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NHS Somerset

Report to the NHS Somerset Integrated Care Board on 25 May 2023

Title: Minutes of the ICB Board Meeting held on 30 March 2023	**Enclosure B**

Version Number / Status:	N/A
Executive Lead	Jonathan Higman, Chief Executive
Clinical Lead:	N/A
Author:	Julie Hutchings, Board Secretary and Corporate Governance Lead Officer

Summary and Purpose of Paper

The Minutes are a record of the meeting held on 30 March 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 30 March 2023 and to confirm that the Chairman may sign them as a true and correct record.

Impact Assessments – key issues identified				
Equality	N/A			
Quality	N/A			
Safeguarding	N/A			
Privacy	N/A			
Engagement	There is lay representation on the ICB Board			
Financial / Resource	N/A			
Governance or Legal	The Minutes are the formal record of the meeting held on 30 March 2023.			
Sustainability	N/A			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

Minutes of the Meeting of NHS Somerset Integrated Care Board (ICB) held at Wynford House, Yeovil, on **Thursday 30 March 2023**

Present:	Paul von der Heyde	Chair
	Suresh Ariaratnam	Non-Executive Director (Chair of Primary Care Commissioning Committee)
	Dr Berge Balian	Primary Care Partner Member
	Christopher Foster	Non-Executive Director (Chair of Remuneration Committee; and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director (Chair of Safety and Quality Committee)
	Professor Trudi Grant	Director of Public Health
	Alison Henly	Chief Finance Officer and Director of Performance
	Jonathan Higman	Chief Executive
	Peter Lewis	Chief Executive, Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust (Trust Partner Member)
	Dr Bernie Marden	Chief Medical Officer
	Shelagh Meldrum	Chief Nursing Officer
	Grahame Paine	Non-Executive Director and Deputy Chair (Chair of Audit Committee)
	Duncan Sharkey	Chief Executive, Somerset County Council (Partner Member)
In Attendance:	Charlotte Callen	Director of Communications and Engagement
	Dr Victoria Downing-Burn	Director of Workforce Strategy
	Judith Goodchild	Healthwatch (Participant)
	Maria Heard	Programme Director, Fit for my Future
	David McClay	Chief Officer of Strategy, Digital and Integration (Designate)
	Katherine Nolan	SPARK Somerset, VCSE sector (Participant)
	Jade Renville	Director of Corporate Affairs
	Alison Rowswell	Acting Director of Operations and Commissioning
	Tanya Whittle	Deputy Director of Primary Care and Contracting (for item ICB 025/23)
Secretariat:	Julie Hutchings	Executive Assistant to the Chief Executive and Executive Office Manager

ICB 016/23 WELCOME AND APOLOGIES FOR ABSENCE

16.1 Paul von der Heyde welcomed everyone to the meeting of the NHS Somerset Integrated Care Board (ICB), including Duncan Sharkey as this was his first meeting, and also David McClay, who will be joining the Board on 24 April 2023 as Chief Officer of Strategy, Digital and Integration.

No apologies for absence were received.

ICB 017/23 PUBLIC QUESTIONS **(PLEASE SEE APPENDIX 1)**

ICB 018/23 REGISTER OF MEMBERS' INTERESTS

18.1 The ICB Board received and noted the register of members' interests, which reflected the electronic database as at 24 March 2023.

Action ICB 018/23: Link to electronic register to be sent to Duncan Sharkey for completion.

ICB 019/22 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

19.1 Under the ICB's arrangements for managing conflicts of interest, any member making a declaration of interest can participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by the Deputy Chair.

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

ICB 020/23 CHAIR'S INTRODUCTION/REPORT

20.1 Paul von der Heyde gave some introductory remarks, noting the following:

An acknowledgement that all partners in the county continue to be under operational pressure, but real progress has been made with the imminent formation of the Unitary Council, the merger of our two Foundation Trusts, the development of the Committee in Common for the Integrated Care Partnership and the Health and Wellbeing Board and progress being made with the VCFSE sector and primary care. The system is increasingly working together and avoiding duplication, focusing on the best services and outcomes for the population it serves.

Proactive dialogue has continued with Chairs across the region and nationally, together with close contact with leaders of the component parts of our system.

Engagement has taken place with the Hewitt Review. The final publication is expected in due course.

Cultural work has progressed well and the recent two days of outward mindset training provided further grounding for helping help us in collectively delivering our ambitions.

Thanks were expressed to everyone for what has been achieved during the first nine months of the ICB, with eager anticipation of what is to be achieved going forwards.

ICB 021/23 MINUTES OF THE MEETING HELD ON 26 JANUARY 2023

21.1 The minutes of the meeting held on 26 January 2023 were approved as a true and correct record.

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

Action CCG 818/22: Green Plan

It was agreed to bring this back to a future development session to demonstrate the progress in the forward action plan.

Action ICB 007/23: People and Workforce

There was an acknowledgement that there is more to be done and as partners with HEE, it was confirmed we will continue to raise the issues and be best placed to try and help with some solutions as they arrive. Action to be closed.

