Proud to be part of Somerset Integrated Care System

NHS Somerset

Minutes of the Meeting of NHS Somerset Integrated Care Board (ICB) held at Wynford House, Yeovil, on **Thursday, 26 January 2023**

Present:	Paul von der Heyde	Chair
	Dr Berge Balian	Primary Care Partner Member
	Dr Victoria Downing-Burn	Director of Workforce Strategy
	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	Director of Public Health
	Alison Henly	Chief Finance Officer and Director of Performance
	Jonathan Higman	Chief Executive
	Peter Lewis	Chief Executive, Somerset & Yeovil Foundation Trusts (Trust Partner Member)
	Dr Bernie Marden	Chief Medical Officer
	Shelagh Meldrum	Chief Nursing Officer
	Grahame Paine	Non-Executive Director and Deputy Chair (Chair of Audit Committee)
	Alison Rowswell	Acting Director of Operations and Commissioning
In Attendance:	Julie Jones	Programme Manager for Stroke, Neurorehab and Community Hospitals Somerset NHS Foundation Trust (Item 8)
	Judith Goodchild	Healthwatch (Participant)
	Katherine Nolan	SPARK Somerset, VCSE sector (Participant)
	Jade Renville	Director of Corporate Affairs
	Dr Robert Whiting	Consultant Stroke Physician, Somerset NHS Foundation Trust (Item 8)
Apologies:	Suresh Ariaratnam	Non-Executive Director (Chair of Primary Care and Direct Commissioning Committee)
	Charlotte Callen	Director of Communications and Engagement
	Maria Heard	Programme Director, Fit for my Future
	Mel Lock	Director of Adult Social Care, Somerset County Council (Partner Member)

ICB 001/23 WELCOME AND APOLOGIES

1.1 Paul von der Heyde welcomed everyone to the meeting of the NHS Somerset Integrated Care Board (ICB). Apologies were received as noted above. There were no public questions.

ICB 002/23 REGISTER OF MEMBERS' INTERESTS

2.1 The ICB Board received and noted the Register of Members' Interests. Paul von der Heyde noted a change to his interests; he has become a South West Social Mobility Commissioner and the first meeting is the 1 March 2023. He would ensure he adds this to the register.

ICB 003/23 CHAIR'S INTRODUCTION/REPORT

3.1 Paul von der Heyde reminded people that this is a meeting in public, not a public meeting and that the corresponding procedures are therefore in effect.

3.2 Paul von der Heyde reported that:

- It has been a challenging time operationally for the NHS and social care, which we seek to address as a system.
- The Integrated Care Partnership (Somerset's strategic partnership committee in common with the Health and Wellbeing Board) is now up and running, with progress being made on the development of the integrated care strategy (see item 6).
- He has been in regular dialogue with the Chairs of the Foundation Trusts, leaders of the council and voluntary sector and learning how to make the best of our system. He reported that he is optimistic on how this is developing.
- The ICB's all-colleague event in December had been a success, with a focus on developing the ICB's priorities.
- Paul von der Heyde has been in dialogue with fellow chairs across the region and nationally via NHS core meetings and the confederation; it is clear that all the systems are different but there is a lot to learn from each other.
- The Hewitt review is ongoing and we wait to hear next steps with regard to the first phase. What is clear is that it's our responsibly to devise the best solutions for Somerset.

ICB 004/23 MINUTES OF THE MEETING HELD ON 1 DECEMBER 2022

4.1 The minutes of the meeting held on 1 December 2022, other than the two amendments noted below the minutes we agreed as an accurate record.

4.2 Item 24.6: Dr Berge Balian corrected the point about lack of locums on the run up to Christmas. The wording implied it was lack of availability, but the point being made was to highlight that this year has been the first time in three years that General Practice had not received a national winter resilience funding offer. This is why practices had not been proactive in arranging locum cover.

4.3 Bernie Marden to be listed as present.

4.4 The accompanying action schedule has been reviewed. Actions marked as completed would come off the schedule. Item 15 to be marked as complete.

ICB 005/23 CHIEF EXECUTIVE'S REPORT

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

- Recognition of the hard work that is taking place by colleagues across all partner organisations, as the Somerset health and care system continues to experience unprecedented levels of pressure.

- The preparatory work and response to health sector industrial action. Following questions from the non-executive directors, the impact on patient care was acknowledged, but it was confirmed that there are good planning arrangements across the system in order to mitigate disruption which will be updated as learning emerges.

