

Minutes of the BSW, Dorset and Somerset ICBs Cluster Board Meeting in Public 15 June 2026, 12:30hrs Virtual Meeting – held via MS Teams

Members present:

Cluster Chair, Rob Whiteman
Cluster CEO, Jonathan Higman
Chief Officer Strategic Finance and Resources, Alison Henly
Chief Officer for Commissioning and Place, David Freeman
Chief Medical Officer, Bernie Marden
Chief Nursing Officer, Shelagh Meldrum
Chief Officer for Population Health Improvement, Amanda Webb
Cluster Deputy Chair, Ade Williams
Cluster NED, Adrian White
Cluster NED / Place NED Dorset, Dan Worsley
Cluster NED, Christopher Foster
Cluster NED, Caroline Gamlin
Deputy - BSW - NHS Trusts and NHS Foundation Trusts Partner Member, John Palmer
BSW - Primary Medical Services Partner Member, Francis Campbell
Dorset - NHS Trust Partner Member – Mental Health, Matthew Bryant
Dorset - NHS Trust Partner Member, Siobhan Harrington (*until 13:27hrs*)
Somerset - Primary Care Partner Member, Rebecca Duffy
BSW – Local Authority Partner Member – Swindon, Sam Mowbray
Deputy - BSW - Local Authority Partner Member – Wiltshire, Jen Salter (*from 13:13hrs*)
Dorset Council (Local Authority Partner Member), Nick Ireland
Deputy – BCP Council, Laura Ambler
Deputy – VCSE Sector, Lynn Gibson

Attending:

BSW Associate Director of Governance, Compliance & Risk, Anett Loescher
Cluster Associate NED (digital) / Place NED BCP, Karl Hoods
Healthwatch, Kim Sadler
BSW ICB Corporate Secretary (minutes), Sharon Woolley

Apologies:

Cluster NED, Suzannah Power
Somerset – Foundation Trust Partner Member, Peter Lewis
BSW - NHS Trusts and NHS Foundation Trusts Partner Member, Cara Charles-Barks
BSW - BaNES Council CEO, Sophie Broadfield
BSW - Local Authority Partner Member – Wiltshire, Lucy Townsend
BCP Council (Nominated deputy - Local Authority Partner Member), Aidan Dunn
Dorset - Primary Medical Services Partner Member, Forbes Watson
Somerset Council, Duncan Sharkey
VCSE Sector, Paula Bennetts
Somerset Director of Communications and Engagement, Charlotte Callen

1. Welcome and Apologies

- 1.1 The Chair welcomed all to the first meeting of the Cluster Board meeting in public under the new cluster governance arrangements. It was noted that this meeting in public was being livestreamed, accessed via the Dorset ICB YouTube channel. (<https://www.youtube.com/nhsdorset>)
- 1.2 The Cluster Board was declared quorate. The above apologies and those deputies in attendance were noted.

1.1 Declarations of Interests

- 1.1.1 Each ICB holds a register of interests for all staff and committee members. There were no conflicts of interest declared by any members/attendees present.

1.2 Action Tracker and Matters Arising

- 1.2.1 The Cluster Board noted that an action tracker would be maintained for this meeting going forwards.
- 1.2.2 There were no matters arising not covered by the agenda.

1.3 Questions from the Public

- 1.3.1 One question had been raised in advance of the meeting concerning the use of Functional Electrical Stimulation (FES) treatment to improve the lives of many people with Multiple Sclerosis (MS) and making this available as a funded service for Dorset.
- 1.3.2 The Chief Officer for Commissioning and Place read out the question raised and the Cluster response. The full record of the question and response would be made available upon the website following the meeting.
- 1.3.3 The CEO further advised that consideration of services such as this were subject to understanding and reviewing the wider set of issues across the cluster and the different clinical policies in place. This complex area would be worked through in a structured way to bring clarity and consistency for the cluster.

2. Register of Interests

- 2.1 The Corporate Office holds and maintains the statutorily required corporate registers for each ICB and its declarations of interests. The registers for Cluster Board members' will be shared regularly with the Audit Committee and the Cluster Board, and published on the website. Members were asked to ensure the Corporate Office was made aware of any changes to declarations.
- 2.2 It was noted that an update and corrections were to be made to those declarations held for Cluster Non-Executive Director, Adrian White. This would be actioned before the register was published upon the website.
- 2.3 The Board **noted** the update and was assured that the ICB Cluster has processes in place that enable each ICB to comply with statutory requirements regarding

transparency around, and management of, interests wherever and in whatever form they may arise.

3. Cluster Chairs Report

- 3.1 The Chair reported on the NHS Alliance conference attended the week before. The new Secretary of State had been in attendance, who had provided a clear message of continuity against the agenda for the NHS reform, with no expected change in policy direction. Significant interest remained in the setup of the neighbourhood health arrangements and their anticipated effectiveness, though recognising it remained early on in the establishment and the discussions surrounding funding flows. There was to be a move from tariff arrangements to create new incentives to support the prevention, leftward shift, and community agenda. Dorset had also been highlighted in the NHS Alliance workshop on integrated health working for its work in support of MacMillan as exemplar practice. This now needed to move from pilot to business as usual through how the ICB works with providers to support that shift of resources. The acceleration and pace of use of artificial intelligence (AI) was also a focus of the conference, with good examples being shared demonstrating that added value, support to improve the quality of care and development of a new financial model.
- 3.2 The Chair also wished to acknowledge the letter received from Duncan Sharkey, Chief Executive of Somerset Council, who confirmed he would be stepping down from the NHS ICB Cluster Board. Duncan would continue to play a full role on the Somerset Board. Somerset Council nominated Alison Bell to be the Council's Cluster Board member going forward.

