

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: B
DATE OF MEETING:	27 March 2025	
REPORT TITLE:	Minutes of the ICB Board Meeting held on 30 January 2025 and accompanying Action Schedule	
REPORT AUTHOR:	Julie Hutchings, Board Secretary and Corporate Governance Manager	
EXECUTIVE SPONSOR:	Jonathan Higman, Chief Executive	
PRESENTED BY:	Paul von der Heyde, Chair	

PURPOSE	DESCRIPTION	SELECT
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	<input checked="" type="checkbox"/>
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	<input type="checkbox"/>
Discuss	To discuss, in depth, a report noting its implications	<input type="checkbox"/>
Note	To note, without the need for discussion	<input type="checkbox"/>
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	<input type="checkbox"/>

LINKS TO STRATEGIC OBJECTIVES (Please select any which are impacted on / relevant to this paper)	
<input checked="" type="checkbox"/> Objective 1: Improve the health and wellbeing of the population	
<input checked="" type="checkbox"/> Objective 2: Reduce inequalities	
<input checked="" type="checkbox"/> Objective 3: Provide the best care and support to children and adults	
<input checked="" type="checkbox"/> Objective 4: Strengthen care and support in local communities	
<input checked="" type="checkbox"/> Objective 5: Respond well to complex needs	
<input checked="" type="checkbox"/> Objective 6: Enable broader social and economic development	
<input checked="" type="checkbox"/> Objective 7: Enhance productivity and value for money	

PREVIOUS CONSIDERATION / ENGAGEMENT
N/A

REPORT TO COMMITTEE / BOARD
<p>The Minutes are a record of the meeting held on 30 January 2025. They are presented to the ICB Board, together with the accompanying Action Schedule, and are published in the public domain through the NHS Somerset website, to provide clarity and transparency about the discussions and decisions made, and to ensure the principles of good governance are upheld.</p> <p>The NHS Somerset ICB Board is asked to Approve the Minutes of the meeting and accompanying Action Schedule and to confirm that the Chairman may sign the Minutes as a true and correct record.</p>

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	N/A
Quality	N/A
Safeguarding	N/A
Financial/Resource/ Value for Money	N/A
Sustainability	N/A
Governance/Legal/ Privacy	The Minutes are the formal record of the meeting and are presented together with the accompanying Action Schedule.
Confidentiality	N/A
Risk Description	N/A

Minutes of the **Meeting of NHS Somerset Integrated Care Board (ICB)** held at **Wynford House, Yeovil**, on **Thursday 30 January 2025**

Present:	Paul von der Heyde Suresh Ariaratnam	Chair Non-Executive Director (Chair of Primary Care Commissioning Committee)
	Dr Berge Balian	Primary Care Partner Member (for items ICB 001/25 to ICB 015/25)
	Christopher Foster	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)
	Alison Henly	Chief Finance Officer and Director of Performance and Contracting
	Jonathan Higman	Chief Executive
	Peter Lewis	Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)
	Dr Bernie Marden	Chief Medical Officer
	Shelagh Meldrum	Chief Nursing Officer and Director of Operations
	Grahame Paine	Non-Executive Director (Chair of Audit Committee)
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member)
Apologies:	Charlotte Callen	Executive Director of Communications, Engagement and Marketing (Participant)
In Attendance:	Graham Atkins	Chief People Officer (Participant)
	Alison Bell	Interim Director of Public Health (Participant)
	Luke Best	Primary Care Manager (for item ICB 011/25)
	Sam Checkovage	Primary Care Commissioning Manager (for item ICB 011/25)
	Judith Goodchild	Healthwatch (Participant)
	Sophie Hardesty	Head of Information Security & Compliance (for item ICB 014/25) (Virtual)
	Sukeina Kassam	Director of Primary Care (for items ICB 010/25 to ICB 011/25)
	Lucie Laker	Head of Information Security & Compliance (for item ICB 015/25)
	David McClay	Chief Officer for Strategy, Digital and Integration (Participant)
	Katherine Nolan	SPARK Somerset, VCSE sector (Participant)
	Jade Renville	Executive Director of Corporate Services and Affairs, NHS Somerset and Somerset NHS Foundation Trust (Participant)
	Richard Schofield	Director of System Coordination & NHS Greener South West Senior Responsible Officer (SW SRO) (Virtual)
	Teri Underwood	Armed Forces Community Lead (for item ICB 009/25)
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Manager

ICB 001/25 WELCOME AND APOLOGIES FOR ABSENCE

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

ICB 002/25 PUBLIC QUESTIONS [\(PLEASE SEE APPENDIX 1\)](#)

ICB 003/25 REGISTER OF MEMBERS' INTERESTS

- 3.1 The ICB Board received and noted the register of members' interests, which reflected the position as at 23 January 2025.

ICB 004/25 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

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

ICB 005/25 MINUTES OF THE MEETING HELD ON 28 NOVEMBER 2024

- 5.1 The minutes of the meeting held on 28 November 2024 were **approved subject to the following amendment:**

Grahame Paine requested that minute ICB 128/24 be updated to more accurately reflect the discussion on elective care waiting lists. He felt the current action did not capture the full conversation and proposed including more detail as follows:

"Despite work to reduce long term waiters on our waiting lists, a question about whether enough progress is being made to reduce the overall waiting list and ensure the Board is appraised of the impacts on our waiting populations, that those impacts are well understood and strategies for reduction are implemented and measured. Additionally, consideration should be given to how performance risks are more actively highlighted to the Board, to enable strategic discussion."

This issue will be revisited at a future meeting, with a focus on reviewing the elective reform plan through the lens of inequality and future plans.

