ICB 115/24 REGISTER OF MEMBERS' INTERESTS

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

ICB 116/24 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

116.1 The quoracy of the meeting was confirmed. In relation to the paper on specialised commissioning, Caroline Gamlin highlighted her role as appointed NED, representing South West ICBs, on the South West Joint Specialised Services Committee.

ICB 117/24 MINUTES OF THE MEETING HELD ON 26 SEPTEMBER 2024

117.1 The minutes of the meeting held on 26 September 2024 were **approved** as a true and correct record.

117.2 The action schedule was reviewed. It was highlighted that two actions had been marked as complete, without a date having been identified for them to come to Board. These items had been marked as complete in an attempt to declutter the action schedule and on the basis that they had been added to the forward planner, with the actions agreed to be picked up and scheduled. The action schedule includes all outstanding actions.

ICB 118/24 CHAIR'S INTRODUCTION/REPORT

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

- Proactive dialogue has continued with chairs, leaders and partners regionally and nationally.
- Key shifts emphasised following the Autumn Statement: hospital to community, analogue to digital, and sickness to prevention, with a focus on operational delivery, elective waiting times, emergency department waiting times, and GP appointment availability.
- The Annual General Meeting on 30 September was well attended, with market stalls representing local organisations.
- A Somerset Board workshop took place at the end of September, with a full Somerset Board meeting on 26 November which discussed the future of the NHS and community responsibilities, with progress on integrated neighbourhood teams.
- NEDs from ICB and Somerset NHS Foundation Trust met to sustain relationships and ensure mutual purpose.
- Attended the South West regional health and wellbeing conference, showcasing different solutions being delivered.
- Attended the Somerset Community Foundation AGM celebrating smaller charities' work.
- Continued engagement with the South West Regional People Board.
- Appreciation was expressed to everyone for resilience in facing recent challenges and opportunities.

ICB 119/24 CHIEF EXECUTIVE'S REPORT

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

- Change NHS: developing the NHS 10-year plan – the Board has discussed the organisational response and an engagement event took place in Taunton on 24 November attended by 150 members of the public, a minister and the regional director. More events involving public and staff are planned between January and March to inform the plan.
- Evolution of the NHS Operating Model – holding the NHS to account and the new leadership framework – the draft framework provides clarity on delivery accountability; funding challenges expected for 25/26 which will remain an ongoing focus for the Board.
- Insightful ICB board guide now published; learning and reflections to be considered.
- Planning for winter 2024/25 - plan now active. Somerset Care Co-ordination Hub launched to support people at potential risk of hospital admission.
- Somerset NHS Foundation Trust maternity improvement work - national safety support team working with colleagues at Somerset NHS Foundation Trust and the local maternity and neonatal network to review missed inspection areas, assess progress and engage with teams. Some immediate actions taken; awaiting factual accuracy and final reports.
- NHS Staff Survey – closing on 30 November; 71% response rate; results and action plan to be reviewed by the Board.
- Support for military communities across Somerset - significant progress made, with military health team earning a highly commended Health Service Journal award for work around the military and civilian partnerships, particularly with Arc Egwood and Arc Inspire supporting homeless veterans and individuals in Taunton. 100% of GP practices in the county are accredited as veteran aware; ICB has a silver award and are striving for Gold within the next 12 months.
- Dentistry – similar to national issues; ongoing efforts to improve contracts and community engagement; capacity remains a challenge.

Action ICB 119a/24: Insightful ICB Board guide to be considered at future Board meeting,

Action ICB 119b/24: Staff survey results and action plan to be considered at future Board meeting.

**ICB 120/24 PROGRESS REPORT ON THE IMPLEMENTATION PHASE OF THE SOMERSET STROKE RECONFIGURATION
*Objectives 1 and 3***

120.1 The Board received a progress report from David McClay, who highlighted the following:

- Joint Stroke Coordination Board (JSCB) established with representation from various partner organisations, focusing on workforce, clinical pathways, joint communications, estates, finance and critical path.
- Stakeholder Reference Group has been re-established and will comprise representatives from local groups and the two Trust's involved.
- Case for change – reconfiguration needed for workforce sustainability, clinical outcomes, equity of service and financial stability in Somerset.
- Implementation responsibility – transferred to Chief Executive Officers at SFT and DCH in May 2024, in collaboration with NHS Somerset; site leads identified, draft implementation plans developed.
- Site visits in October - representatives from ICB and DCH visited Taunton and Yeovil stroke services; discussions on future workforce models ongoing.
- Yeovil site requirements – Building Safety Regulator implications noted.

- Upcoming visit scheduled to DCH site in December.
- Secretary of State decision – awaiting response on call-in requests regarding stroke decision in Somerset.
- Further Board update planned for January, particularly on estates work.
- Letter from Dr Rashed highlighting factors for decision-making business case (DMBS) revision; response due next week.
- Timeline management – suggested that potential slippage be managed through JSCB.
- Regular updates will be brought to ICB Board meetings throughout 2025 as the implementation date approaches.

120.2

Gillian Kenniston-Goble (Healthwatch) provided a verbal update from the Stroke Stakeholder Reference Group, as follows:

- Listening to those with lived experience is a key part of the programme to ensure responsiveness to stroke patients' needs.
- Continued engagement - the NHS aims to gather a broad range of views from those with direct stroke experience.
- Stakeholder reference group - time limited, advisory, with no decision-making power; provides feedback on implementation plans, shares experiences, informs pathways and develops patient/carer information.
- Group composition: eight members, including people with lived experience, patient participation groups, unpaid carers and the Stroke Association.
- The group reconvened in October, with a recap on the decision-making business case and discussion on the expanded TIA service and financial situation.
- Secretary of State intervention powers – new provisions for NHS service reconfigurations; awaiting outcome of call-in requests for the stroke decision in Somerset.
- Implementation process – collaboration with Somerset NHS Foundation Trust, Dorset County Hospital and ICB; importance of staff involvement and clear communication.
- Concerns about carers and families - need for transport and support information; suggestion to develop leaflets for carers.
- Concerns about staff involvement – assurance provided that staff from both Musgrove and Yeovil hospitals were engaged throughout the process; request for staff representation on the group.
- Assurance and governance – ICB oversees implementation; formal review of benefits after 12 months.
- Meeting alignment - importance of aligning meetings with the Joint Implementation Board for smooth communication and feedback.