ICB 022/23 CHIEF EXECUTIVE'S REPORT

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

- Integrated Care Partnership (ICP) and Health and Wellbeing Board – the final meeting in the previous format of the ICP and Health and Wellbeing Board took place on 27 March 2023 and a proposal will be coming to this Board in June which supports the establishment of the new Somerset Board, bringing this together more formally following the vesting day in the new Council. This will be done in parallel with a similar approval process within the new Somerset Council.

- NHS and social care services in Somerset have remained under significant pressure throughout the period from Christmas (see ICB 027/23 for operational performance details and progress).

- It is encouraging that an offer has been agreed which (subject to agreement) aims to settle the nursing and ambulance service industrial action and robust plans were put in place across the system which effectively managed the risks associated with the first period of action by junior doctors. However, concern and risk remains around the action notified for the period 11-15 April, which comes on the back of the four-day Easter weekend.

- Staff survey – The results of the NHS Staff Survey were published on 9 March 2023 and NHS Somerset was ranked as the fourth ICB out of 42 in the country in terms of the question around the organisation being recommended as a place to work, which was particularly encouraging at a point when colleagues were going through a period of organisational change. Staff survey results at Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trusts were also very impressive, speaking volumes for the culture of our organisations and the commitment of our colleagues across the NHS in Somerset. Further analysis of the results, and the corresponding actions, is taking place.

- Infographic from Spark Somerset (included) – highlights the broad range of work in that sector across the county. Katherine Nolan advised that the team of 30 last year gave 1:1 support to 644 groups and ran forums with over 1000 delegates. A lot of work has been done as a sector over the last 12-18 months to prepare for partnership and collaboration.

- Media brief (included) – Good recent coverage on BBC Radio 4, BBC News and last week on BBC Breakfast, which has showcased the great work happening within Somerset, as well as reflecting on that taking place across the whole of the NHS.

- NHS 75 – taking place on 5 July and planning a range of events to mark that moment. We are keen to hear from a range of people who have worked for, or are working in the NHS and colleagues are encouraged to come forward and tell their stories.

ICB 023/23 2023/24 OPERATING PLAN

23.1 The Meeting received a presentation relating to the 2023/24 Operating Plan. Alison Henly highlighted the following:

- This was reviewed in detail and supported at our Finance Committee on 22 March 2023 and the Trust Joint Finance Committee on 27 March 2023.

- Operational planning and performance – risks to meeting national ambitions have been highlighted in the plan.

- Emergency care - bed occupancy – reducing the current level of 'No Criteria to Reside (NCTR)' will be key in achieving our ambition to reduce bed occupancy on the acute sites. Current modelling indicates that 96% achievable against the national ambition of 92%.

- Mental health, in particular recovery of dementia diagnosis – ambition not met in the plan, despite the hard work of the team, with work ongoing

- 65 week waiters – The system is on track to overachieve on its modelled assumption to reduce the number of patients waiting over 78 weeks at 31 March 2023. However, overall waiting lists have increased and demand is now coming through the lower waiting list bands making the achievement of the 65-week wait target for March 2024 extremely challenging. Peter Lewis advised that there is further work to do to model the impact of recently agreed actions and reflect this in a revised planning assumption. The current model indicates that there will be just over 900 Somerset patients waiting over 65 weeks at the end of March 2024 The National target is to reduce the number of over 65 week waiters down to zero. Work continues on this element of the plan.

- Workforce – there are a set of detailed templates which sit behind our workforce plans. There is slight reduction in terms of our whole-time equivalent which reflects that we are converting posts that are currently vacant and filled through agency locum, into permanent posts.

- Primary Care – flat modelling but particular investment into Additional Roles Reimbursement Scheme (ARRS) funded roles and how we build up that workforce to support sustainability in primary care.

  Berge Balian advised that ARRS roles are effectively additional professionals that are not GPs who are part of the Primary Healthcare team and work to help support patients. Roles vary from health coaches, mental health workers, physiotherapists, pharmacists and the range is increasing slowly but is directed nationally so whilst not complete freedom to choose, there is a menu of professionals to select from in each area. All ARRS funding is driven through Primary Care Networks (PCNs) and not directly through practices and different PCNs use their ARRS roles differently, with some embedded in practices but others working across PCNs.

- Mental Health Investment Standards – specific investment which has improved many of our mental health performance targets going into next year as an aspiration.

- Finance plans – focus over the last couple of months has led to a balanced plan for 23/24, using some of our non-recurrent flexibilities, which is a significant achievement given inflationary and cost of living pressures. We are looking at a 4.2% cost reduction plan going into 23/24 which will require significant focus as a system. We have a good plan to support delivering our elective recovery trajectories and delivering the 65 weeks and maximise any productivity gain we can across the system.

  Following questions from the non-executive directors, Alison Henly said we started this year with around a £74m underlying position but with everything we are doing within the plan, we will end up with this increasing to around £78m. In year focus across the whole system will be required to start to address this.

  Detailed templates will be submitted to NHS England at 12 noon today and then the focus will be on our recovery approach in 23/24.

  There are a number of risks and mitigations within the plan and we need to look at how we manage those and deliver differently as we go through this year. Alongside this, there is significant capital investment across our system and a separate capital plan with a narrative alongside.

23.2 Peter Lewis expressed concern around the underlying deficit, which needs dedicated focus and commitment to reduce, including potentially allocating some growth funding to this cause.