- 5.2 The action schedule was reviewed and updates noted.

ICB 006/25 CHAIR'S INTRODUCTION/REPORT

- 6.1 The Chair gave some introductory remarks, noting the following:

- Proactive dialogue has continued with chairs regionally and nationally, together with leaders and partners across our system.
- The acknowledgement of an exceptional period, although it was recognised that much of the pressure has been an exacerbation of what has been becoming the new norm and the importance of kind and compassionate care.
- Professor Trudi Grant stepped down from her role as Executive Director of Public and Population Health at the end of December 2024 and thanks were expressed for her valuable contribution to the Board and her efforts on the prevention agenda. A warm welcome was extended to Alison Bell, recently appointed as Interim Director of Public Health.
- Virtual NHS Confederation meetings help maintain perspective and highlight the need for imaginative change management.
- The NHS annual review highlights that our combined efforts on integrated neighbourhoods will be critical to delivering the left shift.
- A meeting took place between non-executive directors (NEDs) and key Local Authority (LA) cabinet members, maintaining conversation between all those who influence the way forward.
- A warm welcome was extended to Rima Makarem, the new chair of Somerset NHS Foundation Trust (SFT), who brings a good understanding of system integration. Thanks were expressed to the outgoing Chair, Colin Drummond.
- Sessions with Integrated Care Partnership Chairs have taken place, providing insight into the challenges faced in alignment of the NHS and Local Government and ways of addressing them.

- Attendance at a joint meeting with partners in Dorset on the development of the new stroke services and their commitment and determination to deliver the best practical solutions possible.
- Participation in the staff event in December, where the enthusiasm and determination from those that work within the ICB, were evident.
- Ongoing inclusion work with the South West (SW) Inclusion Board, led by Jeff Farrar, Chair of Bristol, North Somerset and South Gloucestershire (BNSSG) ICB.
- Attendance of the SFT governors' meeting, where Professor Trudi Grant presented on population health, with insightful questions from governors.
- The Board development session on reporting before Christmas was helpful, with some of the benefits seen within papers presented today.
- Visited Spark Somerset to discuss assisting communities to help each other and own their own health, with support when required.
- Visited Glastonbury Festival Medical Services to discuss plans for mobile dentistry, linked to their health hubs and delivered to those otherwise less able to proactively engage with their own care.

6.2 There was particular discussion on the following:

- The need to continually strive for improvement.
- Public perception and understanding of the impact of demand.
- Stress can bring people to focus on activity, rather than on compassionate human interaction, so the importance of focusing on values was recognised.

ICB 007/25 CHIEF EXECUTIVE'S REPORT

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

SYSTEM PERFORMANCE OVERVIEW AND KEY ISSUES

- Data highlighted the impact of significant operational pressures over the Christmas and New Year period and the impact on key operational performance standards, most notably A&E waiting times and Category 2 ambulance response times. The improvement in recent weeks was noted.
- There was specific discussion around the need to improve vaccination rates next Winter as uptake from both the public and staff has been low. There is significant learning and more local flexibility in delivery would help.
- The progress in reducing long waiting times was noted but concern raised that the ICB takes a population view of the existing waiting list to ensure that plans to reduce waiting times do not exacerbate inequalities in the population.
- A webinar with the Secretary of State and Amanda Pritchard, Chief Executive of NHS England, provided headlines on the long-awaited planning guidance. Draft financial allocations were received last week and the team is assessing the implications for Somerset.
- The need to focus on prevention and the shift to more community-based care as plans are developed was highlighted. . Plans for the coming year should address both immediate pressures and prevention to improve overall population health and life expectancy.
- It was noted that responses to some issues are broader and long-term, urging continued adherence to our integrated care strategy.
- The need to reduce bureaucracy was highlighted to enable the necessary pace and scale of change to be achieved.

NATIONAL DEVELOPMENTS/POLICY

Plan for Social Care

- Whilst welcomed, the long timetable for development was highlighted as a concern. Setting a 10-year NHS plan without clarity on the future of social care is challenging.

National announcement on General Practice Funding

- Negotiations are ongoing, with an announcement expected next month. It was recognised that General Practice issues are both financial and resource-driven and additional workforce to provide extra activity will not be immediately available.
- Noting that further detail is awaited along with a national consultation, whether discussions have started with PCNs and practices in Somerset, however there is uncertainty about whether the funding is new or reallocated from other parts of the system. There is a need for reform alongside funding, with development of a locally enhanced scheme targeting specific areas like hypertension.

ICB 008/25 REVISED NHS SOMERSET INTEGRATED CARE BOARD (ICB) CONSTITUTION

- 8.1 The Board received the revised NHS Somerset Integrated Care Board (ICB) Constitution and Jade Renville highlighted the following:
- The ICB Board endorsed the submission of the revised Constitution to NHS England in September 2024. NHS England feedback was received before Christmas with a request for the following amendments:
 - Extend the Chair's tenure beyond 6 years subject to NHS England guidance.
 - General formatting and grammar updates.
 - To remove the specific job title for Public Health Expert for flexibility.
 - To reconsider the 75% quorum for Board meetings, to include specific roles. This has been changed to be a minimum of seven members, or six temporarily during vacancies or defects.
 - Request that all committees of the Board and sub-committees provide minutes to the Board for assurance which has not been implemented; assurance reports remain consistent with the model constitution and other ICB Boards.
 - In addition, the Public Health Expert on the Board has been amended to a Participant.
 - Following endorsement of the revised Constitution (Appendix 1) via email, the Board was asked to note the revised Constitution which will be submitted to NHS England for approval, noting one further small change as follows:
 - Clause in section 1.7.3 d) updated to read 3.7.2 instead of 3.6.2.
- 8.2 The Board **noted** the revised Constitution, which will be submitted to NHS England for approval.