120.3

There was discussion amongst Board members as follows:

- The Stakeholder Reference Group meets on a quarterly basis, with the Joint Stroke Co-ordination Board meeting monthly. These meetings are anticipated to run throughout 2025.
- No direct contact has yet been received from the Secretary of State regarding the call-in request. The change in legislation has led to a significant amount of call-in requests across the country and the Board and members of the public will be informed as soon as a decision is made.

120.4

The Board **noted** the report.

ICB 121/24 FOCUS ON: SELF-HARM AND SUICIDE PREVENTION
Objectives 1-5

121.1 Shelagh Meldrum introduced Catherine Connor, and Rose Firth, who provided a report on suicide prevention and self-harm, highlighting the following:

Improvement has been observed across both clinical areas in Somerset.

Suicide prevention:

- Government priorities: increasing workforce support for mental health, autism and learning disability conditions; increasing access to mental health specialists in schools; reducing suicide rates.
- Local government arrangement: Somerset system mortality group to be the formal reporting group for suicide prevention and reviewing the Somerset suicide prevention strategy.
- Programme risks: funding, Somerset Council changes, leadership.
- Shelagh Meldrum has offered to be the executive lead.

Self-harm:

- Somerset has historically been known as an outlier for the higher number of self-harm admissions.
- Schools often first to observe mental health challenges but lack resources; social media amplifies harmful behaviours.
- High-risk group: 15–18-year-old females, especially in deprived areas.
- Emergency Department (ED) attendance peaks in late Autumn, coinciding with academic and seasonal stressors.
- Progress: Training and upskilling staff, dedicated workforce at Musgrove and Yeovil hospital sites, strengthened voluntary sector involvement, mental health support teams in 39% of schools, intensive self-harm courses for parents, multi-agency partnership for complex cases
- Undertake a review of the spend on suicide prevention and self-harm to consider how we reprioritise the overall funding to address the challenge due to growing demand and complexity of cases.

121.2 Shelagh Meldrum introduced William Barnwell, Ella Baker and Dr Shelley Bevins, who presented a patient story entitled 'Riley', highlighting someone's journey with mental health difficulties, suicidal thoughts and behaviours.

- A review by Dame Christine Lenehan emphasised the need for a key worker for each child or young person with a learning disability, autism, or in specialist mental health or learning disability hospitals. Funding in Somerset was used for the Link Learning Disabilities/Autism (Link LD/A) service.
- Riley is a 17-year-old autistic person with significant mental health difficulties, resulting in hospital admission and escalation to a psychiatric care unit. He was discharged after 12 months with a comprehensive support package and access to a key worker from the link LD/A team.
- Education and having an Education, Health and Care Plan (EHCP) were critical for recovery, with significant social care provided.
- Mental health decline led to rapid response multi-agency meetings to avoid further hospitalisation and facilitate a college interview, which was a turning point.
- Riley expressed the importance of support services knowing and advocating for him.
- Riley's Mum valued the input from the link LD/A and other services, highlighting the importance of being listened to as a family in need.

121.3 There was discussion amongst Board members as follows:

- The development nationally of the 10-year plan has emphasised the need to address system-wide, cross-organisational and cross-community issues.
- Shelagh Meldrum would welcome the opportunity to step into the executive lead role for suicide prevention, which was supported by the Board.
- There has been a significant increase in suicide rates from 2017 to 2021; no common reasons found but spikes noted in older people with non-curable conditions and farming communities.
- Self-harm admission rates remain high, although a reduction in young people's self-harm presentation in A&E by 72% from 19/20 to 23/24; deep dive required to understand reasons.
- The importance of prevention, addressing root causes and early intervention was noted, along with challenges in diagnosing neurodiversity. The importance of local community and investment in voluntary sector services for prevention was also noted.
- Proactive system to limit hospital admissions for young people with learning disabilities or autism.
- The need to understand any funding challenges as a result of the financial position within Somerset Council. Delay in the autism diagnosis was acknowledged as a significant factor in Riley's case.

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

ICB 122/24 UPDATE ON INTENSIVE AND ASSERTIVE OUTREACH REVIEW (COMMUNITY MENTAL HEALTH SERVICES)
Objectives 3 and 5

122.1 Shelagh Meldrum introduced Catherine Connor and Eelke Zoestbergen who provided an update on the intensive and assertive outreach review, highlighting the following:

- As a result of the fatal stabbing attacks in Nottingham, NHS England asked all ICBs to review policies and practices regarding the care of people with severe mental illness who require treatment but where engagement is a challenge.
- The report summarises the findings of the review and information regarding next steps is expected imminently from NHS England and is likely to form part of 2025/26 planning expectations.
- NHS England asked all systems to cost the full suite of recommendations to support national planning and understanding of the scale of the challenge..
- Update to come to Board for sign off at a later date.

122.2 There was discussion amongst Board members as follows:

- Funding would be required for service improvement; consideration to be given on how we currently spend our money and reprioritise to support this service improvement.
- There is a need for strategic focused commissioning for outcomes without relying on short-term funding; providing certainty for the voluntary sector about a longer-term deal.

Action ICB 122/24: Conversation to take place with commissioning teams about taking a commissioning for outcomes approach, and how the current service funding can be reprioritised to support this service improvement.

122.3 The Board **noted** the report.

(Duncan Sharkey left the meeting)

ICB 123/24 DELEGATION OF SPECIALISED COMMISSIONING FROM 1 APRIL 2025

123.1 The Board was asked to note the preparations of Somerset ICB and NHSE to ensure readiness for delegation of specialist services from 1 April 2025 and delegate the signing of the self-assessment declaration checklist document to the Executive Management Team (after Board final approval in January 2025), note the further transfer of resource to the Collaborative Commissioning Hub to support the services delegated to ICBs and agree the Principal Commissioner model on behalf of the South West.

