

## Report to the NHS Somerset Integrated Care Board on 28 September 2023

<b>Title: Minutes of the ICB Board Meeting held on 27 July 2023</b>	<b>Enclosure B</b>
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Version Number / Status:	N/A
Executive Lead	Jonathan Higman, Chief Executive
Clinical Lead:	N/A
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### Summary and Purpose of Paper

The Minutes are a record of the meeting held on 27 July 2023. 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.

### Recommendations and next steps

The NHS Somerset ICB Board is asked to **Approve** the Minutes of the meeting held on 27 July 2023 and to confirm that the Chairman may sign them as a true and correct record.

### Impact Assessments – key issues identified

<b>Equality</b>	N/A			
<b>Quality</b>	N/A			
<b>Safeguarding</b>	N/A			
<b>Privacy</b>	N/A			
<b>Engagement</b>	There is lay representation on the ICB Board			
<b>Financial / Resource</b>	N/A			
<b>Governance or Legal</b>	The Minutes are the formal record of the meeting held on 27 July 2023.			
<b>Sustainability</b>	N/A			
<b>Risk Description</b>	N/A			
<b>Risk Rating</b>	Consequence	Likelihood	RAG Rating	GBAF Ref

Minutes of the Meeting of NHS Somerset Integrated Care Board (ICB) held at Wynford House, Yeovil, on **Thursday 27 July 2023**

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 Remuneration Committee; and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director (Chair of Quality Committee) (Virtual)
	Professor Trudi Grant Alison Henly	Director of Public Health Chief Finance Officer and Director of Performance
	Jonathan Higman Dr Bernie Marden Shelagh Meldrum Grahame Paine	Chief Executive Chief Medical Officer Chief Nursing Officer Non-Executive Director and Deputy Chair (Chair of Audit Committee)
Apologies:	Peter Lewis	Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)
	David McClay	Chief Officer for Strategy, Digital and Integration
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member)
In Attendance:	Charlotte Callen Dr Victoria Downing-Burn Dr Orla Dunn	Director of Communications and Engagement Director of Workforce Strategy Consultant in Public Health (for item ICB 071/23)
	Judith Goodchild Mel Lock	Healthwatch (Participant) Executive Director Adult Services and Lead Commissioner Adults & Health, Somerset Council (representing Duncan Sharkey)
	Professor Dan Meron	Chief Medical Officer, Somerset NHS Foundation Trust (representing Peter Lewis)
	Katherine Nolan	SPARK Somerset, VCSE sector (Participant) (for item 068/23 onwards)
	Jade Renville	Director of Corporate Affairs
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Lead Officer (not present)

### **ICB 057/23 WELCOME AND APOLOGIES FOR ABSENCE**

57.1 The Chair welcomed everyone to the meeting of the NHS Somerset Integrated Care Board (ICB).

Apologies were received as noted above.

### **ICB 058/23 REGISTER OF MEMBERS' INTERESTS**

58.1 The ICB Board received and noted the register of members' interests, which reflected the electronic database as at 20 July 2023.

### **ICB 059/23 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**

59.1 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.

Grahame Paine highlighted his role as Chair of Spark Somerset in relation to item 12 pertaining to the Memorandum of Understanding (MOU) between the Somerset Integrated Care Board (ICB), Somerset Council and the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) in Somerset. He has not however been involved in the creation of the MOU.

The quoracy of the meeting was confirmed.

**ICB 060/23 MENTAL HEALTH AND WELLBEING: CAMPAIGN RUN BY JOEL FOWLER**

60.1 Item deferred to a future meeting.

**ICB 061/23 PUBLIC QUESTIONS [\(PLEASE SEE APPENDIX 1\)](#)**

**ICB 062/23 CHAIR'S INTRODUCTION/REPORT**

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

- An acknowledgement that all partners in the county continue to be under operational pressure.
- Proactive dialogue has continued with Chairs regionally and nationally, together with close contact with leaders of the component parts of our system.
- The Chair participated in various meetings and events as follows:-
  - A development session with the South West Region for Chief Executives and Chairs.
  - The VCSFE Assembly which showcased the great work undertaken in local areas and highlighted that the ICB work on integrated care and neighbourhoods is going to be critical in how we deliver success in the future, with the voluntary sector being a key delivery partner.
  - The first informal meeting of the Somerset Board, the new joint Board between the Integrated Care Partnership and the Health and Wellbeing Board, where thought was given as to what it would be like in Somerset in 30 years and the need to achieve a good outcome for the future.
  - The Council of Governors meeting of Somerset NHS Foundation Trust where a presentation was made on system working and development, including ongoing engagement with governors.
  - A meeting with Non-Executive Directors of both the ICB and Somerset Council, to discuss effective system working to ensure we deliver the best for the population we serve.
  - The recruitment of new Non-Executive Directors at Somerset NHS Foundation Trust to replace three colleagues retiring shortly and thanks were expressed to Jan Hull, Kate Fallon and Barbara Gregory for the enormous effort they have made over the last ten years.
  - A discussion with members of the operations team regarding a patient story and potential opportunities for improvement.
  - The public presentation of the South West Social Mobility Commission's latest report about how we make the very best for the population we serve, again looking at this from a 30 year perspective.

## **ICB 063/23 MINUTES OF THE MEETING HELD ON 25 MAY 2023**

63.1 The minutes of the meeting held on 25 May 2023 were approved as a true and correct record.

## **ICB 064/23 MINUTES OF THE EXTRAORDINARY MEETING HELD ON 29 JUNE 2023**

64.1 The minutes of the extraordinary meeting held on 29 June 2023 were approved as a true and correct record.

64.2 The accompanying action schedule was reviewed. No updates were received.

## **ICB 065/23 CHIEF EXECUTIVE'S REPORT**

65.1 The Meeting received and noted the Chief Executive's report. The Chief Executive highlighted the following:

- The NHS long term workforce plan has been published and colleagues are identifying specific actions to be taken in Somerset. Further work is to take place around 'One Workforce'.
- South West Collaborative Commissioning Hub – there is active dialogue with other ICBs and the regional team to work through the details of this opportunity.
- Winter planning – a letter is expected today from NHS England setting out expectations for early planning.
- The homeless rough sleeper service received national recognition through an NHS Parliamentary Award.

65.2 There was particular discussion amongst Board members as follows:

- Why are we only achieving around 50% of early diagnosis of dementia and what the barriers are to improvement? Response: The true diagnosis rate is likely higher, but data quality issues and/or reluctance for a formal diagnosis without secondary care input impacts on this figure. Despite not being coded as specifically having dementia, people are still provided with access to the support services they need.
- Were there were any areas within the staff survey where the benchmarking score was low? Response: Employee responses are benchmarked against the national NHS average. Areas for improvement include embedding values and behaviours, engagement with senior leadership, embedding the staff voice and clearly translating the aims and objectives of the ICB into individual jobs. Given retention issues in Somerset, it is hoped to bring a pan-Somerset survey to the People Board and then ICB Board.

### **Action ICB 065/23: Pan-Somerset survey to come to a future ICB Board meeting**

Board members were encouraged to look at the model health system which draws particular themes from the staff survey and how that feeds into the Workforce Race Equality Standard (WRES).

## **ICB 066/23 INTEGRATED CARE STRATEGY (2023-2028)**

66.1 The Meeting received the Integrated Care Strategy (2023-2028). The Chief Executive highlighted the following:

- The Strategy sits with the Integrated Care Partnership and was discussed at the Extraordinary Part B Board meeting on 29 June 2023.
- The Strategy has now been published on the NHS Somerset and Somerset Council website and sets a clear direction of travel for Somerset around early intervention and prevention being at the heart of what we hope to achieve to support people to live well for longer in their communities.

- The Board is asked to formally adopt this as our Health and Care Strategy. The Strategy will evolve and develop as the Integrated Care Partnership starts to strengthen and focus on priorities.
- Consideration also needs to be given as to how we make sure this is considered through our partner boards.

**Action ICB 066/23: Liaise with partners to ensure that the Integrated Care Strategy is also adopted and recognised through their governance mechanisms**

66.2 The ICB Board **adopted** the Integrated Care Strategy (2023-2028).

**ICB 067/23 JOINT FORWARD PLAN (2023-2028)**

67.1 The Meeting received the Joint Forward Plan (2023-2028). The Chief Finance Officer and Director of Performance highlighted the following:

- All ICBs are required to publish a Joint Forward Plan (JFP) that meets the 17 legislative requirements set out by NHS England. The Somerset JFP is the initial delivery plan for the Integrated Care Strategy and has been co-developed with input from partners across the ICS.
- NHSE confirmed the plan meets the 17 legislative requirements and feedback was received on 22 June 2023
- The Plan was approved at the extraordinary ICB Board meeting on 29 June 2023 and was subsequently published on the ICB and Somerset Council website on the 30 June 2023.
- Work has started on translating the strategic aims within the strategy to strategic outcomes for the system; implementing a delivery framework which includes clearer delivery reporting lines; surfacing transformation work already underway within the system and aligning that with the new strategy delivery governance and confirming our transformation methodology across the system to ensure we have a single approach to Improvement tools.
- The financial content of the plan has been developed in line with current assumptions. The next phase is to develop a medium-term Financial Plan in line with NHSE requirements.

67.2 The Chief Executive advised that the Chief Officer for Strategy, Digital and Integration is currently working with partners through the Collaboration Forum to distil this into tangible priorities and actions, which will come back to a future Board meeting. There is an opportunity for some support to be provided through NHS Impact, in respect of how rapid improvement is carried out in a consistent way across the NHS, which we are considering as a system.

**Action ICB 067/23: Priorities and actions emanating from Collaboration Forum to come back for further discussion at a future Board meeting**

67.3 The ICB Board **noted** the Joint Forward Plan (2023-2028).

**ICB 068/23 POPULATION HEALTH TRANSFORMATION PROGRAMME**

68.1 The Meeting received a report relating to the Population Health Transformation Programme. Trudi Grant highlighted the following:

- One of the key aims of the Integrated Care Strategy is about improving health and tackling inequalities. This programme aims to achieve significant transformation across the whole system and population.
- There are seven workstreams within the programme. Enabling work has started, particularly around the data integration but also to progress work on

tackling inequalities and the health of our homeless population.

- A groundbreaking piece of work has been taken on board by Somerset NHS Foundation Trust around case finding for liver disease.
- The ICB Board is asked to support with some resources, discuss the recommendations within the report and also have a specific conversation around hypertension.

68.2 There was particular discussion amongst Board members as follows:

- Health and care clinical and professional leaders in Somerset, have agreed that hypertension is a key priority
- There are many thousands of people in Somerset unaware they are hypertensive. The cost of intervention, and then to support individuals to make lifestyle changes, is relatively low but the yield is high in preventing more serious complications. It will require the creation of capacity to prioritise delivery.
- The VCFSE sector have teams of people in communities who could support this work. It would be helpful to identify two or three priority issues over the coming years, which could inform the Spark strategy.
- The importance of cultural change was highlighted and more work is required with our workforce and the population to communicate and to start to emulate the behaviours that we need across our system.
- Reference was made to open mental health, where an eco-system of third sector small and large providers was created and a desire to see a similar 'open health' system in Somerset. Addiction, which has a huge impact on families, communities and our health and social care services, is another area on which we could make real inroads if tackled together.
- Further work is to be done around the structure of the programme around hypertension which we need to support and progress.
- With regard to the wider recommendations around prevention and population health management, there needs to be a further conversation at Board around how we resource this as we move forward within a challenged financial context.

68.3 The ICB Board **noted** the report and **endorsed** the proposal from the clinical and professional leaders within our system to produce the programme of work looking at addressing case finding and optimisation of hypertension as part of our winter planning.

**ICB 069/23 MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN SOMERSET INTEGRATED CARE BOARD (ICB), SOMERSET COUNCIL AND THE VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE SECTOR (VCFSE) IN SOMERSET**

69.1 The Meeting received the Memorandum of Understanding (MOU) between Somerset Integrated Care Board (ICB), Somerset Council and the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) in Somerset. Katherine Nolan highlighted the following:

- There is an expectation from NHS England that there is a MOU between the voluntary sector and the ICB. There is an aspiration to have a MOU also involving Somerset Council.
- The ICB Board meeting on 28 September will combine with the VCSE Assembly and SASP Somerset Moves Strategy Launch meeting to allow an opportunity for networking and formal signing of the MOU, involving voluntary sector organisations.

- Consideration then needs to be given as to what happens next and what the priorities are for the voluntary sector
- 69.2 Chris Phillips advised that work is taking place in the Council to align their decision-making processes to endorse this in line with the timeframe for September.
- 69.3 There was particular discussion amongst Board members as follows:
- It was recognised that this requires mutual trust; in the voluntary sector around delivering what is required and also in the statutory sector around the financial commitments.
  - The voluntary sector are a key delivery partner, with Spark helping to facilitate and co-ordinate.
  - Reference was made to the Joint Forward Plan and the need to look at our main priorities for the next five-year period and how we start to transform our services with the voluntary sector.
- 69.4 The Board **approved** the Memorandum of Understanding (MOU) between Somerset Integrated Care Board (ICB), Somerset Council and the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) in Somerset.

### **ICB 070/23 HEALTHWATCH SOMERSET ANNUAL REPORT 22/23**

- 70.1 The Meeting received the Healthwatch Somerset Annual Report 22/23. Judith Goodchild and the Director of Communications and Engagement highlighted the following:
- Healthwatch have grown through volunteers talking to them and now have a full Board, who represent Healthwatch on a range of committees and who can make sure the strategy and direction of travel is appropriate.
  - More can be learnt from good practice rather than where things are not working.
  - Healthwatch have had thousands of important conversations with people across our communities and the insight brought is invaluable. Healthwatch have also helped to develop the Integrated Care Strategy.
  - NHS Somerset are currently going through a process with the local authority to jointly re-commission Healthwatch.
- 70.2 There was particular discussion amongst Board members as follows:
- The case studies contained were very powerful and the issues people come and talk to Healthwatch about are wide-ranging. As Healthwatch are non-judgemental and independent, people find them easy to talk to.
  - Healthwatch try to focus on themes and although not everything will be dealt with each year, information is passed on to NHS Somerset or to the Primary Care Board. Alongside this, the work programme which aims to focus on three themes a year, is overseen by the Health and Wellbeing Board.
  - One of the reasons we are asking pharmacists to do more is to reduce pressure on primary care, however no additional funding is received and pharmacies are sometimes having to absorb additional costs for prescriptions, if unable to source these at the price in the 'green book'. Healthwatch can help to provide some impartial evaluation of the issues.
- 70.3 It was noted that the Healthwatch presence on the ICB Board is deliberate as we do not have Governors or other methods of having the public in the room and Healthwatch represent that voice, listening and bringing that knowledge, which is an important part of how this Board functions effectively.

