REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD	ENCLOSURE:
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DATE OF MEETING:	25 January 2024	
REPORT TITLE:	Minutes of the ICB Board Meeting held on 30 November 2023	
REPORT AUTHOR:	Julie Hutchings, Board Secretary and Corporate Governance Lead Officer	
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)	☒
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	☐
Discuss	To discuss, in depth, a report noting its implications	☐
Note	To note, without the need for discussion	☐
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	☐

PREVIOUS CONSIDERATION/ENGAGEMENT
There is lay representation on the ICB Board.

Executive summary and reason for presentation to Committee/Board	The Minutes are a record of the meeting held on 30 November 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.
Recommendation and next steps	The NHS Somerset ICB Board is asked to **Approve** the Minutes of the meeting held on 30 November 2023 and to confirm that the Chairman may sign them as a true and correct record.

Links to Strategic Objectives
(Please select any which are impacted on / relevant to this paper)

- ☒ Objective 1: Improve the health and wellbeing of the population
- ☒ Objective 2: Reduce 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

Impact Assessments – key issues identified
(please enter 'N/A' where not applicable)

INSERT TITLE OF REPORT

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 held on 30 November 2023.
Confidentiality	N/A
Risk Description	N/A

Please keep these front pages to a maximum of three

Minutes of the Meeting of NHS Somerset Integrated Care Board (ICB) held at Wynford House, Yeovil, on **Thursday 30 November 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 (for items ICB 095/23 to ICB 107/23)
	Christopher Foster	Non-Executive Director (Chair of Remuneration Committee; and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director (Chair of Quality Committee)
	Professor Trudi Grant	Executive Director of Public and Population Health
	Alison Henly	Chief Finance Officer and Director of Performance
	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/Chief Operating Officer
	Grahame Paine	Non-Executive Director and Deputy Chair (Chair of Audit Committee) (Virtual)
Apologies:	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member)
In Attendance:	Michael Bainbridge	Associate Director of Primary Care – Strategy (for item ICB 107/23)
	Luke Best	Primary Care Development Manager (Interim) (for item ICB 107/23)
	Sara Bonfanti	Head of Communications and Engagement (for item ICB 101/23)
	Charlotte Callen	Director of Communications and Engagement
	Sam Checkovage	Primary Care Commissioning Manager (for item ICB 107/23)
	Dr Victoria Downing-Burn	Director of Workforce Strategy
	Judith Goodchild	Healthwatch (Participant)
	Julie Jones	Programme Manager Stroke, Neurorehabilitation and Community Hospitals , Somerset NHS Foundation Trust (for items ICB 101/23 and 102/23)
	David McClay	Chief Officer of Strategy, Digital and Integration
	Mr Peter Moore	Patient and Family/Carer Story (item ICB 104/23)
	Katherine Nolan	SPARK Somerset, VCSE sector (Participant) (Virtual – for items ICB 095/23 to ICB 102/23)
	Jade Renville	Director of Corporate Affairs
	Eelke Zoestbergen	Quality Lead for Mental Health, Learning Disabilities and Autism/Deputy LeDeR LAC (for item ICB 104/23)
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Lead Officer

ICB 095/23 WELCOME AND APOLOGIES FOR ABSENCE

95.1 Paul von der Heyde welcomed everyone to the meeting of the NHS Somerset Integrated Care Board (ICB).

Apologies were received as noted above.

ICB 096/23 REGISTER OF MEMBERS' INTERESTS

96.1 The ICB Board received and noted the register of members' interests, which reflected the electronic database as at 23 November 2023.

ICB 097/23 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

97.1 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.

The quoracy of the meeting was confirmed.

ICB 098/23 CHAIR'S INTRODUCTION/REPORT

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

- An acknowledgement that all partners in the county continue to be under operational pressure.
- Proactive dialogue has continued with chairs regionally and nationally, together with close contact with leaders of the component parts of our system.
- The Chair participated in a visit by Chris Hopson, Chief Strategy Officer for NHS England, to Taunton and Bridgwater College nurse training facilities.

ICB 099/23 MINUTES OF THE MEETING HELD ON 28 SEPTEMBER 2023

99.1 The minutes of the meeting held on 28 September 2023 were approved as a true and correct record.

99.2 The action schedule was reviewed. All actions had been completed.

ICB 100/23 MINUTES OF THE EXTRAORDINARY MEETING HELD ON 20 NOVEMBER 2023

100.1 The minutes of the meeting held on 20 November 2023 were approved as a true and correct record.

ICB 101/23 STROKE PUBLIC CONSULTATION – YOU SAID, WE ARE DOING

101.1 The Board received a report relating to the Stroke Public Consultation – you said, we are doing. David McClay and Sara Bonfanti highlighted the following:

- The paper highlights the wide variety of methods used to engage with people across Somerset and into the neighbouring county of Dorset, and the numbers of responses received.
- This has informed a themed report being developed by the independent research organisation, Opinion Research Services (ORS), , which will inform the decision-making business case.
- Key themes identified related to transport and travel times and concerns around loved ones being able to visit those in hospital, quality of care, equality of access, the inpatient environment and workforce.
- Insights have been shared widely across key stakeholders to look at what actions we can take in terms of incorporating that insight into the decision-making business case.

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

- Whether there is a significant difference in responses across different geographies in Somerset, (e.g., between the East and West of the County?). Sara Bonfanti advised that the full ORS report will contain more detail, but it can be seen that there is a different perspective for those that live closer to Yeovil than elsewhere in the County. Jonathan Higman advised that the full paper will be published alongside the decision-making business case.

- Whether the quality impact assessment will be presented to the Board. It was confirmed this is currently being updated and will come back to Board.

- The routes through which staff were engaged. It was stated that staff were offered the opportunity to respond to the public consultation, as well as attending drop-in sessions at the acute hospital sites, and having conversations with the programme lead.

- With regards to travel times, It was confirmed that a key part of the decision-making business case will be to undertake further analysis on the impact for patients, families and relatives on the preferred option, as well as the clinical justification for making the change.

- If it could be shown that women responded on behalf of their whole family or with their individual views, and whether there was balanced representation across men and women. Sara Bonfanti advised that at the mid-point review, the difference in response rates between men and women was noted and some targeted messages were carried out towards mens groups to encourage more responses.

- Was there anything in the feedback from the consultation that was particularly surprising and might challenge some of our pre-conceptions? Sara Bonfanti advised that this was discussed with the public and stakeholder group and there was nothing surprising that had not already been considered or raised, just those deeper insights.

101.3 The Board **noted** the Stroke Public Consultation – you said, we are doing report.

ICB 102/23 STROKE PUBLIC CONSULTATION – DECISION ON OPTION VIABILITY TO REACH PREFERRED OPTION PAPER

102.1 The Board received a report relating to the Stroke Public Consultation – decision on option viability to reach preferred option paper. David McClay highlighted the following:

- In 2019, a review of Somerset stroke services was carried out and a key recommendation was to review the way hyper acute stroke and TIA (mini stroke) services were provided in Somerset.