123.2 David McClay introduced Carmen Chadwick-Cox and Steve Sylvester who provided a report on the delegation of specialised commissioning from 1 April 2025, highlighting the following:

Delegation of responsibility for specialist services from 1 April 2025

- There are 175 specialised services, set out in the 'Prescribed Specialised Services Manual' ¹.
- The initial intention was for all ICBs to take on delegation of fifty-nine services from 1/4/24 and work was undertaken to prepare for that transfer of responsibility.
- Subsequently the seven ICBs in the South West collectively agreed to request that the transfer date was deferred to 1/4/25. This was agreed by the NHSE Board in December 2023
- During 2024/25 the seven ICBs and NHSE have continued to work together to ensure that we will be ready to take responsibilities for the services from 1 April 2025. To support this a due diligence safe delegation checklist has been developed to support systems as they prepare. Carmen Chadwick-Cox presented the latest position against the due diligence checklist highlighting a number of areas which continue to be worked through, with a final report to be brought to the Board in January.
- In addition, the South West Region has continued to develop a Joint Committee arrangement of ICBs working with the NHSE regional team in relation to specialised commissioning throughout 2024

123.3 There was discussion amongst Board members as follows:

- The model involves delegating £1.3-1.4 billion worth of specialised services, with 70% of these services being commissioned based on a fixed arrangement.
- The aim of the Joint Committee is to reduce bureaucracy and ensure each Integrated Care Board (ICB) has a voice to represent their population.
- Establishing clear ground rules is essential for geographical responsibility and accountability, ensuring the principal commissioner is not solely responsible for everything.
- The Joint Committee's Terms of Reference are reviewed annually and specific clauses and review dates will be clearly defined.
- The ICBs Internal auditors are working with Somerset to ensure we are ready for a smooth transition.
- More work is needed to understand the financial impact on our distance from target calculation of specialised commissioning, especially with mental health services recently moving into delegation. This will be addressed in the delegation submission.

Action ICB 123a/24: Further due diligence required to understand the financial impact of the delegated specialised commissioning portfolio (especially with mental health services moving into delegation) and how the ICB governance arrangements will need to be adapted to reflect the additional commissioning responsibility for specialist commissioning.

123.4 **Further expansion of the South West Collaborative Commissioning Hub**

¹ [PRN00115-prescribed-specialised-services-manual-v6.pdf](#)

Steve Sylvester joined the conversation to update the Board on the consultation currently taking place with NHSE individuals to transfer to Somerset ICB to join the South West Collaborative Commissioning Hub, who will take responsibility for the areas of specialist commissioning delegated to ICBs.

The transfer is planned to take place on 1 July 2025.

123.5 There was discussion amongst Board members as follows:

- Discussions with NHS England are ongoing regarding the hub arrangements and the level of overhead support for staff transfer and daily operations.
- Due diligence is being carried out to establish the appropriate structures for capability and capacity, with NHS England's support to cover overheads. The process aims to ensure that the team is well-prepared for the responsibilities involved.

123.6 **Principal commissioner model for the South West**

Steve Sylvester updated the Board on the recommendation from the Joint Committee to establish a Principal commissioner across the South West. The Board considered whether Somerset ICB should take this role on behalf of the seven ICBs in the South West.

123.7 There was discussion amongst Board members as follows:

- Whether having a principal commissioner model is appropriate and if NHS Somerset should take on this role, noting that the South West is unique in proposing this model due to strong interdependencies.
- The principal commissioner oversees delegated services, quality and clinical matters. Effective communication, transparency, and risk management are crucial. The model brings leadership and talent to the regional approach, not seen in the previous Podiatry, Optometry and Dental (POD) model.
- External auditors are working with Somerset and seeking advice from auditors in other systems to ensure on how the arrangement will work.
- NHS Somerset is considered the strongest candidate due to lack of conflicts of interest and financial stability. The commitment to host the hub supports this. It is proposed that the Board accepts this as the direction of travel, with further due diligence to be undertaken on the following areas:
 - Quality risk: clarity is required as to where this sits.
 - Financial risk: principal commissioner manages £1.3 billion (mostly through block contract arrangements), with £70 million presenting some risk, however there is a 0.5% contingency included to manage this risk. It is proposed that NHS Somerset should not underwrite this risk for the South West; it should be managed across providers and ICBs. In addition, some services like renal dialysis and chemotherapy may no longer be classified as specialist as we move forward.
 - Governance: clarity is required on the governance of the team coming across to NHS Somerset ICB. Oversight and assurance mechanisms are required for the hub and principal commissioner's activities and it was suggested that the Audit Committee might consider the assurance around those arrangements.
- It was agreed that delegated responsibility was given to the Audit Committee to complete the further due diligence in respect of the above three points on behalf of the Board.
- Need to assess senior-level capacity for leadership and oversight for the principal commissioner role and ensure the right level of expertise in medical, public health and pharmacy aspects.
- The principal commissioner aspect may need to be finalised before the next Board meeting, with further due diligence required before any formal

decision. The overarching goal is to improve outcomes for Somerset's population; operational plans are being developed through the Joint Committee outlining the ambitions and expected benefits.

Action ICB 123b/24: Further due diligence to clarify the financial risks and mitigations, where clinical risk will be addressed and how the ICB governance arrangements will need to change to reflect the Collaborative Commissioning Hub, to be summarised into a paper for the Audit Committee, prior to coming to Board.

123.8

The Board:

- **Agreed** to the principle of a Principal Commissioner Model.
- **Noted** the delegation conditions and recommended that these are accepted.
- **Noted** the developmental and due diligence activities underway within the Safer Delegation Checklist.
- **Noted** the additional areas of clarification that will be worked through before final delegation approval in January 2025.
- **Agreed** to delegate the signing of the delegation agreement documentation to the Executive Management Team (after Board final approval to delegation in January 2025).

