

|                           |  |                               |
|---------------------------|--|-------------------------------|
| <b>REPORT TO:</b>         | <b>NHS SOMERSET INTEGRATED CARE BOARD<br/>ICB Board Part A</b>           | <b>ENCLOSURE:</b><br><b>B</b> |
| <b>DATE OF MEETING:</b>   | <b>26 September 2024</b>   |                               |
| <b>REPORT TITLE:</b>      | <b>Minutes of the ICB Board Meeting held on 25 July 2024</b>             |                               |
| <b>REPORT AUTHOR:</b>     | <b>Julie Hutchings, Board Secretary and Corporate Governance Manager</b> |                               |
| <b>EXECUTIVE SPONSOR:</b> | <b>Jonathan Higman, Chief Executive</b>                                  |                               |
| <b>PRESENTED BY:</b>      | <b>Paul von der Heyde, Chair</b>   |                               |

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

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

| <b>PREVIOUS CONSIDERATION / ENGAGEMENT</b> |
|--|
| N/A  |

| <b>REPORT TO COMMITTEE / BOARD</b>   |
|--|
| <p>The Minutes are a record of the meeting held on 25 July 2024. 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.</p> <p>The NHS Somerset ICB Board is asked to <b>Approve</b> the Minutes of the meeting and to confirm that the Chairman may sign them as a true and correct record.</p> |

**IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED**  
(please enter 'N/A' where not applicable)

|   |   |
|---|---|
| <b>Reducing Inequalities/Equality &amp; Diversity</b> | N/A   |
| <b>Quality</b>  | N/A   |
| <b>Safeguarding</b>                                   | N/A   |
| <b>Financial/Resource/ Value for Money</b>            | N/A   |
| <b>Sustainability</b>                                 | N/A   |
| <b>Governance/Legal/ Privacy</b>                      | The Minutes are the formal record of the meeting. |
| <b>Confidentiality</b>                                | N/A   |
| <b>Risk Description</b>                               | N/A   |

Minutes of the **Meeting of NHS Somerset Integrated Care Board (ICB)** held at **South Petherton Community Hospital, South Petherton**, on **Thursday 25 July 2024**

|                |  |  |
|----------------|--|--|
| Present:       | Paul von der Heyde<br>Christopher Foster | Chair<br>Non-Executive Director (Chair of Finance Committee, 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   |
|                | Jonathan Higman<br>Peter Lewis           | Chief Executive<br>Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)                       |
|                | Dr Bernie Marden<br>Shelagh Meldrum      | Chief Medical Officer<br>Chief Nursing Officer and Director of Operations                                      |
|                | Grahame Paine                            | Non-Executive Director and Deputy Chair (Chair of Audit Committee)   |
|                | Duncan Sharkey                           | Chief Executive, Somerset Council (Partner Member)   |
| Apologies:     | Suresh Ariaratnam                        | Non-Executive Director (Chair of Primary Care Commissioning Committee)   |
|                | Dr Berge Balian                          | Primary Care Partner Member  |
|                | Dr Victoria Downing-Burn                 | Chief People Officer   |
|                | Judith Goodchild                         | Healthwatch (Participant)  |
|                | Alison Henly                             | Chief Finance Officer and Director of Performance and Contracting  |
|                | David McClay                             | Chief Officer for Strategy, Digital and Integration  |
| In Attendance: | Charlotte Callen                         | Executive Director of Communications, Engagement and Marketing   |
|                | Katy Crabbe                              | Associate Director Commissioning and Transformation, Women, Children and Family Health (for item ICB 086/24)   |
|                | Steve D'Arcy                             | Patient Story – Guest Speaker (for item ICB 084/24)  |
|                | Dean Davies                              | Patient Story – Guest Speaker (for item ICB 084/24)  |
|                | Ben Edgar-Attwell                        | Deputy Director of Corporate Services (working across SFT and Somerset ICB)                                    |
|                | Katherine Nolan                          | SPARK Somerset, VCSE sector (Participant)  |
|                | Chris Phillips                           | Head of Strategic Partnerships, Somerset Council and NHS Somerset (for item ICB 087/24)                        |
|                | Jade Renville                            | Executive Director of Corporate Affairs  |
|                | Tony Robinson                            | Healthwatch (Participant) (deputising for Judith Goodchild)  |
|                | Alison Rowswell                          | Director of Localities and Strategic Commissioning (deputising for David McClay)                               |
|                | Scott Sealey                             | Deputy Chief Finance Officer and Deputy Director of Performance and Contracting (deputising for Alison Henly)  |
| Secretariat:   | Julie Hutchings                          | Board Secretary and Corporate Governance Manager   |

**ICB 076/24 WELCOME AND APOLOGIES FOR ABSENCE**

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

**ICB 077/24 PUBLIC QUESTIONS [\(PLEASE SEE APPENDIX 1\)](#)**

**ICB 078/24 REGISTER OF MEMBERS' INTERESTS**

78.1 The ICB Board received and noted the register of members' interests, which reflected the position as at 16 July 2024.

Duncan Sharkey queried whether his links to committees and groups was correct, in particular that he was listed as being a member of the People Board although he did not believe he was a member.