- Some of the main reasons for doing this include: the challenges in recruitment and retention of stroke specialist staff, failure to meet national standards around hyper acute and acute stroke both in Taunton and Yeovil, the variation in the service across the county (particularly out of hours and at weekends), wanting to improve outcomes for the population and the opportunity to ensure the resource being invested in stroke care is optimised.

- To make a hyper acute service clinically sustainable and to maintain expertise to ensure good clinical outcomes, 600 stroke admissions a year are required, which is achieved in Musgrove Park Hospital but not in Yeovil District Hospital.

- Wide engagement has taken place with neighbouring healthcare systems.

- Two options went out to public consultation:
    - Option A: a single hyper acute unit in Taunton and an acute stroke unit both in Taunton and Yeovil
    - Option B: a hyper acute stroke unit in Taunton with the acute stroke unit co-located in Taunton with no stroke service at Yeovil District Hospital
- Since the consultation, more detailed analysis and modelling has been carried out on the two options. Taking into account that analysis and the consultation feedback, two key themes have emerged:
    - significant concerns around the role loved ones play in recovery, increased travel times, supporting visiting family with parking costs and accommodation, concerns around the current ambulance waiting times and delays in treatment.
    - delivering the entirety of Option B at Dorset County Hospital would not be possible and would require significant capital investment and could not be delivered within the two-year timescale set.
- The reapplication of the hurdle criteria demonstrated that Option B was no longer viable on the delivery element, travel times for carers and workforce sustainability.
- Support for providing acute stroke care at both Taunton and Yeovil was very strongly heard throughout the consultation feedback.
- Indicative estimates for the capital required for Option B are approximately £7.8 million, however this would still not provide a solution to accommodate a 38-bed stroke unit on the Dorchester site, therefore Dorset ICS cannot support Option B.
- The indicative capital costs of Option A are £3.5 million and whilst this would impact on other areas of the system capital programme, it is more manageable than Option B.
- The indicative revenue costs at Dorchester of Option A are £2.63 million, in comparison with £3.2 million for Option B and the indicative revenue cost to Somerset NHS Foundation Trust of Option A is £2.1 million and Option B is £0.9 million.
- The implementation of the bed requirements under Option B is not deliverable at Dorset County Hospital and could not be implemented within the two-year timescale set.
- Alongside the strong public voice heard in the public consultation and the adverse impacts on families and carers if stroke services were completely removed from Yeovil, a recommendation is made to the ICB Board to discount Option B and to proceed with Option A as the preferred option.

102.2 There was particular discussion amongst Board members as follows:

- If agreed, there is still a lot of work to do around making sure we have a deliverable option and to understand the impact. This is about improving patient outcomes for the people of Somerset and the economic analysis will need to look at the whole lifetime of the patient and the impact on things like long term disability.
- The movement to a preferred option is supported from a clinical perspective, sighted on improving the outcomes for our population.
- There is a need to ensure we are investing equally in the whole wider pathway of care and more understanding is required about the proposed revenue costs at Dorset County Hospital. Alison Henly advised there are ongoing meetings with Dorset to fully understand the figures and costs.

- Notwithstanding the main driver to improve outcomes for the population, there was an ask for greater assurance on how we will be able to provide a sustainable workforce to support Option A; it was agreed this would be consider further when the decision-making business case is presented to the Board. Peter Lewis added that the most difficult workforce model to sustain would be the current model. Clarity is required on what the service model is and that is sustainable and can deliver the outcomes, in order to attract the workforce.

- More clarity is required about the risks with each of the proposals and as the current model is not sustainable, we need better clarity about how this will be achieved.

- Whether there are any consequences for discounting Option B that needs further articulation, and if there were any further options to consider. Jonathan Higman advised there were originally nine options so it is felt that all possible solutions have been explored. Julie Jones commented that part of the reason for discounting Option B was around deliverability at Dorset County Hospital and the strong public voice.

- It is key that we get strong clinical services, particularly in incidences of stroke but also important that we look at the prevention element of this. In the mitigation for the future decision, consideration needs to be given to what more can be done around the early parts of the care pathway, particularly preventing strokes from happening in the first place. Whilst this is focusing on a particular part of the pathway, it does not exist in isolation from rehabilitation and prevention.

102.3 The Board unanimously **approved** the recommendation within the report.

(Katherine Nolan left the meeting)

ICB 103/23 PUBLIC QUESTIONS (PLEASE SEE APPENDIX 1)

ICB 104/23 PATIENT AND FAMILY/CARER STORY

104.1 Shelagh Meldrum introduced Eelke Zoestbergen and thanked Mr Peter Moore for attending.

- Mr Moore presented a personal account of his brother's (Stephen) and his family's journey through our health and social care system.

- Stephen contracted polio aged four, leaving him left side hemiplegic, and was subsequently brain damaged by an operation, rendering him totally reliant on others for his safety and personal care. He had epilepsy and limited speech, unable to tell people how he felt. Stephen could often be boisterous and this could take the form of grabbing or hitting out due to excitement or frustration.

- Born at a time when there we no schools to cater for those with learning disabilities and complex needs and deemed as un-educatable, Stephen stayed at home, with no help for the family.

- At the age of 21, Stephen was the first day patient in the notorious Somerset Farleigh sub-normality hospital, a closed institution which did not welcome the external scrutiny of families' daily appearance and questioning of purpose and outcomes. This led to whistleblowing, police and media investigations and subsequently a public inquiry over cruelty. We need never forget what some learning-disabled people endured in institutions and celebrate the safeguarding structures we have today. The theme here is those with the most challenges often had their needs accommodated last.

- Stephen then went to live in a then new residential home in Taunton, built as part of Somerset's first joint health and social services funded capital strategy. Those new community-based services were playing catch up to accommodate Stephen's level of need. He is still living there 30 years later.

- Stephen was subject to the very worst of institutions and the very best of person-centred care and carries so many stories of the evolution of care and support through eight decades. He and many like him have challenged the thinking of the traditional health model and balanced that with the social model, basically wanting to be defined by who you are as a person in your community, not a condition.

- For the last 10 years, Stephen has been using a wheelchair, and dependent upon a hoist. If he had received ongoing physiotherapy over the decades for his hemiplegia and easier access to occupational therapy, podiatry and chiropody, the family believe he would not have become totally non-ambulant. The family have questioned if considering him as a person with a physical disability rather than a learning disability would have made a difference. Following a referral for a new wheelchair in June 2022, and a lengthy wait for a new one, during which Stephen fell out of his wheelchair, a new wheelchair was finally delivered on 16 May 2023.

- In April 2022, Stephen underwent some non-invasive tests to try to determine if he had any underlying condition. A cold letter followed, written by the hospital, saying "no further invasive investigative procedures or treatments as he is performance status 3/4 so therefore not in his best interests" and he was to be discharged. The family challenged, referring to the Mental Capacity Act. That then resulted in a best interests meeting called at the family's request. The health professionals learnt from the meaning of the words in the poor report and the requirements in law for best interests discussions. An apology was received but Mr Moore was keen for everyone to learn that it was important for people to feel uncomfortable in making decisions which affect those unable to articulate for themselves and to question those decisions.

- The future is in an integrated health and social care model based on the principles of prevention and creativity and it is important to think about who the person is, not just the condition and that requires joined up thinking and action, a whole system approach with integrated objectives with dual accountabilities for practitioners in their field, both professional and managerial.

- There is a need to unlock the power of people and communities, with patients as active partners in their own care and support. Families need services that are built around them irrespective of boundaries, so flexible and personalised.

- As new problems arise and present new challenges, interpretation and looking beyond what is presented as a health issue, not to accept the inevitability of frailty and miss a treatable condition, keeps the family sharp and alert.

104.2 The Chair thanked Mr Moore for portraying his brother's story, which highlighted the importance of personalised care. There was particular discussion amongst Board members as follows:

- The central role that Stephen's family played in his advocacy, and the need to support self-advocacy. In order for that to be successful, people need to listen and be prepared to be responsive and to ensure that they understand how they need to operate to accommodate people and their need.

- How we address an individual's needs, rather than the diagnosis. Mr Moore commented that this is about looking beyond the label or condition to look at the individual and what they need and what their dreams and aspirations are.

- Cllr Rosemary Woods thanked the NHS for equipment provided including a hospital bed which enabled her mother to stay at home but expressed concern about the future model for micro-providers.

- How we unlock the power of the people in communities. Mr Moore highlighted need to join up agencies to work collaboratively in terms of

outcomes and talk up the stories of positivity in order to value people's contribution in society; there are other creative ways of achieving outcomes.

- Bernie Marden commented that a large part of this is about attitude in professional thinking. Referring to the statement that "those with the most challenges have their needs accommodated last", it is really powerful to think about marginalisation. What one thing should we take away? Mr Moore feels that it we get it right for those with the most challenges, we get it right for everybody else, also keeping our reporting framework simple as we over complicate things.

ICB 105/23 CHIEF EXECUTIVE'S REPORT

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

- Addressing the financial challenges created by industrial action in 2023/24
    - The risk around the Council financial position will be raised at the meeting with the national team later today.
    - Alison Henly added that there is also a wider risk around the Voluntary, Community, Social, Faith and Social Enterprise sector (VCSFE) and cost of living issues.
- Somerset Integrated Care Board Annual Assessment for 2022/23
    - The process is being redesigned moving forward. Learning outcomes are being discussed at Audit Committee to review what the governance review looks like, picking up a number of themes from this document
- Communications and Engagement Activity – BBC Radio 4 Today are revisiting next Tuesday looking at proactive care models in general practice focusing on the Brave AI development and how that is supporting those most vulnerable complex patient identification, work at Musgrove Park Hospital looking at the perspective on the front door of the Emergency Department compared to last year and looking at the community diagnostic centre in Taunton and some of the day surgery innovation at Musgrove. This is a great opportunity to share some innovation in Somerset and the challenges between health and social care.

105.2 There was particular discussion amongst Board members as follows:

- Chief Medical Officers Report
    - Grahame Paine noted that Professor Chris Whitty's report talks about the issues we will experience in Somerset around our ageing population and those that will have more than one condition and asked if we should we bring this more into our agenda and discussions? Jonathan Higman agreed that the report starts to raise the profile for the population of Somerset around coastal issues and an ageing population. Trudi Grant has been working with Professor Whitty and there was a visit to the county from Professor Sir Michael Marmot a while ago. This will be structured into our conversations.
    - Trudi Grant highlighted the need to look at long term conditions we will start to see if we do not focus on those issues. With an ageing demographic, we need to focus our effort on multiple long term condition prevention. Whilst we focus on older and young people, we do not pay enough attention to the adult population and preventing the long-term conditions presenting.
- Queens Anniversary Award: Bridgwater and Taunton College (BTC) – the Chair remarked that there were several young people on the course who would never have undertaken the training had they had to travel further. This is a really good opportunity for us to retain younger people between the age of 20 and 35 here as they develop their profession.

- Communications update – the new non-emergency patient transport provider was highlighted, noting that there were a number of complaints later in the report relating to patient transport. Charlotte Callen reflected that whilst we need to give this a little more time to settle, we need to keep an eye on the public interface as that gives a good indication as to whether things are working going forward. In future, some more detailed insights and stories received through PALS will be brought to this meeting.

ICB 106/23 WINTER PLAN

106.1 The Board received a presentation on the Winter Plan. Shelagh Meldrum highlighted the following:

- At the beginning of August, we were asked to start considering winter resilience with a key focus on four hour waits in emergency departments and on ambulance handovers but also a recognition that we needed to protect elective activity and think about staff resilience, concentrate on mental health and think about children and young people.

- We were also asked to undertake a winter assurance submission. The questions revolved around how the system would work together, how to take collective responsibility whilst understanding organisational accountability and how the 10 high impact interventions would be delivered.

- There was a key focus on discharge, the complexities of intermediate care and social care provision, the number of beds, our escalation plans and how we would implement and use the new OPEL framework.

- We engaged with partners which resulted in a 79-page document. Positive feedback was received and a number of other questions were then issued and completed to the satisfaction of NHS England (NHSE).

- In September, an online workshop was held reviewing KLOEs in readiness for resubmission and in October we facilitated a winter planning workshop with multiple partners to discuss what had not worked well in the past, what we should do more of or change, how we measure success, how we share responsibility whilst juggling individual accountability and how we balance the national asks with the local need. We asked everyone to consider the 10 high impact interventions and confidence in the levels of impact of the things we have said we will do in the plan.

- There was a request for a further workshop and planning that in January.

- The High Impact Interventions are around same day emergency care, frailty (a priority for us), inpatient flow & LOS (acute), community bed productivity and flow, care transfer hubs, intermediate care demand & capacity, virtual wards, urgent community response, single point of access and acute respiratory infection hubs.

- Priority areas: community bed productivity and flow and intermediate care

- A dynamic winter plan has been developed, containing linked attachments to live action plans and this is being updated through the system coordination centre. It also contains supporting plans (South Western Ambulance Service NHS Foundation Trust (SWAST) winter plan, escalation and surge plan, winter comms plan, primary care action plan, operational/performance plan, new OPEL rating plan, Somerset Council operational plan).

- Next steps – SHREWD (real time information system that will enable us to be proactive rather than reactive) goes live at the beginning of December and will be brought to Board in due course. The new OPEL framework goes live tomorrow, there will be a focus on the three weeks over Christmas, further work with VSCFE partners, frequent resilience touchpoints, a national meeting and a learning event to be held in May.