ICB 009/25 FOCUS ON: ARMED FORCES – A COLLABORATIVE APPROACH *Objectives 1 and 2*

- 9.1 Shelagh Meldrum introduced Teri Underwood who provided a report on armed forces – a collaborative approach, highlighting the following:

- Efforts in the Armed Forces community are guided by the recent Somerset engagement exercise and report and regular interactions and feedback. The team ensures compliance with the Armed Forces Covenant and the nine commitments of "Healthcare for the Armed Forces Community: a forward view." Achievements include all GP practices being accredited as Veteran/Armed Forces friendly and appropriate coding of Veterans using systematized nomenclature of medicine clinical terms (SNOMED CT) codes.
- The establishment of a single point of contact and the opening of two Armed Forces hubs, along with Armed Forces link workers, have notably positively impacted the community. Collaboration with military bases such as 40 Commando Royal Marines and RNAS Yeovilton, as well as running a quarterly Armed Forces strategic forum, has bolstered this effort. Joint events with Somerset Council, like the Armed Forces Covenant conference, have also been recognised as good practice by NHS England.
- County-wide engagement has strengthened ties with regional groups, helping GP practices understand and address the geographic and demographic needs of this community. The Armed Forces outreach service (AFOS), has expanded to cover multiple locations and addresses social isolation through monthly drop-in sessions, fostering inclusion and targeted interventions.
- Collaboration with the voluntary, community, faith and social enterprise (VCFSE) sector has led to successful financial support bids. The team's work has been acknowledged nationally and locally, exemplified by the bronze and silver awards under the Defence Employer Recognition Scheme and their submission for the gold award. Continuous development of the Armed Forces programme aligns with ICB key aims and the NHS long-term plan.

9.2

Teri Underwood presented a patient story entitled 'Richard and Frank – benefits of collaborating across the health system as a whole'.

Frank's Story

- Frank, an army veteran living in Bridgwater, requires B12 injections every 10 weeks at his local doctor's surgery. Due to difficulties in booking timely appointments, he sometimes experiences delays, leading to mental health problems and isolation. After a recent delay, Frank attempted suicide. An armed forces link worker called John intervened, de-escalating the situation temporarily. When Frank's suicidal feelings returned, he sought support from John, who connected him with Teri for B12 self-administration training.
- Frank was registered with a new GP practice, which included his armed forces status and he received training for self-administering B12. This helped him regain control. A plan was put in place with specific speed dials on his phone for support if suicidal feelings returned. The case highlights the positive impact of armed forces link workers and the importance of having GPs accredited for armed forces care, emphasising prevention.

Richard's Story

- Richard, a 57-year-old army veteran, was an inpatient at Musgrove Park Hospital (MPH) and referred to the Defence Medical Welfare Service (DMWS) through another military charity. He faced complex issues, including a recent diagnosis of Motor Neurone Disease (MND), family problems, unsafe housing, safeguarding concerns, poor mental health, debt, and lack of support. Holly from DMWS made a full assessment on the same day he was admitted, raising safeguarding concerns immediately.
- Over the past 12 months, Richard's condition deteriorated, necessitating support and housing. Emotional support was provided during his six-week intensive rehabilitation and assistance was given with hospital appointments, multidisciplinary meetings, housing needs, hardship funds, debt management, and securing additional money for a care home placement. Richard received ongoing support from DMWS and an armed forces link worker, improving discharge planning, reducing anxiety and

stress, and enhancing his and his family's mental health. The collaborative efforts of the voluntary sector and statutory services significantly reduced Richard's isolation and loneliness.

9.3 There was discussion amongst Board members as follows:

- The importance of supporting veterans and their families was emphasised, with a focus on how voluntary and statutory sectors can work together to make a difference. The need for 24/7 support and avoiding duplication while spreading resources across the system was highlighted. Collaboration with armed forces charities and local authorities was noted as essential for providing comprehensive support.
- ICB HR policies are being updated to support volunteering, aligning with SFT and the LA for consistency.
- The nine-minute video summarising various initiatives was recommended for viewing, highlighting new opportunities and ongoing work (link provided within report).
- There is an opportunity for innovation by joining efforts across SFT and ICB to provide a more uniform service, supporting long-term plans, prevention agendas and faster hospital discharges.
- Upcoming statutory guidance on the armed forces covenant and new reporting systems for hospitals starting in April were mentioned.
- The need to discuss how to frame these initiatives within financial constraints was highlighted.

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

ICB 010/25 SOMERSET DENTAL RECOVERY WORKPLAN 2024/25: UPDATE AND OVERSIGHT ON OUTCOME MEASURES
Objectives 2 and 3

10.1 Bernie Marden introduced Sukeina Kassam who provided an update on the Somerset Dental Recovery Workplan 2024/25, highlighting the following:

- A further update is expected in March. Significant work was done in 2024 to establish a baseline and new recovery schemes have been added. Progress has been made on new patient units of dental activity (UDAs) and baselining new contracts. The team is liaising with contractors to understand delivery issues and economic challenges impacting UDA contracts. A support unit similar to the GP support unit is being established, and resilience packages for dental practices are being developed.
- Mobile dental vans are being repurposed as a mobile dental outreach programme targeting inequalities. Two open procurements in Chard and Crewkerne are progressing. Other projects include a stabilisation pilot, additional urgent care appointments and reviewing care pathways, with an integrated care contract already enacted with Smile Dental.
- Efforts are underway to rebaseline UDA contracts, develop orthodontic pathways and flexible commissioning. Recruitment efforts include internal recruitment and European graduates. A new dental clinical lead has been recruited to support projects and health inclusion initiatives. The primary care team has been restructured to allocate more resources to dental work.
- Further work includes revamping the Local Dental Committee (LDC) website, a new communications plan, a dental peer support programme, and digital referral pathways. Geographical Information System (GIS) mapping tools are being used to address inequalities.