**Action ICB 078/24: Julie Hutchings to follow-up and check the People Board Terms of Reference to determine whether Duncan Sharkey is required to attend.**

**ICB 079/24 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**

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

**ICB 080/24 MINUTES OF THE MEETING HELD ON 23 MAY 2024**

80.1 The minutes of the meeting held on 23 May 2024 were approved as a true and correct record.

**ICB 081/24 MINUTES OF THE EXTRAORDINARY MEETING HELD ON 27 JUNE 2024**

81.1 The minutes of the extraordinary meeting held on 27 June 2024 were approved as a true and correct record.

81.2 The action schedule was reviewed and updates noted. Action 057/24 to be updated to 'Ongoing' rather than 'Completed' as whilst other elements of that action have been completed, the date for the progress update to come back to Board has yet to be confirmed.

**Action ICB 081/24: Action 057/24 to be updated as 'Ongoing', pending confirmation**

**ICB 082/24 CHAIR'S INTRODUCTION/REPORT**

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

- Proactive dialogue has continued with chairs regionally and nationally, together with contact with leaders across our system.
- Our joint forward plan has five key workstreams, with senior responsible officers for each, who should all encourage progress in their respective areas.
- The Chairman chaired the South West Regional People Board, in its newly constructed form, with a meeting in person in the Autumn.
- Participation in reverse reciprocal mentorship sessions with the ICS Workforce Inclusion Lead, recommended to colleagues.
- South West Chairs and Chief Executive's meeting, which helped to better understand the challenges facing both colleagues and the local population.
- Somerset Board workshop on 7 June which considered the development of neighbourhood strategies and confirmed the values and principles. A further meeting took place on 23 July, which will be discussed in the key meeting reports section.
- Meeting with members of the Dorset ICB Board and discussion about their commitment to shared plans.
- Visit to Hinkley Point with VCSFE sector colleagues arranged by Somerset Community Foundation, demonstrating the opportunities the development presents.
- Meeting with NHS Confederation to discuss different plans for engagement with central government, recognising the importance of central government understanding the significant challenges faced by rural and coastal communities such as Somerset.
- The Chairman represented the NHS at the Armed Forces flag raising ceremony at County Hall

- Staff development day on 11 July to develop the ICB's values and behaviours.

*(Post Meeting Addendum:*

*NHS England developed a Fit and Proper Person Test (FPPT) Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). The Framework is designed to assess the appropriateness of an individual to effectively discharge their duties in the capacity of a board member. NHS organisations were required to return an annual submission form by the end of June 2024 and our first annual submission was made to NHS England on 28 June 2024, with all 19 Board members confirmed as fit and proper. The NHS England regional team confirmed receipt of our submission on 1 July 2024.)*

## **ICB 083/24 CHIEF EXECUTIVE'S REPORT**

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

- Political context – a meeting was held between ICB Chief Executives and the national team to reflect on the new government priorities, e.g., to further reduce elective wait times, improve access, winter preparedness and resolving industrial action (junior doctors and general practice).
- National Primary Care Network (PCN) pilot programme – the delivery plan and list of successful applicants will come to the next Board meeting via the Chief Executive's report.
- Joint Targeted Area Inspection – an action plan is now in development. This is a system-wide issue, with a need for a strategic approach. New legislation was published at the end of 2023 about the working of the strategic partnership and a joint paper will come to this Board and also the Council Executive in the Autumn, setting out the response to the new legislation.

**Action ICB 083/24: JTAI action plan and response to overarching legislation to be considered at November Board meeting.**

- Communications and Engagement Activity – the May/June edition of our communications, marketing and engagement spotlight has been published, with a focus on the 'take the pressure off' blood pressure monitoring campaign and Somerset's 'Big Conversation'.
- GP collective action – ballot closes on 29 July and action could start on 31 July. NHS Somerset is working with practices locally to mitigate the impact as far as possible.
- Transfer of inpatient mental health services from St Andrews, Wells to Summerlands, Yeovil – this took place on 23 July and the new ward is up and running.
- The Somerset Suicide Prevention Partnership has developed a new draft Suicide Prevention Strategy for Somerset. The consultation is now open [Suicide Prevention Strategy Consultation - Somerset Council - Citizen Space](#) and will close on Monday 9 September.
- ['Too hot to handle?' report](#), focusing on inequalities will be circulated following the meeting.

## **ICB 084/24 PATIENT STORY: THE IMPACT OF HIGH BLOOD PRESSURE**

84.1 Charlotte Callen introduced Steve D'Arcy and Dean Davies, who highlighted the following:

**Steve's story:**

In January 2019, Dean experienced a stroke at 36 years old, initially mistaking the symptoms for a bad night's sleep. His wife quickly called an ambulance, and despite initial disbelief from the paramedics due to his age, Steve was taken to hospital.

At the hospital, Steve began to recover but then deteriorated again, leading to a prolonged recovery process at the rehabilitation centre at South Petherton. The journey was challenging, involving physical and emotional struggles, but Steve was motivated by his family and eventually, with the help of Occupational Therapists, regained the ability to walk, drive, and return to gaming.

Steve emphasised the importance of regular blood pressure checks, as high blood pressure can be a silent killer and to highlight that regardless of age or fitness, anyone can be at risk.

#### **Dean's story:**

Approximately 18 months ago, while watching his daughter play rugby, he noticed blurred vision in one eye, which later turned out to be a retinal bleed caused by undiagnosed high blood pressure. This was a shock as he had never felt unwell before.