- The plan will be shared in due course, along with the presentation

106.2 There was particular discussion amongst Board members as follows:

- High emergency department attendances and worsening performance on ambulance handovers compared to 2022. Peter Lewis advised that the patterns have not significantly changed but we are seeing a difference from the East to the West of the County. From Musgrove, the number of patients who have stayed more than three weeks in hospital is lower than it has been for a long time but in Yeovil, it is a very different picture. The same escalation capacity has been used in Yeovil so there is something different between the two sides of the County that we need to understand.

- Trudi Grant asked if vaccination was included within the 10 high impact interventions? Shelagh Meldrum advised that whilst not in the 10 high impact interventions, this is firmly included in plans. Trudi Grant highlighted that we are behind the curve on covid and flu vaccination, in particular for our front-line health and care workers. Charlotte Callen advised some targeted work is now taking place with specific health and social care teams.

- Having the SHREWD data system and having that consistent view of where we are in the system each day has improved visibility, but questions were asked about how the system control centre can use the data in real time to try and manage risks across the various elements of our system. Shelagh Meldrum advised that the data will grow and become more proactive. We play an active role in attendance and admission avoidance. The centre plays an active role in signposting and looking at those that attend frequently and working with that repatriation. Access would be provided to all once fully implemented.

ICB 107/23 RECOVERING ACCESS TO PRIMARY CARE

107.1 The Board received a presentation on Recovering Access to Primary Care. Berge Balian and Luke Best highlighted the following:

- The Department of Health and Social Care have produced a national two-year recovering access to primary care plan, which follows on from increasing data showing dissatisfaction with general practice.

- A collaborative approach is being taken on how we implement this, trying to link in to the Primary Care Strategy approved by the Board in May. The Primary Care Strategy focuses on access, continuity and population health management and this is the first element. Also linking this in with the work on winter resilience planning.

- We are currently doing 300,000 consultations a month in general practice which is nearly 23% higher than pre-covid. There are also 45 fewer GPs in Somerset which is a 14% reduction compared to 2019 and although the workforce has increased with the Additional Roles Reimbursement Scheme (ARRS) roles, there is discussion to be had about whether they have significantly increased capacity or increased the quality of care we are providing for specific elements.

- 82% of appointments in Somerset are provided in two weeks which meets the national criteria.

- The overarching aim is to address the downward trajectory in patient satisfaction since pre-Covid with two key metrics around same day appointments and those within 14 days where clinically appropriate.

- 43% of appointments are offered the same day, with a further 40% offered 2-14 days. Appointments are 119% of pre-covid (2018/19) level, with over 300,000 appointments offered per month.

- Two-year programme with ongoing actions – highlighted general practice improvement programme which is a resource and offer from NHSE

107.2 There was particular discussion amongst Board members as follows:

- Is this the delivery of the primary care access strategy presented previously at Board? Michael Bainbridge advised that when the strategy came in May, there was discussion about whether it was a strategy or strategic framework. Whilst there was support for the overall strategic direction, there was a request for a set of detailed delivery plans covering the three priority areas.

- The importance of the interface between primary and secondary care.

- With regards to progress in general practice in particular, and information stored in the IBAR report, it would be helpful to summarise progress against the 12 measures. Sam Checkovage advised of work with the performance team to create a visual dashboard, which will come to Board in March/April time.

- The need to support practices address areas of need and deprivation. An example given was that we know the likelihood of finding people with undiagnosed hypertension is higher in areas of greater deprivation so this requires concentrated focus. The current funding formula for general practice does not reflect deprivation health inequalities in a very sophisticated way, so we are in discussion with the LMC about a new framework for general practice that would link practice income to health inequalities and deprivation.

- Jonathan Higman highlighted the aspiration to create a partner newsletter to share updates on the impact some of this work is having.

- The issue of consistency of care vs the challenges in GP recruitment. Berge Balian remarked that it important to get this balance right but acknowledged that is difficult with a challenged workforce and increased demand.

- Luke Best confirmed that these slides have also been to Scrutiny and a visual graphic will be taken back in due course

- With regards to the issues around workforce, there appears to some hope as whilst there has been a reduction in the number of GP partners and locums since 2019, there has been an increase in salaried GPs and GP training numbers have significantly increased in Somerset. Although Berge Balian questioned whether the salaried doctor increase is just a reflection of Symphony.

- Peter Lewis asked if Symphony is a reflection of not having enough partners, or is having more salaried GPs a reflection of Symphony? The report states that Symphony is a third of the practices which is incorrect. Berge Balian advised that because the GPs in Symphony are employed, the figure for salaried doctors is skewed. Looking at recruitment across Symphony and the independent practices, this is improving across both equally, reflecting the national market changes and less availability of work for locums, which is encouraging colleagues to take up permanent posts.

(Berge Balian left the meeting)

ICB 108/23 NHS LONG TERM WORKFORCE PLAN BRIEFING

108.1 The Board received a report on the NHS Long Term Workforce Plan. Victoria Downing-Burn highlighted the following:

- During the patient and family/carer story earlier in the meeting, Mr Moore used words such as creativity, synergy, integration, teams and focussing on who individuals are rather than on their condition.

- The NHS has between 40-50K workforce in Somerset alongside carers and there are lots of opportunities to do things differently.

- The plan spans 15 years, with funding of £2.4 billion over the first five years

- The Somerset scenario 2035 work is about developing skills.

- A series of workshops will be taking place in the new year around three strategic areas – recruiting more, retaining existing talent, reforming – it would be useful to bring an update to the Board in due course. Currently People Board are responsible for overseeing this work.

108.2 There was particular discussion amongst Board members as follows:

- Whether there be more focus on how our workforce could be trained/supported to tackle inequalities. Victoria Downing-Burn advised that we are working closely with the Trust, Council and others on considering opportunities (e.g., what we can do around the Academy as that offers us something we did not have before).

ICB 109/23 QUARTERLY CORPORATE RISK REGISTER

109.1 The Board received the Quarterly Corporate Risk Register. Jade Renville highlighted the following:

- Moving towards having our strategic system assurance framework in place, there is a NED assurance focussed session in December to take this forward, with a view to bringing the strategic system assurance framework routinely to Board on a quarterly basis from next year. Consideration needs to be given as to how we align and present some of the information around the Corporate Risk Register alongside those strategic risks.

- There are currently about 150 open risks compared to 138 previously. Of those, 33 are scored at 15 and above.

- The report describes where risks are being monitored and where these have been allocated to committees, we need to ensure that those committees take responsibility for reviewing those on a regular basis.

- The risk register is also reviewed at Executive Leadership Committee to sense check that the risks are reflective of our position and to consider the balance of scoring and mitigations.

- There will be a need to triangulate this alongside the system assurance framework.

