

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: B
DATE OF MEETING:	25 July 2024	
REPORT TITLE:	Minutes of the ICB Board Meeting held on 23 May 2024	
REPORT AUTHOR:	Julie Hutchings, Board Secretary and Corporate Governance Manager	
EXECUTIVE SPONSOR:	Jonathan Higman, Chief Executive	
PRESENTED BY:	Paul von der Heyde, Chair	

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

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

PREVIOUS CONSIDERATION / ENGAGEMENT
N/A

REPORT TO COMMITTEE / BOARD
<p>The Minutes are a record of the meeting held on 23 May 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 Approve 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)

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.
Confidentiality	N/A
Risk Description	N/A

Minutes of the **Meeting of NHS Somerset Integrated Care Board (ICB)** held at **Frome Community Hospital, Frome**, on **Thursday 23 May 2024**

Present:	Paul von der Heyde Suresh Ariaratnam	Chair Non-Executive Director (Chair of Primary Care Commissioning Committee)
	Dr Berge Balian Christopher Foster	Primary Care Partner Member Non-Executive Director (Chair of Finance Committee, Remuneration Committee and Somerset People Board)
	Dr Caroline Gamlin	Non-Executive Director (Chair of Quality Committee)
	Alison Henly	Chief Finance Officer and Director of Performance and Contracting
	Jonathan Higman Peter Lewis	Chief Executive Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member)
	Dr Bernie Marden Shelagh Meldrum	Chief Medical Officer Chief Nursing Officer and Chief Operating Officer (Virtual)
	Duncan Sharkey	Chief Executive, Somerset Council (Partner Member) (for items ICB 055/24 to ICB 057/24 and ICB 060/24 onwards)
	Lou Woolway	Deputy Director of Public Health (Service Director) (deputising for Trudi Grant)
Apologies:	Professor Trudi Grant Grahame Paine	Chief Officer for Population and Public Health Non-Executive Director and Deputy Chair (Chair of Audit Committee)
In Attendance:	Luke Best	Primary Care Development Manager (Interim) (for item ICB 061/24)
	Charlotte Callen	Executive Director of Communications, Engagement and Marketing
	Sam Checkovage	Primary Care Commissioning Manager (for item ICB 061/24)
	Karen Creffield	Managing Partner and PCN Manager, Frome Medical Practice (for item ICB 057/24)
	Dr Victoria Downing-Burn Judith Goodchild Maria Heard	Chief People Officer Healthwatch (Participant) Deputy Director of Innovation and Transformation (for item ICB 059/24)
	Sukeina Kassam	Director of Primary Care (for items ICB 060/24 and ICB 061/24)
	David McClay	Chief Officer for Strategy, Digital and Integration
	Matthew Mills	Head of Pharmaceutical, Optical and Dental Services (PODS) (for item ICB 060/24)
	Katherine Nolan Fiona Phur	SPARK Somerset, VCSE sector (Participant) Participation and Partnerships Business Manager, The Hollies Children's Centre, Taunton (for item 062/24)
	Jade Renville Christine Young	Executive Director of Corporate Affairs Sustainability Manager (for item ICB 057/24)
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Manager

ICB 049/24 WELCOME AND APOLOGIES FOR ABSENCE

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

ICB 050/24 PUBLIC QUESTIONS ([PLEASE SEE APPENDIX 1](#))

ICB 051/24 REGISTER OF MEMBERS' INTERESTS

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

ICB 052/24 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

52.1 Jade Renville declared her Interest as Chair of the Richard Huish Multi-Academy Trust in relation to item 12 on the agenda (Objective 3: Provide the best care and support to children and adults - update – children's survey).

The quoracy of the meeting was confirmed.