After being diagnosed, Dean was put on medication and now has his blood pressure under control. He also receives regular eye injections and has had laser eye surgery to prevent further complications. Dean emphasised the importance of understanding medical information and suggested that hospital letters should be easier to comprehend. Dean advocates for regular blood pressure checks, especially for middle-aged men, and supports the Somerset's 'Know your Numbers' campaign. Dean believes that early detection and management of high blood pressure can prevent serious health issues like strokes and heart attacks.

84.2 There was particular discussion amongst Board members as follows:

- The Board thanked Steve D'Arcy and Dean Davies for their powerful and inspiring stories.
- The Board were keen to understand what might have made a difference before the stroke and diagnosis in terms of raising public awareness. It was suggested that whilst the current workforce campaign is very helpful, public messaging needs to highlight that this affects all ages, not just older people. There was a suggestion to target specific men's groups, outside of the NHS and primary care setting and for communication to be clearer to help people better understand the numbers. It was noted that public health colleagues are trying to get hypertension numbers in discharge letters sent straight to GP records to streamline the process.

#### **ICB 085/24 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 - POPULATION HEALTH TRANSFORMATION PRORGAMME: HYPERTENSION – PROGRESS UPDATE**

85.1 Trudi Grant provided a progress update on the population health transformation programme on hypertension, highlighting the following:

- The system-wide hypertension project has been developed as part of the Population Health Transformation Programme, with three aims:
  - to diagnose 80% of expected hypertensive population by 2030 (currently at 71%)
  - to ensure that 80% of people diagnosed are treated to target (currently at 67.6%)
  - to reduce inequalities in diagnosis and optimisation of hypertension
- There are six workstreams: 'real time' cardiovascular dashboard, communications and engagement, community testing, 'cold' case finding, 'warm' case finding and optimising blood pressure

- New net case finding – prior to March 2023, an average of 150 cases were identified per month, with 470 cases per month identified since the campaign started in March.
- Treatment to target – this keeps moving and takes a while for people to get treated and get the right medication. Cases found have been tracked since March and so far cases are being treated to target.
- Next steps –scaling up community testing, pharmacy interventions, optimisation – will relaunch for the ‘know your numbers week’ from 2-8 September, the theme of which is to ‘test at home’.

85.2 There was particular discussion amongst Board members as follows:

- Whether other things have been explored such as drive through testing, testing at garages and takeaways, hairdressers/barbers etc. Trudi Grant advised that the issue is capacity, although there is potential to link with vaccination programmes any all suggestions are welcome.
- The importance of better education around the correct process of taking three blood pressure measurements and recording the average.
- The opportunity to capture any resource savings connected with the positive benefits, such as the number of heart attacks and strokes prevented and whether cardio teams will see the same advantages in three years’ time. Peter Lewis commented that although we will see less heart attacks and strokes, this will need to be balanced against a growing population.
- Traction and momentum needs to feed into forward planning in terms of capacity.
- The limited testing capacity (one person) and whether there are others that could be engaged such as colleges. Trudi Grant advised that the team are working their way through approaching FE colleges, recognising that any support provided is voluntary. Peter Lewis added that we might need to consider increasing capacity and investing in prevention.
- A suggestion that rather than having a stand at an event, where the focus of those attending is on the event itself, hosting an event specifically targeted for the hard-to-reach groups, such as at men’s sheds, in workplaces may gain more traction.

85.3 The Board **noted** the progress update.

**ICB 086/24 OBJECTIVE 3: PROVIDE THE BEST CARE AND SUPPORT TO CHILDREN AND ADULTS – TRANSITIONING TO ADULT HEALTH SERVICES**

86.1 Shelagh Meldrum introduced Katy Crabbe who provided a presentation on [‘Transitioning from children to adult health and care services’](#), setting out the following:

- The increasing number of children with life-limiting conditions in England with more young people reaching ages at which they start transitioning to adult healthcare.
- By failing to ensure that there is a good transition from children’s to adult services we will see increases in poor health outcomes and quality of life, increased pressure on health and care resources and reduced life expectancy.
- A significant amount of partnership work is underway in Somerset to improve pathways and communication however gaps remain in supporting coordination of care once young adults move to adult health services.
- Once the Charter is approved, young people will be approached as to how they would like it communicated.

86.2 There was particular discussion amongst Board members as follows:

- Shelagh Meldrum advised that work is being carried out to understand the demand that exists, with a final list to be taken to the Management Board. Currently a small team exists within CHC and a Complex Care Nurse has been added to the team to pick this up.
- The need to consider those children and young people that develop conditions as teenagers and the gap that exists as some children’s hospitals operate an age cut off at 16, with most adult services not accepting those under 18. From a commissioning point of view, as we take

on delegation of specialist services, this provides an opportunity as well as a challenge.

86.3 The Board **endorsed** the charter and supported the approach set out within the presentation.

**ICB 087/24 OBJECTIVE 4: STRENGTHEN CARE AND SUPPORT IN LOCAL COMMUNITIES - PROGRESS ON MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN SOMERSET INTEGRATED CARE BOARD (ICB), SOMERSET COUNCIL AND THE VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE SECTOR (VCFSE) AND OTHER AREAS OF WORK**

87.1 Katherine Nolan and Chris Phillips provided a presentation on '[Progress on Memorandum of Understanding \(MOU\) between Somerset Integrated Care Board \(ICB\), Somerset Council and the Voluntary, Community, Faith and Social Enterprise Sector \(VCFSE\) and other areas of work](#)', highlighting the following:

- A vision for embedding the VCFSE into the Somerset system
- The role of the VCFSE sector
- Shared values: we are collaborative, we have integrity, we are community-focused, we will strive for equity, we are innovative
- Shared commitments: VCFSE commitments, Public Sector commitments
- Priority activities – progress made
- More to be done/observations, including better communication, showcasing work/opportunities, removing duplication

87.2 There was particular discussion amongst Board members as follows:

- Consideration as to how we do something similar with the Trust.
- The aspirations for the next 12 months – Katherine Nolan highlighted the need for real clarity around areas of focus. In addition, looking at the engagement model and a commitment to funding beyond that.
- Somerset being seen as an exemplar.
- The need to consider thanking volunteers more centrally rather than relying on organisations to thank their volunteers.
- At the recent ICB colleague away day, staff were encouraged to volunteer as part of team building and giving back to communities.

87.3 The Board **noted** the update.

**ICB 088/24 FINANCE REPORT – MONTH 2 2024/25**

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

- The finance report covers the period 1 April to 31 May 2024.
- There is a nominal deficit of £45K for NHS Somerset in this period, with the system projecting to delivery of a break-even plan for month 12
- The capital programme is £9.7 million behind plan, however NHS England are yet to enact the phasing of our final submitted capital plan, which will be completed for month 3, which will see our plan on target against the capital allocation. The system is expecting to fully utilise its capital allocation in 2024/25
- Agency expenditure is £400K under plan, which is a significant focus for the system, although this position remains over our agency cap
- There are several significant risks to delivering the financial position, however we are looking to mitigate those through the financial year
- Somerset Council has shared its month 12 position for 2023/24, which is subject to audit. This shows delivery of a £1.6 million surplus for 2023/24 due to less borrowing to finance the capital programme, additional income received than assumed and a larger overspend on waste budgets
- Somerset Council has produced a month two emerging issues report to highlight the potential variances and issues facing the Council in 2024/25. A full budget monitoring report will be produced for month three.

88.2 There was particular discussion amongst Board members as follows:



- To note that the agency spend is demonstrating a trend that is either stabilising or reducing and applauded Somerset NHS Foundation Trust (SFT).
- To note that the final two slides do not have a heading but relate to Somerset Council and not NHS Somerset, for avoidance of doubt.

## **ICB 089/24 INTEGRATED BOARD ASSURANCE DASHBOARD AND EXCEPTION REPORT FROM THE SYSTEM ASSURANCE FORUM**

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

- The report covers the period 1 April to 31 May 2024 and consists of a new scorecard report bringing together quality, workforce, performance and finance indicators, using a quadrant approach, which will evolve as reporting is further developed.
- The SAF undertook deep dives into podiatry, hospital at home and dementia diagnosis rates.

89.2 There was particular discussion amongst Board members as follows:

- Why virtual wards are not moving forwards as quickly as intended. Peter Lewis advised of the challenge of getting access right and this being a process rather than capacity issue as those in virtual wards need to be only those that would otherwise be in acute wards. It was noted that a test and learn is taking place this week around care coordination, in particular around frailty and respiratory, which may come to a future meeting.
- Referring to the information about people, the measures, information and reporting with respect to SFT is relatively strong, however there is very little about primary care and nothing about the ICB people challenges/situation – this aspect is receiving attention with a view to providing better information and analysis.
- What will be done as a group to address the red areas and the need to develop a collective response.
- This provides a high-level overview and colleagues can link with subject specialists if further information is required.
- The new oversight framework also needs to be reflected.
- A reflection on the work around improvement on maternity. A rapid review meeting was held last week and whilst normally an inadequate rating would involve joining the national maternity scheme, a diagnostic piece of work has been agreed rather than entering the scheme. This is to take place in the next eight weeks to evaluate whether actions being taken are making a difference.

**Action ICB 089/24: The new oversight framework is to be reflected in the Integrated Board Assurance Exception Report.**

## **ICB 090/24 KEY MEETING REPORTS**

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

### **ICB Assurance Committee Reports:-**

- Finance Committee: written report provided.

**Action ICB 090a/24: The infrastructure strategy and 10-year capital and disposal plan will be considered at a future board meeting, following further refinement.**

- Audit Committee: written report provided.
- Quality Committee: written report provided.
- Primary Care Commissioning Committee: written report provided. In terms of quality and primary care, ARRS roles are being reviewed, together with where they sit.

### **System Group Reports:-**

- Somerset Board: last meeting was held on 23 July 2024 and included a presentation on the system forward plan, including: obesity; results of the recent board workshop and agreement to mirror the values and principles of the MOU between the VCFSE, Council and ICB; a presentation on health and housing; an update on the shared data and intelligence workstream and an update on the shared approach to neighbourhoods and localities. Colleagues were encouraged to view the papers on the Council website, in particular the paper on neighbourhoods.
- Collaboration Forum: written report provided.