109.2 There was particular discussion amongst Board members as follows:

- There had been discussion about whether some of these risks are still describing issues that exist rather than describing a risk per se and suggested we carry out a deep dive, through our committee structure, to review whether these are live risks or statements of fact that need to be picked up through another route.

- The Councils' financial position and acute stroke services are not included on here so how do we make sure that all these risks are included, which would be reviewed.

- Executives should be owning the risks and advising how they are being taken forward and for the purpose of discussions at Board, it would be helpful to know who owns the risks. Jade Renville confirmed that there are executive owners for each of these and whilst these are not currently articulated within this report, these will be added.

- With regards to the letter about financial challenge, there has not yet been an opportunity to overlay this on the risk matrix but this will be done for the next update.

Action ICB 109/23: Names of Executive owners for risks to be included within the quarterly corporate risk register report, with a deep dive of current risks to be carried out to establish whether these are all live risks or if some are statements of fact to be picked up via another route.

109.3 The Board **noted** the Quarterly Corporate Risk Register.

ICB 110/23 FINANCE REPORT – MONTH 6 2023/24

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

- The Finance Report covers the period 1 April to 30 September 2023.
- Somerset Council's position is included, so this now reflects an integrated ICS report. We do report differently; Somerset Council report on a forecast position basis so it looks slightly different and we are working to correct this moving forward.
- The health system submitted a balanced plan for 2023/24 both on an individual organisation and system basis. Against this plan, the health part of the system are showing a year to date overspend of £5.5m to the end of September. Of this, £2.5m relates to price increases as a result of drug stock shortages and £3m due to the cost and loss of income relating to industrial action carried out during this period.
- On 8 November, NHS England issued a letter titled "Addressing the significant financial challenges created by industrial action in 2023/24 and immediate actions to take". Following receipt of this letter and confirmation of the funding implications, a rapid 2-week exercise was carried out which confirmed that we are still on track to deliver a balanced financial position for 2034/24.
- Somerset Council is showing a forecast deficit of £18.7m for 2023/24. This is largely being driven by pressures in Adult Social Care and Children and Family Services. The Council is focussing on addressing the in-year financial plan, with a forward view on the 2024/25 financial plan.
- The report highlights that we have already breached the agency control limit by £6.9m which is a significant focus for the system. A system review of controls and processes has been undertaken and this continues to be a significant area of focus for the trust's Finance Committee.
- The report highlights that there are risks which could materialise. The most financially significant at this point of time relates to the continued cost of medicines which is being driven up by market price increases.
- The slight uptick in deficit reflects the fact that we have now received confirmation of funding for end of year to manage our risks.

110.2 There was particular discussion amongst Board members as follows:

- As this was prior to receipt of the H2 letter it was questioned whether we should not have forecast a break-even position. Alison Henly advised that the forecast in this report made some assumptions about additional funding that the H2 letter has now confirmed.

110.2 The Board **noted** the Finance Report for Month 6.

ICB 111/23 SYSTEM ASSURANCE FORUM FEEDBACK: INTEGRATED BOARD ASSURANCE EXCEPTION REPORT (IBAR)

111.1 The Board received the IBAR Exception Report for the period 1 April 2023 – 30 September 2023. The Chief Finance Officer and Director of Performance highlighted the following:

Urgent Care:

A few highlights from the urgent care section of the report:

- NHS 111 services – improvement in average speed to answer calls and abandonment rate, as a result of the recruitment into the service.

- Ambulance Performance – Both category 1 and 2 response times remain behind plan. A discussion took place at the System Assurance Forum on 15 November to understand the improvement plans before winter ahead of winter, but more work needs to be done to agree actions to reach the standards for Somerset.

Elective Recovery:

Noted strong recovery of the long waiter position.

- Somerset exceeding target in April and May – the report shows a reducing number of long waiters with no patient waiting over 104 weeks and reducing numbers of patients waiting over 78 and 65 weeks, with Somerset being ahead of its plan for over 78 weeks.

- The PIDMAS system is now available to enable patients to register to transfer provider. 109 have registered on the system as at 3 November.

- The number of people waiting in excess of 6-weeks for diagnostic tests has also reduced, as a result of additional capacity being brought online. The report highlights specific specialities where the waits have not reduced as quickly with the actions that are being taken.

    - The performance against the 28-day faster cancer diagnosis standard has remained static. The report highlights 3 specialities which make up the majority of the breaches. The impact of the transfer of the skin service is not being fully felt yet and this will have a bigger impact as we move through the rest of this year

Mental Health:

- The report shows the continuing improvement in the IAPT service, although we are not yet delivering our performance aspirations. Mitigations are being taken forward which are shown in the report.

- Significant improvement is being seen against the physical health check for patients with serious mental illness. Work continues to continue the improvement journey against this target.

111.2 There was particular discussion amongst Board members as follows:

- The Chair queried whether this is an exception report in its current form as much of the content is repetitive month on month. There needs to be a way of sharpening this so that it drives at the issues we really need to address. Alison Henly advised that there is the national financial system that has been invested in and we are looking at how that will help our Board reporting going forward. This will enable the team time to carry out a deep dive and the report will be developed as a result.

- With reference to the full IBAR report and having reviewed the Somerset integrated urgent care data presented up to September 2023, it was noted that we are still struggling with Somerset urgent care NHS 111. Could a

more intensive review of this provider be undertaken? Alison Henly to discuss with Grahame Paine outside of this meeting.

Action ICB 111/23: Alison Henly and Grahame Paine to discuss the integrated urgent care data presented in the IBAR report up to September 2023

ICB 112/23 KEY MEETING REPORTS

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

Board Committee Reports:-

- Finance Committee: written report provided. A further meeting was held last week, looking in greater depth at funded nursing spending. We continue to offer support for the work going on in the West of England Imaging Network and support has been given for working up a business case, however no definitive support or financial support has been provided at this stage. Alison Henly added that there was discussion about the provider accreditation process as there is guidance we need to respond to, particularly in respect of independent sector contracts. There is an ongoing review of all our contracts within the ICB and the digital and Continuing Healthcare (CHC) contracts were brought forward in terms of the outcome of the reviews that have happened within the ICB. There was also discussion regarding the new Provider Selection Regime (PSR) guidance coming into effect in January.

- Audit Committee: written report provided and next meeting is next Wednesday, when we will meet our new external audit partner. Conversations continue with the audit chair of Somerset NHS Foundation Trust to ensure we remain aligned.

- Quality Committee: written report provided.

- Primary Care Commissioning Committee: (N/A – last meeting 5/9/23, next meeting 5/12/23). In the meantime, we continue to review the type and level of information that comes to the committee to ensure best use of everyone's time together and an item has been added to the next agenda for feedback on the committee. Jade Renville mentioned that one of the reports being considered at Audit Committee is some Terms of Reference to carry out a committee effectiveness review which will help chairs to think about the role and scope of their committee.