ICB 053/24 MINUTES OF THE MEETINGS HELD ON 28 MARCH 2024

53.1 The minutes of the meetings held on 28 March 2024 were approved as a true and correct record.

53.2 The action schedule was reviewed and updates noted.

ICB 054/24 MINUTES OF THE MEETING HELD ON 25 APRIL 2024

54.1 The minutes of the meeting held on 25 April 2024 were approved as a true and correct record.

ICB 055/24 CHAIR'S INTRODUCTION/REPORT

55.1 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.
- Attendance of the South West Regional People Board where an update was provided on the work of the seven systems in the South West, highlighting the importance of the role of the 'generalist'.
- Attendance at the NHS Confederation's ICS Chairs meeting which highlighted how different every system is and that 'one size can never fit all'.
- A successful development session on Board effectiveness, using the outward mindset principles.

(Duncan Sharkey joined the meeting)

- Useful interactions with Councillors, whose effort, commitment and resilience in challenging times merits note.
- Launch of "We need to talk about death" <https://weneedtotalkaboutdeath.org/>, a film commissioned by NHS Somerset's LeDeR team, made with those with learning disabilities and autistic people to talk about death and dying.

ICB 056/24 CHIEF EXECUTIVE'S REPORT

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

- General Practice Test Sites – the Chief Executive attended a meeting in London yesterday with other systems involved in the pilot to test work around resilience of general practice. The scope of the work will be twofold: 1) an assessment of demand and capacity and 2) an opportunity to test new ways of working to address the shortfall in capacity. The programme will come with some resource (to be determined by HM Treasury) and is expected to commence in September/October.
- Somerset Foundation Trust Maternity Services – NHS Somerset will be working with SFT over the coming months regarding assurance of delivery of plans. Medium-term actions are progressing well, recognising the

impact on both service users and staff. Support is being provided by the Somerset Maternity and Neonatal Voices Partnership (MNVP) and The Somerset Local Maternity and Neonatal System (LMNS) will oversee progress on actions, which will be reported both through the ICB Quality Committee and Board. The LMNS will also be reviewing the '[Listen to Mums: Ending the Postcode Lottery on Perinatal Care](#)' report by the All-Party Parliamentary Group on Birth Trauma, to understand the implications for the wider system. The importance of prioritising a review of the actions and the implications for the wider system was highlighted, in particular around safeguarding.

- Joint Targeted Area Inspection (JTAI) – this inspection, focussing on serious youth violence is currently underway. Initial feedback indicates that there will be a need to consider how we gather the softer intelligence on violence committed to and by children over 10, in addition to the triangulation of quantitative data. It was noted that there may be some urgent actions to address, with implications for the wider system. It was agreed that the Chief Executive would meet with the Chief Executive of the Council to follow up and consider the working of the wider safeguarding partnership.
- Somerset Commitment to Carers 2024 – A formal commitment to carers charter has been published. A first working group to consider implementation was held yesterday. The action plan will be monitored closely, with an annual report produced at the beginning of next year.
- Communications and Engagement Activity – the April edition of the '[Our Somerset](#)' newsletter has been published, with a focus on the 'Take the pressure off' blood pressure monitoring campaign and the '[We need to talk about death](#)' video.
- Infected blood inquiry report – The Chief Executive reflected on the outcome of the inquiry which was published earlier in the week and committed that NHS Somerset will work locally to implement any relevant recommendations. The importance of 'Freedom to Speak Up' and fostering a culture where people feel able to speak up was highlighted.

Action ICB 056/24: Jonathan Higman and Duncan Sharkey to meet to discuss the safeguarding element of the JTAI review

ICB 057/24 LOCALITY STORY: HEALTH SERVICES AND SUSTAINABILITY

57.1 Alison Henly introduced Christine Young and Karen Creffield. Karen Creffield provided a presentation on '[Sustainability and integrated working at Frome Medical Practice working with our ICB](#)', highlighting the following:

- Supported by partnership lottery funding.
- Collaborative work on healthy homes, plastic free periods, digital inclusion, 'choosing wisely' deprescribing and medicine wastage'.
- Staff wellbeing and a focus on nature.
- Launch of their new strategic plan.
- Beyond Frome work and collaboration with the ICB.