- The development of Anticipatory Care; further resource has been identified to improve ensure consistent investment across the remaining seven PCNs.

- My Time to Care, the council launched this new proud to care campaign which went live last week; this aims to help address some of the strategic workforce issues within the care sector.

- The CQC have published their report relating to Somerset NHS Foundation Trust which has resulted in a 'Good' rating. As part of this it was noted that CAMHS has improved from requires improvement to outstanding. The Board recognised and congratulated Peter Lewis for this achievement.

5.2 Grahame Paine asked for an update on the impact in Somerset of Strep A and childhood respiratory issues. Bernie Marden advised that we are in a different phase of winter and less challenged by infectious illness as pre-Christmas, but said there is an opportunity to look at a different model in future for children with respiratory conditions (e.g. a hub model).

STRATEGY

ICB 006/23 Publication of the Summary Health and Care Strategy for Somerset

6.1 Jonathan Higman and Victoria Downing-Burn advised that the initial Health and Care Strategy has been published by the Integrated Care Partnership (available on the Somerset County Council website). They explained the initial strategy is based on our current understanding of health and care needs across Somerset, with the detail being further developed in the coming months. It was confirmed that the five and two year operating plans will be set in the context of the strategy. Board members stressed the need to have a forward focussed strategy, based on a population health needs approach, and which reflects the complexities of an ageing population, social mobility, economics, housing etc. It was agreed that this will require a longer-term vision over 10, 20 and 30 years. The non-executive directors also highlighted the importance of digital technologies which need to be a cornerstone of the strategy. Victoria Downing-Burn confirmed there would be a range of engagement activities on the strategy.

ICB 007/23 Update on the Development of the People Board

7.1 Victoria Downing-Burn reflected that a key component to delivering the health and care strategy will be our workforce. She explained that we've had an active People Board, but that it has been reconstituted to be more strategic in focus and formally linked to the governance of the ICB. It will be chaired by Christopher Foster. Key discussion points by Board members included:

- The importance of enabling people to build careers, as well as attracting and retaining new talent and enhancing economic prosperity. Due to Somerset's lack of a University, we need to find innovative ways to do this.
- It was confirmed that Somerset does in-county nurse training.

- An aspiration to do more to inspire young people into health and care careers (in addition to current programmes and apprenticeships). Some opportunities already include things like the volunteer to career programme. There is the opportunity to link in with the voluntary sector and create careers across the system.
- Continue to share positive stories about working in the NHS.
- There was a specific question in relation to doctors' training. This specifically related to doctors who have found it hard to get back into training in the UK, having been abroad. Bernie Marden agreed to follow this up with the Deanery.

ICB 008/23 Somerset Hyperacute Stroke Reconfiguration

8.1 The Chair welcomed Julie Jones, Programme Manager for Stroke, Neurorehabilitation and Community Hospitals to present the pre-consultation business case and decision to consult. This builds on previous discussions.

8.2 Referring to the enclosed presentation, Julie Jones gave some context of the programme to reconfigure acute stroke services. She explained the robust process for shortlisting the long list of options against finance, workforce and sustainability criteria. This resulted in Options A and B not taken forward and Options C and D identified as the preferred options to take forward to public consultation. Dr Robert Whiting attended the meeting and provided assurance that good stakeholder involvement has been sought throughout the process.

8.3 Peter Lewis asked a point of clarity about the financial modelling and the repatriation arrangements with Musgrove Park Hospital if a patient was admitted to Dorset County Hospital. It was agreed that this would be reviewed and clarified as part of the development of the further business case.

8.4 The Board approved the Stroke Pre-Consultation Business Case.

8.5 The Board approved the decision to go to public consultation from Monday 30 January 2023 subject to final confirmation of support from Somerset HOSC to go to public consultation. In the event that Somerset HOSC does not support public consultation and/or concerns are raised, the ICB will address these with Somerset HOSC.

BUSINESS

ICB 009/23 EPRR Assurance Report

9.1 Jade Renville explained that the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet and that every year commissioners and providers have to complete a self-assessment for compliance purposes. She confirmed that whilst several standards were removed during our response to Covid-19 (i.e., training and exercising), the 2022 EPRR assurance process returned to scrutiny of all standards. Substantial compliance was achieved by the Somerset ICB, Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. This was noted by the Board, with particular discussion about the evolving role of the ICB as a Category 1 responder under the Civil Contingencies Act, the development of the new LHRP for Somerset, the funding arrangements with the Local Resilience Forum, and greater opportunities to involve the VCSE in testing and exercising.