Joint Committee Reports:-

- People Board: Written report provided. Christopher Foster advised that Suresh Ariaratnam chaired the last meeting. In order to take a strategic view and to engage properly in workforce planning, it has become clear that a good understanding of the current situation and challenges is necessary – planned focus at next meeting.

- Children, Young People and Families: Last meeting was held on 7 November where discussion took place on the children and young people's plan. The first draft of the plan is expected in June. There was a report from the SEND team around the accelerator plan which is progressing well and the Youth Forum attended and spoke about resilience and aspiration for children and young people in Somerset and self-harm. One of the themes arising was that young men and boys feel they are not taken so seriously and do not talk about it and perhaps we do not have the right pathways in place. Children and young people are interested in how they can help each other and there was a discussion about whether we can have mental first aid training available for students.

- Collaboration Forum: written report provided, together with the Terms of Reference, included with the first report to Board. Following the VCSFE MOU signing, a follow-up conversation has taken place to agree next

steps and a regular assembly meeting (involving 90-100 organisations) is now in place to share information between the voluntary sector and ICS. The next meeting is taking place on 18 January when priorities of the Council, NHS and voluntary sector will be shared, with discussion around areas of collaboration.

ICB 113/23 ANY OTHER BUSINESS

113.1 None was raised.

ICB 114/23 CLOSE AND DATE OF NEXT MEETING

114.1 9.30 am on 25 January 2024, at Wynford House, Lufton Way, Yeovil.

Chairman: Date:

APPENDIX 1

ICB 103/23 PUBLIC QUESTIONS

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

"I have two sets of questions:

1) The save St Andrew's ward campaign is being shut down because the ward is clearly going to close in the spring. We will be focusing on a different area of mental health, which is yet to be decided. My questions are:

   a. Where are the crisis cafes located?
   b. We know that there will be 4 step down beds in Wells; are there any plans to put in some step up beds too? We know that people are likely to recover more quickly if they are located in a familiar place.
   c. Can the ICB please give some feedback on whether the campaign has had any impact on future ICB decisions – such as how consultations are conducted? Also, did the campaign have any bearing on the future of mental health provision in Wells/Mendip?

   The petition which had 4461 signatures was closed a couple of weeks ago. At the meeting on 19 October, there was a commitment to send the Equality Impact Assessment and also some further information about where the crisis cafes were going to be located, which has not been received. It was encouraging to hear that there will be four step -down beds in Wells. Is there also a possibility of some step-up beds as this would help people to recover more quickly and not actually need to come to the service in Yeovil at all? The campaign has run for about 3½ years and there has been lots of contact both virtually and face to face and feedback would be appreciated on whether the campaign had any impact on the decisions made regarding the use of the building in Wells and the location of the step down beds and whether or not the consultation will be done differently, as the view from those in Mendip was that the consultation was handled extremely badly and views disregarded. Emma requested feedback over the next couple of days, as hoping to draft a press release over the weekend.

2) I have a petition to hand in about the pharmacy situation in Glastonbury. The situation continues to be grave and the remaining pharmacy continues to struggle. I understand that an application has gone through a consultation phase which ended on 3rd November. Can you please tell me what has now happened to this application? Is it being fast-tracked through the system and when will we be getting a new pharmacy?

   The pharmacy petition has almost 500 signatures on it and is ongoing. Additional information received recently from people living near to pharmacy advising that the remaining pharmacy is very busy. The pharmacy has been taken on by another pharmacy but the car park is very small and there are certain geographical issues that cannot be resolved.

103.1.1 Jonathan Higman thanked Emma King for her engagement, recognising the importance of having these sort of conversations and hearing the issues from the perspective of the community. Apologies were relayed for not having responded to the specific questions raised, however this information will be sent before the weekend.

Charlotte Callen apologies as it appears there was a mis-communication in that we were expecting the Trust, who were also present, to respond, however this will be followed up and responses provided by the end of the week. In terms of the impact the public voice has, whilst this does not this necessarily mean that we can provide all the services the public want, we do want to reassure people that we listen and hearing those concerns means that we can address some of the concerns people have.

Jonathan Higman thanked Emma King for her question relating to St Andrews, which was noted and explained that as meetings have taken place to go

through her questions, NHS Somerset feel they have done what they can to answer her question.

With regards to the second question relating to the pharmacy situation in Glastonbury, applications for new pharmacies have to go through a regulatory process that is governed by the Pharmaceutical Services Regulations. This is managed through the regional Pharmaceutical Services Regulations Committee (PSRC).

This application pertaining to a potential provider in Glastonbury will go to Committee on 5 December for decision. NHS Somerset are part of the decision-making committee. There are some administrative processes that need to be completed following the committee's decision which will be completed as soon as possible. The decision is then distributed to the applicant and other parties. Until this is completed the outcome is confidential.

This process is for a period of days to weeks, rather than weeks to months and NHS Somerset will ensure that Emma King is informed as soon as the committee publishes their decision. The Chair also thanked Emma King for her input and Emma King agreed to share the front part of the text on the petition.

103.2 **From Marion Davies, Member of the Public (in attendance):**

"Under the reconfiguration proposals, I would like to ask the question - What is the precise time it would take to transport a seriously affected stroke victim from the Yeovil area to either Dorset Hospital or Musgrove Park Hospital?

RAPID TREATMENT following a stroke we are told is paramount. The time lapse of transporting a patient by ambulance to either of these hospitals is unacceptable. It is imperative that treatment be given urgently.

Yeovil MUST RETAIN its stroke unit to facilitate the needs of people in South Somerset and the surrounding area. It would be so detrimental to the wellbeing of our local community to have this vital unit removed from our area.

We need to keep our stroke unit at all costs and we need urgent action to make sure it happens.

Is the 'golden hour' not critical, as we are led to believe from television and press, as this is being taken away from the people in the South and South East of Somerset?"

103.2.1 Bernie Marden advised that a suspected stroke patient would be taken to their nearest hyper acute stroke unit and for the majority of patients from the Yeovil area, this would be to Dorset County Hospital (DCH) rather than Musgrove Park Hospital. As part of the development of the decision-making business case, the travel time analysis is being reviewed.

Getting to hospital quickly is important when you have a stroke, but the evidence shows that being seen by specialist staff quickly when you arrive and access to the best treatment available provides better outcomes for individuals. One hyper acute stroke unit at Musgrove Park Hospital would be better able to support this care by providing rapid access to the right expertise and specialist equipment 24/7.

The stroke steering group have also reviewed the national clinical recommendations for best practice. The clinical outcomes were considered in detail as part of the options development. The proposals were supported by the Clinical Senate and NHS England.

It is recognised that family and loved ones play an important role in a patient's recovery and the impact of not being able to see loved ones could have on the wellbeing of patients. Under Option A, patients would receive specialist care in a Hyper Acute Stoke Care further away from their home, but onward care would be provided through a retained Acute Stroke Unit at Yeovil District Hospital.