57.2 The Chair thanked Karen Creffield for her presentation. There was particular discussion amongst Board members as follows:

- One way to make a difference is to ensure this a thread of work built in to how we work across the system.
- The public health team's ambition to shift some of the money spent on medications to prevention.
- The importance of people not becoming dependent on painkillers was noted along with motivating people to do the right thing through a lens of sustainability.

(Duncan Sharkey left the meeting)

- The subtle shift reflects the culture created in Frome over many years, however, in other parts of the county the connection with health is not so strong so how do we harness this work within PCNs to create that collaborative advantage and outward looking culture. An ex-colleague from Frome Medical Practice is working with Spark Somerset on community connectors and it may be an opportunity for that person to have a focus on the green agenda.
- Integrated neighbourhood working – there is an overlap between sustainability and health and there is a need to identify a ‘hook’ to bring people in and recognise the importance of this agenda.
- How we can bring savings in medication to health, joining things up more.
- Whether there is any insight on how to manage relationships with communities when the funding ends – lottery funding inspires communities but this is about creating a cultural change and having a community already engaged.
- There are pockets of communities and a large geography in Somerset.
- Importance of keeping the pace moving.
- A commitment of support from the ICB communications and engagement team to spread the message more widely. Work to be included in the integrated health and care outcomes matrix.

Action ICB 057/24: 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.

ICB 058/24 NHS SOMERSET 2024/25 OPERATIONAL PLAN OVERVIEW – FINAL SUBMISSION

58.1 The Board received the NHS Somerset 2024/25 Operational Plan overview – final submission. Alison Henly highlighted the following:

- The operational plan for 24/25 was submitted on 2 May 2024. Somerset NHS Foundation Trust (SFT) also submitted a plan, fully reconciled in terms of the system position.
- There is a golden thread through the plan relating to delivery flow and this is to remain within the bed capacity in order to deliver performance aspirations.
- The focus is now on delivering as much as possible recurrently in order to start transformation and to meet future financial challenges.
- A balanced financial plan was submitted, which assumes a further stretch target of £4.3m being delivered in 24/25.
- The Finance Committee will review delivery of the full savings programme on a monthly basis.
- There are a number of potential financial risks in year which have been flagged in the return and these will be brought back to board over the next 12 months.
- Workforce projection – SFT workforce numbers link in to the Trust productive care programme.
- Recognising that this is a challenging year and there are risks to delivering our position, the focus must now move from planning to delivery.

58.2 There was discussion amongst Board members as follows:

- This is a demanding and challenging plan and the Finance Committees of both the ICB and SFT will closely monitor savings required. The importance of this in terms of delivery both for patients and financial performance this year and next was recognised.
- The plan delivers on a large majority of the national asks including reducing elective waiting times, eliminating 65 waits from September and urgent and emergency care pathway improvement. The plan is predicated on significant non-recurrent resources which if delivered, will reduce the underlying deficit. The importance of maximising recurrent savings and making inroads into the underlying deficit will be critical this year.
- Importance of reducing the number of those in hospital with no criteria to reside.

58.3 The Board **unanimously approved** the NHS Somerset 2024/25 Operational Plan overview – final submission.

ICB 059/24 SOMERSET'S JOINT FORWARD PLAN REFRESH

59.1 The Board received Somerset's Joint Forward Plan refresh. David McClay highlighted the following:

- There are five transformation workstreams and priorities, focusing on finance and resource and allocation; workforce; system flow; integrated neighbourhood working and population health transformation.
- Senior Responsible Officers (executive leads) have been identified for each priority and asked to set out high level objectives by the end of the month.
- There is a change relating to maternity services on page 14.
- System achievements over the last six months are set out along with plans on how statutory responsibilities will be delivered.
- The intention next year would be to fully reflect the geographies, with a compilation of neighbourhood plans, also enhancing links with the voluntary and community, faith and social enterprise (VCFSE) sector.
- NHS England have reviewed and confirmed compliance around statutory obligations.
- Next steps are delivery, the oversight mechanisms for which are set out.
- An update will be provided to Somerset Board to confirm that this is in line with the overarching strategy.

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

- The importance of system outcome measures was noted – the strategic measures are being defined to align and there is also a cultural change in terms of measurement
- The Health and Wellbeing Board should have sight of the operational plan and JFP (as delivery plans of the overall ICS Strategy). Given the Board's role as a Health & Wellbeing Board, there is a need to ensure that there is robust oversight, whilst also recognising the potential for conflict of interest.
- Actions need to be progressed and the metrics are critical - the establishment of a transformation change office would enable oversight of delivery of the five priorities.
- The suggested mechanism for feedback will be via the Collaboration Forum which feeds into Board. Progress on outcome measures will be tracked through the BAF.
- The improved accessibility of the document was recognised.

59.3 The Board **unanimously approved** Somerset's Joint Forward Plan refresh.

ICB 060/24 OBJECTIVE 2: REDUCING INEQUALITIES - SOMERSET DENTAL RECOVERY WORKPLAN 2024/25

60.1 Bernie Marden introduced Sukeina Kassam and Matthew Mills who provided a presentation on the '[Somerset dental recovery workplan 2024/25](#)', setting out the Somerset response to the recently published NHS Dental Recovery Plan (February 2024) and providing stakeholders across Somerset with an overview of the priorities listed in the NHS Dental Recovery Plan and its implementation within Somerset and the South West NHSE Region.

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

- Whether as more appointments become available, these are being taken by those with problems and pain or those who have taken a more preventative approach to managing their oral health – it was noted that the stabilisation programme is to support those who have severe dental decay and pain, which may require a standalone service rather than being delivered through the core contract.

(Duncan Sharkey rejoined the meeting)

- The national recovery plan includes a planned public awareness campaign on how people can access dental services, including mobile vans. There is not a set list or radius for those that can access the service, however within the stabilisation programme a clause can be added around certain population groups (ie, areas of greater deprivation), working closely with neighbouring ICBs.
- The discrepancy between income generated from private and NHS work was recognised and this is being reviewed in terms of the minimum units of dental activity (UDA) rates to ensure this is competitive. There is still appetite to work in the NHS and some capacity with existing NHS dentists, however there are challenges with the contract structure. This will be addressed through targeted schemes and dedicated commissioning. NHS Somerset are also looking to appoint a dental clinical lead in Somerset. A launch event is planned and the relationship with dentists is strengthening.
- Within the local programme. £1.2 million has been allocated to the South Somerset procurement looking to reprocure dentists in Chard and Crewkerne. A different approach is being taken this time with identifying practice facilities.
- The range of UDA minimum rate in Somerset varies between £28 and £40, with the higher figure being the outlier.
- Investment is being made in a mapping tool developed by the Commissioning Support Unit (CSU). The stabilisation urgent care pilots have offered differentiated rates depending on areas of core deprivation and areas of greatest need.
- Whether the Wellington procurement provided any learning in terms of what the market was like that could be useful for the Chard and Crewkerne procurement – the Wellington procurement was undertaken by NHS England two years ago however there were a number of factors why dentists left Chard, one of which was premises. Thought is being given on how to build the procurement, with consideration as to how support can be provided through the one public estates work to expedite mobilisation of the contract, whilst also building in protection if unable to mobilise to ensure that there are options available.
- The contract model for the mobile vans has not yet been determined and further guidance is awaited, however there is a question in terms of return on investment and discussions are taking place regarding how the national service specification might be adapted for Somerset.
- The need to balance risk of delivering a service rather than delivering a perfect service – in terms of options appraisals, consideration is being given to whether mobilisation can be quicker using a field hospital approach.
- The onward impact of those in pain not able to attend school/work – it was noted that work is taking place with Herts Urgent Care (HUC – the NHS 111 provider) to support those with urgent care needs.
- There is close liaison with local medical practices to understand the active issues in the system and how these are targeted.