4. Cluster Chief Executive Report

- 4.1 The Board **received and noted** the Cluster CEO's report as included in the meeting pack.
- 4.2 The CEO provided a contemporary update for the following elements:
- Neighbourhood health and use of technology were big themes throughout the NHS Alliance and ConFed Expo. There was supported AI options that could bring that radical transformation at scale. The emergence of new care models such as the NHS online hospital had also been showcased, with four elective pathways in the first instance. Access to services would be through the NHS app, with appointments booked and held online with clinicians, accessing diagnostics via the local diagnostic treatment centres. It would support those conditions that could be managed through outpatients, rapidly changing outpatient services. How this would be commissioned on an ongoing basis was still to be reflected on, considering also how to partner with private sector organisations to support delivery. Radical AI solutions could bring support for general practice at the front door through triage and call handling services, to enable management of workload and that focus on long term care. The Secretary of State speech had advised no change to the NHS plan, through presented the challenge of pace, and use of technology to provide solutions against those problems of today. This raised the importance of the cluster forming partnerships with technology providers and equipping its staff with AI skills, while balancing the costs,

incentivising the move to digital, and ensuring benefits realisation. The adoption of AI technology would support that challenge of the rurality of the cluster geography expanse, as well as bring people closer to the NHS. Though AI can offer support on access, the Board was mindful that this could not be a one solution fits all, particularly when supporting those vulnerable and disadvantaged members of the population.

The discussion highlighted the importance of board-level governance, data security, and establishing guardrails for AI use.

ACTION: Artificial Intelligence to be a future topic on the Cluster Board forward planner – considering Board responsibilities regarding AI, including data security, information governance, environments for AI operation, and guardrails such as human-in-the-loop for risk-categorised AI use cases.

ACTION: Cluster Associate NED (digital), Karl Hoods, to share Board briefing papers with the Chair and CEO on the use of AI governance for further consideration when developing the partnership.

- The initial neighbourhood health centre plans had been submitted to NHS England, which consisted of an initial prioritisation of schemes. This would now be further worked through with partners to consolidate and develop the supporting detail around these.

Though the cluster was not in receipt of government neighbourhood health centre monies in this first tranche, the cluster would now work to refine its level of prioritisation to be ready should future funding opportunities arise. The cluster was to think differently about how schemes could be delivered through alternative partnership approaches and technology, reducing reliance on NHS capital monies.

A high-level, strategic view of neighbourhood health investments across the cluster would be maintained to ensure effective prioritisation and intervention.

- The Kings Speech had touched on the formalisation of the future and commissioning arrangements for ICBs. There is a working assumption that our ICB cluster will host the Office of Pan-ICB Commissioning, effectively the commissioning hub for the South West and on behalf of the three ICBs focussing on those delegated areas. A proposal would be brought back through the Cluster Board in due course.
- The Health Bill was progressing, which would bring the abolition of Integrated Care Partnerships, a change to the Board membership requirements, and the abolition of HealthWatch.

The ICBs role with regards the changes to HealthWatch was to understand the implications for all and where the future of HealthWatch would sit.

Conversations were continuing at a national level to work through the correct direction of travel.

ACTION: Chief Nursing Officer, Shelagh Meldrum, and Kim Sadler to discuss and clarify the future direction and engagement regarding Healthwatch and patient experience obligations in light of proposed changes.

- The ICB change process was progressing, with future structures now confirmed with staff. Letters had been sent to staff matched to new roles, with others entering a competitive process, with the recruitment of over 400 people to be completed by the end of July.
- Governance would need to be in place to ensure Integrated Health Organisations (IHOs) are introduced in the way that meet commissioning priorities for the cluster. The strategic ambitions note the cluster wishes to support the development of two IHOs, this was to be further worked through

with providers, with the Population Health and Commissioning Committee holding a clear role in the oversight and assurance.

- A control document was to be developed to highlight and manage risks associated with the transition and transfer of processes, with oversight provided by the Transition Committee.
- Congratulations were recorded to Dorset Healthcare University NHS Foundation Trust who have achieved Advanced Foundation Trust status.
- Paula Bennetts, representing Dorset VCS Assembly, will attend the Cluster Board business meetings on behalf of the South-West VCSE Alliances, and will provide VCSE updates into the place-based reports going forwards.
- Dr Claire Fuller, Interim Medical Director at NHS England will be in Somerset later this week, visiting the Frome and Mendip neighbourhood health centre test pilot site. Dr Fuller will be visiting other areas of the cluster in mid-July.