### **Action ICB 090b/24: Senior Responsible Officers (SROs) for each of the five system priority programmes to be shared.**

- Population Health Transformation Board: written report provided.
- People Board: no report (last meeting held on 23 April, next meeting taking place on 21 August)
- Children, Young People and Families: no report (last meeting held on 21 May, next meeting taking place on 30 July)

### **ICB 091/24 ANY OTHER BUSINESS**

91.1 None was raised.

### **ICB 092/24 WITHDRAWAL OF PRESS AND PUBLIC**

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

### **ICB 093/24 CLOSE AND DATE OF NEXT MEETING**

93.1 The meeting closed at 12.59 pm. The next meeting will take place on Thursday 26 September 2024, at Deane House, Taunton.\*

*(\*Post Meeting Addendum: Meeting venue will now be Wynford House, Yeovil)*

Chairman:

Date:

## APPENDIX 1

### ICB 077/24 PUBLIC QUESTIONS

#### 77.1 From Rick Beaver, Quicksilver Community Group (in attendance):

“This board has agreed and confirmed finance for the reconfiguration of the Stroke Services in Somerset, based on the board’s view that the clinical care pathways and enhanced provision in terms of equipment and staffing at Musgrove Park HASU would be a significant benefit to stroke patients and meet national clinical standards. This provision will only serve about three quarters of the Somerset stroke patient population. Due to the closure of the HASU at YDH an estimated 255 stroke patients from the Yeovil area will receive their initial emergency care at Dorchester County Hospital HASU.

I received an email update sent at 2136 last night to advise that the stage 1 provision is now implemented. Following a brief discussion with Jonathan Higman this morning, my questions have been amended in light of the new information and I accept that my new questions will be recorded from the meeting and those aspects of the questions that it is not possible to answer from my prepared questions, will be emailed to me at a later date.<sup>1</sup>

The email indicated that a joint Stroke Consultation Board will be set up to oversee the decision making for the phase 2 provision, the phase 1 provision having now been implemented. I am actually very surprised, given that the decision was made by this Board in January to move ahead with this provision, that this Consultation Board still has not happened by the end of July, which makes me lack assurance about the way things are really being managed. I would like the Board to confirm that the provision developed by DCH for the stage 1 HASU is of a comparable staffing, equipment and quality care pathway as that proposed by SFT for the reconfigured HASU at Musgrove Park Hospital and that the planned stage 2 provision at Dorchester County Hospital will also be at an equivalent as that proposed for the Musgrove Park Hospital HASU.

Dr Whiting indicated previously that at MPH, they will need six to eight consultant stroke physicians for the enhanced unit. The current email which I received last night says that the stage 2 at DCH will require two stroke consultants. This does not seem like the equivalent level of staffing and expertise as that proposed for MPH. My question is why are the South Somerset 255 getting a planned second-class service?

In response to my previous questions to the last ICB (to which I did receive a written response as I was not present), I was told that the YDH HASU is not a dedicated HASU but part of the coronary care unit. The YDH HASU has always been referred to as the HASU even in the SFT papers and the DMBC. I am concerned that this previous answer indicates that the YDH HASU has already been downgraded even before any implementation of the DCH stage 2 HASU. This suggests SFT have reneged on the commitments previously given in this meeting that the YDH HASU would continue until both MPH and DCH HASUs were fully functioning. This is especially concerning as not only will this create a vulnerability in the service to a significant number of stroke patients in South Somerset but also appears to be an attempt to make the YDH HASU unviable prior to any decision by the Secretary of State following the number of requests made for the decision to be reviewed. Please can the board provide a detailed description of the current status of the YDH HASU.

My final point is that it is not acceptable to receive a response to previous questions a mere 12 hours before a meeting. The public are required to submit questions within three days’ notice of the meeting and therefore we cannot take into account details and information that is not available to us at the time.”

#### 77.2 From Gerry Smith (in attendance):

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<sup>1</sup> Post Meeting Addendum – see Appendix 2

“In January this year Somerset ICB approved the transfer of £1.843 million pounds to the Dorset ICB to facilitate the building and equipping of the HASU at Dorchester General Hospital.

- 1) Will the transfer consist of a lump sum in advance, a series of instalments, a lump sum upon completion or other agreement?
- 2) Has Somerset ICB entered into a binding agreement with Dorset ICB which allows it to check the monies are being used effectively and are there mechanisms within the agreement to ensure the money can be returned to Somerset if the joint venture is unable to proceed as currently envisaged?
- 3) The DMBC submitted to the Somerset ICB acknowledged that the figure of £1.843 million pounds wasn't finalised. What is the current estimated level of capital expenditure of this project?

I also received an email at half past nine last night in answer to questions from 23 May and I do not think that is acceptable and can I just make absolutely clear there is no criticism of your excellent Board Secretary.”

77.3

The Chair and Jonathan Higman thanked Mr Beaver and Mr Smith for their questions and apologised for the late delivery of responses from the last meeting. Jonathan Higman advised that the decision to make changes to emergency stroke service provision in Somerset was taken following a comprehensive review of the current stroke services being provided in the county and across the border in Dorset and consideration of all the options with the overriding aim to improve outcomes for those people who, unfortunately, experience a Stroke. The unanimous decision, taken by the NHS Somerset Board in January, will mean better emergency treatment, reduced disability, fewer deaths and better recovery for stroke patients. A considerable amount of work has gone into making these improvements, including hugely valuable input from clinicians, staff, stroke survivors and their loved ones.