Action ICB 060/24: Update and oversight on outcome measures to come back to November Board meeting.

60.3 The Board **unanimously approved** the recommendations contained within the Somerset dental recovery workplan 2024/25.

ICB 061/24 OBJECTIVE 4: STRENGTHEN CARE AND SUPPORT IN LOCAL COMMUNITIES - RECOVERING ACCESS TO PRIMARY CARE

61.1 Bernie Marden introduced Luke Best and Sam Checkovage who provided a presentation on [‘Recovering access to primary care’](#), setting out the following:

- Actions taken against each of the 12 key requirements set out in the nationally published recovering access to primary care delivery plan for 2023/24. These include implementing modern general practice, the primary/secondary care interface and the general practice improvement programme.
- The direction of travel and highlighting key areas for focus for year 2 of the delivery plan – building on the extensive work already undertaken.

61.2

There was particular discussion amongst Board members as follows:

- Whether those accessing primary care appointments are seeing more than one health professional or being treated holistically – this data is not currently available, however the launch of the business intelligence tool called APEX will enable operational data from practices to be provided and to identify how much access is around episodic care, continuity of care and complex care, to ensure people are seeing the right health professionals.
- The need to see data broken down geographically.
- How we enable general practice to do what it needs to do – there is national recognition of the current situation but a need to consider whether we have used resources effectively to address gaps.
- A recognition that some practices only offer appointments on the day whilst others have a different model and this needs to be triangulated with geographical data and health outcomes. This will be a key focus in year two, with individualised work with practices to understand appointment models.
- The importance of looking at stories behind the numbers as whilst someone may be seen the same day, it may have been difficult to reach that point.
- The advent of digital presents a huge opportunity.
- The importance of continuity of care and the need to look at quality outcomes, rather than just numbers.
- In considering a provider collaborative alliance, there is an opportunity for detailed proactive work, not just about the access programme but about the infrastructure that enables delivery of the service to patients.
- The need to understand what is going on in the system, ie. how does primary care thrive, rather than survive.
- How we take learning from the key data and apply it to target questions around things that matter. Also, how we take key metrics and build those into the general oversight and performance framework.
- A request that the Board formulate the questions that need to be asked to identify the right data to be shared.

Action ICB 061/24: Board require visibility of appropriate data – team to liaise with Board members to establish exactly what is required

61.3

The Board **noted** the recovering access to primary care report.

ICB 062/24

OBJECTIVE 3: PROVIDE THE BEST CARE AND SUPPORT TO CHILDREN AND ADULTS - UPDATE – CHILDREN’S SURVEY

62.1

Shelagh Meldrum introduced Fiona Phur who provided a presentation on the [‘Priorities for the Children and Young People’s Plan’](#), detailing how Youth Forum members:

- Ranked the current issues for children and young people living in

- Somerset.
- Considered how best to involve young people in the content of the next plan.
- Thought about what needs to change to know that things are improving.

62.2 There was particular discussion amongst Board members as follows:

- The need to align this with digital work – it was noted that the negative impact of social media has been debated with young people.
- How to link this with system work and plans – access to sports facilities, talking to GPs, mental health support. Support is provided from the ICS children, young people and families board and there is a need to find the right people to sponsor this priority to instil confidence that we are working to improve things.
- How the feedback from the survey is taken back for conversations within schools and colleges around the county – it was stated that the last two plans were considered at a meeting of college and school heads and that it will be the responsibility of sponsors of the plan to ensure engagement with their networks.
- How ambitious we can be about ensuring young people are involved in the wider world, not just their world – it was highlighted that the care council are automatically members of the corporate parent board who discuss findings and issues and that young people are involved in task and finish groups and boards but it is essential to facilitate child friendly access.
- The importance of continually challenging ourselves to ensure that all ages are being considered.