70.4 The ICB Board **noted** the Healthwatch Somerset Annual Report 22/23.

**ICB 071/23 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2022/23 –  
CARDIOVASCULAR DISEASE**

71.1 The Meeting received the Annual Report of the Director of Public Health 2022/23 – Cardiovascular Disease. Trudi Grant and Orla Dunn highlighted the following:

- There is significant public health burden around cardiovascular disease. The vast majority of cardiovascular disease is entirely preventable but also sadly drives huge inequalities within health in our communities.
- Cardiovascular disease in Somerset accounts for about five deaths every day and with an ageing population and the fact that cardiovascular disease is generally a disease of older age, this will drive an increase in its prominence within the system.
- Somerset has an above average life expectancy but there is a gap between people who live in the most and least deprived parts of Somerset and people are spending a more years in unhealthy life than other parts of the country.
- The report looks at some of the wider determinants of cardiovascular disease such as where we live and work, our social networks and the weather.
- There are six recommendations included:-
  - Ensuring that healthy choices are the easiest and facilitate a healthy lifestyle for people
  - Encourage people to have responsibility and ownership for their own health – awareness of blood pressure and cholesterol levels and supporting them to make lifestyle changes ([www.grisk.org](http://www.grisk.org))
  - Work on levels of smoking in Somerset
  - Catching cardiovascular disease
  - Treatment delivery
  - Monitor outcome of interventions on level of cardiovascular disease

71.2 There was particular discussion amongst Board members as follows:

- The inequality down the M5 and the connection to the road infrastructure and the fact that we see our more deprived communities in our larger urban areas.
- Why our smoking rates are higher and what we can do to reduce this and how ambitious we can be. It was noted that whilst huge progress was made many years ago, this then levelled out considerably and just over 14% of our population are currently smokers. Our overall prevalence will not come down significantly until we have tackled the high prevalence in particular groups of the population with a change of tactics.
- The good work published in the North East about hospital work was noted, which support the hospital's bed problems, as every smoker on average spent two more days in hospital – is there any more we could do with that group when they are in hospital? It was noted that the hospital work is progressing well and providing a new avenue of people who are able to come through and access longer term support to stop smoking.

Vaping is an area of concern as this seems to have been supported as a way of weaning people off from cigarettes but there is more evidence around the dangers of vaping, particularly for children. Whilst vaping is a useful tool to be used for current smokers, it is otherwise discouraged. Work is being carried out through the schools programme and also training for supporting that messaging. Vaping has turned into a gateway 'drug' for nicotine for young people and the messaging to the public around vaping is confusing and enticing for children.



- Spark have a Community Connector Coordinator starting next week, who is a former nurse, who has done a lot of work around population health and will be funded by public health. The map and report demonstrate that there are some areas geographically and in terms of themes, that require particular focus and Spark will link with Public Health about where best to focus efforts.
- Members asked if when we refer to remaining smokers, we are referring just to straight tobacco, or does this include cannabis and would this include younger users who would smoke a combination or just cannabis? It was noted that this would include cannabis but those users form a small part of the population and in general, there are higher levels of smoking in our younger age groups.

71.3 The Board **endorsed** the Annual Report of the Director of Public Health 2022/23 – Cardiovascular Disease.

**ICB 072/23 QUARTERLY CORPORATE RISK REGISTER/UPDATE ON PROGRESS WITH DEVELOPMENT OF STRATEGIC RISK ASSURANCE FRAMEWORK**

72.1 The Meeting received a report relating to the Quarterly Corporate Risk Register/Update on Progress with Development of Strategic Risk Assurance Framework. The Director of Corporate Affairs highlighted the following:

- There a number scored at 20 and above including those relating to sustainability in general practice, delayed discharges and dermatology. The theme around those scored ay 16 and above is around pressures in urgent and emergency care and access, cyber security and some specific risks relating to some services such as TP services and urgent dental care, as well as acknowledging the ICB new obligations around pharmacy, optometry and dentistry.
- In terms of those risks at 15 and above, there are a few relating to children’s services and access and also to specific requirements around prescribing medication.
- The report includes an update on the next stage about enhancing our maturity around managing the risks that we all face collectively as a system and the risks to meeting our strategic objectives. This follows the development session/workshop held in April 2023, the product from which will be an Assurance Framework held as a system. Since that meeting, discussions have taken place with partners to discuss risks across their sectors. The next iteration will be brought back in September.

72.2 There was particular discussion amongst Board members as follows:

- Thanks was expressed for the work in separation of risks amongst the committees.
- A query was raised as to why risk 476 – “a risk that patients depending on prescribed opioid medication are at risk of harm”, has not been reviewed since January. A conversation took place at Leadership Committee and it was recognised that a number of different agencies were involved in the risk and it had not sat with a single SRO, so this is being reviewed and updated.

72.3 The Board **noted** the report.

**ICB 073/23 FINANCIAL REPORT APRIL – MAY 2023**

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

- The Finance Report covers the period 1 April to 31 May 2023.

- The system submitted a balanced plan for 2023/24 both on an individual organisation and system basis. Against this plan, there is an overspend of £547,000 to the end of May. This relates to the cost and loss of income due to industrial activities carried out during this period and an under delivery against the expected cost improvement savings at this point in the year.
- At this point, the report only reflects the position of the NHS which only represents part of the ICS position, however it is hoped to include information for Somerset Council for the September meeting.
- It is anticipated that NHS Somerset will deliver a breakeven position for the end of this financial year.
- The report highlights that the agency control limit has been breached by £1.7m, which is a significant focus for the system. The report also highlights that there are a number of risks which could materialise, the most significant currently being the cost of medicines which is being driven up by market price increases and national drug shortages.

73.2 The Board **received and noted** the Finance Report for Month 2.

**ICB 074/23 SYSTEM ASSURANCE FORUM FEEDBACK: INTEGRATED BOARD ASSURANCE EXCEPTION REPORT (IBAR)**

74.1 The Meeting received the IBAR Exception Report for the period 1 April 2023 – 31 May 2023. The Chief Finance Officer and Director of Performance highlighted the following:

**Urgent Care**

Pressures on urgent care performance indicators continue as follows:

- The speed to answer calls and the number of calls abandoned in the 111 service are lower than desired. Recruitment into the service is currently taking place with the expectation that this will be completed by September.
- There remains a significant reduction in the number of ambulance handover delays with Somerset remaining the lowest in the South West. Despite this, there are still challenges against the Category 1 and 2 ambulance response times. Proactive work programmes are supporting alternative pathways for people needing urgent support. The South West Ambulance Service (SWAST) has received additional funding to improve the number of ambulances available and increase workforce to improve performance ahead of the winter period.
- The percentage bed occupancy level in our acute hospitals remains high with Somerset NHS Foundation Trust and Somerset Council progressing schemes to support people in their own homes.

**Elective Care**

There continues to be significant focus on the treatment of long waiting patients.

- The number of people waiting over 78 and 104 weeks continues to reduce. In addition, the number waiting over 65 weeks also continues to reduce and is below the planning assumptions.
- A deep dive took place on cancer performance and cancer waiting time performance continues to be challenged across all cancer pathways, although there was an improvement in the suspected two week wait performance. The key drivers on the performance relate to an increase in demand and workforce challenges with actions being taken to improve performance being outlined in the report.

- The impact of the dermatology transformation change was noted on cancer performance and this will be a major focus of the next meeting.

## People

There was an update from People Board and the link between our recruitment programme, agency use and money will be another major item on the agenda.

74.2

There was particular discussion amongst Board members as follows:

- One area of national focus is around ambulance trust performance. There are some concerns around resourcing into Somerset, relative to the rest of the South West, so active conversations are taking place not only to try and improve performance with SWAST. Moving forwards, there is a Development Lead Commissioner model for emergency ambulance services with Dorset and we need to ensure that local issues are reflected there.
- With regards to the graph relating to patients diagnosed with cancer receiving their first treatment following referral, whilst this seemed to improve over the three months between February and May, it now seems to be on a downward trend – are there specific drivers for that as this is a concern if the trend continues? With regards to the 62 day standard (made up of a combination of the 28 day diagnosis standard and then the 31 days), there were a number of patients who had waited longer than 62 days and those numbers are now reducing. As we reduce the number of patients, the performance then starts to dip and as that backlog reduces, we will start to see the performance improve again.
- Why we are still only showing percentages generally and are not setting out what this means for numbers of patients. It was highlighted that the 31 day wait remains low after two years. There were approximately 185 patients who were over the 62 day wait which is now down to just below 140, which is why the performance has reduced. This will improve as the backlog is cleared, however this remains an area of focus.
- The report aims to achieve a balance in terms of performance against targets as well as the number of patients, however The Chief Finance Officer and Director of Performance will review this in more detail with Grahame Paine, as a lot of detail comes to the System Assurance Framework (SAF) meeting.

**Action ICB 074/23: The Chief Finance Officer and Director of Performance and Grahame Paine will meet and review data in more detail**

## ICB 075/23 KEY MEETING REPORTS

75.1

The Chairs of the key Board and Joint Committees provided written and/or verbal reports of the most recent meetings, as follows:

- Finance Committee: last met on 20 July 2023 and had an in depth look at the expenditure for continuing healthcare. Alongside the routine consideration of procurements of ongoing contract renewal or extension, a review is being carried out of all our contracts (more than 400). A further important area of focus is the cost improvement emphasis and agency spend and whilst that is visible in the Foundation Trust, this is less visible in terms of primary care. The medium-term financial planning is the main item on the agenda for the next meeting, with a view to also including the Councils' medium term financial plan as part of that process.
- Audit Committee: last extraordinary meeting to receive and approve the annual accounts was held on 27 June 2023 (report attached).
- Quality and Safety Committee: last met on 28 June 2023 and received the looked after children dental deep dive. The meeting also reviewed the maternity and neonatal three year plan, virtual ward governance, HUC

reporting, dermatology harm review, continuing healthcare and the complaints model for primary, ophthalmology and dentistry. Risks were reviewed around continuing healthcare, the fast-track conversion rate and the armed forces covenant. It was noted that Somerset ICB are the only ICB in the region to reach the Covid vaccination target for care homes. The Committee also discussed excess deaths in Somerset. An extraordinary meeting was also held with Board members on 6 July 2023 to review the annual reports, as detailed within the report.