The review of urgent stroke services in Somerset has always been about improving the quality of care and outcomes for patients. These changes will see a significant investment in local stroke services and improvements to patients' diagnostic and treatment times, with quicker CT scans and thrombolysis, meaning patients will recover better and have an improved experience. All patients, no matter where they live in Somerset, will benefit from being admitted to a unit that is able to provide excellent stroke care 24 hours a day, seven days a week.

A Joint Stroke Co-ordination Board is being established to oversee the implementation phase of the work. This will ensure oversight and assurance of implementation before the new service goes live. The Board will be chaired by NHS Somerset and will have membership from senior leaders from Somerset NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, NHS Dorset, South Western Ambulance Service NHS Foundation Trust and Healthwatch. The Board will be directly accountable to the Collaboration Forum which will be responsible for alignment of the overarching programme and provides a forum for discussion and resolution of crosscutting issues. The first meeting of the Joint Stroke Co-ordination Board will take place in September 2024.

The specific points raised in the questions provided to the Board today will be part of the considerations of this implementation group. We are also continuing to build our Frequently Asked Questions which are available via the Stroke page on our website: [Acute hospital-based stroke services - Our Somerset](#)

With regards to the financial commitments already made by NHS Somerset to Dorset County Hospital, to date only £10K has been provided and that supports our contribution towards professional fees for the design of the new unit in Dorchester, so the formal agreements around any transfer of funds that continue after that, are still to be made.

To support the implementation group and ensure that the implementation phase continues to benefit from the voice of all key stakeholders a Stroke Stakeholder Reference Group is also being established. This will receive regular updates on the implementation of the changes and will advise on ways to best engage with local communities to respond to concerns they may have. The stakeholder group will be independently chaired by Healthwatch Somerset. Membership will include people who have lived experience of stroke and the Stroke Association, as well as representatives of the Patient Participation Chairs group in Somerset and local councillors.

**77.4 From Daniel Mumby, Local Democracy Reporter (in attendance):**

“Before the general election was called, Councillor Adam Dance indicated his intention to call in the board's decision regarding the HASU to the then-health secretary Victoria Atkins. Since Mr Dance was elected as MP for Yeovil, have there been further discussions between him and the ICB/members therein regarding the business case and the decision? Has NHS Somerset received any communication from the new health secretary Wes Streeting or the wider DHSC regarding the decision, and will there be any further internal review of the business case over the summer?”

77.4.1 Jonathan Higman thanked Mr Mumby for his question and advised that no further discussions had taken place between Councillor Adam Dance and the ICB, since he was elected as MP for Yeovil, regarding the business case and the decision. There was a request from the Department of Health and Social Care (DHSC) to update Ministers on the implementation of Somerset ICB's Stroke Service Reconfiguration before Ministers break for the summer recess and this was submitted.

**77.5 From Kevin Sherrard (in attendance):**

**“Closure of the Yeovil HASU**

The June 2024 performance data for South Western Ambulance category 2 stroke calls shows a mean response time of 43 minutes against a target of 18 minutes average and a 90th centile response time of 1hr 30 minutes against a target of 40 minutes. These are the second worst response times in England and not very far from being the worst. They also do not seem to be improving. Your intention to close the Yeovil HASU will severely increase the travel times for the south east area of Somerset where all proposed HASUs would be around 1 hour away.

What steps have you taken since you made the decision to close the Yeovil HASU to ensure that the ambulance service in south east Somerset is able to respond rapidly to Category 2 stroke calls? My family waited 4 hours when we needed a category 2 call before being taken to Yeovil.”

77.5.1 Jonathan Higman thanked Mr Sherrard for his question and advised that he was aware that ambulance response times remain a concern for the people of Somerset and that this concern was shared by NHS Somerset. NHS Somerset are working closing with South Western Ambulance Service NHS Foundation Trust (SWAST) to improve the ambulance response times in the county. SWAST have a number of actions in place, also working with partners including Somerset NHS Foundation Trust (SFT), to make sure ambulances are not regularly queuing outside our hospitals and that they are able to respond in a timely manner. This remains one of our key priorities in Somerset.

A number of questions on ambulance response times have been answered on previous occasions and the answers to those questions can be found in the FAQ section on our stroke pages on the website: [Acute hospital-based stroke services - Our Somerset](#)

**77.6 From Ray Tostevin, Yeovil & District Trades Union Council (in attendance):**

“My question concerns the high cost of Car Parking at Musgrove Park and Yeovil District Hospitals.

Musgrove Park has a multi-storey carpark run by Q-Park, a private company. A Freedom of Information request by Royal College of Nursing, for details of the contract between Somerset NHS Foundation Trust and Q-Park, has yielded only limited information, due to commercial confidentiality.

Yeovil District Hospital's multi-storey car park is run by Parking Eye, but owned by Simply Service Ltd, a subsidiary company of Somerset NHS Foundation Trust. An FOI request by RCN has shown income and revenue of £40,301 generated from the YDH Multi-Storey Car Park, for Somerset NHS Foundation Trust, in the 23-24 financial year.

At Yeovil, hospital parking is currently £15 a day. Some staff are offered concessionary parking permits. But many others, including patient carers and other hospital visitors still find themselves paying exorbitant parking charges, simply to come into work, or visit sick relatives in hospital.