62.3 The Board **noted** the update on the Children's Survey.

ICB 063/24 INTEGRATED BOARD ASSURANCE DASHBOARD AND EXCEPTION REPORT FROM THE SYSTEM ASSURANCE FORUM

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

- Moving to a scorecard approach bringing together quality, workforce, performance and finance indicators – currently developing a draft report and Committee chairs will be approached in order to start developing indicators

ICB 064/24 KEY MEETING REPORTS

64.1 The Chairs of the Board Committee 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.
- Audit Committee: no report: last meeting 5/3, next meeting 20/6. Weekly meetings are taking place with auditors, nothing significant being raised. Reviewing a letter that may be taken to the Secretary of State to understand the implications.
- Quality Committee: written report provided.
- Primary Care Commissioning Committee: no report: last meeting 5/3, next meeting 4/6.

System Group Reports:-

- Somerset Board: no report: last workshop 8/3, next workshop 7/6
- Collaboration Forum: written report provided. Process of reconstitution taking place to broaden the group.
- Population Health Transformation Board: no report: last meeting 22/3, next meeting 31/5. 550 people have been identified as red and amber during the hypertension campaign and placed into the system to date.
- People Board: written report provided.
- Children, Young People and Families: the last meeting was held on 21 May and discussed priorities, maternity, transition from childhood to adulthood – a Board development session was suggested to look at transition.

Action ICB 064/24: Transition from childhood to adulthood to be added to the Board development session forward planner

ICB 065/24 ANY OTHER BUSINESS

- 65.1 It was commented that the revised format of the agenda aided clearer direction in the meeting.
- 65.2 JTAI (joint targeted area inspection) has been undertaken and there will be a need to consider its outputs and what that means for the Safeguarding Partnership and shared system resources.

ICB 066/24 WITHDRAWAL OF PRESS AND PUBLIC

- 66.1 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 067/24 CLOSE AND DATE OF NEXT MEETING

- 67.1 The meeting closed at 1.09 pm. The next meeting will take place on Thursday 25 July 2024, at South Petherton Community Hospital.

Chairman:

Date:

APPENDIX 1

ICB 050/24 PUBLIC QUESTIONS

50.1 From Rick Beaver, Quicksilver Community Group (not 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.

At the time of the decision the DCH HASU had not been established at stage 1, (for Dorset patients), let alone the stage 2 development which the Somerset Stroke Services reconfiguration is dependent on. We were told that following the decision detailed discussion would be taking place between NHS Somerset, NHS Dorset and DCH to ensure the implementation of the HASU and its extended provision. Mr Higman indicated the progress of the development would have active milestones and there would be Go/No go decision points which would be referred to the board.

1. Please can the board provide a detailed update on progress in the development of the stage 1, and especially stage 2, provision at DCH HASU, outlining the active milestones achieved and those yet to be achieved?
2. What agreements have been made about care pathways, enhanced provision in equipment and staffing for the stage 1 &2 HASU at DCH and can the board confirm that these are at least at a level proposed for the MPH HASU?
3. What is the number of dedicated Consultant Stroke Physicians anticipated and currently recruited or actively being recruited by DCH?
4. Dr Whiting indicated that MPH will need 6 – 8 Consultant Stroke Physician for the enhanced unit, If the DCH HASU is to run on less than this does this constitute a Go/No go decision to come to the board?
5. What have been identified as the other Go/No go decision to come to the board? What progress can be reported for each area covered by a Go/No go decision?
6. The YDH HASU is to continue until the stage 2 provision at DCH HASU is fully functioning. What initiatives are in place to ensure the YDH HASU does not deteriorate through loss of staff and other resources during this period in which it is vulnerable?
7. Are there any other challenges being faced which have implications for the development of the stage 2 provision at DCH or the ongoing retention of service at the YDH HASU?”

50.1.1 David McClay thanked Mr Beaver for his question. It was noted that there has been a significant degree of interest in the changes to Somerset stroke services and a number of detailed questions have been received asking for information that is not yet available. Consideration is being given as to how best to respond to those questions and ensure they are considered as part of the implementation process. The following answers were provided, based largely on information provided by Dorset County Hospital and additional information has been requested, which will be shared at a later date.