There was particular discussion amongst Board members as follows:

- Whether there were any lessons or outcomes the Board needed to be aware of arising from the dermatology harm review? Response: The review identified very low numbers. Under duty of candour, families have been informed. This was a very specific harm review around the people on the waiting lists with learning including: ongoing elective waiting lists recovery, transport issues and the reasons why people cannot get to the appointments, which will help inform how we are looking at the new service that we are developing for dermatology.
- It was recognised that the vaccination programme's success for Somerset was helped by the voluntary sector.
- Primary Care Commissioning Committee – last met on 6 June 2023 and discussed the GP access update, the Primary Care Strategy and the Dunster and Porlock closure list application. The meeting reflected on the Committee Terms of Reference, purpose of the Committee and ways of working. There was one new risk identified which was a risk to the service delivery for patients referred to the special allocation scheme.

It was noted that with reference to the issues in Minehead, Healthwatch had been asked to run some patient focus groups in line with the PPGs for the surgery, to help alleviate some of the patients' frustration.

- People Board: no meeting has been held since the last ICB Board meeting, however the next meeting will be taking place on 16 August and the national long term workforce plan will be a key area of discussion, along with how our own ICS workforce plan links with that.
- Children, Young People and Families: the ICS Partnership Board, co-chaired by the Chief Nursing Officer and Claire Winter, Deputy Director of Children's Services, last met on 18 July 2023. The meeting received an update around the work on the Somerset Children and Young People's Plan and a presentation around the holiday activities and food programme. Discussion took place around the priorities for the Board, the early help work that is being expanded, the Children and Young People's Plan, SEND and how to work better with education. Two of the priorities chosen by the Board were self-harm and the transition from children and young people's services into adult services.

It was highlighted that a Healthwatch representative previously attended the SEND Improvement Board, however Healthwatch are no longer invited to any meetings. The Chief Nursing Officer welcomed Healthwatch to attend the Children, Young People and Families Board.

**Action ICB 075/23: Chief Nursing Officer to ensure that Healthwatch are invited to attend the Children, Young People and Families Board meetings**

**Action ICB 075/23: Key Meeting reports to be split into Board Committee Reports and Joint Committee Reports for future meetings**

## **ICB 076/23 ANY OTHER BUSINESS**

76.1

The Chair advised that the Somerset ICB Marketplace and AGM is being held at Bridgwater and Taunton College (Taunton campus) from 4.00 pm – 7.00 pm

on Monday 18 September 2023 and that Somerset NHS Foundation Trust's AGM will be taking place on the afternoon of Wednesday 20 September 2023.

**ICB 077/23    CLOSE AND DATE OF NEXT MEETING**

77.1            28 September 2023, at Somerset County Cricket Club, Taunton.

Chairman:

Date:

## APPENDIX 1

### ICB 061/23 PUBLIC QUESTIONS

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

“With the announcement of the closure of the Boots store and its pharmacy on Glastonbury High Street, which is due to take place on 13<sup>th</sup> October 2023, residents and visitors to the town are gravely concerned about the gaping hole this will leave in our town’s pharmacy provision.

We have a growing population, with a large new housing estate currently being built, and, with the closure of the pharmacy in Tesco, we are being left with only one pharmacy, Knights on Feversham Lane. This pharmacy is already overworked and will fail to cope with the extra workload from this closure, leaving our town with a potential risk to patients.

Can the ICB give the Glastonbury community assurance that this matter is being addressed and that we will be able to maintain a good level of service to support the needs of our population in a safe way?”

61.1.1 The Chief Medical Officer thanked Emma King for her question and provided assurance that NHS Somerset is actively engaged in addressing the concerns raised by the Glastonbury community. The Commissioning Hub team, which supports the delegated function of Pharmacy commissioning, is playing a key role in this process. Recognising that pharmacy services are vital to the wellbeing of the local population, the team is working closely with the remaining pharmacy, Knights, to ensure it is fully supported in delivering services safely, including exploring ways to enhance their capacity and resources, as well as providing the necessary guidance and assistance to manage the potential increase in patient demand.

In addition to supporting existing providers, NHS Somerset is actively seeking market interest to encourage new pharmacy providers to establish a presence in Glastonbury, with the aim of ensuring that the community’s pharmacy needs are met adequately.

NHS Somerset encourages the Glastonbury community to stay engaged in this process by continuing to provide valuable feedback. NHS Somerset will keep Emma King informed as the situation develops.

#### 61.2 From Laura Evans-Hughes, Member of the Public:

“What funding does Somerset NHS have for same sex couples? And what is the process to get funding? I have seen two Dr’s at my local GP but none are aware of any process or what is available on the NHS.

I am aware that other ICB’s say that you should self fund 6-12 rounds of IUI or IVF. This can cost £25k-£40k, this feels somewhat discriminatory and ignorant.

Please can you let me know what the rules are for this and for them to be openly accessible for the public and aware so that Dr’s surgeries are aware”

61.2.1 The Chief Medical Officer apologised for it proving difficult to navigate accessing the services required and the need to ensure that all those involved in delivering our services understand what it is that we can do.