1. How aware are ICB members of the mounting anger and frustration felt by staff and the public over the increasingly high cost of hospital parking in Somerset?
2. Has the ICB discussed parking charges? And if so, what actions have been taken?
3. Are the ICB willing to support a) the bringing in of car parking charges back under Somerset NHS Foundation Trust direct management; b) the lowering of ALL charges to a more affordable level; and c) the eventual abolition of all hospital car parking charges?"

77.6.1

Jonathan Higman thanked Mr Tostevin for his question and advised that in his previous role as Chief Executive of Yeovil District Hospital NHS Foundation Trust (YDH), this was an important issue for patients and their families, as well as for some staff.

Many of Somerset NHS Foundation Trust sites experience significant pressures on car parking for both colleagues and patients and visitors. This is not limited to the acute hospitals but is a particular issue on both acute hospital sites, Musgrove Park Hospital and Yeovil District Hospital. In addition, significant investment on both sites, so that we have infrastructure that supports the delivery of excellent patient care and patients' privacy and dignity, is, and will continue, to put pressure on the parking we have available at both sites. As an ICB Board, parking charges have not been discussed in any detail. This was the first question to the Board on the subject, however everyone understands the cost-of-living pressures that are affecting many people in our communities at this time.

The issue of parking charges is one for the provider, Somerset NHS Foundation Trust (SFT). However, the concern and worry the costs of parking cause people was acknowledged.

The trust have advised that they are committed to working in partnership with trade unions on a range of concerns members have about parking and transport to work. This week, the joint union parking and transport to work meeting to discuss the RCN's concerns is being reinstated.

Parking is free at both hospitals for the following groups:

- Colleagues, patients and visitors – blue badge holders
- Colleagues - working nights between 7.30 pm and 8.00 am
- Patients - outpatients who attend hospital for an appointment at least nine times within 90 days
- Parents of sick children staying overnight, parents or guardians of a child or young person under 18 years who is admitted as an inpatient to hospital overnight. They will receive free parking between the hours of 7:30 pm to 8.00 am while visiting the child. This applies to a maximum of two vehicles per patient.

77.7

**From Andrew Lee, Somerset Confidential (in attendance):**

“As a publicly accountable body, the lack of agendas published on the ICB website is a matter of public concern. This is a new practise that has crept in from January this year. It had not occurred prior to that and as a development, I suggest it is unwelcome.

A meeting clearly took place on 25 April. There has been no published agenda for that meeting.

A meeting took place at 9.45am on 25 January. There was no published agenda for that meeting.

A meeting took place at 9.10am on 28 March. There was a published agenda for that meeting which contained a motion to exclude the press and public but no further information as to what was being discussed.

Excluding the press and public on the grounds that an item may be confidential is understandable. To not tell the press and public what is being discussed is not.

I can think of no other public body in Somerset where an agenda is not actually published to the public, regardless of the confidential nature of items to be discussed. For example, last week Somerset Council held a confidential meeting on disposal of assets. It was quite rightly shown as confidential but the fact remains that an agenda was published and it was clear to be public what was to be discussed. The public can quite easily understand why they were not able to attend for that discussion.”

77.7.1

Jade Renville thanked Mr Lee for his question and reflected on the comments about public accountability and the need to always challenge ourselves in terms of being open and making sure the conversations and discussions held are publicly accessible by default, unless there is a very good reason as to why that should not be the case. In terms of the procedure around this, an apology was provided for not publishing the single item agendas to exclude members of the press and public for the meetings held on 25 January and 25 April 2024 on the website, noting that the agenda for the meeting held on 28 March was available online, along with the agenda for the main Part A meeting that day.

While some items require discussion in a confidential Board meeting due to their commercially, legally, financially, or time-sensitive nature, or because they contain patient-identifiable data, it is always the intention to bring such items back to a public Board meeting whenever possible.

In response to the comment about not advising the press and public about the topics discussed in confidential meetings, NHS Somerset reserve the right to maintain confidentiality and adhere to section 4.11.5 of its Constitution, which states: “Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the board.” This document is available on the NHS Somerset website: [NHS-Somerset-ICB-Constitution-01.04.23-v1.2.pdf \(nhssomerset.nhs.uk\)](https://www.nhssomerset.nhs.uk/constitution/4.11.5)

However, we will reflect upon how this is done in future and consider providing an indication of items to be discussed in the confidential session, to enable that accountability and assurance.

## APPENDIX 2

### **<sup>1</sup> POST MEETING ADDENDUM – RESPONSES TO ADDITIONAL QUESTIONS RAISED BY RICK BEAVER DURING MEETING HELD ON 25 JULY 2024:**

#### **Question**

**The email indicated that a joint Stroke Consultation Board will be set up to oversee the decision making for the phase 2 provision, the phase 1 provision having now been implemented. I am actually very surprised, given that the decision was made by this Board in January to move ahead with this provision, that this Consultation Board still has not happened by the end of July, which makes me lack assurance about the way things are really being managed.**

#### **Answer**

The ICB board approved recommendations at the January 2024 board meeting to improve stroke services in Somerset however, the Board requested that the ICB finance committee review the financial case in terms of maximising value for money for the investment and seeking assurance around the affordability of the capital case.

At the March 2024 ICB Board they unanimously approved the Somerset acute hospital-based stroke services reconfiguration – review of the financial case report and approved the move to implementation.