23.3 The Board **approved** the 23/24 Operational Plan.

ICB 024/23 SOMERSET INTEGRATED CARE STRATEGY AND FIVE-YEAR JOINT FORWARD PLAN

24.1 The Board received a report relating to the Somerset Integrated Care Strategy and Five-Year Joint Forward Plan. Victoria Downing-Burn highlighted the following:

- The Integrated Care Strategy will set out how commissioners in the NHS and local authorities, working with providers and other partners, will together deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

- It signals an opportunity to do things differently to before including reaching beyond traditional health and social care services to consider the wider determinants of health or joining-up health, social care and wider services. It also supports the Council Plan 2023-2027 and is underpinned by the JSNA for Somerset.

- Engagement has taken place since January, with the support of Healthwatch, which will help shape the Strategy and also the Joint Forward Plan. There are also some underpinning principles drawn from listening to the 500+ voices in Somerset but also professionals and key partners, who have shared what they think are the key priorities for the next five years We also have a Five-Year Plan that underpins the Five-Year Strategy.

- There is a desire to have a vision for 30 years, focussed on improving the lives of our population over the longer term. The development of this started five years ago with a significant amount of engagement and the principles and five aims from the Fit for My Future work still resonate very clearly in the emerging Strategy. We are now developing the Joint Forward Plan at the same time as refreshing the Strategy and the final version will be taken to the new Somerset Board, along with the Joint Forward Plan, which will also come to this Board.

24.2 Duncan Sharkey supported this as the direction of travel for the way we look at supporting people in the future, engaging with partners and communities. Victoria Downing-Burn reiterated that as leaders of the system we have a responsibility to deliver the vision.

24.3 Katherine Nolan hopes that whilst this afternoon's development session is specifically around how the ICB interacts with the voluntary sector, it will be a good opportunity to surface some of those values, cultural issues and barriers/challenges we are all experiencing and to consider as a leadership group how we can solve these and also enable colleagues throughout the system to address them as well. With regard to the three principles around prevention, reducing inequalities and integration, Jonathan Higman acknowledged that when this becomes live in our Joint Forward Plan, there will be some challenges around how we turn these aspirations into reality.

24.4 Paul von der Heyde stressed the importance of colleagues making sure we all have the same framework for the language and discussions we have within our different parts of the system and if there is a conflict between two sets of strategies anywhere, early discussion would be required to avoid divergence.

24.5 A first draft of the Joint Forward Plan will be submitted to NHS England tomorrow, on behalf of the partnership. The Strategy will be ready by late May/beginning of June and then the full Joint Forward Plan has to be submitted by the end of June.

24.6 The ICB Board **noted** the report.

ICB 025/23 COMMUNITY PHARMACY, OPTOMETRY AND DENTAL SERVICE (PODS) DELEGATION AGREEMENT

25.1 The Meeting received a report relating to the Community Pharmacy, Optometry and Dental Service (PODs) Delegation Agreement. Tanya Whittle highlighted the following:

- The formal Delegation Agreement was signed off on 23 March 2023 and relates to NHS Somerset taking on formal responsibility for the commissioning of dentistry, optometry and community pharmacy from 1 April 2023.

- The vision in Somerset is for accessible, high quality, resilient services meeting the needs of the population and integrated within the health and care system in Somerset, with a recognition that we need to do that in a phased way starting with the safe transition of the services and ultimately leading to transformation.

- In order to deliver our commissioning responsibilities, we have been working with the regional team and our fellow ICBs in the South West to develop a hub concept whereby we maximise both the benefits of the local approach but also working at scale where it is right to do so. Responsibility for the commissioning hub is also in the process of transitioning.

- At the last Board meeting, some of the risks of delegation were summarised, which related to workforce capacity, ICB reputation, finance and the ability to influence change through a hub approach and work continues to work through these risks and mitigate them where possible. There is a risk on the overall ICB risk register relating to the delegation of POD services.

- As part of the discussions with the hub and the seven fellow ICBs, it was agreed to develop a South West Transition Plan, recognising that not everything will be resolved by 1 April 2023. A workshop was held across the South West on 24 March with hub and ICB colleagues to start talking through the operational ways of working and how we are going to move forward this commissioning agenda. .

- Further work is required around IG data processing agreements, data processing impact assessments and the complaints process.

- A Memorandum of Understanding (MOU) was also signed to reflect our ways of working across the seven ICBs and the regional team and included within that document were several Standard Operating Procedures (SOPs).

25.2 Jonathan Higman advised that we have invested in a small team of people who are part of the NHS Somerset who will build good relationships with colleagues in the commissioning hub and start to help us develop some of the plans around what we need to do locally. There are some opportunities around the integration of dental services and community pharmacy within our plans around urgent care but also some associated risks, however our first priority is to enact a safe transfer before looking at transformation.

25.3 Grahame Paine advised that the Non-Executive Directors met yesterday to learn about the Primary Care Strategy and were pleased to note the joined-up approach detailed within the strategy which will continue to make the patient journey smoother.

25.4 Grahame Paine asked how we will engage with patients and service users[1] and raise awareness of the transition.

Tanya Whittle agreed that involving patients is critical for any service development and work has been undertaken to try and understand the structures currently in place to engage with as there are many regional meetings that involve patients. A clinical professional's group is also being set up to liaise with primary care and the local representative committees about how we join up the four independent contractor groups moving forward. We have been advised that there will be communication to providers.