ICB 010/23 Risk Register

10.1 Jade Renville presented the corporate risk register which provides an overview of operational risks currently scored (likelihood/consequence) at 15+.
The Board noted the risk register and accepted the movements for the period.
However, questions were raised about the scoring methodology, and the
10.2 extent to which the risks related to internal ICB issues, or wider system risks (which would need reconciliation across partner organisations).

10.3 Peter Lewis asked if the risk register represented an ICB organisational risk register or a system register, and if it is a system-wide risk register, then we need to ensure the councils risks are also added, and stated we are missing the board assurance framework. Jonathan Higman added that there are some system risks noted in here but agreed we need to make that distinction and that work was under way to further refine the risk management process.

10.4 In terms of discussion about specific risks, there was discussion about the risk to charities and voluntary organisations who are struggling to recruit volunteers which could impact on local services for Somerset, the risk relating to dental access which, it was agreed, needs to be scored higher, and clarity was asked about the diabetes risk and why was this specific to diabetes.

10.5 Jade Renville stated that work is ongoing to enhance our system understanding of the risks we face, our risk appetite and to develop a board assurance framework. **Action: ICB risk workshop to be arranged.**

OPERATIONAL, FINANCE AND PERFORMANCE

ICB 011/23 Financial Report April-November 2022

11.1 Alison Henly presented the finance report highlighting the following points:

- NHS Somerset Integrated Care Board has a confirmed revenue budget of £885m the 9 months from 1 July 2022.
- This also includes the surplus brought forward from the CCG of £7.2m
- The budget includes some recurrent adjustments to recognise pay awards and changes to NI contributions totalling £9.2m
- NHS Somerset has also received non recurrent resource allocations of £33.3m this year.
- It was noted that the following new monies have been received in the last month:
  - £1.8m, first tranche of the discharge monies, representing 40% of the funding with the balance expected in December. It was noted this does not include a share of the £200m monies recently announced to support the discharge of patients from hospital
  - £763,000 to support the Taunton Diagnostic Centre
  - £518,000 relating to primary care transformation funding
  - £486,000 NHS 111 capacity funding

11.2 The ICB submitted a balanced financial plan for 2022/23, both at individual organisation and on a system wide basis:

- As at the 30 November, YDH reported £859k of costs related to the additional bank holiday. There are also pressures in GP direct access as well as agency costs in our system but it is expected that this will return to break-even by the end of the year.
- Overall the system and individual organisations are on track to achieve a break-even position as a system and at individual organisation level.

- It was noted that the agency control total is showing a variance of £13.6m to plan for the period April – December 2022 with a projection of £16.9m to the year end.
- The report shows an analysis of the staffing groups using agency support, with the largest variances being seen in: registered nursing, midwifery and health visiting staff. This links together with the workforce agenda and the impact on the financial position, which is being continually reviewed and will look at the rates we are paying, consider the overheads and how we can reduce the costs going forward and we will continue to work on this collaboratively.

11.3 Grahame Paine questioned the break-even position given the underlying financial position of the system. Alison Henly noted there is a difference with the in-year position; we will break even this year due to the use of non-recurrent funds. The system has an underlying deficit, which will mean that we have a deficit going into next year and will need to be addressed over future years. The underlying position has got slightly worse because several cost improvement and savings programmes haven't been delivered recurrently. Work on the longer-term financial strategy which sets out how the system intends to address this is underway.

11.4 Dr Berge Balian asked a question regarding YDH variance in month 8. It was confirmed there is a timing issue; a lot of the YDH position was driven by the financial position of Symphony Healthcare Services, although as we have agreed a system funding solution for 2022/23 which means this will catch up.

ICB 012/23 System Assurance Forum Feedback:

12.1 The Integrated Board Assurance exception report has been shared with members to be considered; Shelagh Meldrum, Alison Henly and Alison Rowswell presented the exception report highlighting key areas:

- Dermatology 2 week waits - patients waiting an average of 12 to 15 weeks to be seen at Bristol Dermatology Centre. A plan is in place to address this backlog.
- The primary care and quality team are proactively supporting a number of GP surgeries across the country.
- There continues to be a significant increase in the number of Flu, Covid and Respiratory Syncytial Virus (RSV), including norovirus and scabies cases presenting to both Yeovil, Musgrove Park and our community hospitals.
- A number of displaced persons have arrived into Somerset which brings a risk of increased prevalence of Tuberculosis; the ICB is working with partner organisations to ensure appropriate health support is in place.
- During December and January there has been unprecedented number of attendances at the Emergency Departments of both of the county's hospitals, with high acuity of patients.
- Approval has been given for the sharing of police domestic abuse notifications with General Practice.
- Somerset urgent care service continues to experience extreme pressure, which is being seen through all routes of delivery.
- During 2022/23, there has been a further increase in the proportion of patients facing delays leaving hospital, following a period of improvement. Work is underway to review discharge pathways and simplify and streamline the intermediate care service, with a system workshop planned for 2 March 2023.