Since then, the transfer of responsibility for implementation to SFT and DCH has been completed and the ICB Board will retain oversight of the implementation process through the Joint Stroke Coordination Board.

Time has been given to SFT and DCH to plan for delivery of the implementation plan and for them to develop more detailed plans and governance arrangement.

#### **Question**

**In response to my previous questions to the last ICB (to which I did receive a written response as I was not present), I was told that the YDH HASU is not a dedicated HASU but part of the coronary care unit. The YDH HASU has always been referred to as the HASU even in the SFT papers and the DMBC. I am concerned that this previous answer indicates that the YDH HASU has already been downgraded even before any implementation of the DCH stage 2 HASU. This suggests SFT have reneged on the commitments previously given in this meeting that the YDH HASU would continue until both MPH and DCH HASUs were fully functioning. This is especially concerning as not only will this create a vulnerability in the service to a significant number of stroke patients in South Somerset but also appears to be an attempt to make the YDH HASU unviable prior to any decision by the Secretary of State following the number of requests made for the decision to be reviewed. Please can the board provide a detailed description of the current status of the YDH HASU.**

#### **Answer**

The HASU function at YDH has always been provided on the coronary care unit (with the exception of a period during the pandemic when it was temporarily located on a different ward). This is not therefore a change that has been made in response to the ICB's decision in respect of the future configuration of acute stroke services. This does also not represent a downgrading of the service provided by SFT nor does it make the service less viable.

#### **Question**

**Dr Whiting indicated previously that at MPH, they will need six to eight consultant stroke physicians for the enhanced unit. The current email which I received last night says that the stage 2 at DCH will require two stroke consultants. This does not seem like the equivalent level of staffing and expertise as that proposed for MPH. My question is why are the South Somerset 255 getting a planned second-class service?**



## **Answer**

Dorset County Hospital NHS Foundation Trust (DCH) is wholly committed to providing a high quality hyper-acute stroke unit (HASU) for the expanded population it will serve across North Dorset and South Somerset from 2025.

The Trust has recently expanded capacity as a result of the outcome of the Dorset Clinical Services Review and benchmarks favourably against national standards of care.

The central aim of the DMBC for Stroke services in Somerset was to ensure compliance with the national standards of care. These can be met in a number of ways depending on local service configuration and complementary staffing across specialties. This will often be different in different hospitals because of the way services develop and the fact that individual specialists often have different skills and experience in clinical teams.

All organisations are now working together through the Implementation Group to align their respective care models and timelines for implementation.

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 |
|--|-------------|---|---|--------------------------------|--|---|--------------------|
| <b>ACTIONS CLOSED SINCE LAST MEETING</b>     |             |   |   |                                |  |   |                    |
| ICB 057/24                                   | 23/05/2024  | Locality Story: Health Services and Sustainability  | Progress update to come back to a future Board meeting. Jonathan Higman agreed to write an introduction to Frome Medical Centre's sustainability strategy. Work to be included in the integrated health and care outcomes matrix. | Jonathan Higman/Maria Heard    | 19/07/2024: Christine Young feeding the relevant sustainability outcomes into the wider outcomes piece.<br>25/07/2024: Date for progress update TBC.<br>19/09/2024: Update to come to Part B discussion on BAF on 26/9 | Complete                                    | 19/09/2024         |
| ICB 078/24                                   | 25/07/2024  | Register of Members' Interests  | Julie Hutchings to follow-up and check the People Board Terms of Reference to determine whether Duncan Sharkey is required to attend.   | Julie Hutchings                | 09/08/2024: ToR confirm Chief Executive of Somerset Council is a member, although recognising the provision for a deputy to attend.  | Complete                                    | 09/08/2024         |
| ICB 081/24                                   | 25/07/2024  | Action Schedule   | Action 057/24 to be updated as 'Ongoing', pending confirmation of the date for the progress update to Board.  | Julie Hutchings                | 26/07/2024: Action updated accordingly.  | Complete                                    | 26/07/2024         |
| ICB 083/24                                   | 25/07/2024  | Chief Executive's Report: Joint Targeted Area Inspection (JTAI)                           | JTAI action plan and response to overarching legislation to be considered at November Board meeting.  | Jonathan Higman/Duncan Sharkey | 26/07/2024: Noted for inclusion on forward planner.  | Complete                                    | 26/07/2024         |
| ICB 089/24                                   | 25/07/2024  | Integrated Board Assurance Dashboard and Exception Report from the System Assurance Forum | The new oversight framework is to be reflected in the Integrated Board Assurance Exception Report.  | Aison Henly/Scott Sealey       | 19/09/2024: The new Oversight Framework has not yet been released, however this will be completed when available.  | Complete                                    | 19/09/2024         |
| ICB 090a/24                                  | 25/07/2024  | Key Meeting Reports: Finance Committee  | The infrastructure strategy and 10-year capital and disposal plan will be considered at a future board meeting, following further refinement.   | Aison Henly                    | 16/08/2024: Item scheduled for September meeting.  | Complete                                    | 16/08/2024         |
| ICB 090b/24                                  | 25/07/2024  | Key Meeting Reports: Collaboration Forum  | Senior Responsible Officers (SROs) for each of the five system priority programmes to be shared.  | Jonathan Higman                | 30/07/2024: Document circulated.   | Complete                                    | 30/07/2024         |