Julie Jones added that not all patients will go to Musgrove Park Hospital as a number will go down to Dorset County Hospital for their hyper acute care. For the decision-making business case, some geospatial work is being carried out, looking at travel times for people in different areas of Somerset.

Bernie Marden remarked that the golden hour is something that does gain some prominence and whilst it is important to act as quickly as possible, it is perhaps even more important to act in a safe and appropriate manner, so we are looking at the overarching opportunity to go from symptom onset to having received the right treatment and that is not something that can be looked at in the context of just an hour but which unfolds over some time, for example, the ability to access an appropriate diagnosis through scanning within an hour of arrival at an appropriate facility, to have gained access to thrombolysis within four hours etc . It is more important to arrive at the right place and receive the right treatment than to arrive very quickly at somewhere that turns out not to be as supportive as it would need to be in terms of what the needs are.

103.3 **From Gerry Smith, Member of the Public (in attendance):**

"On what date in 2024 will the ICB board justify their plan to close the YDH HASU and transport patients to Taunton and explain to the residents of Yeovil at a public meeting at the Westlands Entertainments Centre? You are taking a massive decision and I think you should defend it and explain it to the public. There is a petition from over 7000 people who think this is a bad idea. It is essential for all of you to understand the significance of what you are deciding.

There is precedent for public meetings in Yeovil in the last several years, one was over the closure of the Hospice, one was over the debacle over the Octagon Theatre and the Council have come and have explained themselves in public at the Westlands Centre and that really is democracy in action. Whatever you decide as an ICB Board, you are taking away from the residents of East Somerset a HASU issue which is in existence. It is not gold standard but nor is Taunton, they are both about silver standard and you are doing that to the detriment of a lot of people and if you have to, then you should explain that to the people that are affected and a public meeting is the way it is done in a modern democracy and I would urge you to do that."

103.3.1 David McClay confirmed that the decision-making meeting will take place at our January Board meeting. The final decision-making meeting will be held in public to allow those interested to hear the discussion and how the decision is made. We expect this to take place on 25 January. Members of the public are welcome to attend this board meeting either in person or on Microsoft Teams to hear the discussion and decision-making process.

Following the Board meeting we will organise a further public meeting to give people an opportunity to hear more about the decision, why it was taken and the next steps towards implementation. A communication plan will be put together in due course.

Jonathan Higman reassured that the seriousness of this issue is something that we absolutely understand. One of the reasons for moving to one option is so that we can get into the detail of impact and deliverability and the public are welcome to attend that meeting and we will give further consideration to the request for a public meeting. Charlotte Callen advised that there will be a public meeting but the details of where and when will follow in due course.

103.4 **From Mrs Smith, Member of the Public (in attendance):**

"Dorset has put it's HASU and ASU units into one hospital and now finds it has inadequate facilities for the county. Why then, with a growing population is Somerset making the same mistake?"

103.4.1 Bernie Marden advised that in Dorset, Poole and Bournemouth have centralised their stroke services onto the Bournemouth site. Dorset County Hospital continues to provide stroke services within their dedicated stroke unit and this provides an equitable service across the county of Dorset. Dorset have invested additional money into developing this stroke unit at Dorchester which is separate from the proposals we are making. Throughout the work we

have ensured that we have linked into other reconfigurations of stroke services to learn from them.

103.5 **From Raymond Tostevin, Quicksilver Community Group (Chair) and Somerset NHS Foundation Trust Member (in attendance):**

"When QuickSilver Community Group's met with staff from Dorset County Hospital, NHS Dorset and NHS Somerset on 7 November, we were told that currently there is no dedicated stroke consultant. And that it would be expected to provide consultants to support the proposed HASU at DCH from existing DCH consultants in other areas, eg the Emergency Department (ED). This appears to go against the principal of the national strategy, where a larger HASU would have 24/7 stroke consultant cover.

At Yeovil, the existing HASU already has a dedicated stroke consultant (albeit one who wishes to retire), with an additional consultant recently recruited.

As the DCH HASU appears to be nowhere close to being operational, many of us remain unconvinced that NHS Somerset has made a sufficient case to remove the YDH HASU, impacting potentially 255 patients and more. Patient safety is potentially at greater risk, if the Yeovil HASU is removed, whilst there is still no operational HASU at Dorchester, and a service at Taunton, that does not yet have all the specialist staff needed, to take up greater number of stroke patients from the east and south of Somerset. What assurances can you as a Board give to the community in Yeovil and the surrounding area, that by removing our HASU you will not severely impact emergency care for those 255 people and to add, the population in this area is growing and that 255 will probably be many more."

103.5.1 Bernie Marden advised that Dorset County Hospital (DCH) has dedicated stroke consultants to deliver stroke care day to day. Some consultants work across two specialties such as stroke and care of the elderly or neurorehabilitation. These types of posts are in place nationally and Musgrove Park in Taunton have a consultant who works across stroke and care of the elderly and these consultants are still stroke specialists. DCH also has a stroke nurse consultant who works alongside the medical consultant team to provide dedicated stroke care.

With regards to the comments regarding implementation we will make sure we reach an appropriate state of readiness, wherever our patients are going to be looked after, working closely with our colleagues in Dorset County Hospital.

Peter Lewis reiterated that until we are very clear what that future model is we will not be able to fully recruit to the team in Taunton, which is why once the decision is made, there will be an extended implementation period. The challenge for us is how we keep what we are doing in Yeovil safe whilst we go through that implementation period. We should not be stopping what is happening in Yeovil before we have implemented either in Dorchester or in Taunton, as that just gives the same risk in a different place and people will travel further for it.

103.5.2 Mr Tostevin added: "Whilst accepting that there is a national recruiting problem and that we have not been able to attract the requisite staff in Yeovil which we would like, I suspect that Dorchester and Taunton are also experiencing similar problems, as was expressed at the meeting. I am heartened to hear that what we have got currently will not be taken away until you are absolutely sure that what you are offering somewhere else will be at least as good as, or better."

103.5.3 Peter Lewis advised that with the national shortage, the people we are trying to recruit have choices and they will want to come to a place that they see has the best configuration for acute stroke services and we do not currently have that and that is a big issue in our recruitment and we are looking at 10 years plus for some of those challenges.

Julie Jones advised that Dorset do have dedicated stroke consultants and a number of them work across some specialities but they provide day to day stroke care within the hyper acute stroke care, they just do not have a dedicated unit as they have beds within their stroke unit. To provide a seven-

day thrombolysis service 24/7, eight consultants are required. They have always had to provide their own cover within Dorchester Hospital as do not have a similar network to that which is used in Somerset. To do that they use their stroke consultants and also their Emergency Department consultants participate in the out of hours thrombolysis rota and as they do that on such a regular basis, they have become experts.