5. Developing our Strategic Ambitions and Submission to NHS England

- 5.1 The Chief Officer for Commissioning and Place introduced the supporting paper and explained that the strategic ambitions had been developed in response to a national request for ICBs to articulate their ambitions for change, building on previous planning rounds and reflecting on the feedback and discussions at the Cluster Board development workshop held on 7 May 2026. It was intended as a guide to further co-design and engage rather than a finalised strategy. There was commitment to continue to work with the public, partners and stakeholders on the further development of a supporting strategy.
- 5.2 The plan sets out specific, measurable, stretched, and time-bound goals, including establishing two IHO contracts, creating 47 integrated neighbourhood teams, and shifting over 50% of contracts to outcomes-based models by 2028/29, with a focus on population health, prevention, and neighbourhood care.
- 5.3 The need for clear year-on-year deliverables was recognised, taking account of meaningful impact, and learning from international best practices. A first draft of the 'plan on a page' visual summary was shared in meeting, to be used to communicate the ambitions and delivery approach, and seek buy-in and ownership. This was well received by the Board as a tool for ongoing discussion and alignment and would be further refined before onward sharing.
- 5.4 The Population Health and Commissioning Committee had held initial discussions on how the strategy was shaping, with it to turn into actions to deliver benefits to the population, considering phasing in delivery earlier to see benefits at pace. There was a need to realign incentives and develop market reform to change the way services were provided.

6. Committee Reports to Board

6.1 Audit Committees in Common

- 6.1.1 As the Chair of the Audit Committees in Common, Dan Worsley reported that a meeting had been held earlier that day to review the final Annual Report and Accounts 2025-26 for each ICB, recommending these on to each ICB legacy Board for approval.

6.1.2 The next meeting of the Audit Committees in Common would be held on 25 June 2026.

6.2 Joint Strategic Finance and Resource Committee

6.2.1 As Chair of the Strategic Finance and Resource Committee, Adrian White advised that the first meeting under the new governance arrangements had been held on 27 May 2026, considering business items such as the committee's terms of reference and finance report updates. There were no items to escalate to the Cluster Board.

6.2.2 The next meeting of the Joint Strategic Finance and Resource Committee was scheduled for 29 June 2026.

6.2.1 Cluster Finance Report

6.2.2.1 The Chief Officer Strategic Finance and Resources advised that month one figures showed the cluster on track financially against its in-year and forecast positions, with no major exceptions. That deep dive check and challenge would continue through the committees.

6.2.2.2 The Cluster Board **noted** for assurance purposes the month one financial position of the cluster and each of the three separate ICBs – NHS BSW, NHS Dorset, and NHS Somerset.

6.2.2.3 The Board agreed that although the ICB cluster was no longer managing the system budget, an understanding of the providers position needed to be maintained to assess how they were commissioned. It was early stages of new commissioning relationships, with the need to manage transitions and subcontracting relationships carefully, maintaining the fundamental principles of working together through the supporting framework.

6.2.2.4 The ambition was to move towards outcome-based contracts, with the CEO emphasising the importance of active risk management, and the need for constructive and active dialogue to collectively resolve any arising issues and ensure system stability.

6.2.2.5 The Committee would continue to monitor relationships and financial performance, seeking assurance that real-time information and collaborative problem-solving are in place.

6.3 Joint Population Health and Commissioning Committee

6.3.1 As Chair of the Joint Population Health and Commissioning Committee, Chris Foster provided a verbal report on the first meeting of the committee held on 10 June 2026, which had considered the cluster's strategic ambitions, plans for performance and place reporting, and that population health forward planning. There were no items to escalate to the Cluster Board.

6.3.2 The next meeting of the Joint Population Health and Commissioning Committee was scheduled for 19 August 2026.

6.3.1 Cluster Performance Exceptions Report

- 6.3.1.1 The Chief Officer for Commissioning and Place explained that current traditional performance reports were based on data to the end of March, with plans to transition to new, more integrated reporting methodologies.
- 6.3.1.2 The report noted a significant variance in 62-day cancer performance at Salisbury Foundation Trust. John Palmer explained that while recovery efforts have improved faster diagnosis standards, focus was now shifting to the end of the pathway, with Simon Sethi leading elective recovery work across the BSW Hospital Group. The Population Health and Commissioning Committee would continue to monitor this and seek assurance on progress.

6.4 Joint Quality and Population Engagement Committee

- 6.4.1 As Chair of the Joint Quality and Population Engagement Committee, Caroline Gamlin advised that the first meeting of the committee was to be held on 17 June 2026, with the agenda including a review of legacy quality reports and planning for future integrated reporting. The System Quality Groups were to remain in their current guise, with issues escalated to the Committee and the national System Quality Group as required. The agenda also reflected the remit of the committee to have oversight of population engagement, with the committee to consider its requirements for future reporting and assurances.
- 6.4.2 Additional meetings were being scheduled for July and October to receive and review the quality associated annual reports, to which invites could be extended to the wider Cluster Board as required.

7. Any other business

- 7.1 There was no other business. The Chair closed the meeting at 13:51hrs.

Next meeting of the Cluster Board: Wednesday 16 September 2026, 9:00hrs