25.5 Christopher Foster highlighted the two red risks on the risk register, 8 and 11. Risk 8 relates to underspend and this underspend reflects part of the challenge of access. Risk 11 – the risk of practices relinquishing their contracts.

[1] Post Meeting Addendum – see Appendix 2

25.6 Trudi Grant remarked on the significant risk that comes with this, however also recognised the opportunity for improvements to be made. She asked about access to public health specialist advice, as concerned that significant expertise will be required from public health to commission these specialist services.[2] At the Primary Care Commissioning Committee, there was discussion about how Somerset Public Health could be involved in the discussions and their input into the operational group would be welcomed, to join up work in terms of the plans going forward and avoid duplication.

25.7 The ICB Board **noted** the update.

ICB 026/23 FINANCIAL REPORT APRIL 2022 – JANUARY 2023

26.1 The report covers the period 1 April 2022 to 31 January 2023 and covers the full NHS Somerset financial position:

- The ICS has received an overall system allocation of £900m for the 9 months from 1 July 2022. This includes a £7.2m surplus brought forward from the CCG, recurring adjustments to recognise pay increase and changes in employers' NI contributions totalling £9.2m and additional non-recurrent resources of £37.4m made available in year. This included funding received In November totalling £4.0m new funding, including:
  - £2.7m to support tranche 2 of the discharge funding
  - £0.5m funding to support the 6.3% pension contribution increases
  - £0.3m direct oral anti-coagulant rebates
  - £0.2m ICS digital transformational planning
  - £0.1m personalised care implementation
  - £0.3m various other targeted programmes
- The system submitted a balanced plan for 2022/23, both on an individual organisation and system basis and we are now also tracking a year-to-date break-even position against the plan.
- This means we are on track to deliver a break-even position for the end of this financial year.
- The reports also show an analysis of capital spend, where there is a significant focus to ensure that the funding received is fully utilised by the end of the year.
- The risk position has significantly improved, although a residual small risk totalling £237,000 still needs to be addressed by the end of the year.
- The report shows the spend position against the agency control total. We are currently showing a £17.3m variance against this for the period April to November, with a projection of £19.8m at the year end. The report shows the staffing group and drivers which this relates to with the biggest variances being seen in registered nursing, midwifery and health visiting staff, consultants and trainee grades.

26.2 Grahame Paine raised the issue of agency spend and asked what controls we have around the businesses that are providing agency staff.

Victoria Downing-Burn advised that organisations have to be on a crown commercial framework. The narrative within the operational plan details how we are going to work with agencies, and the Trusts have indicated that by bringing two organisations together, they have a set of measures internally that will provide them with greater control. This could also be a topic for the People Board.

Berge Balian said the LMC is doing some work to try and improve governance by creating a list of approved providers that have gone through the appropriate checks.

[2] Post Meeting Addendum – See Appendix 2

26.3 Christopher Foster drew attention to the agency spend by driver slide. It was pointed out that a significant percentage of the agency overspend relates to escalation, however as noted at Finance Committee, the other significant areas are nursing and medical vacancies, which highlights the recruitment and retention issues faced.

26.4 The Board **noted** the Finance Report for Month 10.

ICB 027/23 SYSTEM ASSURANCE FORUM FEEDBACK: INTEGRATED BOARD ASSURANCE EXCEPTION REPORT (IBAR)

27.1 The Meeting received the IBAR Exception Report for the period 1 April to 31 January 2023. Shelagh Meldrum and Alison Henly highlighted the following:

Quality

Shelagh Meldrum commented specifically on the following:

While some progress had been made, dermatology service provision and access remains challenging and a significant risk. We are working through our plans to transform the dermatology work carried out in Somerset so that we are less dependent on services outside of Somerset.

The exception report states a slight improvement in Flu, Covid and RSV, however it would appear that we are seeing a rise in Covid again in the South West. Trusts and other health care organisations are doing what they can to manage the risks of Covid within the current pressures.

We have a change in demographic in Somerset, both through displaced people and also those people coming to work in Somerset from overseas and we have seen an increase in the prevalence of tuberculosis. A business case has been approved to put in place a team, as part of Somerset NHS Foundation Trust, working with complex people with tuberculosis in our community.

A significant amount of work has also taken place reviewing children and young people in primary care, understanding childhood exploitation and the introduction of a screening tool to make sure we are identifying this quickly.

Alison Henly advised that we are looking at ways of ensuring the exception report is much more up-to date, which will mean having two different timelines in the report.

Urgent care

The integrated urgent care service is still seeing significant demand pressure and this has impacted on the urgent care performance indicators shown in the report. During 2022/23 there has been an increase in the proportion of patients facing delays leaving hospital because they are waiting for support to become available from health and social care, outside of hospital. This picture has continued in January and as a consequence the report shows the impact on a number of urgent care metrices, including:

- A continuation in the number of ambulance handover delays, although showing a significant improvement from 2,436 hours in December to 1,310 in January
- An improvement decline in A&E 4-hour performance and the length of time patients spend in A&E departments, where performance of 60.5% was achieved in January
- the bed occupancy rate, although remained static at 95.7% there was an increased need to open escalation beds due to an increased length of stay

Elective Care

Despite the urgent care pressures, there continues to be significant focus on treating long waiting patients.

- The number of people waiting over 78 and 104 weeks wait continues to reduce
- Cancer waiting time performance continues to be challenged across all cancer pathways, although there was an improvement in the suspected 2-week wait performance and faster diagnosis standard. The key drivers on the performance are the key drivers relate to an increase in demand and workforce challenges. This is a key area of focus at the System Assurance Forum, where a deep dive is taking place to understand the issue and the actions being taken to improve performance
- The 6-week waiting time performance during 2022/23 has significantly improved but has dipped in January. Much of this improvement is as a result of the echocardiology backlog reduction

Mental Health

The report highlights performance against the IAPT service, and children's and young people access to mental health are not where we would want them to be. Plans are in place and strong collaborative working arrangements have been developed across all partners and with the regional team, with support being given to resolve the counting and coding issues which have been experienced.

The performance against the physical health check for patients with serious mental illness has significantly improved with a case being submitted to NHSE to move this service from a level 3 to 2 against the oversight framework metrices.

27.2 Grahame Paine queried the cancer first definitive treatment within 62 days figure, and asked about the associated risk, noting that our waiting list has gone down to 185 patients, as we are about to enter our third year where performance has deteriorated and we are worse than the national average.

Jonathan Higman advised that whilst we were proud of the way we sustained cancer services during the Pandemic, we are now treating those that have already waited too long, so we are likely to see a further deterioration before we see improvement. We have started to see an improvement over the last month.

Shelagh Meldrum remarked that as a lot of these cancer pathways exist outside of Somerset, it is important to pay as much attention to the pathways those people are following outside of the county, as we do to the services that we provide in the county.

Action ICB 027/23: 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.

27.3 The improved performance with the breast screening programme was noted.

27.4 Berge Balian spoke of the risks associated with the Department of Health and Social Care imposing the GP contract for 23/24, having also imposed the contract for 22/23, particularly in terms of finances and access vs quality.

27.5 Jonathan Higman agreed that we need to find a way of capturing those risks as this is key in terms of our Board Assurance Framework which is under development. We need to capture this through our Primary Care Strategy and recognise that we have a new contractual framework from NHSE and will soon receive the access recovery plan for primary care, so it is important that the Primary Care Strategy comes to Board to provide oversight of what we are planning to do in Somerset, recognising the national context.

ICB 028/23 COMMITTEE CHAIRS' REPORTS

28.1 The Chairs of the Somerset ICB assurance committees provided written and/or verbal reports of the most recent meetings, as follows:

- Finance Committee: as written, noting that the role of Chair is passing from Paul von der Heyde to Christopher Foster with effect from 1 April 2023.

- Audit Committee: the meeting on 1 March 2023 had learnt about a new procurement oversight group being established within our Integrated Care System, Internal Audit colleagues discussed their review of business continuity and emergency planning and spent some time looking at key financial systems and also at what the HFMA have done around financial sustainability. The Counter Fraud Strategy was approved. It was also noted that the sign off of the annual accounts is approaching.

- Quality and Safety Committee: the meeting on 15 February 2023 received the Annual Child Death Review Report, the ICB Safeguarding Policy and an update on infection, prevention and control. There was also discussion around the GP closure in Chard, governance of virtual wards, medicines reconciliations and dermatology waits.

- Primary Care: the meeting on 7 March 2023 discussed the application to close Stogursey Village Hall, received a dental, optometry and pharmacy overview report and an introduction to the Draft Primary Care Strategy

- People Board – a positive first meeting was held on 9 February 2023.

ICB 029/23 ANY OTHER BUSINESS

29.1 None was raised.

ICB 030/23 CLOSE AND DATE OF NEXT MEETING

30.1 9.30 am on 25 May 2023, at Wynford House, Lufton Way, Yeovil.

Chairman: Date:

APPENDIX 1

ICB 017/23 PUBLIC QUESTIONS

17.1 **From Emma King, Member of the Public (in attendance):**

"Speaking on behalf of Save Somerset's Community Services, who are campaigning to save St Andrews Ward in Wells from closure I have been told many times that the public consultation is over, however I have had three demonstrations in Glastonbury, Street and Cheddar, one in December and two this year where I have talked to a lot of members of the public We believe that although the decision has been made to close the ward, when the consultation took place at the beginning of 2020 and since that time, the world is a completely different place because we have had the pandemic which is still ongoing and of course we have now got the cost of living crisis.

One of the things I really wanted to draw your attention to in my question was to the issues to do with the suicide rates in Glastonbury and Cheddar. In Glastonbury in February, the Vicar of St Johns Church went to talk to the Town Council about the amount of funerals he was having to conduct for people who are committing suicide and in Cheddar, I was told by a women there with a 23 year old son that 11 of his friends have killed themselves and one of her daughter's friend's about a month ago also killed herself and apparently it's quite well known that people in Cheddar tend to throw themselves off the Gorge to kill themselves

Also I live in Glastonbury on George Street and you may well be aware of the murder of Fred Burge who was killed on George Street about two months or six weeks ago now. He was murdered by somebody who was known to have mental health issues. He attacked a friend of mine about a year ago and broke her wrist because he claimed that she was raping girls and he also attacked her a few days previous to the murder and was pushing her around the High Street and he broke into a man's house and murdered him.

So really what I want some clarification on is in the light of the increasing and growing mental health need and people with severe need, to close the ward at this time is sending the wrong message, not just in Mendip, but obviously Cheddar is not in Mendip but in Sedgemoor, it is sending the very wrong message that people in this area, that people in this particular geographical location and I know the ward is not just for them, but it sends the message that the mental health of people in that area doesn't really matter and I really think that something needs to be done, even if it's just a short term arrangement, to placate people, to let them know that they are safe because people don't feel safe, I certainly don't feel safe. There are many people who are struggling and obviously the things that are being put in pace, the Open Mental Health and so on, are not reaching the people it needs to reach.

Until these things are properly embedded, surely we need to maintain this ward because otherwise I can only see things getting worse and I genuinely am telling you now that I personally do live in fear because I have a neighbour who lives above me who has attacked my partner twice who also has mental health issues which he does not get treated and I genuinely worry that the next time he attacks my partner, he will have a knife on him and my partner will be dead. So what I really want to know is how are you going to help these people and protect us members of the pubic and also it impacts on our own mental health as well when you are dealing with other people with severe mental health issues, your own mental health also suffers.

It's a spiralling problem and I know obviously it has to have many layers but I really think that St Andrews needs to stay where it is until everything is properly embedded and people are very clear about exactly what is happening, otherwise people do feel very insecure about this closure and not just the transport issues, which is obviously another major, major problem, particularly for people in Cheddar who have no direct link to Yeovil at all and their bus to Weston's already been cut so they can't even get to Bristol to get the train to

Yeovil any more which they would have been able to do. I also have 233 postcards to hand in which I have collected from concerned residents mainly in Cheddar, Glastonbury and Street but also from the surrounding area and people that have signed them which I will give to Maria."

17.1.1 Jonathan Higman thanked Emma King for her questions and reiterated the offer of a separate meeting to have further discussion and explore the issues raised in more detail. A full public consultation took place, leading to the decision by Somerset Clinical Commissioning Group (the ICB's predecessor) in September 2020 to relocate the adult mental health beds from Wells to Yeovil, which NHS Somerset supported.

However, some pertinent issues were raised in terms of community mental health services and support for vulnerable people and also the low uptake of use of Open Mental Health, which we would be keen to discuss further. Work is also taking place with Avon & Somerset Police in terms of support for people with mental health issues from a constabulary perspective.

Paul von der Heyde also thanked Emma King for her questions.

17.2 **From Beverley Anderson, Member of the Public (in attendance):**

"Thank you very much for accepting my question and I thank Charlotte for advising of the meeting where we can come together with people and share our knowledge and our experience of mental health in particular for my case, for veterans, so that is very, very important because I think some of you may have seen in the media that SAFA and Help for Heroes have been saying that Somerset is wanting in its treatment of veterans and how they are treated but in particular, it's the families as well that are ignored, so we need a holistic approach, so I really do want to work with the people that you've said to get something going and share my experience and what I think that if we are going to have this wonderful mental health for veterans in Somerset, that we can take a holistic approach and get it right from the start because I'm one of these people that if you buy cheap, you buy twice, so let's get it right from the start.

My second question is: St Andrews Ward – now we know that it's closing and we know you've got a wonderful new venue for inpatients acute that are critical, however there are two buildings on that site now and we don't want St Andrews to be a relic, we don't want it sitting there waiting, we don't want it empty. When you've got people with mental health issues here is a building that can be used, so I think that when we have this group, we need to look at can it be used, is it viable, is it going to make the Trust some money if it's rented out for voluntary sectors and therapies and things like that but in particular, one of the concerns when we've gone on the street and talked to people, they're worried that although you've had this public consultation that yes this ward is going to close and we'll have this new ward and yes there are concerns around that, they're now saying but what's going to happen to St Andrews. We don't want houses built there because our GP services an infrastructure cannot cope with the housing that has recently been built in the area, so we really want to you, if it's in your gift to do so, to have this public consultation with, or let the public know, what you're going to do with those buildings because more houses, more families, is going to make our GP practices implode in the Wells and Mendip area, so that's the biggest thing for me now is what are we doing with St Andrews, let's use it, don't abuse it. Thank you."

17.2.1 Paul von der Heyde thanked Beverley Anderson for attending and raising her concerns and reiterated our offer of a separate meeting. The issue of how we make best use of our estate going forward in different ways is a key issue. Jonathan Higman advised that there is a commitment around veterans, as we have a team at NHS Somerset championing veterans' health issues within the organization and encouraged taking up the offer of a separate meeting to

discuss this further. We are also just about to sign the Armed Forces Covenant, which is a commitment to services for veterans within Somerset.

Berge Balian advised that Somerset had a five-year primary care premises strategy because it was recognised that there were a number of premises that were not fit for purpose. However, the strategy was based on national funding to CCGs, which was subsequently withdrawn, hence the lack of progress. We are however trying to create an integrated strategy for premises going forward.

17.3 **From a Member of the Public (by email):**

"1) How will children's MH services be improved to support children who don't meet the threshold for CAMHS?