103.5.4 Mr Tostevin added: "Is there any reason why this could not have happened in Yeovil and will you be able to persuade the existing staff at YDH to move to Musgrove if the HASU is relocated there, as it seems obvious to bring in staff already at YDH to assist in stroke?"

103.5.5 Julie Jones advised that we have looked at whether we can do things differently at YDH and Dr Whiting who leads the project from a clinician point of view feels that it should be stroke specialists that provide that rota and clearly it is easier to do in Taunton than it is to do across both sites. It is recognised that the situation in Dorchester is not ideal and there are opportunities from this to do things differently.

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

The full question submitted in advance of the meeting was withdrawn from the meeting as was largely covered by the perceived agreement to keep the acute stroke unit at Yeovil and the issues raised by Ray Tostevin about the lack of a 24/7 specialist stroke consultant at Dorchester. Mr Beaver commented that "The aim of the national framework for stroke care is to have larger, admittedly more geographically dispersed, hyper acute stroke units but with 24/7 specialist stroke consultant care and Dorchester is not going to deliver that, which seems to be a shortcoming in the proposal."

103.6.1 The Chair thanked Mr Beaver and noted his comments.

103.7 **From Graeme Pidgeon, Member of the Public (in attendance):**

"I have a concern about the business model, as hearing nothing about recruitment and what is being done to improve the number of staff as we seem more intent on cutting services rather than putting pressure on how do we get more people in, what are we missing and what are we not doing.

What is the justification for the projected downgrade of the HASU at Y.D.H? Upgrading the DCH to HASU standard, alongside Y.D.H. would compliment and greatly improve patient outcomes in the far reaches of both counties. This would enhance the critical time window for treatment, better patient outcome and minimise the carbon footprint associated with patient transport across the two counties."

103.7.1 Jonathan commented that it is widely accepted that to provide sufficient patient volumes to make a hyperacute stroke service clinically sustainable, to maintain expertise and to ensure good clinical outcomes, 600 stroke patient admissions per year are required.

This is achieved in Musgrove Park Hospital, and Dorset County Hospital however Yeovil District Hospital does not achieve the required yearly numbers to be able to deliver a clinically sustainable hyperacute stroke service.
To deliver 24/7 stroke services at Yeovil when they do not achieve the recommended yearly stroke admissions would mean that staff would not maintain competency to deliver thrombolysis as they would not be doing it frequently enough.

Yeovil has also struggled over many years to recruit to the stroke consultant posts even though many strategies have been used as noted above.

103.7.2 Mr Pidgeon added: "What has been done to improve ambulance response times?"

103.7.3 Jonathan Higman advised that a lot of work has been carried out ahead of this winter to try and improve ambulance response times which have reduced quite significantly, with the category 2 response times being those relevant to stroke

and coronary heart disease. Money has been invested in additional ambulances, SWAST are reviewing the staffing rotas that enable those ambulances to be deployed over the 24/7 period as well as some operational work to look at how we improve ambulance handover times in the hospitals.

The Chair advised that SWAST are also working on paramedics' ability to make a decision at home not to bring people in to hospital as much as possible, which may help the flow.

103.8 **From Andrew Lee, The Leveller (in attendance):**

"I would like to start with an observation in view of the number of questions we have had this morning. I received an email telling me about this Board meeting on 5.14 pm on Thursday last week, telling me that I needed to complete a question by midday on Friday. Now, you may be incredibly quick readers but having seem the voluminous amount of paperwork that came with that meeting, I do not think I could have actually digested most of it and got a question in by midday. I appreciate the flexibility because I did put a question in and it was well after the midday, I think on the following Monday but just from a practical point of view, I think it is unrealistic to ask people to respond in that sort of timeframe.

I would like to raise an issue in respect of the consultation on moving the stroke service from Yeovil to Taunton. The results of the survey have (sort of) been published with the board papers. Whilst summary indications of how people felt are given, the report is entirely lacking in numbers.

In the light of what happened in the consultation over moving a mental health ward from Wells to Yeovil, the lack of hard numbers is of a concern.

Can the ICB confirm that actual numbers will be published in due course - and if so then when. I'm sure you will agree it is important the public see those numbers in advance of any further decisions being made. In order to do some kind of analysis and to be able to put intelligible questions from the public, we must surely have that information more than a week in advance of the decision-making meeting.

I also note that when Fit For My Future looked at the transfer of a mental health ward from Wells to Yeovil the fact that most of the respondents who did not like the idea came from Wells, was discounted because it was felt their views were naturally prejudiced.

Can we expect the same logic to be applied to this survey where most of the people who support the one service from Taunton model, come from the area around Taunton. Will their views also be "downgraded?"

103.8.1 Jade Renville accepted the point around the timeframe, some of which is about giving time to be able to prepare information in order to provide a response but would always aim to be flexible in our response in any given situation and we would be happy to revisit and review the process.

Jonathan Higman advised that the full report which was developed by ORS and includes all the numbers and feedback by geographical area, will be published in due course alongside the decision-making business case. There is a practical element around the timescale as there is a lot of work to do to prepare the decision-making business case and our Board timetable is that we publish that a week before the meeting. However, the point about the amount of data that will be issued and that it would be useful to publish this earlier, is noted and we will reflect on that.

The summary paper presented to the board today gives an outline of the numbers responding to the consultation and the key themes arising. When the Decision-Making Business Case (DMBC) is presented to the board next year the full consultation report will be available where the feedback will be published in greater detail. It is important to recognise that a public consultation is not a vote or referendum, but an opportunity to gather a range of insights, views and feedback on proposals before any decisions are made.

We are really pleased that so many local people gave their views during the consultation.

We continue to review the feedback received in the consultation and balance this against the clinical evidence on how we can provide better stroke care and improve outcomes following a stroke. The views from the public from all areas are being taken into account through the writing of the DMBC. The public feedback was considered in our recommendation to discount option B, as the concerns heard during the consultation that family and loved ones play an important role in a patient's recovery, and the impact of not being able to see loved ones could have on the wellbeing of patients.

103.9 The Chair thanked everyone for their time, effort and clarity of thought which will all feed into the decision that we make in due course.

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 109/23	30/11/2023	Quarterly Corporate Risk Register	Names of Executive owners for risks to be included within the quarterly corporate risk register report, with a deep dive of current risks to be carried out to establish whether these are all live risks or if some are statements of fact to be picked up via another route	Jade Renville/Kevin Caldwell	16/1/24: Names of Executive owners will be included in the next report. Deep dive is underway and teams have been given until 22 February to complete the task	Ongoing	
ICB 111/23	30/11/2023	System Assurance Forum Feedback: Integrated Board Assurance Exception Report (IBAR)	Alison Henly and Grahame Paine to discuss the integrated urgent care data presented in the IBAR report up to September 2023	Alison Henly	17/1/24: Meeting arranged to take place on 18/1/24.	Complete	17/01/2024