- 1) Dorset County Hospital (DCH) stage 1 business case to develop a hyper-acute stroke unit (HASU) within their existing stroke unit has been completed and the HASU is now open. They continue to recruit stroke physicians, with the remainder of the additional staffing required for the stage 1 business case now complete with successful recruitment

to new additional multi-disciplinary roles. The Stage 2 active milestones are still to be completed and NHS Somerset will consider how to keep interested parties updated on the progress of the development of the DCH HASU as this moves forward.

- 2) The stage 1 business case for DCH is independent of the changes in Somerset, therefore it is not possible to comment on the enhanced provision of staffing and equipment. Care pathways will be part of the implementation plan and will be developed together with Somerset NHS Foundation Trust (SFT) and will follow the clinical model approved in the decision-making business case (DMBC).

Discussions were held prior to the completion of the DMBC around ensuring that the level of staffing and equipment were consistent between the two units.

- 3) NHS Somerset do not hold the current position and information has been requested from DCH in order to respond to this question.
- 4 & 5) The detailed implementation plan with go/no go decision dates is currently being developed. Ready to go would mean being satisfied that the outcomes and improvements to hyper acute stroke care will be safely delivered by the DCH HASU.

The criteria for this will be developed by the implementation group. SFT, DCH, South Western Ambulance Service NHS Foundation Trust (SWASFT) and NHS Somerset will be part of recommending to the ICB Board that the criteria have been satisfied.

- 6) Clarification has been sought regarding specific initiatives from SFT. The current service at Yeovil District Hospital (YDH) is not a dedicated HASU and is part of the coronary care unit. This arrangement will continue as it is while this period of change is ongoing. As SFT is a merged organisation and working towards a one team, two site stroke service, support will be provided across both Musgrove Park and Yeovil District Hospitals.
- 7) None have been brought to the attention of NHS Somerset.

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

"It's been reported in local press that "none of Yeovil's existing (emergency stroke) provision would be closed until the new unit in Dorchester was ready to go – and that it would take around 18 months to implement the proposals."

What does "ready to go" actually mean?

If the definition of "ready to go" means Dorchester County Hospital's new HASU having 6 to 8 consultant stroke physicians, providing 24/7 emergency cover, as described by Dr Rob Whiting for the enhanced HASU at Musgrove Park Hospital, how confident is this board that DCH will have the required number of specialist stroke staff in place, at DCH, to provide the same level of emergency treatment that Dr Whiting has specified for Musgrove Park?

Can the board confirm the Yeovil HASU will remain fully open until such time Dorset County Hospital's HASU has the required 6 to 8 consultant stroke physicians in situ?

What further steps is Somerset NHS Foundation Trust taking to recruit additional specialist stroke staff at Yeovil Hospital to ensure emergency treatment for stroke patients continues throughout this period of change?"

- 50.2.1 David McClay thanked Mr Tostevin for his question and advised that the Go/No-Go criteria for stroke are yet to be agreed. Generally, to proceed with the service change would mean being satisfied that the new service provides safe, high-quality care that presents an improvement to the existing service. The specific criteria for stroke will be developed by the implementation group.

SFT, DCH, SWASFT and NHS Somerset will be part of recommending to the ICB Board that the criteria have been satisfied.

The HASU at YDH will remain open until NHS Somerset are satisfied that the DCH HASU will deliver the outcomes and improvements to hyper acute stroke care.

The intent laid out at the time of approving the DMBC was that the current service at YDH would continue as it is while this period of change is ongoing. As SFT is a merged organisation and working towards a one team, two site stroke service, support will be provided across both Musgrove Park and Yeovil District Hospitals.

Clarification has been sought regarding specific initiatives from SFT. The current service at YDH is not a dedicated HASU and is part of the coronary care unit. This arrangement will continue as it is while this period of change is ongoing.