ICB 124/24

SOMERSET'S BIG CONVERSATION AND 10-YEAR PLAN ENGAGEMENT Objectives 1 and 4

124.1

Charlotte Callen and Jacquie Silcox provided a report on Somerset's Big Conversation and 10-year plan engagement, highlighting the following:

- The background to, and objectives of, Somerset's Big Conversation.
- A summary of the findings and outcomes from the four main engagement activities and methodologies.
- How the outcomes will inform future iterations of the NHS Somerset Integrated Care Strategy.
- Next steps and intentions for Somerset's Big Conversation in 2025, including ensuring that feedback is acted upon.
- Next year will include work on stopping smoking and dental prevention.
- Feedback received during the Board and Management Board workshop on the 10-year plan will be collated and submitted to NHS England.
- Looking at how best to engage with key communities for the 10-year plan, as good contacts were established during the Big Conversation.

124.2

There was discussion amongst Board members as follows:

- Particular stories that stood out included a little boy who was sad due to his tooth hurting, also a family who had issues with mould in their house which was affecting their health. There were also conversations about very positive experiences with NHS services.

124.3

The Board **noted** the report.

ICB 125/24

STATE OF THE VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE (VCFSE) SECTOR 2024 Objectives 1 and 4

125.1

Katherine Nolan provided a report and presentation on the state of the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector 2024, highlighting the following:

- The Somerset State of the Sector report for 2024 was commissioned by Spark Somerset and builds on reports from 2017 and 2020.
- The report provides insights into the size, shape, challenges of the Voluntary Community, Faith and Social Enterprise (VCFSE) sector and potential for collaborative efforts.

- Additional reports:
 - Appendix 1 - Collaboration between the VCFSE and Public Sector in Somerset: challenge or opportunity? (Leyshon et al, 2024).
 - The State of the VCFSE Sector: Lessons from the National Picture (Esmene et al 2024) - to be shared following the Board meeting.
- Discussion on the 10-year plan this morning emphasised moving to communities, with voluntary sector as a key enabler.

(Duncan Sharkey rejoined the meeting)

- There are 1902 registered charities and community interest companies, and over 2400 voluntary sector organisations, with over 50% of the 1902 operating for 15+ years.

(Jade Renville left the meeting)

- There has been a decline in workforce since the last report.
- 'Volunteering for health' bid will include a deep dive to understand challenges within the voluntary sector. There is a question as to whether having full time volunteers is sustainable.
- Core issues include the need for funding, sustainable investment, substitution and appropriation.
- Commissioning – need for inclusive, accessible processes, long-term and flexible funding models, support for small and micro VCFSEs, recognising untapped potential and reducing administrative burden.
- Suggested short to medium-term actions:
 - Broader event to share research findings.
 - Consideration of a funding brokerage tool.
 - Commitment to multi-year funding.
 - Discussions on appropriation issues.
 - Reviewing and updating the MOU.
 - Using social prescribing to test 'funding following the person'.

125.2

There was discussion amongst Board members as follows:

- Short-term recommendations were accepted, with a need to clarify funding and commissioning intentions early.
- The social prescribing and brokerage fund were identified as mechanisms to support these efforts.
- The complexity of the role of Spark was acknowledged, with more work needed on commissioning.
- The system needs to look at what would bring the recommendations to life, with a further conversation required on changing behaviour.
- Short-term and long-term actions – possible quick wins were identified, including meetings with non-commissioned organisations and social workers.
- Commissioning principles – need to agree on principles, timelines, funding uplifts, contingency and regular reviews; challenge with voluntary sector engagement.
- Clarity on collaboration – expectations to be disseminated within organisations.
- National interest – recognition of thorough research in Somerset; opportunity for corporate social responsibility and social value prospectus.
- Next steps – agreement on principles, avoiding voluntary sector as a substitute for statutory services unless appropriate, commitment to long-term arrangements and co-creation.

- The need to translate the MOU into actions and a new way of working together; smaller group discussion suggested.
- The suggestion to look at the BNSSG brokerage sessions which allow other organisations to participate in that work.

Action ICB 125/24: 'The State of the VCFSE Sector: Lessons from the National Picture' report to be shared and a smaller group discussion convened to agree a set of principles.

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

ICB 126/24 SOMERSET SURGE AND WINTER RESILIENCE PLAN
Objective 3

126.1 David McClay introduced Alison Rowswell who provided a report on the Somerset surge and winter resilience plan, highlighting the following:

- The plan sets out the arrangements for year-round surge planning and service delivery for system wide demand and capacity, with a focus on the winter period, to support the Somerset vision and model of care.
- The plan has been produced in collaboration with the main stakeholders and is owned by all members of the Somerset Integrated Care System.
- Areas of focus: governance and quality; escalation plans; system capacity and plans; expected outcomes; workforce; Infection, Prevention and Control (IPC) surge plans; vaccination planning communications and risks
- The plan has been approved as a live working document by the Urgent and Emergency Care Delivery Group.
- Oversight of the surge plan sits with the Urgent and Emergency Care Delivery Group, with day-to-day operational performance monitoring undertaken by the System Coordination Centre. Monthly performance monitoring will also be presented to the System Assurance Forum.
- The plan focuses on the [10 high-impact interventions](#).

126.2 There was discussion amongst Board members as follows:

- The transport risk is not just about capacity but relates to uncertainty around discharges where patient transport is required, particularly towards the end of the day, hence why discharging people earlier in the day is important. There is also concern about fairness to patients being discharged later at night to community hospitals and care homes.

126.3 The Board **noted** the report.

ICB 127/24 FINANCE REPORT – MONTH 6 2024/25

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

- Report period: covers 1 April to 30 September 2024, reviewed by the Finance Committee.
- Breakeven position: NHS Somerset is projecting a breakeven position for the year, due to funding received to cover costs from junior doctors' industrial action.
- Capital Plan: Currently £5.5m behind the plan but expected to fully utilise the capital allocation by year-end, with a projected £1.8m underspend.
- National review process: A process is in place to review year-end capital forecasts, with guidance received for board assurance.
- Savings Programme: Slightly behind in month 6 with a significant shortfall in recurrent delivery. An evaluation of savings schemes is requested.
- Agency Expenditure: £3.6m under plan but still over the agency cap.
- Somerset Council: Forecasting a year-end underspend of £0.7m, with potential overspend in Children, Family and Education Services offset by underspend in Corporate Contingency.
- Financial Risks: Several significant risks to delivering the financial position, with ongoing efforts to mitigate them.

ICB 128/24 INTEGRATED BOARD ASSURANCE DASHBOARD AND EXCEPTION REPORT FROM THE SYSTEM ASSURANCE FORUM

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

- Report Period: Covers 1 April to 30 September 2024, discussed in various committee meetings.
- Escalation Issues: Summary provided against constitutional and other standards.
- Quadrant Approach: Developing a method to integrate quality, workforce, performance, and finance indicators, evolving with committee discussions.
- Summary Slide: Highlights key areas of focus for Board assurance in Quality, Performance, Workforce, and Finance.

128.2 There was particular discussion amongst Board members as follows:

- Despite work to reduce waiting lists, a question about whether enough progress is being made and how performance risks are more actively highlighted to the Board, to enable strategic discussion.

Action ICB 128/24: Consideration to be given as to how performance risks are more actively highlighted to the Board so that appropriate time is given for a strategic discussion at future Board meetings.

ICB 129/24 KEY MEETING REPORTS

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

ICB Assurance Committee Reports:-

- Finance Committee: written report provided (figures provided in finance report supersede those contained within this report).
- Audit Committee: not met since last meeting, next meeting is taking place on 11 December 2024.
- Quality Committee: written report provided. The Quality Committee is now using the national routine and enhanced activity definition for events/issues for quality reporting.
- Primary Care Commissioning Committee: not met since last meeting, next meeting is taking place on 3 December 2024.

System Group Reports:-

- Somerset Board: There were four key focus areas:
 - Follow-up from housing and homeless workshop: focus on human systems learning and broad behavioural change.
 - Update on neighbourhood work: progressing but feels like dual tracks between NHS and the Council.
 - Update on outcomes: support for using healthy life expectancy as the key measure along the inequality measure; starting to set targets against headline measures.
 - Presentation on digital strategy: aspiration for a joined-up population health dataset.
- Collaboration Forum: written report provided.
- Population Health Transformation Board: written report provided. Resource issues still need resolution. Trudi Grant and Graham Atkins to coordinate between the People Board and Population Health

Transformation Board for systemic change. There will a New Year push on hypertension work with a focus on optimisation; 5500 cases found since March, aiming to optimise at least 80% (currently at 57%).

- People Board: written report provided.
- Children, Young People and Families: written report provided. There was a presentation on metrics around the children and young people's plan, a review of transition and SEND work and presentations on the holiday activities and food programme and on the healthy lives programme and the strength-based approach to healthy eating for children.

ICB 130/24 ANY OTHER BUSINESS

130.1 The Chair referred to the link between discussions on waiting lists and the ICB Insightful Board document and the potential need to consider board agenda time allocation. Colleagues were encouraged to read the document to understand the difference between assurance and reassurance. The Chair invited feedback on the document and suggestions to help the Board improve.

Congratulations were expressed to Trudi Grant who was recently awarded the Chief Medical Officer's award for national contribution to public health.

ICB 131/24 CLOSE AND DATE OF NEXT MEETING

131.1 The meeting closed at 5.40 pm. The next meeting will take place on Thursday 30 January 2025, at Wynford House, Yeovil.

Objectives – Key:

- Objective 1: Improve the health and wellbeing of the population
- Objective 2: Reduce health and social inequalities
- Objective 3: Provide the best care and support to children and adults
- Objective 4: Strengthen care and support in local communities
- Objective 5: Respond well to complex needs
- Objective 6: Enable broader social and economic development
- Objective 7: Enhance productivity and value for money

Chairman:

Date:

APPENDIX 1

ICB 114/24 PUBLIC QUESTIONS

114.1 From Anonymous:

"It is alleged that asbestos may be an issue that could be used as a platform to downgrade the HASU at YDH.

If asbestos is present at Y.D.H. is there a public duty to access the whole Y.D.H. building and evacuate known areas of concern, for staff and patients alike and if not, why not?"

114.1.1 David McClay expressed thanks for submission of the question and advised that the trust set up a comprehensive asbestos register in 2022 and a full site survey was carried out by a third-party accredited company. Owing to construction methods commonly in use when the Yeovil District Hospital (YDH) tower was built, there is asbestos in many concealed parts and the trust is mindful of its responsibilities under the Control of Asbestos Regulations and will continue to act in accordance with their responsibilities as a 'duty-holder'.

Asbestos in good condition does not present a danger to health, while left in situ. Annual surveys are carried out by the same accredited company and internal reviews of the reports are assessed and works planned to either remove asbestos where possible or carry out environmental cleans. Asbestos removals are planned and carried out by Licensed Asbestos Removals Contractors and air monitoring and sampling is independently verified by an accredited analytical firm.

The stroke ward at YDH (ward 8B) is one of the wards which has asbestos in ceiling tiles and insulating board. This will add cost and time to the refurbishment works related to improvements to the Stroke ward.

The presence of asbestos in the YDH tower has not influenced the decision around stroke services in Somerset, in any way.

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

"I would like to make comments in relation to the item you are about to consider on the reconfiguration for Stroke Care. I hope members of the ICB will be able to take into account my comments prior to arriving at a decision.

In the report the section titled "Reducing Inequalities/Equality & Diversity" it is acknowledged that "It is not possible to mitigate all the negative impacts on protected groups which have been identified". Specifically, it suggests that:

- Firstly there will be patients who will have an increased ambulance travel time following a stroke.

It is claimed that additional ambulance travel time will be mitigated by an improved model of care.

I believe this ignores the elephant in the room. No increased travel time can be considered acceptable while there continues to be outrageously long waits for ambulances. It is acknowledged that time is critical for stroke victims. In addition, if these long waits are not addressed stroke victims are likely to arrive at YDH by independent means further complicating their care pathway and increasing time to treatment. As an ICB I believe you have a responsibility in assessing plans to consider the actuality of patient experience including that resulting from the exceptionally poor performance of the ambulance service. It is irresponsible to consider the reconfiguration of stroke care treatment without first addressing the real issue of delays. The closure of the HASU at Yeovil must not happen until the problems with the ambulance service have been fully resolved.

- Secondly, a proportion of carers/relatives who are older people, those who live in rural areas and those who are in the more deprived areas in the south of the county (who would normally travel to YDH for their stroke care), would

experience an increased travel during the first 72 hours to visit loved ones in a HASU which is different from the current HASU in YDH.

You note this but have no mitigation proposals. In the sustainability section of the report you further acknowledge the issue while recognising that access for carers and relatives is key to supporting rehabilitation and recovery is the.

I believe this further demonstrates that your plan is unsatisfactory.

In the Quality section of the report, it is stated that by centralising our hospital-based stroke services, we will be better placed to follow best practice national guidance and deliver improved outcomes for people who use Somerset services. This will include 24/7 services, address workforce issues and provide treatment in a more timely way

My understanding from a recent letter from Mr Khalid is that the HASU in Yeovil is now able to function within the national guidelines. If this is not correct, please could you detail where the shortfall is and how you guarantee the MPH and DCH HASUs will meet the national guidelines with no shortfall of standards. My understanding from meeting staff at DCH was that the staffing issues were challenging.”

114.2.1

David McClay thanked Mr Beaver for his comments and clarified that today’s update on Stroke reconfiguration is for information and is not a decision-making paper. The Decision-Making Business Case (DMBC) was approved in March 2023.

The issues raised were considered when the Board approved the DMBC, including the trade-off in some instances over travel time, ease of support from families and carers over the first 72 hours, and the quality of care availability within a Hyper Acute Stroke Unit (HASU).

Regarding ambulance times, South Western Ambulance Service NHS Foundation Trust are members on the Joint Stroke Coordination Board and are working with partners to plan patient journeys to ensure the most prompt ambulance response times possible.

With regards workforce, national standards outline recommended medical staffing levels for stroke services, and cover HASUs:

- 24/7 availability of a consultant stroke physician
- Twice daily HASU ward rounds, seven days per week by a consultant-level practitioner
- Minimum six thrombolysis-trained physicians on a rota.

Yeovil has been successful in recruiting to stroke consultant posts. However, this would not deliver the HASU standards above, particularly the 24/7 availability of a consultant stroke physician.

The recruitment of stroke physicians is a national challenge, with workforce being one of the reasons for looking to reconfigure stroke services in Somerset. The Joint Stroke Coordination Board will be taking the responsibility for assuring that both Taunton and Dorchester meet the national guidance. Dorchester are making good progress with their recruitment and have an active recruitment plan in place being supported by a national campaign to attract stroke consultants and other roles to Dorset County Hospital.

114.3

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

“Just over a month ago, Dr Khalid Rashed MBE, consultant stroke physician, wrote to the Chair of this Board. In a two-page letter, Dr Rashed makes an impassioned plea for the ICB to think again about its plan to close Yeovil Hospital’s emergency HASU, as part of reconfiguring stroke services across Somerset.

Dr Rashed refers to Lord Darzi's recent review of the NHS, highlighting key issues to be addressed. Among these, the need to build public trust; NHS budget not being spent where it should be; the care of cardio-vascular conditions including stroke going in the wrong direction; the roles and responsibilities of the ICB and patient concerns not being heard or acted upon.

In deciding to close the Yeovil HASU, Dr Rashed says the ICB has ignored the major negative impact on patients journey and the social impact on patients, their carers and families. The ICB has accepted false assurances that a smaller unit at Dorset County Hospital with a major manpower problem can guarantee improved stroke services and clinical outcomes.

In a recent meeting with Peter Lewis Somerset Foundation Trust's chief executive, and other senior managers, Dr Rashed discussed the "great success" of the latest recruitment drive for stroke staff, at Musgrove Park and Yeovil District hospitals. Indeed, YDH's medical team by adopting flexible working methods and technology, and at no extra cost to the Trust/NHS, have extended their working week and currently providing 7 days consultant cover in line with national guidelines and standards. The Government has just recently re-launched the Act Fast campaign to raise stroke awareness, so it is perhaps ironic and surely absurd that NHS Somerset is now poised to close Yeovil's emergency stroke unit. Evidence clearly indicates such a decision will not lead to improved clinical outcomes, as claimed by NHS Somerset, for a very substantial number of stroke patients in Yeovil and surrounding area.

Dr Rashed says "it is not too late for the ICB to be brave and reconsider its decision. Somerset FT has now a stable and sustainable workforce, both medical and nursing staff. With proper commissioning, agreed targets, organisational support, flexible working, strong leadership and use of modern technologies, it should be able to deliver the national stroke standards, provide an equitable and high-quality stroke service, both at MPH and YDH. There should be no need to close YDH HASU; no need to waste NHS resources and no need to disadvantage so many people served by Yeovil Hospital.

Can ICB board members here, in all conscience, still believe its right to CLOSE the Yeovil HASU?? Surely the only right course of action is to keep it open, to meet current and future demand."

114.3.1

David McClay thanked Mr Tostevin for his question and advised that it is nationally accepted that to provide sufficient patient volumes to make a hyperacute stroke service clinically sustainable, to maintain expertise and to ensure good clinical outcomes, 600 stroke patient admissions per year are required. Whilst this is achieved in Musgrove Park Hospital, YDH consistently falls below this level and modelling over the next ten years suggests this threshold will not be met.

We are in receipt of Dr Rashed's letter and will be responding to that over the coming days. We accept that there has been an improvement in terms of the resilience of the medical workforce at the YDH site, noting that there are different views on how sustainable that is over the longer term.

The national standards were referred to in the response to Question two, which recommend medical staffing levels for stroke services, including HASUs. Whilst YDH has been successful in recruiting to stroke consultant posts, staffing levels would not deliver the HASU standards, particularly the 24/7 availability of a consultant stroke physician.

Grahame Paine requested that a copy of the letter from Dr Rashed be circulated to Board members.

Action ICB 114.3/24: Letter from Dr Rashed to be circulated to Board members

114.4

From Emma King, Glastonbury Independent Alliance (in attendance):

"About seven years ago, the NHS dental practice in Glastonbury was closed. With the recent success of restoring a pharmacy to our High Street, we now

need to restore our NHS dentist - this issue is at least as important as an accessible pharmacy, if not more so.

It is a well known fact that Glastonbury is an area with high levels of poverty and low levels of car ownership. The impact of poverty not only means that people are taking expensive dental work into their own hands, or are having to borrow money in order to get vital dental treatment, but it also means that we are likely to have less nutritious diets and therefore weaker teeth. Compounding the issue with a lack of car ownership and poor public transport links, we become an isolated community struggling with basic health care provision. Some people are travelling to Castle Cary to access NHS dental work, but this is only accessible for those with use of a car. A local family have had to travel to Cirencester to get NHS dental services for their children! Another local person recently travelled to Turkey to get dental work she simply could not afford in this country. The need for NHS dentistry is increased further for children or for pregnant women, who should all be getting free dental care by default.

The fact is that failure to provide NHS dentistry is not only causing people enormous stress and unnecessary prolonged pain, as well as increased financial hardship, it is NOT COST EFFECTIVE for the NHS. Recently, a local person was hospitalised with sepsis due to an inability to access affordable dental work. Mouth cancer rates have been increasing in the UK, and the Oral Health Foundation reports that cases have more than tripled in the last 20 years. In England, mouth cancer cases have increased by 34% in the last decade, and the number of deaths from mouth cancer has also increased by 46%. Additionally, suspected oral cancer referrals to head and neck surgeons are generally higher from areas of socioeconomic deprivation where lifestyle risk factors like smoking and alcohol consumption are traditionally more prevalent and where current NHS dental provision is poorest ("dental deserts"). Referrals from dentists tend to result in earlier stage disease at diagnosis. The financial costs to the NHS from these expensive treatments surely make the failure to provide NHS dentistry a false economy? A potential short term saving which is costing hundreds of thousands of pounds in the long term.

A quick google on the NHS "find my nearest dentist" reveals out of date information. Vine surgery in Street have not had any NHS dentists working there for at least 18 months now and none of the mydentist practices in Somerset are currently taking on new patients. In an area where we have a large house building programme and a growing population, as well as a growing elderly population, this is neither acceptable nor sustainable.

The fact is that we desperately need NHS dentistry accessible locally and it is simply costing the NHS more money to maintain the current situation, as well as the stress and hardship being faced by people through literally no fault of their own.

WE NEED OUR NHS DENTAL PRACTICE BACK – WHEN IS THIS GOING TO HAPPEN?

I have started a petition with 140 signatures on already, which I anticipate will be quite extensive over the next few months. There are a large amount of people still smoking and with the inadequate dental care, there are concerns around the rise in mouth cancer."

114.4.1

Bernie Marden thanked Emma King for raising this important issue. NHS Somerset fully understand the significant challenges faced by residents of Somerset in accessing NHS dental services and appreciate the specific concerns outlined in Glastonbury. The current situation highlights systemic issues within NHS dentistry that require both national reform and a coordinated local response.

Since April 2023, responsibility for commissioning NHS dental services has been delegated to Integrated Care Boards (ICBs) like NHS Somerset. This shift enables greater flexibility to design and deliver dental services that meet the specific needs of local populations. At NHS Somerset, we are leveraging this opportunity to implement an extensive dental transformation programme aimed at addressing the barriers to accessible care and delivering innovative solutions. While there are no immediate plans to establish a new practice in Glastonbury,

NHS Somerset is actively exploring innovative models of care, including outreach services, to address current gaps. We are committed to ongoing collaboration with national and local partners to tackle the systemic challenges that impact service provision and to advocate for the contract reforms necessary to create a more equitable and effective system.

The current national contract supports a dental business model that does not give sufficient reward for taking on more challenging work such as is often seen in areas of deprivation. To help with this NHS Somerset is deploying local reimbursement models to incentivise more practices to take on stabilisation and complex restorative work. A stabilisation pathway supports patients needing comprehensive care, with two practices delivering 40 appointments weekly, which we are seeking to expand. An Urgent Care Plus pathway providing directly bookable slots from NHS 111/HUC is currently operating in 5 locations, providing 40 appointments weekly, which again we are seeking to expand.

In addition to contract reform, addressing workforce shortages is critical. Recruitment and retention of NHS dentists remains a significant challenge, both nationally and locally. Many practices struggle to attract dentists willing to work under the current NHS terms, resulting in long waiting times and limited availability of services. We recognise the hardship this causes, particularly in areas with low levels of car ownership and poor public transport links. Ensuring a sustainable NHS dental workforce will require not only contract reform but also improved incentives, training pathways, and support for practitioners. NHS Somerset has so far committed £300,000 under the NHS Dental Recruitment Incentive Scheme to attract more dentists to come and work in Somerset.

Preventative interventions and oral health education also play a key role in reducing the long-term demand for urgent dental care. Poor oral health is often exacerbated by socioeconomic factors, including limited access to nutritious diets and a higher prevalence of lifestyle risk factors such as smoking and alcohol consumption. Expanding local preventative initiatives, in collaboration with public health teams and community organisations, is a critical part of our approach. NHS Somerset is proud of the work that At Home Dental has provided on behalf of the ICB to implement supervised toothbrushing programmes in 118 primary schools across the county, supporting the oral health of over 6700 children in preschool, reception and year one classrooms.

We deeply value the feedback and concerns of the Glastonbury community. Your voices are a critical part of shaping the local response, and we remain steadfast in our commitment to addressing these challenges in Dental service provision.

Action ICB 114.5/24: Chief Medical Officer to arrange meeting with Emma King to continue dialogue around dental provision in Glastonbury.