There is also an opportunity for the population in Somerset to be referred to Bath Fertility Centre, who are our fertility provider and this is open to all. We do have funded support, in particular, we should recognise that people in same sex relationships may need to access unstimulated intrauterine inseminations (IUI) as part of their care and our policy specifically states that this option must be considered and offered where appropriate. This is for up to six initial IUI and with further access to an additional three if there is a clinical indication for that. As per all individuals who are part of accessing fertility services in Somerset, currently one cycle of IVF is funded.

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**Action ICB 061/23: Review communications and ensure there is clarity about our policy and liaise with partners to ensure that this is adopted and recognised through their governance mechanisms**

61.2.2 Berge Balian asked if the rules in relation to the number of IUIs and IVF are equivalent for same sex couples as they are for heterosexual couples.

The Chief Medical Officer advised that the rules are the same and this is based on what the needs are.

61.3 **From Liz Browne, Serving Practice Nurse, Parish Councillor and Member of the Public (in attendance):**

"I speak for many Bridgwater residents deeply concerned about local health and social care service provision both currently and future, bearing in mind the level of population increases generated by major developments in and around the town.

In East Bridgwater alone, there are at least 800 new homes which have been granted permission and it is likely that another 750 new dwellings will be approved within the same locality. Meanwhile the NHS has not requested any contributions from developers to cope with the impacts from these separate developments, even though primary care services are already under full stretch.

We recently received a freedom of information (FOI) request response:-

If the threshold trigger for developer contributions is 20 dwellings, why have no contributions been requested by the NHS for individual developments totalling 1540 new dwellings. *This has not been answered by the FOI response.*

How actively engaged have the ICB been in the current local plan? It was stated that they will be in the next local plan, what about the current local plan which runs to 2032? *The NHS ICB was not a statutory consultee for 260 houses already in construction within the locality.*

Why isn't service provision for projected population growth for proposed new developments within the local plan being considered by the NHS? Can you help us to understand the contradiction when it is stated in the FOI request response that "forecast population increases from combined housing developments are considered in NHS service planning". Yet, within the same response, it is declared that it is "not possible to request mitigation based on aggregated impacts of developments on health provision". Why is this? In this regard, how is it possible to assess how much money will be needed to cope with such population increase. Also, why has only £13,000 out of a total of £4,000,000 been requested by NHS Somerset for Bridgwater when the Town will have to withstand the greatest impacts of development in the County. *This question was also disregarded by the FOI response.*

The NHS has resolutely defined infrastructure capacity to only evaluate estates floor space and does not reflect the pressures GP surgeries are facing in Bridgwater. Other factors namely occupancy rates, expected population increase and current patient list sizes are stated to be incorporated into the evaluation to provide a "robust evidence-based method of calculating contributions needed". Please provide evidence that these factors have been measured and documented. *An FOI request on workforce projections and current GP patient ratios also remained ignored and unanswered by the FOI response.*

Where is the evidence that local NHS has a strategy for coping with this level of population expansion? Is this consultation publicly accessible? Why has this responsibility been sub-contracted to an NHS Trust which is out of area? Please share the formula applied when permission is granted to calculate 106 contributions, which considers other practical aspects of a functioning primary care service. Finally, is this information accessible and transparent to the

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public and if it is, please provide the details on how and where this may be accessed.”

61.3.1 The Director of Corporate Affairs apologised that the FOI response did not meet the level of detail needed and asked if Liz Browne would be willing to share contact details, to enable us to facilitate a meeting involving some of the experts in the field which would provide an opportunity for this to be discussed in more detail, with the option to invite others along to that meeting.

**Action ICB 061/23: Meeting to be convened between Liz Browne and colleagues to discuss Section 106 contributions**

61.3.2 Liz Browne commented on the application for 530 dwellings that was granted permission in February. This was deferred due to concerns regarding NHS capacity and it is because this definition of capacity does not reflect the real pressures that GP surgeries are going to be under due to the extensive amount of new patients that these developments will generate and this needs to be properly considered.

61.3.3 The Chair commented that this was a critical question, not unfortunately limited to Somerset as homes are desperate, so there is a balance to be struck.

The Chief Executive thanked Liz Browne for raising the question as from an NHS perspective, this has not been done well in the past and we want to resolve that. A meeting would be helpful, conscious of the level of development taking place, particularly in the Bridgwater area.

61.3.4 Grahame Paine commented that as this links with the strategic thoughts about what we will do within Somerset in the next 30 years, it would be helpful to receive some feedback to better understand how we are going to plan in the future.

**Action ICB 061/23: Feedback/learning in relation to Section 106 contributions towards primary care provision to come back to Board**

61.3.5 The Chair reflected on the Somerset Board and the relationship between the NHS, local authority and voluntary sector. Recent conversations at Somerset Board have included discussion around the live issue of looking forward 30 years in Somerset and how we ensure it is a great place to live.



**ICB ACTION/DECISION LOG**

**Committee Name: ICB Board**

<b>Item No or Type (Action/Decision/Issue/Risk)</b>	<b>Date Raised</b>	<b>Item</b>	<b>Decision/Actions/Comment</b>	<b>Lead</b>	<b>Update</b>	<b>Status (Complete/Ongoing/Approved/Endorsed)</b>	<b>Date Action Closed</b>
ICB 027/23	30.03.23	Integrated Board Assurance Exception Report (IBAR): cancer first definitive treatment within 62 days figure	It was suggested that a deep dive be carried out to really question where our population are sitting in waiting lists elsewhere. Bernie Marden agreed that this is a really important issue and would welcome a more detailed understanding of what sits beneath that figure.	Alison Rowswell	Patients who are on the cancer waiting list would be included within the WLMDS and would be priority 2 and have a cancer flag. We have not tested the accuracy of this as would only be able to reconcile to the >62 day PTL. This patient cohort could also be non-cancer patients who need to be treated urgently, so again would not provide an accurate view. This resource is on a Provider basis only and does not allow accurate reporting at a commissioner level due to attribution of the responsible ICB (ie specialist commissioning). In terms of cancer waiting lists (Cancer PTL) and those patients waiting in excess of 62 days for treatment, again we only have Trust-wide visibility and it is not broken down by commissioner. The only point of access would be via the Acute Providers (ie reported from Somerset Cancer Register) but this would not cover the whole Somerset population. Another way of looking at this could be for the Board to have visibility of the volume of patients being reported by the 10 different cancer pathways as we are able to report Somerset activity and performance by Provider. For instance 62 Day cancer treatment we could reference which Providers our patients were seen at alongside the overall commissioner performance.  25/05/2023: This is being investigated, with an update to come back in due course, however work is not yet complete.  21/09/2023: Deep dive was undertaken and presented to SAF.	Complete	21/09/2023
ICB 039/23	25.05.23	Primary Care Strategy	Strategy map to be produced showing how the Integrated Care Strategy and Joint Forward Plan link together	David McClay	21/09/2023: Strategy map will be included within the ICB Operating Model slide deck - further detail to be added once Objectives confirmed. This will be discussed in the Sept Development Session	Complete	21/09/2023
ICB 039/23	25.05.23	Primary Care Strategy	Detailed discussions around investment into this strategy to take place at a Part B meeting prior to October.	Bernie Marden/Michael Bainbridge	21/09/2023: Deadline extended to end of October.	Ongoing	
ICB 042/23	25.05.23	Quarterly Corporate Risk Register	Liaise with risk owner to ensure that risk 327 (in relation to liberty protection safeguards) is updated accordingly	Kevin Caldwell	02/06/2023: Risk 327 reviewed and updated by risk owner and handler, subsequently closed	Complete	27/07/2023
ICB 042/23	25.05.23	Quarterly Corporate Risk Register	Liaise with risk owner to ensure that risk 48 (in relation to GP prescribing budgets) is updated accordingly	Kevin Caldwell	07/07/2023: Risk 38 reviewed and updated by risk owner and handler with specific in depth review by Finance Committee	Complete	27/07/2023
ICB 042/23	25.05.23	Quarterly Corporate Risk Register	Risk review date to be included in the appendix for future iterations	Kevin Caldwell	27/07/2023: Date risk last reviewed included in appendix section of report from July 2023	Complete	27/07/2023
ICB 042/23	25.05.23	Quarterly Corporate Risk Register	Summary report to clarify whether the rating is in relation to the likelihood of occurrence or the consequence of occurrence, also to review how risks are articulated	Kevin Caldwell	27/07/2023: Likelihood and consequence included in cover paper from July 2023. Reviews of risk title and descriptions has taken place with risk owners and handlers to ensure a consistent approach.	Complete	27/07/2023
ICB 065/23	27.07.23	Chief Executive's Report - Staff Survey	Pan-Somerset survey to come to a future ICB Board meeting	Victoria Downing-Burn			
ICB 066/23	27.07.23	Integrated Care Strategy (2023-2028)	Liaise with partners to ensure that the Integrated Care Strategy is also adopted and recognised through their governance mechanisms	Jonathan Higman			
ICB 067/23	27.07.23	Joint Forward Plan (2023-2028)	Priorities and actions emanating from Collaboration Forum to come back for further discussion at a future Board meeting	David McClay	21/09/2023: Priorities workshop being held 22 Sept - output will be discussed at the Sept development session.	Complete	21/09/2023
ICB 074/23	27.07.23	System Assurance Forum Feedback: Integrated Board Assurance Exception Report (IBAR)	The Chief Finance Officer and Director of Performance and Grahame Paine will meet and review data in more detail	Alison Henly/Grahame Paine	21/09/2023: Meeting took place with Michelle Skills on 09/08/2023, at which a range of reporting opportunities were discussed, many of which may be adopted as reporting develops further.	Complete	21/09/2023
ICB 075/23	27.07.23	Key Meeting Reports: Children, Young People and Families	Chief Nursing Officer to ensure that Healthwatch are invited to attend the Children, Young People and Families Board meetings	Shelagh Meldrum	21/09/2023: Meetings currently being diarised with Healthwatch invited	Complete	21/09/2023
ICB 075/23	27.07.23	Key Meeting Reports	Key Meeting reports to be split into Board Committee Reports and Joint Committee Reports for future meetings	Julie Hutchings	01/08/2023: Agenda template updated accordingly	Complete	01/08/2023