2) How will children experiencing EBSA (emotional based school anxiety) be triaged, so that early intervention and play therapy can be put in place before they become school refusers?

3) How can we improve ASD/ADHD assessment to reduce the impact of having unmet needs at school on a child's mental health? Especially in children who mask and will fly under the radar of teachers and SENCO's."

17.3.1 Shelagh Meldrum responded to each of the respective questions as follows:-

1) We recognise that there has been a significant increase in demand for emotional and mental health services in Somerset. In response, Somerset ICB has invested significantly in developing earlier intervention services across the sector which not only includes broadening the offer from Specialist Services such as CAMHS but diversifying the offer from the Voluntary Sector. In recent months, The Somerset CAMHS service was rated outstanding by the CQC during their inspection of Somerset Foundation Trust Services. We acknowledge that not all children or young people will access CAMHS (and nor is it always appropriate that they do) and we acknowledge there is an ongoing need to diversify and improve our offer to children and young people who require earlier intervention.

2) In partnership with Somerset CAMHS, we have recently invested in Educational Psychology resource to help work with this group of children and young people. We recognise more needs to be done and we have adopted a whole system approach to develop a strategy to improve school attendance. This includes promoting inclusion within schools; listening to the needs of young people and adapting to those needs, particularly those children who are neurodivergent. Somerset schools are able to offer support via a graduated response (irrespective of diagnosis or whether an EHCP is in place). Details of Somerset's graduated response can be found on the Somerset Local Offer website. We understand further work is required to ensure the graduated response is applied consistently and effectively across Somerset and this will be taken forward as part of the Somerset SEND Accelerated Action Plan.

3) Our Neurodevelopmental Partnership provides excellent, formulation driven assessments, though we recognise that waiting times for assessment are too long. As mentioned previously, we are committed to strengthening the graduated response in schools and are working on plans to improve support for children and young people who are awaiting assessment for autism and/or ADHD.

APPENDIX 1

17.4 **From a Member of the Public (by social media):**

"Why is there not more awareness of the over 40, 50 and 60 health checks? Despite living in Somerset from age 52 I was not aware of them for many years and when I did ask was told it was flagged on my record that I was eligible.

Unfortunately they were unable to do it and told me to ask again after 60! Preventative healthcare seems non existent in Somerset. In my mother's practice in Sussex there are notices everywhere about them."

17.4.1 Dr Bernie Marden stated that he was sorry to hear of this experience around booking a health check. Health checks are recommended once every five years for all between ages of 40-74 and are an important way to detect early signs of cardiovascular disease. They are not offered to people with pre-existing cardiovascular conditions who will be followed up in a more intensive GP led system. People can book a health check in Somerset via our website Somerset NHS Health Check (somersethealthchecks.co.uk) and if the questioner would like to contact us via the form on the website we can look into why a health check was not offered. Not all Somerset GPs offer health checks but people can book for health checks at some pharmacies and many community locations including many of our public libraries.

Last year we engaged in a number of activities to promote health checks.

1. A targeted social media campaign: social media messages released on rotation (facebook, twitter, Instagram). These have resulted in 3600 unique clicks on our website.
2. Press release on Somerset news room
3. Full page advertorial in Tone News
4. Bannervan advert (static over 10 weeks)
5. Delivered 200,000 Admessage impressions over four months, supplied via National Digital Ltd

In 2022 we delivered almost 9000 health checks.

17.5 **From a Member of the Public (by email):**

"In view of the ever increasing number of chronically sick people requiring inpatient care in this area, how many extra beds are you planning to provide?

In my opinion and experience health authorities have reduced beds in the stupid mistaken believe that you can 'treat these people at home'. When poorly these patients require 24 hr care which is not easily provided at home. Unfortunately family no longer care for elderly."

17.5.1 Alison Rowswell advised that the Somerset system undertakes surge planning and demand and capacity planning throughout the year. This looks at our hospital bedded capacity. We have just undertaken our system planning for 2023/24 and can confirm we have no intention to close any of our acute hospital beds. Musgrove Park Hospital has a core bed base of 581 beds and we have factored in capacity for an additional 35 Escalation Beds which can be opened up as required to meet demand. Yeovil District Hospital has a core bed base of 322 beds, with an additional 20 Escalation beds factored in. However, this will be monitored throughout the year to ensure we meet any required demand.

17.6 **From a Member of the Public (by email):**

"Are there any plans already in place or maybe considered with regard to those living alone like myself; within a village community who may suffer a stroke in their home and who would be unable to follow the act F.A.S.T.

Is there anything that could help/they could do if they found themselves in this situation? This is no information for the single person even the commercial shows a couple."

17.6.1 Dr Bernie Marden remarked that this question highlights the challenges of living alone and of course this can give rise to issues not just in responding to stroke symptoms. Unfortunately, there are no easy solutions. It beholds all partners in our system to support people living in their own homes and to work with them in their communities to identify individual needs and to help vulnerable people in accessing support. This may include personal alarm systems, visiting and befriending schemes etc. The challenge extends far wider than the provision of health services.

17.7 **From Elaine di Campo, Retired RMN CMHT (by email):**

"Please can you reinstate the Floating Support Services? I am a retired RMN with 30 +years of mental Health experience within the Somerset community. I have worked in various disciplines, wards, hospitals, supported housing, outreach, drugs and alcohol agencies and found the most cost efficient and valuable service for service users was the dedicated Floating Support Team/s. The services offered direct referrals at point of service and it would always be individualised to create the most comfortable environment for the service users and workers alike. We would work for a short term period, mainly promoting incomes, benefits, access to community agencies and securing signposting partnerships when and wherever possible to promote long term relationships for service users and thereby independence and a sense of self determination and all that these connections would bring to enhance long term recovery.

These interventions were always developed with the service user taking the lead with support so they would have informed choices at all stages of the assessments, plans and evaluations. The outcomes were phenomenal, sustained wellbeing, involvement in communities – work, volunteering, self-help groups etc. The communities invested in services and the service users became active members of these communities, contributing insights that were unique and transforming to a wide range of agencies, members of the public and not least other service users. Self help groups were created and committees formed to enhance service user involvement in all areas of Mental Health provision. New Directions which you may well have heard of was one in particular that provided a real haven and base for information sharing too.

We all worked towards a recovery/solution focused ideal and this prevented many mental health sufferers being admitted to hospital or having long term intensive support from costly NHS services and the overriding benefits were immense i.e an increasing sense of self determination and self-worth, the development of sustainable relationships outside a formal Mental Health environment. Reductions in medications – increase in mindfulness techniques etc and the flexibility of when and where service users could use these techniques. I could go on and probably have, but I am so very passionate about supporting people in their own environment where the problems are and finding solutions to them there with them because this makes life so much more 'Normalising' and long lasting as people retain that well needed sense of belonging and connection with in their chosen communities. I know there are many mental Health workers that feel the same.

I hope this is helpful as it really does makes sense economically too. I look forward very much to your responses."

17.7.1 Shelagh Meldrum advised that in line with the NHS Long Term Plan, in 2020, we launched our transformed community mental health service, known locally as Open Mental Health. This is a partnership approach between NHS services provided by Somerset Foundation Trust and an alliance of VCSE partners. The new model operates in a similar way as described in the question, with a focus on a range of support options, including medical, therapeutic and social

interventions, including supporting around housing, education and benefits for example. The model offers a highly personalised approach over both short and long terms, dependent on service user need, and draws heavily on the feedback of patients, including a formal group of experts by experience.

We recognise that supporting people to stay well in the community is key to sustainable recovery, and we are due to fully launch our rehabilitation offer in the 2023/24 financial year.

The model has won a number of national awards for its approach to service user engagement and collaboration, including the Health Service Journal's Mental Health Provider Trust of the Year and the Collaborating for Improvement award from NHS Improvement.

More information can be found on the following website:
https://openmentalhealth.org.uk/

APPENDIX 2

POST MEETING ADDENDUM – INFORMATION RECEIVED FROM NHS ENGLAND REGIONAL TEAM:-

[1] How patients are currently involved in the commissioning of these services?

Local people are involved in the commissioning of these services as members of the NHSE SW Direct Commissioning Committee that have made final commissioning decisions on areas of commissioning responsibility to date (1 April 2023); the programme boards that make recommendations to that group have patient representatives in their membership; there are also patient representatives on our South West Recovery Network comprised of ICB engagement leads, overview and scrutiny chairs and Healthwatch managers – this group helps NHSE SW shape and set its recovery plans and annual priorities. All Healthwatch organisations also are members of the local dental committees and provide these groups with regular information about POD services that they have collected from their local population. We have had a number of discussions with ICB engagement leads and will continue to discuss and plan ways to collaborate with existing Somerset patient engagement/involvement mechanisms in future following delegation.

[2] How public health feeds into the discussions regarding the commissioning of these services.

This was particularly in response to the dental risk about oral health and whether public health are involved in the risk assessment? Local Authorities have responsibility for Oral Health. However the Dental Team have a multi-agency SW Dental Reform Programme with an oral health improvement working group with invitations on that group to all local authority oral health improvement leads. The dental team also draw upon three dental public health consultants within NHSE SW to feed into key pieces of work (stabilisation pathway/supervised toothbrushing), the dental public health team also sit on the SW Dental Reform Programme board and are at each of the three working groups (access, oral health improvement and workforce).

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NHS Somerset

ICB ACTION/DECISION LOG AS AT 30 MARCH 2023

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)
CCG 818/2022	31.03.22	Green Plan	Interim targets to be incorporated into the Green Plan	Alison Henly	Being developed as part of the action plan. Agreed to bring this back to a future development session to demonstrate the progress in the forward action plan - scheduled for April.	Complete
ICB 007/23	26.01.23	People and Workforce	There was a specific question in relation to doctors' training relating to doctors who have found it hard to get back into training in the UK, having been abroad. Bernie Marden agreed to follow this up with the Deanery.	Bernie Marden	More to be done and as partners with HEE, we will continue to raise the issues and be best placed to try and help with some solutions as they arrive.	Complete
ICB 010/23	26.01.23	Risk Register	Risk workshop to be arranged	Jade Renville	Scheduled for April Development Session	Complete
ICB 018/23	30.03.23	Register of Members' Interests	Link to electronic register to be sent to Duncan Sharkey for completion	Kathy Palfrey	Link sent, register updated	Complete
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.	Complete