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

“I understand that you have not received a copy of the letter from Dr Rashed as a Non-Executive Director [Mr Smith supplied Grahame Paine with a copy of the letter sent to the Chair from Dr Rashed]. Having listened to Rick and Ray’s questions and the answers, this is not a public debate - can I urge you to seriously consider having another public debate because this is lacking. In 2.6 of the report, it states that “The ICB has received further correspondence from a local clinician ...” and I believe this is referring to Dr Rashed? I do not think you should call him a ‘local clinician’. I run a Whatsapp group for people that want to be updated with what the ICB is thinking and doing and you have caused an awful lot of offence – he is a much loved, well respected, senior stroke consultant. He has an MBE, so ‘local clinician’ does not do him justice, please do not call him that again. If you need copies of any correspondence, please speak to me afterwards as I have it all.”

114.6 The Chair thanked members of the public for their questions and comments.

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 100b/24	26/09/2024	Chief Executive's Report: GP Provider Support Unit	Dr Andy Brooks and Dr Jon Dolman to be invited to a future Board meeting to provide an overview on the GP Provider Support Unit	Jonathan Higman/Julie Hutchings	27/09/2024: Item added to forward planner (date TBC). 23/01/2025: A discussion about the board development sessions is on the agenda for board members to review and discuss (Part B).	Ongoing	
ICB 114.5/24	28/11/2024	Public Questions	Chief Medical Officer to arrange meeting with Emma King to continue dialogue around dental provision in Glastonbury.	Bernie Marden			
ICB 123a//24	28/11/2024	Delegation of Specialised Commissioning from 1 April 2025	Further due diligence required to understand the financial impact of the delegated specialised commissioning portfolio (especially with mental health services moving into delegation) and how the ICB governance arrangements will need to be adapted to reflect the additional commissioning responsibility for specialist commissioning.	David McClay/Jade Renville	23/01/2025: Condition added to the readiness for delegation checklist to highlight the risk on mental health and future changes to the distance from target calculation, to ensure this is financially neutral to systems. Initial scoping has been undertaken in consider how we take commissioning decisions across the ICB portfolio and this will continue to be developed.	Ongoing	
ICB 128/24	28/11/2024	Integrated Board Assurance Dashboard and Exception Report from the System Assurance Forum	Consideration to be given as to how performance risks are more actively highlighted to the Board so that appropriate time is given for a strategic discussion at future Board meetings.	Jonathan Higman	22/01/2025 A new section has been added to the Chief Executive's Report to highlight current operational and performance risks for discussion early in the meeting. An elective care strategy, linked to the Elective reform plan is under development and will be brought to a future Board meeting for discussion once complete. Item added to forward planner (date TBC).	Ongoing	
ACTIONS CLOSED SINCE LAST MEETING							
ICB 105/24	26/09/2024	National PCN Pilot Programme Overview: 'Volunteering for Health' programme	Katherine Nolan to meet with Jonathan Higman, David McClay and Sukeina Kassam to review with an integrated neighbourhood team strategic approach, adopting a similar process used for expressions of interest and weighting and capability of PCNs.	Jonathan Higman/David McClay	22/11/2024: Meeting to be scheduled before Christmas. 17/01/2025: Following meetings with Jane Graham and a member of Sukeina Kassam's team, Sam Checkovage, 2 pilot areas have been agreed for the Volunteering for Health Programme: Frome and Rural Practice Network.	Complete	17/01/2025
ICB 108/24	26/09/2024	Key Meeting Reports: Primary Care Commissioning Committee	'GP workforce – general decrease' paper to be considered by Board once complete.	Bernie Marden/Julie Hutchings	27/09/2024: Item added to forward planner (date TBC). 22/01/2025: Item to come to March 2025 meeting.	Complete	22/01/2025
ICB 114.3/24	28/11/2024	Public Questions	Letter from Dr Rashed to be circulated to Board members.	Jonathan Higman	29/01/2025: Letter shared with Board members.	Complete	29/01/2025
ICB 119a/24	28/11/2024	Chief Executive's Report: Insightful Board	Insightful ICB Board guide to be considered at future Board meeting.	Jade Renville	22/01/2025: Paper being prepared for consideration at March meeting.	Complete	22/01/2025
ICB 119b/24	28/11/2024	Chief Executive's Report: Staff Survey Results and Action Plan	Staff survey results and action plan to be considered at future Board meeting.	Graham Atkins	09/01/2025: Item added to forward planner for March meeting.	Complete	09/01/2025
ICB 122/24	28/11/2024	Update on Intensive and Assertive Outreach Review (Community Mental Health Services)	Conversation to take place with commissioning teams about taking a commissioning for outcomes approach, and how the current service funding can be reprioritised to support this service improvement.	David McClay	17/01/2025: The intention is to prioritise actions with no financial cost to the system, looking to improve outcomes by doing so (making the most of harnessing/tweaking what we have). Progress will be monitored via the Friday MHALD programme board with reporting to NHSE expected in March and June.	Complete	17/01/2025
ICB 123b//24	28/11/2024	Delegation of Specialised Commissioning from 1 April 2025	Further due diligence to clarify the financial risks and mitigations, where clinical risk will be addressed and how the ICB governance arrangements will need to change to reflect the Collaborative Commissioning Hub, to be summarised into a paper for the Audit Committee, prior to coming to Board.	Alison Henly/Jade Renville	22/01/2025: Paper shared and tested with Chair of Audit Committee and to be considered at the January 2025 meeting.	Complete	22/01/2025
ICB 125/24	28/11/2024	State of the Voluntary, Community, Faith And Social Enterprise (VCFSE) Sector 2024	'The State of the VCFSE Sector: Lessons from the National Picture' report to be shared and a smaller group discussion convened to agree a set of principles.	Katherine Nolan/David McClay	17/01/2025: Report shared, lunch and learn session scheduled for 22/1/25 (90+ attendees booked), initial meeting scheduled between Katherine Nolan, David McClay, Alison Rowsell and Chris Phillips (22/1/25) to discuss process for agreeing a set of shared commissioning principles	Complete	17/01/2025