10.2 There was discussion amongst Board members as follows:

- Current procurements are focused on priority areas, with a detailed pipeline to be presented in March.

- There was clarification on the new patient premium (NPP), which incentivises bringing patients back to NHS dentistry. Performance data will be shared in March. The importance of understanding the scale of need and the programme's target was emphasised, with a deeper dive into data planned for next time.
- The necessity of urgent care stabilisation services was questioned, considering the long-term recovery plan for dental services, which is expected to take three to five years. The urgent care pathway is managed through 111 and Smile Dental, with a focus on reviewing contracts and UDA rates.
- European recruitment was suggested. The team, despite being small and taking on additional responsibilities, is working on a dental transformation programme with the LDC, starting in February.
- The importance of relationships and support for NHS dentists was highlighted, noting the isolating nature of the role and the need for a collaborative approach to make meaningful gains.

Action ICB 010/25: Dental update to be provided at March meeting.

10.3 The Board **noted** the report.

ICB 011/25 RECOVERING ACCESS TO PRIMARY CARE
Objectives 3-5

11.1 Bernie Marden introduced Sukeina Kassam, Luke Best and Sam Checkovage who provided a report on recovering access to primary care, highlighting the following:

- The ICB Board reviewed the progress of the Recovery Access to Primary Care Programme in May 2024. This programme, launched in April 2023, is a two-year delivery plan set to conclude in March 2025, with detailed reports required twice yearly to the ICB Board. Key deliverables and associated risks, along with mitigating actions, were discussed during the meeting.
- The programme involves implementing modern general practices, improving the primary/secondary care interface, and enhancing the general practice improvement programme. However, it is noted that these national requirements do not fully address Somerset's specific challenges or reflect local ambitions for GP services.
- The ICB Board was asked to note the progress to date on national requirements and discuss the proposed direction for addressing local challenges beyond March 2025 and into 2025/26.

11.2 There was discussion amongst Board members as follows:

- Progress has been made in access, triage, and appointments, but there is a need to focus on quality metrics, including 111 access and accident and emergency (A&E) attendance. Patient feedback will soon provide insights into public satisfaction. There is a need for more demographic and geographic data to understand variations and prompt discussions. Data visibility and its use for change and improvement are crucial.
- The report highlights increased appointments since the pandemic, however access methods have changed, with a focus on triage and digital first. Improving IT literacy and public communication about GP services is essential. Workforce challenges include the need for more trainers and support for them as the number of trainees increases. The importance of data and quality improvement (QI) in practices was emphasised.
- Pharmacy services expansion is positive, but workforce and financial resilience issues remain. Primary care estate development is ongoing, with limited capital allocation. Collaboration with the national team is needed to address estate challenges. A QI element is included in next year's funding,

and a dashboard will be ready for all PCNs. Workforce strategy is being revamped, and a workshop will address current status and gaps.

- Digital transformation work needs better reporting, and the primary care strategy is being reviewed to include digital and estate aspects

11.3 The Board **noted** the report.

**ICB 012/25 SOMERSET SAFEGUARDING CHILDREN PARTNERSHP
ARRANGEMENTS
Objective 5**

12.1 Shelagh Meldrum provided a report on Somerset safeguarding children partnership arrangements, highlighting the following:

- The Somerset Safeguarding Children Partnership (SSCP) is led by Avon and Somerset Constabulary's Chief Constable, Somerset Council's Chief Executive and Somerset ICB's Chief Executive. These leaders meet biannually at regional level and annually at local level to set the strategic direction.
- Responsibilities are delegated to the SSCP Executive, which now includes an education representative. The SSCP Executive ensures effective information sharing, high-quality learning reviews, and multi-agency safeguarding training. Executive members provide leadership, oversee safeguarding performance data, ensure resource alignment, and manage the strategic plan and budget, with the chairing role rotating annually.
- Safeguarding tasks are delegated regionally based on Avon and Somerset Constabulary boundaries, but primary partners retain responsibility and accountability for safeguarding children and young people in Somerset.
- The relevant agencies under Section 11 of 'The Children Act' (2004) must ensure their functions and contracted services safeguard and promote children's welfare. These essential organisations are outlined in 'Working Together to Safeguard Children' (2023) and include services commissioned by safeguarding partners. Even when not named in relevant agency regulations, organisations and agencies should still collaborate with safeguarding partners, particularly if they have duties under Sections 10 and 11 of 'The Children Act' (2004).
- The Independent Scrutineer, appointed by safeguarding partners, examines the effectiveness and leadership of local partners. Governance structures are reviewed by the three key partners and through external inspections by Ofsted, CQC, and HMICFRS. Various reporting mechanisms, including audits and performance data, assess service effectiveness, with the Quality and Performance function analysing risks and trends to inform the Executive.

12.2 There was discussion amongst Board members as follows:

- The need to strengthen strategic partnerships at the senior level due to the Working Together 2023 Act. Avon and Somerset's wider footprint and local duties were noted. The system's complexity and historical arrangements require collective effort and assurance that everything is working effectively. The Joint Targeted Area Inspection (JTAI) report, indicated a lack of awareness of broader issues, necessitating a whole-system effort.
- A Cardiff University report on safeguarding children and homelessness was mentioned, raising concerns about children dying due to lack of permanent residence. Despite efforts, homelessness in Somerset has more than doubled in the past two years, indicating the need for increased efforts and scrutiny of homelessness as a contributing factor in statutory child death reviews.

12.3 The Board **noted** the report.

ICB 013/25 PRINCIPAL COMMISSIONER ROLE

13.1 Jonathan Higman and Alison Henly provided a report on the principal commissioner role, highlighting the following:

- The Somerset ICB Board is being asked to endorse a principal commissioner model for specialist commissioned services, following recommendations from the South West Joint Committee.
- The Board is to consider whether Somerset ICB will assume this role for the seven ICBs in the South West, pending further due diligence on governance, finance, and quality concerns, which is provided within the report.

13.2 There was discussion amongst Board members as follows:

- The importance of governance, finance, and quality, with an emphasis on ensuring the right level of resource transfer and clarity on risk-sharing. The Audit Committee has discussed this, but financial risks are acknowledged and will remain.
- The conditions needed to make sure the principal commissioner role was successfully delivered on behalf of the South West were discussed, which included:
 - Ensure both the right capacity and capability is transferred from NHSE into the hub
 - The risk shared agreement is agreed across the South West by 1 April 2025, to ensure the ICB is not exposed to any financial risk as a result of taking the principal commissioner role
 - A two-year review of the principal commissioner arrangement (and Somerset's role in this) is undertaken to ensure it is meeting the needs of the South West
- It was stressed not to lose sight of the responsibility for specialist commissioning. The paper is about the principal commissioner role, with a separate paper on delegated specialised commissioning to come in March. Clear leadership arrangements and creating a standalone part of the hub team for specialist commissioning were mentioned.

13.3 The Board **unanimously approved** the recommendation that Somerset ICB take on the role of principal commissioner on behalf of the seven ICBs in the South West from 1 April 2025 **subject to** ensuring the right level of resource transfer, clarity on risk-sharing and implementation of a two-year review point.

ICB 014/25 SOMERSET INTEGRATED CARE SYSTEM (ICS) CYBER SECURITY STRATEGY

14.1 David McClay introduced Sophie Hardesty who provided a report on the Somerset ICS Cyber Security Strategy, highlighting the following:

- The report details the vision, objectives and recommendations of the Somerset ICS Cyber Security Strategy. It is recommended that accountability for this strategy is accepted by all ICS partners, and that it is owned and signed off by the Somerset ICB Board. The strategy will ensure the ICS is compliant with the Network and Information Security (NIS) Regulations by prioritising the protection of the operation of its essential healthcare functions.
- This strategy will be supported by a delivery plan that will be developed and overseen by the Digital Delivery Group. The pace of delivery against the plan will be determined by the availability of resource. Board members are asked to note however, that robust cyber defences are a fundamental building block to our wider Digital, Data and Technology (DDaT) Strategy and support an approach that prioritises available resource to deliver this strategy. The prioritisation of funding will take place through the Digital

Delivery Group with updates to the Board on progress, risks and mitigations.

- The strategy has been written to be applicable to all system partners, although recognises that some aspects will only be relevant to organisations delivering healthcare services, and specifically those that are subject to NIS Regulations. However, as this strategy is aimed at reducing the likelihood of an organisation being subject to a cyber-attack, and thereby protecting patient services, it is hoped that this strategy sets the bar for what is expected of all ICS partner organisations.

14.2 There was discussion amongst Board members as follows:

- The importance of trust, tools, and platforms to mitigate the impact of cyber-attacks was highlighted. There is a need for a conversation about capital costs. All system partners, including primary care, are engaged and the strategy has been considered by the ICS DDaT governance groups.
- Awareness sessions for ICB staff are conducted and governance aims to create clarity in terms of ongoing decision-making within the system. Concerns were raised about risks in sub-contracted services, with a key objective to address supply chain risks.
- The digital delivery system group includes statutory organisations and primary care input and there is a need for a collective view on suppliers. Support for smaller organisations regarding cyber security was discussed, with quick tools and triage decision tools being developed.
- The intention is for all partners to adopt the strategy as a system, with NHSE approval. The strategy should be overarching, including general practice, primary care, and the voluntary sector. Metrics to measure safety and assurance are needed and an implementation plan will be created, with progress reported back to ICS partners.
- The importance of understanding the risks being carried and the implications for the VCSFE sector was highlighted.

14.3 The Board **unanimously approved** the strategy.

ICB 015/25 SOMERSET INTEGRATED CARE SYSTEM (ICS) DIGITAL, DATA AND TECHNOLOGY (DDaT) STRATEGY

15.1 David McClay introduced Lucie Laker who provided a report on the Somerset ICS DDaT Strategy, highlighting the following:

- In September 2024, the draft Somerset ICS DDaT strategy was presented to the ICB Board seeking agreement to proceed with an audit of the digital tools and technologies across the system and to assess the level of digital skills and capabilities that sit within the ICS partner organisations. This process was to inform the creation of business cases to support the initial roadmap missions (working together, improving lives and navigating support).
- The 90-day audit across the system started immediately and was enabled by all system partners. In November, a progress report was presented to the Somerset Board.
- Work will commence on the discovery phase business case for the improving lives/population health data platform agreed by partners in February.
- Digital team has been restructured to align with priorities.
- The ICB Board was asked to endorse the publishing of the Somerset ICS DDaT Strategy that commits the system to progressing each of the missions (working together, improving lives and navigating support).

15.2 There was discussion amongst Board members as follows:

- The new platform that can identify needs and deliver what people require was welcomed, with an emphasis on joining efforts across the ICS, focusing on governance and decision-making.
- Possible challenges in engaging staff with missions and outcomes, and the need for integration with people management.
- The need to build communities of practice and identify key leaders as advocates.
- Importance of using current data to understand what is happening at the Primary Care Network (PCN) level and improving access to general practice and the need to identify key metrics and ensure data is used effectively at a local level.
- Restructuring to focus on General Practice Information Technology (GPIT) and GP support, offering dashboards to GPs for better data visibility.
- Requirement for comprehensive data, including from Royal United Hospitals Bath (RUH) and University Hospitals Bristol and Weston NHS Foundation Trust (UHBW), to get a complete picture.
- Linking data to locality work and ensuring it is non-identifiable for valuable insights.
- Workforce transformation will take time, but alignment with digital and finance is crucial.

Action ICB 015/25: Provision of data to understand what is happening at the Primary Care Network (PCN) level and improving access to general practice and the need to identify key metrics and ensure data is used effectively at a local level.

15.3 The Board **unanimously endorsed** the publication of the strategy.

(Berge Balian left the meeting)

ICB 016/24 FINANCE REPORT – MONTH 8 2024/25

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

- The report, covering the period 1 April to 30 November 2024, was reviewed by the Finance Committee and highlights an in-year and forecast breakeven position for NHS Somerset, with all expected funding allocations received. The capital plan is £1.4 million behind but is expected to fully utilise its allocation by reprioritising programmes.
- The savings programme is on track for month 8 but there is a significant shortfall against the expected recurrent level, posing a challenge for 2025/26. Agency expenditure is £4.7 million under plan, though still over the agency cap and this remains a key area for improvement in 2025/26.
- Somerset Council is also expected to breakeven, with overspends in Children, Family and Education Services and climate and place offset by underspends in non-service budgets and corporate contingency.
- Both the NHS and Council are focusing on sustainable budgets for 2025/26 within the available funding.

16.2 There was particular discussion amongst Board members as follows:

- Six key risk areas were highlighted: learning disability pooled budget, prescribing and no cheaper stock obtainable (NCSO) pressures, secondary care cost pressures, system savings programme, continuing care and elective recovery. Challenges include drug shortages, partner organisation

pressures and strike actions. Improvements in prescribing pressures and continuing healthcare were noted, but other areas remain static.

- The underlying deficit of around £70m and the need for recurrent savings were discussed. Emphasis was placed on getting things right first time and reducing duplication as well as the need for wider transformational change, including primary care, digital strategy, and neighbourhood programmes. The importance of focusing on changes that will reduce the cost base and prioritise prevention was highlighted.
- Recognition that this is a collective task for the Board.

ICB 017/25 INTEGRATED BOARD ASSURANCE DASHBOARD AND EXCEPTION REPORT FROM THE SYSTEM ASSURANCE FORUM

17.1 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:

- The report covers the period from 1 April to 31 December 2024. The performance section has been updated to include principles from the "making data count" development session held in December. It highlights discussions from the Finance Committee, System Assurance Forum, People Board, and Quality Committee meeting.
- The standards have been categorised using special cause variation to identify areas consistently or randomly hitting or missing targets. The presentation outlines these areas, the causes for the performance position, and the actions being taken.

17.2 There was particular discussion amongst Board members as follows:

- The revised report was well-received.
- There was a discussion on incorporating detailed information into presentations for other issues, with plans to introduce this into finance and workforce sections next.
- The arrows on the front page indicate whether performance has declined or stayed the same, with detailed explanations in the report.
- Concerns were raised about the growth in the number of people awaiting care despite reducing long waiters, and issues in urgent and emergency care were highlighted.
- The report includes three other quadrants: quality, finance, and people summaries. The importance of workforce discussions was noted.
- A new national performance framework in April may change the report's focus, requiring adjustments to targets.
- The scorecard was seen as helpful, with the potential for evolving metrics over time.

ICB 018/25 KEY MEETING REPORTS

18.1 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. At the January meeting, despite awaiting national planning updates, discussions began on the principles for next year's financially challenging planning round.
- Audit Committee: written report provided. Discussion about the reducing capacity within the audit market. There was good dialogue around counter fraud. External audit are gearing up for year-end; always a busy period.

- Quality Committee: written report provided. Maternity service challenges were highlighted, with ICB colleagues working closely with stakeholders. Updates on the mortuary visit to the Trust and digital clinical safety are awaited. Having reviewed next year's capital programme, approximately £2 million has been identified for the maternity programme, though costs are still uncertain.

The new hospitals programme announcement will mean a delay with SFT's maternity, paediatrics, elective, and emergency care facilities improvements until 2030/2031 and construction will not begin until 2033-2035. Significant issues with the current building's sustainability and service delivery were discussed. Different capital solutions and service provisions are being explored.

- Primary Care Commissioning Committee: written report provided. The committee is focused on a forward-looking cultural journey. The commitment to finding solutions was commended, but an acknowledgement of the level of detail and the various groups reflected within the committee in its current form (dental, ophthalmology, GPs, LMC, and provider board). The overemphasis on general practice was also acknowledged. It was noted that the committee aims to transition to a strategic commissioning committee, with draft terms of reference for end-to-end commissioning pathways to be discussed by the Board.

System Group Reports:-

- Somerset Board: not met since last meeting, next meeting is taking place on 11 March 2025. A productive meeting occurred between non-executive directors and local cabinet members. Discussions with the NHS Confederation Integrated Care Partnership Committee revealed that Somerset faces challenges similar to other regions, with unitary authorities and ICBs working together to develop strategies in a difficult climate.
- Collaboration Forum: written report provided. Discussion moves on to planning for 25/26, with a workshop taking place in February.
- Population Health Transformation Board: written report provided. Workstreams were initiated, with efforts to maintain progress, particularly on hypertension and smoking cessation, and the importance of data. The focus is on establishing an integrated function and determining future steps to better support this crucial aspect of work.
- People Board: written report provided. The Board has taken the opportunity to rethink its purpose and to become more of a strategic, forward-looking enterprise rather than an assurance committee. An insightful report on the state of the workforce in Somerset was presented, outlining several strategic risks and mitigations. The People Board's purpose is to foster a culture within health and care that attracts investment and to deliver a long-term workforce strategy that supports the government's 'three shifts' (moving more care from hospitals to communities, making better use of technology in health and care and focusing on preventing sickness, not just treating it).
- Children, Young People and Families: not met since last meeting, next meeting is taking place on 25 February 2025.

ICB 019/25 ANY OTHER BUSINESS

19.1 None was raised.

ICB 020/25 ITEMS TO BE DISCUSSED AT THE CONFIDENTIAL MEETING

- 20.1
- Chief Executive's report
 - Minutes of the confidential meeting held on 26 September 2024
 - Commercially sensitive items
 - Planning update

- Board development

ICB 021/25 WITHDRAWAL OF PRESS AND PUBLIC

- 21.1 The Board moved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

ICB 022/25 CLOSE AND DATE OF NEXT MEETING

- 22.1 The meeting closed at 2.47 pm. The next meeting will take place on Thursday 27 March 2025, at Minehead Community Hospital.

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 002/25 PUBLIC QUESTIONS

2.1 From Syred Abrar, Limbic AI (in attendance):

“As the adoption of AI continues to shape the delivery of mental healthcare, what is the ICB's approach to leveraging these tools to enhance outcomes, improve efficiency, and ensure equitable access to services? Additionally, if you are a third-party that is able to support the ICB's strategy and priorities, who would be the best person to contact regarding this matter in the first instance?”

2.1.1 David McClay thanked Mr Abrar for his question and advised that Somerset ICB are about to publish and deliver against a three-year Digital, Data and Technology Strategy that focuses on improving outcomes for the people of Somerset (including those with Mental Health Concerns). This Strategy looks to harness Data and Technology (including large language models) to support individuals to get the right care, in the right place at the right time.

The first year of activity will be focused on ‘fixing the plumbing’. This means ensuring there is a single view of an individual (collated from all ICS partners) with quality data sitting behind it. Once this has been achieved, work will begin to explore how to transform patient pathways using modern technologies including AI. This approach is being taken to create a framework to track and evaluate each tool deployed, ensuring money is only spent on technologies that really move the dial in terms of patient outcomes.

From a mental healthcare perspective, in future, the mental health, autism and learning disability programme board will, where funding allows, explore AI solutions to enhance outcomes, improve efficiency, and ensure equitable access to services.

2.2 From Alex Ramsay (in attendance):

“How much budget is Allocated for Mental health in Somerset? Does Somerset NHS Trust source additional Academics IE Psychologist, Psychiatrists and Psychotherapists on an ad-hoc basis?”

My research tells me most of them are holding down two jobs and how do you out-source this and how long is the waiting list for people that really need this? I'm not talking about ADHD but about PTSD and complex PTSD? The way I have been looking at it, is that this is quite a severe problem that has not been addressed and the most important part is the funding. Does the funding increase every year and how much by? I know the NHS do their best but there is quite a severe waiting list with some people waiting a year to fifteen months and I worked as a volunteer for a charity last year and could see this had quite an effect.”

2.2.1 Shelagh Meldrum thanked Mr Ramsay for his question and advised that the additional aspects raised this morning will be responded to following the meeting. The planned spend for 2024/25 is £121 million. In line with the Mental Health Investment Standard (MHIS), Somerset ICB increased spend on mental health services by 4.6% in 2024/5. The Mental Health Investment Standard (MHIS) is a set of guidelines that ensures that Integrated Care Boards (ICBs) increase their spending on mental health each year. The MHIS helps to:

- Ensure that mental health funding keeps pace with overall NHS spending
- Reduce pressure on inpatient services
- Improve mental health care and put it on a level footing with physical health services

Regarding ad-hoc staff, Somerset NHS Foundation Trust (SFT), wherever possible, look to recruit staff on permanent, substantive basis. Where this is not possible, agency staff are used to help maintain quality, safe services. The recruitment of agency doctors is overseen by the Trust's Medical Director. The Trust has had recent success with overseas recruitment drives, helping to reduce the use of agency doctors.

2.3

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

"I refer to the plans for the closure of the HASU at Yeovil District Hospital. I am concerned about the current dire service from SWASFT, where ambulance waits for category 2 calls (strokes) are considerably over the 18 mins national target. I believe that while this is the case, any additional travel time to other HASUs would hardly be mitigated by the enhanced provision and procedures outlined in the proposed re-organisation of Somerset HASU provision. I would urge the ICB and SFT to at least delay any closure of the YDH HASU until the ambulance response times were in line with Category 2 national targets.

I understand there is widespread acceptance that the current times are unacceptable and this needs to be addressed. In a recent meeting with representatives from the ICB and SFT it was recognised that the causes of the ambulance problem are systemic within the health provision rather than purely an issue for the ambulance service. The inference is that this systemic problem also involves the overall health provisions for which the ICB and SFT have responsibility.

I would like to know the detailed plans and approaches the ICB and SFT have to address this systemic problem within both the health provision for which they are responsible, and with partners, which will in turn address the problem of long delays in ambulance call out times."

2.3.1

Jonathan Higman thanked Mr Beaver for sharing the ongoing concerns of the Quicksilver Community Group and for attending the recent meeting, along with Ray Tostevin. While NHS Somerset supports the Secretary of State's decision not to call in the decision we made, we remain committed to working with you and other interested stakeholders as we work through the implementation phase of the new model.

NHS Somerset completely understand the concerns people have with regards to long ambulance response times. The speed of ambulance response is a complex issue which is predicated on a range of factors such as:

- What alternative support is available for people.
- Whether ambulances can hand patients over quickly at hospitals.
- Whether the support to patients on a ward is timely.
- Whether discharge is well planned and delivered.
- Whether people can move out of hospital to home or their place of residence.

All these things play a part in ambulance availability and responsiveness and steps are being taken right across our system and with other ICBs at regional level, to improve the responsiveness of ambulances.

Whilst it was not possible to go through all the plans during the meeting, the Stroke Stakeholder Reference Group are being kept updated on this topic and it was pleasing to note that mean category 2 response times (those that relate to suspected stroke) have recovered in recent weeks and there is a commitment to continue to improve these further. It is not, however, a pre-requisite for this change as local response times are consistent, regardless of the receiving hospital. This issue does not change the rationale for the decision taken by NHS Somerset, which was based on the aim of improving the sustainability of the stroke service and delivery of the national standards for hyper acute care.

NHS Somerset acknowledge that public confidence is important, however, and will be ensuring clear communication on this issue with the public through the Stakeholder Reference Group.

2.4

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

"In Jonathan Higman's Chief Executive report to this meeting this morning, he refers to the current stroke reconfiguration programme. And what's being done to prepare Taunton, Yeovil and Dorchester hospitals, once the Yeovil HASU closes.

Quoting from that report the “current focus is on ensuring the readiness of the Dorchester and Musgrove sites to meet the national standards for hyper acute level care. The update to Board in December also detailed the work ongoing at Yeovil District Hospital to schedule the refurbishment of the acute stroke ward which will remain in Yeovil.

At a meeting between Quicksilver Community Group and Jonathan Higman and colleagues (the Chief Medical officer; chief officer for strategy, digital and integration and deputy director for communications and engagement), earlier this month, there was a stated expectation the Dorchester HASU would be equivalent to the Taunton HASU, even if the staffing structure at each would not be the same. However both units would reach national standards. But this could be done with different staffing combinations.

Can you update us on current staffing for the existing Dorchester and Taunton HASUs? What posts remain to be filled at both units? Can you confirm the Yeovil HASU will remain open until such time that both Dorchester and Taunton are fully compliant with national standards? Do you still expect that to be spring 2026 – or will this date slip back further, because ongoing recruitment challenges?”

2.4.1

Bernie Marden thanked Mr Tostevin for his question and advised that in recent months, the stroke staffing plans held by both trusts (Somerset NHS Foundation Trust (SFT) and Dorset County Hospital NHS Foundation Trust (DCH)) have been regularly reviewed via the monthly Stroke Joint Coordination Board, which was set up by Somerset ICB to monitor implementation. As implementing organisations, the two trusts continue their recruitment to the staffing establishments planned through the Decision-Making Business Case and report to the Coordination Board on progress and timings.

As part of this, a specific piece of work took place to review the trusts’ staffing plans. Finalised on 26 November, this found the current staffing plans of both trusts to remain consistent with the Decision-Making Business Case.

SFT has 18.6wte stroke medical staff across both sites, with 9.4wte medics still to be recruited. SFT’s planned medical staff numbers remain as per the DMBC.

DCH has 10.62wte stroke medical staff, with 2wte medics still to be recruited. DCH’s planned medical staff numbers also remain as per the DMBC.

As stated previously, the HASU beds within the CCU at YDH will remain open until NHS Somerset are happy that both SFT and DCH HASU’s are in a position to Go Live.

It is still expected that this will be early Spring 2026, however the Board will be kept updated with progress.

2.5

The Chair thanked members of the public for their questions, which are valued.

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 015/25	30/01/2025	Somerset ICS DDaT Strategy	Provision of data to understand what is happening at the Primary Care Network (PCN) level and improving access to general practice and the need to identify key metrics and ensure data is used effectively at a local level.	David McClay/Lucie Laker	19/03/2025: Admissions data pulled together at a PCN level but further metrics will be agreed during the population health discovery phase.	Ongoing	
ACTIONS CLOSED SINCE LAST MEETING							
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). 27/02/2025: Superseded by the discussion about future development meeting schedule.	Complete	27/02/2025
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	25/02/2025: Sukeina Kassam and Matt Mills met with Emma to discuss wider commissioning intentions and contracting principles. Agreed to ensure regular communications with all dental stakeholders within the system.	Complete	25/02/2025
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. 19/03/2025: Paper presented at last ICB Board meeting relating to the principal commissioner, which also provided an overview of the overarching governance arrangements. A further update and decision for the delegation of specialised commissioning is on the agenda for the board meeting on 27 March, along with draft terms of reference for a proposed ICB specialised commissioning committee.	Complete	19/03/2025
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). 20/03/2025: Elective Care Strategy to be considered at May meeting.	Complete	20/03/2025
ICB 010/25	30/01/2025	Somerset Dental Recovery Workplan 2024/25	Dental update to be provided at March meeting.	Bernie Marden/Sukeina Kassam	19/03/25: Updated included as part of Chief Executive's Report.	Complete	19/03/2025