- These delays have caused consequential impact on a number of urgent care metrics including an increase in ambulance handover delays, a decline in A&E 4-hour performance and patients spending 12 hours in the A&E Department.
- Bed occupancy has increased with reliance on an increased volume of escalation beds and patients experiencing a longer length of stay in hospital including those over 21 days, there is a heightened risk of elective cancellations as a result of the bed pressures.
- There continues to be delays in elective treatment in Somerset across diagnostic, cancer and RTT pathways. However we are seeing an improving position in RTT and diagnostic long waits and the system is ahead of the trajectory to reduce the number of patient waiting in excess of 78-week by 31 March 2023.
- Cancer waits continue to be affected by the level of growth in certain tumour sites most notably impacting upon the 2-week wait and 28-day faster diagnosis standard performance and 62-day backlog.
- The backlog of patients awaiting diagnostic tests has reduced with significant improvement within echocardiography.

12.2 The exception report is up until November, and it was noted that we have seen some very challenging times across our system which has resulted in a deterioration across all areas. From the report Alison Rowswell highlighted:

NHS 111: In November 2022 the NHS111 average speed to answer calls was 348 seconds. In December this went up to 1,326 seconds against the national position of 1,494 seconds – this has an impact the call abandonment rate moving from 17.5% in November to 44.3% in December.

Ambulance response times: SWAST reported that December was their most challenged month of the financial year. November remained challenged with performance of 11.8 minutes and 14.1 minutes in December. On average across the region this was 10.2 minutes in November and 13.2 minutes in December against a national position of 10.57 minutes. Category 2 in November was 50.6 minutes and 134.1 minutes in December against an average SWAST position of 159 minutes (nationally this was 55.5 minutes).

Ambulance handovers: Somerset is usually one of the best performing areas but in November we lost 621 hours equating to 4% lost performance. In December this rose 2,437 hours and as of 24 January this has reduced 1,126 hours. This showed in proportion waiting over 30 minutes for handover delays was 21% in November which rose to 43.5% in December, with waits greater than 60 mins in 23.9% in December compared to 5.8% in November, which led to a challenging position across the SWAST footprint.

A&E 4-hour performance: A number of factors contributed to the over performance in December, including: deterioration due to patient acuity, handover delays and patient flow issues. YDH have performed better (63.6%) than the national average and South West of 49.6%.

No criteria to reside pressures: significant improvement in November, but December impacted on the number of patients in our hospitals. The validated position as at 19 January showed we had 132 patients at SFT, which increased by 40 patients from end of December and YDH 91 increased by 8 patients from December.

12.3 In addition to discussion about the significant level of pressure facing the system, there were specific questions relating to the following:

- If there was any comparative demand analysis from this November and December to previous years. Alison Rowswell confirmed this can be pulled together, but we need to be mindful this has been an exceptional year.
- 5 never events have been reported; 4 in SFT 1 in YDH in past year. Questions were asked about whether there are any themes from these as the numbers seemed high. Shelagh Meldrum confirmed that each has been subject to a thematic review and no cross-cutting themes have been identified.
- Further consideration of any un-utilised GP trained resources for dermatology.

ICB 013/23 MEETING REPORTS

13.1 ICB Committee Meeting Reports:

- Finance: Nothing to report by exception.
- Audit: Graham Paine added that we are working more closely with our provider colleagues.
- Quality: Dr Caroline Gamlin added that the CHC Team have recently been awarded the Southwest Personalisation Award, and regarding the patient safety incident response a new framework which will be adopted going forward.
- Primary Care and Direct Commissioning: Dr Caroline Gamlin noted that the Primary Care Strategy has been reviewed with NHSE.

ICB 014/23 ANY OTHER BUSINESS

14.1 None was raised.

ICB 015/23 DATE OF NEXT MEETING

15.2 Thursday 30 March, 9.30 am, at Wynford House, Lufton Way, Yeovil.

Chairman: Date: