In 2026/27 NHS Somerset ICB is moving into a formal clustering arrangement with NHS Dorset ICB and NHS Bath, Swindon and Wiltshire ICB. From 2027/28 a formal merger of the three organisations' is expected with the new ICB being formed under the Model ICB Blueprint. The Blueprint makes clear that as strategic commissioners, ICBs will focus on providing system leadership for population health, setting evidence based and long-term population heath strategy and working as healthcare payers to deliver this, maximising the value that can be created from available resources. Some of these elements are already in place, some will require a development programme for the ICB and the wider system. We will be aligning our financial governance and processes in the proceeding months, with the formal merger aligning the financial positions of all three ICBs.

Implementing any JLHWS

Somerset is a low complexity system. We have:

- 1 "place" – Somerset.
- One Integrated Care Board (ICB) "NHS Somerset"
- One Unitary Authority, "Somerset Council".
- One Health and Wellbeing Board (HWBB) known as the Somerset Board.
- One statutory NHS Foundation Trust, Somerset NHS Foundation Trust (SFT) providing all of Somerset's acute, community, mental health and learning disability services, and around a fifth of primary care services
- 13 primary care networks, working over 12 neighborhoods
- Strong relationship with VCFSE partners.

This low complexity allows us to better understand, plan and deliver improved health and wellbeing outcomes for Somerset.

During 2023, we chose to combine the Health & Wellbeing Board and the Integrated Care Partnership into one Somerset Board as a committee in common Somerset Health and Wellbeing Board and Integrated Care Partnership (Committee in common).

The committee in common looks at people's health and social care needs together, as well as considering the bigger picture – things like transport, housing, jobs and leisure – so that services truly help people stay healthy and independent. Members of the committee in common must look at the evidence of what works best to help target plans and resources.

The following strategies drive forward the work of the committee in common:

Improving Lives Strategy 2019-2028

Integrated Health and Care Strategy for Somerset

Improving Lives

Improving Lives is the Somerset Health and Wellbeing strategy. The strategy is owned by the Somerset Board and sets out how we will work to deliver improvements for our population. We take the Somerset Joint Strategic Needs Assessment (JSNA) into account when defining strategy and delivery of that strategy through our JFP.

4 Priorities

- A county infrastructure that drives productivity, supports economic prosperity and sustainable public services
- Safe Vibrant and well-balanced communities
- Fairer life chances and opportunity for all
- **Improved health and wellbeing and people living healthy and independent lives for longer**

Duty to Improve Quality of Services

Duty to Improve Quality of Services

As an Integrated Care System, we have a statutory responsibility to ensure the continuous improvement of the quality of services we commission and deliver. This duty is fulfilled through a clear governance framework, robust assurance processes, and a culture of learning and improvement.

Our Quality Assurance and Improvement Framework (2025–2027) sets out the principles, objectives, and escalation processes that underpin this work. It provides a structured approach for monitoring quality, identifying risks, and driving improvement in line with national guidance and the NHS Planning Framework. This includes the development of defined outcome measures, supported by performance dashboards and regular reporting to the ICB Quality Committee, which acts as the central governance body for quality oversight. Escalation routes to the ICB Board, ICS System Quality Group, and regional and national quality boards ensure transparency and accountability.

We maintain a strong patient safety infrastructure through weekly review meetings, quality improvement forums, and executive decision panels, enabling timely action on emerging risks or concerns. Our patient safety systems and processes continue to mature following the implementation of the Patient Safety Incident Response Framework (PSIRF), strengthening our ability to learn from incidents and role model a 'just culture' across the system.

Clinical and care professional leadership is embedded at every level, ensuring decisions are informed by frontline expertise. We continue to build capabilities through system-wide quality improvement training, patient safety syllabus compliance, and induction programmes that reinforce statutory and contractual responsibilities.

We have reviewed and updated our processes, tools, and support offered to ensure EQIAs become integral to our commissioning and service redesign activities. A dedicated EQIA Panel, with executive clinical oversight, provides assurance that changes are assessed for their impact on equity and quality, supporting our commitment to inclusive and person-centred care.

Finally, we work collaboratively with partners and service users to co-design improvements, ensuring that the voice of patients, carers, and inclusion health groups informs all decisions. Through these measures, governance, assurance, leadership, training, and engagement, we fulfil our duty to improve quality, reduce inequalities, and deliver safe, effective, and sustainable care across Somerset.

Duty to Reduce Inequalities

Reducing Health Inequalities

Health inequalities refer to the preventable and unfair differences in health outcomes and access to healthcare experienced by different groups within a population. These inequalities can be influenced by a variety of factors, such as socioeconomic status, geographical location, inclusion groups, ethnicity, education, gender, and employment. Health inequalities manifest in disparities such as differences in life expectancy, the prevalence of certain health conditions, and the quality of care people receive. These disparities are often rooted in the wider social, economic, and environmental conditions in which people live, which are known as the wider determinants of health.

Healthcare inequalities refer to the disparities in access to, experiences of, and outcomes from healthcare services between different groups within a population. Unlike general health inequalities, which are influenced by a broad range of social, economic, and environmental factors, healthcare inequalities are specifically related to the healthcare system itself. These inequalities can manifest in various ways, such as differences in the availability of and access to healthcare services, the quality of care provided, treatment outcomes, and patient experiences based on factors like income, ethnicity, gender, or geographic location.

While health inequalities are shaped by factors outside the healthcare system, healthcare inequalities are more directly linked to how the healthcare system serves different groups. For example, individuals from specific groups of the population may face longer waiting times or limited access to specialist care, which can exacerbate existing health issues.

NHS organisations are legally required to collect, analyse, and publish data on health inequalities each year. NHS England's Statement on Information on Health Inequalities outlines the responsibilities of organisations in this regard, specifying the types of information to be published. This includes a set of indicators that NHS bodies should report against, which align with key priorities for addressing health inequalities in the NHS. These priorities encompass the five focus areas for tackling healthcare inequalities, as well as the Core20PLUS5 approach aimed at reducing inequalities for both adults, children and young people and older people.

Somerset generally performs better than the national average in terms of deprivation. However, since 2015, there has been a slight shift towards greater deprivation, especially in housing quality. The number of 'highly deprived' neighbourhoods in Somerset (within the 20% most deprived in England) increased to 29 in the 2019 Index of Multiple Deprivation (IMD), up from 25 in 2015. Around 47,000 residents live in these areas. The highest levels of deprivation are found in the county's larger urban areas, with Highbridge Southwest in Sedgemoor being the most deprived, and Sampson's Wood in Yeovil being the least deprived.

Children in Somerset face greater income deprivation than older people. Of the 327 LSOAs in Somerset, 29 are in the most deprived 20% in England, with Somerset North having the highest number (13). These neighbourhoods have a combined population of about 46,000.

Rurality also presents challenges, with coastal communities often facing greater impacts, as noted in the Chief Medical Officer's 2021 report on health in coastal areas (GOV.UK).

Health inequalities, however, aren't just defined by geography or postcode; there are multiple inclusion health groups impacted by health inequalities. The county has seen a 15-fold increase in refugees and asylum seekers since Autumn 2021. Estimates show us that approximately 600 people are experiencing homelessness. Somerset was recently identified as the 6th highest in the country for rough sleepers. This high number of rough sleepers is not proportionate to population size. Somerset

experienced a 40% increase in rough sleeping in its annual street count in November 2024, with 80 individuals found sleeping rough. Gypsy, Roma, Traveller and other vulnerable migrant populations have been identified as living on sites that have direct impact on health outcomes. We want to give more people in Somerset the best healthy life chances currently enjoyed by the few. This will require joined up and integrated working with partners across various departments and agencies including housing, police, education, fire and rescue, town and parish councils, Voluntary, Community, Faith and Social Enterprise (VCFSE) partners and our employers.

Somerset's Population Health Transformation Programme has prioritised healthcare inequalities as a core workstream. This is enabling system implementation of national guidance, including the Core20PLUS5 programme, and legal requirements with the ambition of strengthening leadership, oversight and accountability for health and healthcare inequalities in the system. There is much work underway within Somerset that seeks to tackle health and healthcare inequalities some examples under the inequalities section of the Population Health Transformation Programme are described below:

Homeless Health / Inclusion Health Service

The development of a GP offer across Somerset has been incremental, starting in 2021 following the identification of presentations in A&E by people experiencing homelessness. The service started with the development of the Homeless and Rough Sleeper Nursing Service . Delivered in hostels, community hubs, on the street and in fields, this service is an 'in-reach' programme where a general nursing team, mental health nurses and peer support workers provide services in the places they can access people experiencing homelessness. Other funding streams allowed for the appointment of Inclusion Health GPs in Taunton, Yeovil and Somerset East who work closely with the nursing service. This has been nationally recognised at NHS 75th celebrations Homelessness Health in Somerset wins prestigious NHS Parliamentary Award and - following a visit to Somerset by Professor Bola Owolabi - this approach formed part of the narrative used to launch the NHS Framework for Inclusion Health in Autumn 2024. NHS England » A national framework for NHS – action on inclusion health

We recognised for some time that there was inequity in this provision and have worked with the Population Health Transformation Board to deliver an equitable GP offer across Somerset which is the approach taken by the Homeless and Rough Sleeper Nursing Service. A funding proposal to the Population Health Board to pilot a countywide GP offer has been running for 12-months and has been extended for a further 24 months.

Hypertension campaign

The system has launched a collaborative hypertension campaign 'Take the Pressure Off' which expands on the work from the previous two years to optimise treatment for those aged 60-79. This campaign has a two-pronged approach which engages directly with communities and aims to optimise treatment through primary care pathways. Public Health are leading community blood pressure checks which focuses on employers in Core20 areas and specific health inclusion groups known to be under-represented in the data. General Practice then provide additional capacity to ensure those who have high blood pressure are treated or optimised. This work is supported by the CVD dashboard, which allows us to better identify populations and geographies to target and to measure improvements for those more likely to experience healthcare inequalities.

Elective Care Recovery and Expediting Care for Vulnerable Patients

Patients are waiting longer than we would like them to in many specialities, both to be seen and assessed and to have a surgical procedure. The standard approach to managing waiting lists is by clinical priority and then chronological order, but Somerset Foundation Trust, as an integrated provider, is in a unique position to be able to easily identify potentially more vulnerable patients who are more likely to deteriorate whilst waiting. A process using key factors to flag the most vulnerable was initiated so that treatment could be expedited. Three factors were identified*: patients with a known learning disability, patients with a current mental health referral, patients living in one of the two most socially deprived areas, subsequently additional groups such as Children Looked After have been added. These factors were weighted and patients scoring more than 3 were flagged as vulnerable. This is because there is evidence that patients with these characteristics on average live shorter lives. This means they spend a disproportionately longer part of their life on our waiting list.

Maldaba

This project drives targeted action to support the health and wellbeing of people with Learning Disabilities, one of the most disadvantaged groups. A central strand of this work is the Maldaba app, which supports quality assurance of mental health, learning disability (LD), and autism services in Somerset while identifying system-wide improvement opportunities. The app engages patients, carers, families, and advocates, and focuses on improving the delivery and uptake of Annual Health Checks (AHCs) and Health Action Plans (HAPs) for people with learning disabilities. This approach aims to reduce inequalities, improve outcomes, ease administrative burdens through digital solutions, and increase the number of people on GP LD registers receiving high-quality AHCs and HAPs in line with NHS England guidelines.

WorkWell – Tackling health-related worklessness in North Sedgemoor

The project includes the Coastal Navigators Network (CNN), focusing on the unique health and social challenges of coastal communities, particularly people of working age in Burnham-on-Sea and Highbridge who are economically inactive due to ill health. The project has been informed by a comprehensive countywide WorkWell needs assessment, using Community-Based Participatory Research (CBPR) approaches that integrate quantitative and qualitative data and actively involve communities with lived experience to shape research and recommendations.

In its early stages, the project is concentrating on planning, relationship-building, and data scoping to ensure interventions are tailored to local needs. A population health management approach will be used to stratify practice-level data and identify the specific cohort. While measurable impact has not yet been observed, participation in CNN provides access to a community of practice and shared learning with other coastal areas addressing similar inequalities.

Duty to Promote Involvement of Each Patient

Embedding personalised care as a strategic commissioning principle across NHS Somerset ICS

NHS Somerset recognises that personalised care is fundamental to improving outcomes, reducing inequalities and strengthening people's ability to manage their own health and wellbeing. Our duty to promote the involvement of each patient is upheld not only through specific personalised care programmes, but by embedding personalised care as a core principle within our strategic commissioning approach and system culture.

We are committed to ensuring that every decision we take as a commissioning organisation reflects what matters to the person, supports shared decision-making, and enables people to have greater choice and control over their care.

To fulfil our statutory duty, personalised care is positioned as a cross-cutting requirement within all commissioning activity, business cases, service reviews and transformation programmes. This means:

- All commissioned services must demonstrate how they will involve people meaningfully, including shared decision making, choice and personalised care and support planning.
- Neighbourhood and locality delivery models- including the development of integrated neighbourhood teams, are required to adopt personalised care as a core operating principle, reflecting the close connection between personalised care, prevention, and community-based support.
- Our population health and inequalities work uses segmentation, insight and lived experience engagement to ensure services are designed around people whose needs are often overlooked, supporting the Core20PLUS5 and inclusion health priorities.
- Social prescribing and community-based support are being developed as a consistent, equitable offer across Somerset, underpinned by a proposed joint commissioning model and digital platform. This ensures individuals can access support that aligns with what matters to them beyond traditional clinical care.
- Commissioning for supported self-management, including condition-specific pathways, is being built into long-term condition strategies to improve activation, confidence, and outcomes.
- We recognise that structural change alone is insufficient and real transformation requires a shift in culture. The ICB is therefore committed to:
- Normalising personalised care as "how we do things in Somerset", supported by leadership behaviours, professional training and shared expectations across health, care, VCSFE and community partners.
- Enabling psychologically safe, multi-agency neighbourhood teams, where professionals feel equipped and supported to ask "what matters to you?" and work collaboratively around the person.
- Training and capability-building, aligned to the NHS England Comprehensive Model of Personalised Care, to ensure clinicians, care coordinators, link workers, nurses and allied health professionals can confidently apply personalised approaches.
- Championing lived experience, using public narrative, co-production, and citizen voice to shape commissioning decisions, governance arrangements and service design.

Through the ICS Personalised Care Steering Group, the following programmes contribute to embedding personalisation across the system:

- Shared decision making with a phased focus on high-impact clinical areas.
- Personalised care and support planning, expanding to people with complex needs and those at high risk of poor outcomes.
- Choice and legal rights to choice, supported through a training and communications programme and incorporated into pathway redesign.
- A consistent countywide social prescribing model, supported by digital infrastructure, workforce development and neighbourhood integration.
- Supported self-management programmes, including a universal prevention approach, long-term conditions and condition-specific self-management interventions.
- Expansion of Personal Health Budgets and Integrated Personal Budgets where they offer flexibility and control.

We will implement a comprehensive set of Key Performance Indicators to monitor delivery, effectiveness, experience and outcomes, and to ensure continuous improvement.

Our ambition is that every person in Somerset feels informed, respected and actively involved in decisions about their care. By embedding personalised care within commissioning, service design and workforce culture, we will improve individual experiences, enable better outcomes, and help create a sustainable, person-centred health and care system.

Duty to Involve the Public

Engagement and Involvement

Public involvement is an essential part of making sure that effective and efficient health and care services are delivered with people and communities at the centre. By reaching, listening to, involving and empowering our people and communities, we have ensured that people and communities have been at the heart of decision-making and that we are putting our population's needs at the heart of all we do.

Our draft Working with People and Communities Engagement Strategy outlines our strategic approach to involving people and communities.

Engagement insight gathered during 2025 has informed the planning, development and evaluation of health and care services, supporting NHS Somerset's statutory duty to involve people and communities in decision-making.

Our strategy is aligned with the aims of the ICS strategy.

ICS Strategy - Somerset-Health-and-Care-Strategy-compressed.pdf (nhssomerset.nhs.uk)

We established an ICS Engagement Leads Co-ordination group as the mechanism to co-ordinate and deliver our people and communities work across Somerset ICS. This group includes membership from across the ICS, Healthwatch and VCFSE partners.

We have worked closely with all our partners, patients, public, carers, staff, and stakeholders to continue to build on our existing relationships across Somerset. We have been committed to making sure that our focus is to involve and engage people in a variety of different ways and we have been committed to transparency and meaningful engagement. Engagement during 2025 has been continuous using established networks and ongoing dialogue to ensure people's views inform decisions over time.

Our 10 principles for effective public involvement

Our 10 principles for working with people and communities were developed through engagement with Engagement Leads across the ICS including Healthwatch and with our Citizen's Hub. These principles outline our shared principles for effective public involvement across the ICS.

These principles build on the ten principles outlined in the working with people and communities' section of the ICS design framework by NHS England and Improvement.

Somerset's ICS 10 principles of working with people and communities:

- Put the voices of people and communities at the centre of decision-making and governance.
- Understand our community's needs, experience and aspirations for health and care, with a strong focus on underrepresented communities.
- Involve people at the start in developing plans and feedback how their engagement has influenced decision making and ongoing service improvement, including when changes cannot be made.
- Ensure that insight from groups and communities who experience health inequalities is sought effectively and used to make changes in order to reduce inequality in, and barriers to, care.
- Build relationships with underrepresented groups, especially those affected by inequalities, ensuring their voices are heard to help address health inequalities.
- Work with Healthwatch and the VCFSE sector as key partners.
- Through partnership working, co-production, insight and public engagement address system priorities in collaboration with people and communities, demonstrating accountable health and care.
- Use community development approaches that empower people and communities, building community capacity.
- Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
- Learn from what works and build on the assets of all ICS partners – networks, relationships and activity in local places - to maximise the impact of involvement.

Read more about our approach to working with people and communities.

As set out within our Integrated Care Strategy, we want all people of all ages who live and work in Somerset to live healthy and fulfilling lives. We want people to live well for longer, and for Somerset to be a fantastic place to raise families, create employment, and support one another to be the best they can be. We want communities in Somerset to be supported to create positive and sustainable futures for all people.

We have worked with our communities this year to ensure improved, person-centred care, to reduce health inequalities, to raise quality and standards in a way which is efficient and financially sustainable, and to empower people to manage their care and conditions.

We have made use of the skills of people, groups, and organisations. We have listened, heard, and shared your stories about your everyday lives so that we have been able to make better decisions every day and get the big decisions right.

We want the people of Somerset to work with us to help us develop their local health and care services and have meaningful involvement in decision

making, where people have a genuine opportunity to influence services and decisions.

We have worked hard to find inclusive ways of reaching and listening to people, specifically those with poor health and the greatest needs, so we can better understand how to improve their access and experience of services and support their health and wellbeing.

We have continued to work collaboratively with Healthwatch Somerset, Spark Somerset and other voluntary, community and social enterprise organisations to maximise the opportunity to reach deep into communities and influence the planning and delivery of services.

We have worked to see if we are making a difference, not only by looking at facts and figures, but also asking people how well we are doing. We have used engagement insight to review what is working well and what needs to improve, supporting learning and service improvement.

We have produced spotlight reports for the NHS Somerset Board which highlight our activity working with people and communities and highlights key themes from our work.

We supported and led a number of engagement programmes. Examples of these can be found on our website: https://nhssomerset.nhs.uk/my-voice/our-work-with-people-and-communities/ and for more information about our work with our Citizen's Panel, please visit: Citizens' Panel - NHS Somerset ICB

Working with people and communities 2025/26

Engagement during 2025 used a range of methods, including face-to-face conversations, surveys, workshops, digital activity and work through established networks, to ensure involvement was accessible and inclusive. This engagement has included delivery of two major projects in 2025:

Change NHS – engaging communities on the 10-Year Health Plan

From November 2024 to February 2025, NHS Somerset led a major public and staff engagement project designed make sure the views of people in Somerset inform the Government's new 10 Year Health Plan.

The initiative, the biggest conversation about the future of the NHS since its creation, was part of the Government's Change NHS programme, in partnership with the Department for Health and Social Care and NHS England (NHSE).

The focus for the programme was the three key shifts that are expected to underpin the plan:

- Moving more care from hospitals to communities
- Making better use of technology
- Preventing sickness, not just treating it.

Locally, the shifts align with the Our Somerset strategy and engagement work, run in partnership with Healthwatch Somerset, Somerset NHS Foundation Trust, Spark Somerset and other VCFSE partners, included:

- Raising awareness of the national and local online survey
- Social media and website updates
- Promoting the programme through established communications and engagement networks
- Holding workshops and engagement sessions in person and online with a wide range of people including Our Somerset leaders, local people at public libraries across Somerset and Talking Cafés run by Village Agents.
- Delivering engagement sessions with NHS Somerset teams Running drop-in 'Lunch and Learn' engagement sessions
- Providing communications resources to enable our colleagues to raise awareness of the national and Somerset engagement opportunities and our online survey

Working with other health systems in the Southwest to share the responsibility of engaging with a diverse range of groups experiencing health inequalities, Somerset agreed to carry out focussed engagement with the following groups: armed forces, rural communities, children and young people and our VCFSE sector. This involved working closely with the relevant colleagues from across health and social care, as well as VCFSE sector partners to attend a range of events and venues, such as Veterans' Breakfasts, Rural Health Hubs, Markets, Community Support Groups and the Youth Parliament.

All feedback was submitted to the national campaign and is being used as part of a South West regional analysis and within Somerset to help develop local service strategy. Local feedback has also been shared with local partners, stakeholders and colleagues within the ICB to inform their strategic commissioning work. This has supported NHS Somerset in its role as a strategic commissioner, ensuring commissioning decisions are informed by lived experience alongside other evidence.

Somerset's Big Conversation 2025

From May to October, Somerset's Big Conversation roadshow engaged with people across Somerset. Through Somerset's Big Conversation, which included marginalised groups, displaced people and refugees, we have gained a deeper understanding of the barriers to accessing healthcare, social services and community resources. Targeted engagement focused on people more likely to experience health inequalities, including rural and coastal communities and those at risk of digital exclusion, to ensure involvement was inclusive and representative.

NHS Somerset's engagement team, working alongside other Our Somerset partners, held conversations with communities to discuss our strategy for health and care, posing broad questions to understand what matters most to them. We also used the events to take our public campaigns on the road, including our Take the Pressure Off Hypertension initiative.

An online survey was developed and promoted, and an independent research specialist was commissioned to undertake analysis of insights gathered. These insights have also informed the development of this plan.

In total, we attended 26 community events, had 2021 conversations, carried out 982 blood pressure tests and 269 surveys were completed.

Building on the successes and lessons learned from Somerset's Big Conversation in 2024, NHS Somerset evolved and expanded this initiative for 2025. The roadshow this year involved deeper engagement with underrepresented groups to ensure voices are heard from across the Somerset population.

Somerset's Big Conversation 2025 placed greater emphasis on demonstrating the impact of community feedback, providing updates on how insights are shaping health and care strategies. By fostering stronger partnerships with local organisations, community leaders and system partners, NHS Somerset has worked to create a more inclusive, dynamic and impactful conversation, further embedding the principles of collaboration in the planning and decision-making processes.

Community services and community hospitals

During 2025, NHS Somerset has begun engagement with local communities on the reshaping of community services, particularly those delivered through community hospitals. This work has been carried out in partnership with Somerset NHS Foundation Trust and has supported the planning and development of community-based services, ensuring local views and experiences are considered as part of service change.

Data sharing and use of health and care information

NHS Somerset has engaged with Somerset residents through an online survey, community visits and workshops to understand views on proposals for data sharing to support the development of the Somerset Linked Data Platform. This engagement explored public expectations, concerns and safeguards around how information is used, ensuring that people's views were considered as part of system decision-making.

In 2025 we have continued to focus on building valuable relationships with our local people and communities and working together across the ICS, to make sure we have continuously heard from people and worked collaboratively to continue to achieve our aims.

Alongside large-scale programmes, ongoing engagement activity during 2025 has supported a wide range of service areas and strategic priorities across the system. We have been involved in providing engagement support, planning and activity, for a range of health projects. Examples include:

- **Hypertension** – support for the Somerset "Take the Pressure Off" campaign, an initiative dedicated to raising awareness about the importance of regular blood pressure monitoring.
- **Smokefree Somerset** - support for a national and local campaign aimed at supporting behaviour change, to reduce the number of smokers in Somerset. The national target is for a Smokefree 2030 with only 5% of the population smoking and in Somerset, the target is to stop around 45,000 people from smoking by better understanding what motivates them and how to communicate with them.

We have worked with people and communities to ensure:

- Every contact counts.
- We listen.
- We take what people have told us back to the right people and teams.

We have fed back to people about their feedback around what matters to them, and how it has made a difference to how we work and what we do. We have been open and honest when we have not been able to take something forward and explain why. We have been committed to working closely with our colleagues and partners across the Integrated Care System (ICS) providing engagement support, advice and training for colleagues.

Social listening

Social listening helps NHS Somerset understand what matters most to our communities in real time, identifying concerns early, improving the way we communicate, and shaping services based on genuine patient insight. We have used some of the latest techniques in social listening to provide real-time updates for operational and commissioning teams. In 2025, we have generated social listening insight to share with operational teams on a range of subjects, including paediatric and maternity care at Yeovil Hospital, 'test and learn' projects at community hospitals and a GP practice closure.

Meeting our statutory duty to involve people and communities

The engagement activity described highlights how NHS Somerset has met its statutory duty to involve people and communities during 2025. During 2025, NHS Somerset has met its statutory duty to involve patients, the public and their representatives in all stages of planning, development and consideration of changes to health and care services. This duty has been embedded into routine engagement and involvement activity across the Integrated Care System.

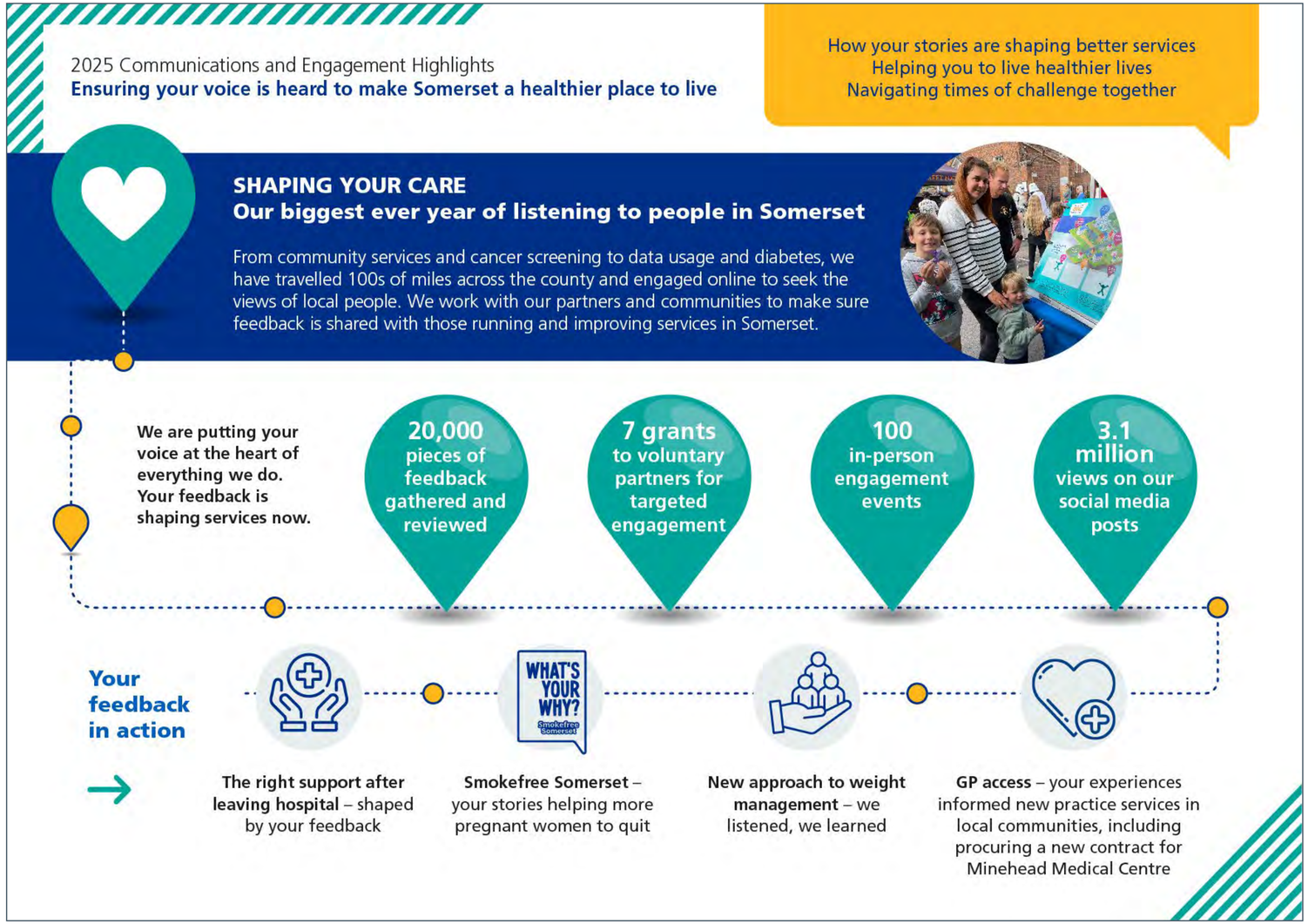
Engagement activity during 2025 was proportionate to the scale and impact of decisions being considered, involving large-scale and targeted engagement across Somerset using a mix of digital and face-to-face approaches.

Planning: We have involved people and communities at an early stage in shaping plans and priorities for health and care services. Large-scale and targeted engagement activity, including Somerset's Big Conversation and Change NHS engagement on the 10-Year Health Plan, enabled people to share what matters most to them and informed strategic planning and commissioning discussions.

Development: We have involved people and communities in the development of proposals and approaches, working in partnership with Healthwatch Somerset, VCFSE organisations and system partners. Engagement activity has included in-person conversations, workshops, surveys and targeted outreach, ensuring lived experience and local insight have influenced how services are shaped.

Consideration of changes and decisions: We have involved people in the consideration of changes by gathering feedback, understanding potential impacts and sharing insight with decision-makers. We have provided feedback on how views have been used, and where changes have not been possible, we have been open and transparent about the reasons why.

This activity demonstrates how NHS Somerset has fulfilled its statutory duty to involve people and communities during 2025, ensuring their voices are heard and considered in decisions about Somerset's health and care services.



2025 Communications and Engagement Highlights - **Shaping the future of care**

Our listening roadshow, Somerset's Big Conversation, took us to the heart of communities across the county

Somerset's BIG Conversation

Over 5,000 pieces of feedback gathered

33 in-person events

Captured attention with 3,230 interactions on social media

2 interactive online activities

Where should Pauline recover after her operation?

How should we spend your money in Somerset?

Early findings:

- **You want more joined-up local community services** – easier access close to home, coordinated support, and neighbourhood hubs to reduce travel. You told us things work better in some areas than others
- **Concern about access and waiting times** – you want clearer routes into services, quicker responses and more consistent information.
- **Staying well and tackling inequalities** – you want more early help to prevent illness and you have said some communities struggle to access help more than others
- Using our online activity you said you want:
  - → Less funding for hospital and institutional care
  - → More funding for local hubs, community spaces and home-based support

10 Year Health Plan Engagement

Key findings:

- Strong support for all three shifts (community care, digital transformation, prevention) - only if backed by proper funding, staffing, and infrastructure.
- Access and inequalities – you are concerned about rural transport, digital exclusion, long waits for GP and dental care, and workforce shortages.
- Tackle long waits and boost mental health – you want us to address surgical backlogs and improve access to mental health services.

4,541 individual pieces of feedback gathered

49 in-person workforce and public engagement events

3 "Lunch and Learn" workforce sessions

37,281 views of our content on social media

Nearly 1,000 social media responses

We worked with Somerset NHS Foundation Trust, public health, Healthwatch and community partners

Duty to Patient Choice

Public involvement is an essential part of making sure that effective and efficient health and care services are delivered with people an

NHS Somerset has worked with NHS England to develop and approve a Choice Plan which outlines how we ensure compliance with the choice provisions in the NHS Standing Rules. This includes how we meet our specific commissioner obligations to enable patients to choose aspects of their healthcare, this includes: -

- Making arrangements so that patients are able to exercise choice
- Give patients information to support their right to choice taking account of requirements in the Accessible Information Standard
- Ensure that the availability of choice is publicised and promoted to patients.

We regularly communicate with Primary Care to ensure all suitable choices are selected for patients and remind them of their obligations in relation to selecting choice options for patients.

The ICB has a published process for provider accreditation and complies with requirements for accrediting providers when approached as a means of increasing choice options for patients.

Along with Somerset Foundation Trust, the ICB supports contacting patients already on the waiting list who may want to move provider.

Both the ICB and Somerset FT have a named Choice Lead who is responsible for ensuring requirements for patient choice are met

Duty to Obtain Appropriate Advice

Each ICB must obtain advice appropriate for enabling it effectively to discharge its functions from persons who (taken together) have a broad range of professional expertise in:

(a)the prevention, diagnosis or treatment of illness, and

(b)the protection or improvement of public health.

To discharge its statutory functions effectively, NHS Somerset ICB is committed to obtaining advice from a broad range of professional expertise covering:

- Prevention, diagnosis, and treatment of illness
- Protection and improvement of public health, with particular focus on reducing inequalities and addressing wider determinants of health.

The ICB has been constituted as a Unitary Board, ensuring collective accountability and inclusive partner representation. Membership includes clinicians, professionals and representatives from health and social care, including the system's Director of Public Health. In addition, the Board draws on advice through:

- Clinical and Care Professional Leadership Forums
- Public Health Advisory structures, ensuring integration of population health intelligence and preventative strategies.
- Engagement with local authority, voluntary, and community sector partners, bringing wider perspectives on health improvement and inequalities.

Advice obtained through these mechanisms is systematically incorporated into decision-making and oversight processes, as set out in the Constitution and Governance Handbook. This ensures that Board decisions are informed by diverse expertise, transparent in their rationale, and aligned with both statutory duties and local health priorities.

Duty to Promote Innovation

Innovation is the process of applying knowledge to generate and implement new or improved approaches that lead to better outcomes, improved experience and more sustainable health and care services. For NHS Somerset Integrated Care Board (ICB), innovation activity is focused on supporting delivery of the Somerset Health and Care Strategy, ensuring that innovative approaches are aligned to population need and system priorities.

During 2025/26, Somerset ICB has promoted innovation by aligning innovation to system priorities, incorporating innovation within commissioning and service redesign, and working collaboratively with partners at system and regional level.

Peninsula Research and Innovation Partnership (PRIP)

Somerset ICB remains a founder member of the Peninsular Research and Innovation Partnership (PRIP), established in July 2023. PRIP brings together three Integrated Care Boards (Cornwall and the Isles of Scilly, Devon and Somerset), the Universities of Plymouth and Exeter, two National Institute for Health and Care Research (NIHR) organisations (the Peninsular Applied Research Collaboration (PenARC) and the NIHR Research Delivery Network), and Health Innovation South West.

The shared ambition of PRIP is to increase the collective impact of research and innovation across the South West peninsula, with a particular focus on improving outcomes for rural and coastal communities. During 2025/26, Somerset ICB has continued to contribute to PRIP by aligning local innovation priorities with the partnership's mission-based approach and using PRIP learning to inform local transformation plans.

PRIP missions and innovation activity

The PRIP strategy sets out five shared research and innovation missions focused on major population health, care and system challenges relevant to rural and coastal settings. Examples of innovation activity relevant to Somerset include:

- Multiple long-term conditions and frailty, including partnership working to optimise heart failure medication pathways and the Mendip Lung Health @home project delivered in community and rural workplace settings.
- Mental health, learning disability and neurodiversity, including innovation in learning disability annual health checks and exploration of digital tools such as Care Loop for remote symptom monitoring.
- Urgent care, including the General Practice Urgent Assessment Service (GPUAS) and evaluation of point-of-care testing in South Somerset West Primary Care Network.
- Cancer, including real-world evaluation of Lucida Pi (Prostate Intelligence) in prostate cancer diagnostics at Somerset NHS Foundation Trust and early work on evaluating the C the Signs decision-support tool.
- Maternity, neonatal and women's health, including learning from innovation taking place elsewhere in the peninsula, particularly in Devon.

Working at peninsula level enables Somerset to draw on shared learning, reduce duplication and increase the likelihood of attracting additional investment into innovation activity.

Developing a Somerset-focused innovation offer: Obesity Partnership Innovation Programme (OPIP)

Somerset ICB has used 2025/26 to develop a clearer innovation offer for Somerset, focused on priority pathways where innovation has the potential to deliver the greatest population benefit.

A key focus of this work has been obesity and weight management, recognising obesity as a major driver of long-term conditions, health inequalities and demand on health and care services. During

the year, the ICB has supported preparatory work to explore how innovation could be applied across the obesity pathway, including prevention, behavioural support, a family focus, pharmacotherapy and access to specialist services, with a focus on neighbourhood and primary care-led models and improving pathway integration.

This preparatory work formed the basis of Somerset's OPIP bid, which has progressed to interview stage, was grounded in articulating a credible, population-led innovation offer and readiness to test and evaluate approaches in a proportionate, evidence-informed way.

Duty in Respect of Research

Under the Health and Care Act 2022, NHS Somerset Integrated Care Board (ICB) has a statutory duty to **facilitate or otherwise promote research**, and to **facilitate or otherwise promote the use of evidence obtained from research within the health service**. During 2025/26, the ICB has actively discharged these duties through system leadership, partnership working and collaboration both within Somerset and across regional boundaries.

We recognise that strengthening research capacity, capability and impact cannot be achieved by the ICB acting alone. A key focus during 2025/26 has therefore been the deliberate development of effective relationships as a primary mechanism through which the ICB has facilitated research, promoted inclusive participation, and ensured that evidence obtained from research informs decision-making and service improvement.

At a local system level, the ICB has worked closely with Somerset NHS Foundation Trust, which provides established research delivery infrastructure across acute, community and mental health services and plays a central role in enabling NIHR portfolio research within Somerset. Through this partnership, the ICB has supported the facilitation of research delivery across a range of settings, ensuring that Somerset residents are able to participate in nationally prioritised studies.

The ICB has also worked in partnership with Somerset Council, their Health Determinants Research Collaborative, particularly in relation to population health research, addressing health inequalities and sharing ways of working. This collaboration supports alignment between research activity, public health priorities and wider Integrated Care System objectives, ensuring that research is relevant to local need and contributes to system learning.

A critical component of the ICB's statutory duty to facilitate and promote research has been its work with Health Innovation South West, academic partners across regional universities, and the NIHR South West Peninsula Research Delivery Network. These relationships have enabled access to national research infrastructure, study support, evaluation capability and funding opportunities, strengthening Somerset's ability to participate in and benefit from high-quality research.

A central mechanism through which the ICB has discharged its statutory duty to promote inclusive research participation during 2025/26 has been the Somerset Research Engagement Network (REN). Working in partnership with Spark Somerset, voluntary and community sector organisations, researchers and system partners, the REN has enabled the ICB to actively address inequalities in research participation.

During 2025/26, REN activity has focused on system change rather than short-term recruitment targets. Key examples include the co-production and refinement of a Somerset Research Engagement and Involvement Framework, including specific work with dementia partners; the development, testing and early implementation of community-facing tools such as Community Conversation kits; participation in county-wide engagement activity such as Somerset's Big Conversation; the development of proposals for a research brokering platform; and ongoing support from voluntary and community partners for live research studies.

In addition to facilitating research, Somerset ICB has actively promoted the use of evidence obtained from research within the health service during 2025/26. This has included strengthening routes for research findings and learning to be shared directly into clinical, commissioning and strategic forums.

A specific example is work within the dementia pathway, where the ICB has supported researchers to share emerging findings directly with the Older People's Mental Health Group. This has enabled timely knowledge exchange, supported reflective practice, and informed service improvement and commissioning decisions.

Beyond Somerset, the ICB has discharged its statutory duties by strengthening collaboration at scale. Alongside its contribution to peninsula-wide partnerships, Somerset ICB has formalised clustering arrangements during 2025/26 with Dorset Integrated Care Board and Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board. Through the cluster, we are developing shared approaches and alignment of priorities.

Through the actions described above, Somerset ICB has demonstrated that during 2025/26 it has actively discharged its statutory duties in respect of research, facilitating research delivery, promoting inclusive participation through REN, and ensuring that evidence obtained from research informs decision-making and service improvement.

Duty to Promote Education and Training

Education and training are a key component of our plans to develop and support a sustainable future workforce across the integrated care system.

The Somerset People Board is responsible for ensuring that education and training are built into everything we do, and oversee a number of key programmes designed to develop and support a sustainable future workforce. Current priority programmes are:

Somerset Health and Care Academy Development

We are building our place based training offer by working with local colleges, as well as local businesses, statutory, VCFSE and social care partners to redevelop the Grade 2 listed old Bridgwater Hospital as a future training hub for health and social care. The academy is expected to be open late 2026/27.

Work and Health

The Work and Health programme aims to reduce economic activity, particularly health-driven economic inactivity, whilst supporting individuals with disabilities, long-term health conditions and other complex barriers into, or to stay in, work.

Volunteering for Health

The Volunteering For Health programme aims to 'reimagine' volunteering by testing and innovating place-based approaches to volunteering, creating opportunities to attract volunteers from diverse backgrounds and developing a simplified and integrated way to volunteer across the health and care system, with a common approach to recruiting, management and impact measurement.

Housing Hub

This programme aims to coordinate housing information, advice, and guidance for all keyworkers living and working in Somerset, or those looking to move to Somerset for work, supporting strong attraction and recruitment and aiding long-term staff retention within Somerset's health and care sector.

Strategic Workforce Risk Analysis

This programme will help us clearly identify, prioritise and identify mitigation plans for our most significant strategic system-wide workforce risks, by occupational group and sector, and will give consideration to the need for new and different pathways for education and training to reduce workforce shortages and develop new skills.

Equality, Diversity, Includion & Retention

This programme aims to explore where differentiated harm is experienced by under-represented groups within our health and care services — whether through challenges in access or through variations in outcomes, and then develop improvement programmes.

Workforce 2035

This programme aims to take the principles and actions from the Somerset Workforce 2035 Report into a coherent workforce strategy underpinning strategic commissioning intentions linked to the 10 Year Health Plan and Neighbourhood Transformation.

Workforce Transformation

- Continuing expansion of Advanced and Enhanced Practitioner roles across the system
- New apprenticeship and degree routes to entry for OT roles locally
- Whole system pharmacy workforce development with an emphasis on trainee expansion to mitigate skills shortages of pharmacists and pharmacy technicians

Duty as to Climate Change

Delivering high-quality health and care places numerous demands on natural resources and the environment. NHS organisations have a significant impact on the environment and are some of the largest contributors to global heating and air pollution. The Climate Change Act 2008 and the Health and Care Act 2022 places statutory duties upon Integrated Care Boards (ICBs) to consider statutory emissions and environmental targets when making operational decisions.

The climate crisis and air pollution have serious direct and indirect consequences for health. In the UK, climate change is expected to cause more severe and frequent adverse weather events, with heat-related deaths projected to more than triple to 7,000 a year by the 2050s. Global heating and air pollution also disproportionately affect disadvantaged and vulnerable populations and worsens health inequalities. There are also opportunities linked to adaptation planning to meet key threats such as power outage and extremes of hot and cold severe weather that will complement the objectives of meeting net zero targets.

The refreshed Green Plan for NHS Somerset Integrated Care Board (ICB) was published on 30 September and covers the period 01 October 2025 to 30 September 2028. It builds on our progress and achievements over the last three years to reduce our environmental impact and has been structured to align with both the February 2025 Greener NHS guidance on “Green Plan Guidance” and the Greener NHS Green Plan Support Tool.

The first Green Plan, launched in April 2022, sought to rapidly embed nine foundational cornerstones at our ICB. These were workforce and system leadership; sustainable models of care; estates and facilities; digital transformation; travel and transport; supply chain and procurement; medicines management; food and nutrition; climate adaptation. Progress is summarised below.

Workforce and System Leadership

In October 2024 the NHS Somerset ICS Board completed Net Zero Board level training, delivered by Centre for Sustainable Healthcare (CSH). The training included a discussion as to how the ICB as an anchor institution can drive wider impacts working alongside other organisations, such as local authorities and third sector organisations, to influence policy and action on e.g. air pollution.

Medicines Management

Across General Practice, and supported by our brilliant **Medicines Management team**, Somerset continues to be one of the best performing counties in the country for reducing the amount of greenhouse gases used in asthma inhalers, supporting patients to move from metered dose inhalers to lower carbon dry powder or soft mist alternatives. In **Pharmacy**, the Royal Pharmaceutical Society policy deliberately focuses on reducing the environmental harm from medicines, rather than the wider climate and ecological emergency. As experts in medicines, pharmacists have a professional responsibility to take a leading role in reducing the environmental impact of medicines use.

We have successfully launched our Somerset Greener Practice network. A network of healthcare professionals working together to inspire sustainable primary care. We aim to amplify the brilliant work going on in Somerset and create a space to support each medical practice in Somerset to complete the **Greener Practice Toolkit**.

In **Optometry**, whilst there is no explicit mandated requirement in the General Ophthalmic Services (GOS) contract for providers to comply with Net Zero commitments, sustainability best practice is widely shared through The College of Optometrists and The Association of British Dispensing Opticians (ABDO). This also aligns with The UN 17 Sustainable Goals framework that has helped to shape this next iteration of the Green Plan

In **Dentistry**, the Green Impact for Dentistry toolkit was launched in 2023. The toolkit has been designed by sustainability and dentistry experts, which guides dental practice teams on strategically embedding sustainability within their practice. The actions within the toolkit are varied and cover a range of themes and areas, underpinned by the latest research. They support ICB Green Plans, NHS Net Zero ambitions, and UK Climate Change Act targets.

We ran our 'Gloves Off, Somerset!' **quality improvement** project in April 2024 and April 2025 across General Practice and in our Somerset Care Homes. The aim of the campaign was to encourage healthcare professionals to reduce unnecessary use of non-sterile gloves.

In July 2024, the ICS Strategic **Estates** Group developed the Somerset ICS Infrastructure Strategy. Many of our facilities across our public estate in Somerset, are old and inefficient. It is crucial that we plan and adapt our buildings, preparing for a future of climate change. Our ambition is to provide buildings that utilise zero carbon energy. Our services will minimise the use of resources and we will improve ecology and biodiversity across our public estate to provide a haven of well-being for our patients, colleagues and visitors.

In **digital** transformation we launched the Greener by Design collaboration. A fast-paced delivery window, bringing together 13 organisations (2 CSUs, 4 ICBs, 6 Technical Subject Matter Experts), with a good mix of skills, knowledge, and experience. The first project we tested climate risk tooling and looked at embedding social value in digital procurement. The second project, we developed our digital climate resilience chapter of our Adaptation Plan.

The **Travel and Transport** partnership established by Somerset Council and supported by Highways Contractors, Kier, brought together a diverse collaboration of blue light, public and private sector organisations to commence the electric vehicle infrastructure mapping project. This work is ongoing and aims to establish a network of shared EV infrastructure across Somerset.

Sustainable models of care - Green and Social prescribing is fundamental to the Personalised Care - NHS Somerset ICB plan. Personalised Care takes a whole system approach, enabling services across health, social care, public health and community to be linked together around the person to support prevention. NHS Somerset ICB is an active partner in the Somerset Local Nature Partnership alongside Public Health and Somerset Wildlife Trust. Shaping and mapping green and social prescribing forms an important part of this partnership.

In our **supply chain**, and aligned to the NHS Net Zero Suppler Roadmap, NHS Somerset ICB has fully embedded sustainability in all procurements, and is 100% compliant with Procurement Policy Note 06/21: Taking account of Carbon Reduction Plans and Procurement Policy Note 06/20 taking account of social value in procurement. A Net Zero Commitment, or Carbon Reduction Plan (dependent on contract value) is now a contractual requirement and is monitored and measured annually. The NHS has committed to reaching net zero by 2040 for the emissions we control directly, and by 2045 for the emissions we influence, through the goods and services we buy from our partners and suppliers. To achieve this goal, we will require the support of all our suppliers. As part of our procurement process, suppliers are encouraged to sign up to the Evergreen Sustainable Supplier Assessment, this is a self-assessment for suppliers to measure and monitor their own carbon reduction, and can be accessed via the NHS Somerset procurement portal, Atamis.

Food and Nutrition - What we eat, and how that food is produced, affects our health but also the environment.

Food needs to be grown and processed, transported, distributed, prepared, consumed, and sometimes disposed of. Each of these steps creates greenhouse gases that trap the sun's heat and contribute to climate change. About a third of all human-caused greenhouse gas emissions is linked to food. As part of the MORE training delivered by the Transformation Management Office, the ICB is working to empower our population, and our workforce to manage their own health and wellbeing by making better choices

Climate change is not a future problem, it is happening now. It is affecting all our lives, but particularly people from the most vulnerable populations. Even when the NHS achieves net zero, there will still be a changing climate to adapt to. Climate change adaptation seeks to manage this risk to services, adapting or designing buildings and processes to ensure continuity of care. In November 2025 we published our first Climate Adaptation plan. It was developed in partnership with NHS Somerset Foundation Trust and includes a robust risk analysis and mitigation strategy.

How will we know we are making a difference?

We need to acknowledge the changing face of the ICB. The Green Plan has been developed as a legacy plan with delivery in mind, regardless of what the structure looks like. All NHS bodies will be expected to decarbonise, reduce environmental impact and increase resilience to climate risks in line with the climate change duties set out in the Health and Care Act 2022 and that commitment should not be lost. It is a collaborative effort and must continue.

Our vision is that all our staff become aware of our net zero ambition and can relate it to their work. We want our staff to become more aware of the importance and urgency of climate change; to have a voice at the ICB; to contribute towards co-producing the right resources and tools; and, ultimately, to feel empowered to identify local opportunities for improvement and to autonomously act with purpose.

The ICB continues to track its progress through Key Performance Indicators (KPIs) and SMART objectives aligned to the Green Plan.

Addressing the Particular Needs of Children and Young People

Workforce and System Leadership

The ICB is committed to the delivery of the vision on the Somerset Children's Plan (2024 – 30):

Our shared vision is that Somerset's children and young people grow up in a safe, child friendly county that supports them to be happy, healthy and prepared for adulthood.

Working in Partnership

The ICB contributes to the delivery of this vision by working in partnership with Somerset Council, Somerset Foundation Trust, Somerset Parents and Carers Forum, plus Community and Voluntary Sector. Governance and leadership structures are embedded into the ICS to facilitate effective commissioning, service development and accountability for children and young people's services.

Inequalities and Inclusion

We are working with partners and providers to improve health outcomes for all children and young people whilst incorporating the principle and priorities of the CYP Core20PLUS5 programmes. We have embedded the principles and programme of Core20PLUS5 to support equity of access to care for children and young people. The 5 clinical areas of focus include Asthma, diabetes, epilepsy, oral health and mental health. Programmes are currently in place to address specific areas of inequalities such as the Forest Programme and local working group to develop health intervention in schools.

SEND

In line with the SEND Code of Practice and Children and Families Act 2014, The ICB will continue to work in close partnership with the Local Authority and Somerset Parent Carer Forum on improving the lives of children and young people with Special Educational Needs and Disabilities (0 - 25) and their families, linking the wider work around children and young people to ensure that the vulnerabilities of those with SEND are considered within every strand of work. The ICB as appointed a leadership team for SEND to ensure governance, commissioning and clinical responsibilities are delivered. Health colleagues from the ICB have been instrumental in the development of our SEND Local Area Action Plan to ensure we are working to key priorities for children and young people with SEND and their families across the system and preparing for our next SEND inspection. We are also working in collaboration with local stakeholder in response to local trends and the pending changes in the SEND legislation

Children Looked After

The ICB has a statutory responsibility to support children looked after (CLA) under the Children's Act 1989, 2004 and 'Promoting the Health and Wellbeing of Looked After Children 2015. In addition to the safeguarding responsibilities, we work with Public Health, Clinical Leads and Mental Health Commissioners to deliver our statutory commissioning responsibilities as a corporate parent. This includes commissioning and monitoring universal early intervention and prevention health services, developing pathways to meet the complex needs of this cohort, financial contribute to health provision and out of area placements in line with the Responsible Commissioner Guidance. The Quality and Nursing Team maintain oversight of the clinical provisions for Children Looked After, and their transition into adulthood.

Early Help

Developing neighbourhood working through integrated programmes of work focused on care close to home with the aim of enabling children, young people and families to easily access the support they need when they need it, building on their strengths to enable them to be resilient, happy and fulfilled. Focusing on prevention workstreams by taking a whole family approach to support healthier lives and supporting services to work together to provide seamless care.

Best Start Programme

Forest Programme

Better support for social, emotional mental health and wellbeing

Children and young people transformation includes programmes which support transitioning to adult services, palliative care, epilepsy, diabetes, asthma, complications of excess weight and integration. We have improved the social, emotional wellbeing and mental health pathways for CYP with clear links to our Open Mental Health approach. There have been associated improvements in our performance again national CYPMH access rates.

Patient Engagement and Participation

To contribute to the responsibilities for public involvement, patient choice and to address inequalities The ICB has a constructive working relationship with Somerset Parents and Carers Forum and has worked collaboratively with them on strategic and operational developments of the SEND programme. The ICB also works with Somerset Unstoppables (children and young people's participation group) to gain the voice of children and young people. We are seeking to enhance the engagement of children and young people to ensure it engages with a wider range of children and young people, as well evidencing the impact and outcomes of engagement and participation activities. We are currently mapping participation across Somerset to ensure collaboration with partners and avoid duplication.

Addressing the Particular Needs of Victims of Abuse

Somerset ICS will ensure all statutory duties relating to safeguarding adults and children will be discharged

Objectives	Programmes of work
• Ensure that statutory safeguarding functions continue to receive sufficient focus in the ICS, particularly in light of the new ICB cluster arrangements. • Work with statutory partners to ensure there is appropriate delegated authority for safeguarding at strategic, tactical and operational levels across the ICS aligning where possible across the cluster. • Work with statutory partners to ensure that all staff are aware of their statutory duties and responsibilities to safeguard individuals. • Work with statutory partners to ensure that staff have access to single and multi-agency training on supporting and safeguarding victims of abuse, aligned to their roles and inclusive of approaches to addressing health inequalities • In partnership with statutory agencies, scrutinise the effectiveness of joint working across healthcare, public health and social care providers to ensure robust safeguarding of individuals, with particular attention to meeting the specific needs of victims of abuse	Local, Regional and National Safeguarding partnerships and Boards, Forums, Networks, and Clinical Reference Groups. Pan Dorset and Somerset Child Death Review Partnership. Through the Strategic Safeguarding Group explore how to better align the work of the local safeguarding partnerships and boards, including joint funding arrangements. The ICS Safeguarding Strategic Steering Group's scrutinises ongoing programmes of strategic, tactical and operational work in the following areas: • Safeguarding across the lifespan • Safeguarding risk across the ICS • System Learning • System Reform and Service Development • Statutory Safeguarding • Workforce The ICS will work with delegated safeguarding partners to develop and address the priorities of local and regional statutory safeguarding boards and partnerships. Somerset ICS Assurance Arrangements. Families First Partnership Programme, including development of Somerset Multi-Agency Child Protection Teams. Driven by a strategic group and leadership workshops. The ICS will work with partners to improve outcomes for children looked after and care leavers by ensuring timely, equitable access to high-quality health services and embedding trauma-informed, integrated care in line with statutory requirements.

Somerset ICS will discharge their duty to address the particular needs of victims of abuse, (including domestic abuse, honour-based abuse, sexual abuse, assault, exploitation and coercion) and the multiple health inequalities they face

Objectives	Programmes of work
• Ensure that the ICS and its partners maintain robust mechanisms to hear, understand and act upon the lived experience of victims of abuse, including staff. • Continue to evaluate the impact of actions taken to address learning from reviews, incidents, risks and complaints across the ICS, ensuring that improvements in practice are sustained • Work with the Safer Somerset Partnership to fulfil statutory duties (Anti-social Behaviour, Crime and Policing Act 2014) in relation to tackling anti-social behaviour.	Local, Regional and National Safeguarding partnerships and Boards, Forums, Networks, and Clinical Reference Groups; including the newly formed Somerset Strategic Exploitation Group and the Somerset Violence Reduction Partnership. The ICS Safeguarding Strategic Steering Group's programmes of work includes strategic, tactical and operational actions to address the strategic aims and objectives of the ICS and to ensure partners are focused on their own and each other's safeguarding risks. The ICS will work with partner agencies in developing and addressing the priorities of the local and regional safeguarding boards and partnerships. Somerset ICS Assurance Arrangements Work with the People Directorate to ensure that the ICS develop local systems and process to support national programmes such as Preventing Violence and Aggression in the Workplace and Sexual Safety in the NHS. The ICS will work with partners to improve outcomes for children looked after and care leavers by ensuring timely, equitable access to high-quality health services and embedding trauma-informed, integrated care in line with statutory requirements.

As part of its commissioning function the ICS will ensure safeguarding is embedded across the Somerset Health and Social Care economy

Objectives	Programmes of work
• Ensure services are appropriately commissioned and developed to specifically address the needs of victims of abuse, so that the ICS can fulfil its statutory responsibilities. • Ensure evaluation of effectiveness of services commissioned through contractual and assurance routes. • Ensure services are appropriately commissioned and developed with a focus on early intervention and prevention of abuse and neglect. • Advance the more sustainable and efficient use of safeguarding resources, given the wider resource pressures within the ICS. • Ensure all ICS staff have access to, and comply with, comprehensive training on supporting and safeguarding victims of abuse, including addressing health inequalities.	Regional Safeguarding Assurance network. Somerset ICS Governance Arrangements, including the Somerset system quality group. Annual revision of safeguarding schedules within all NHS contracts. The ICB will continue to hold all organisations it commissions to account, quality assuring the efficacy of their safeguarding systems and processes. Assurance on safeguarding activity within the ICB will be sought through the ICB Safeguarding Assurance Meeting. Families First Partnership Programme, including development of Somerset Multi-Agency Child Protection Teams. Driven by a strategic group and leadership workshops.

10 Year Health Plan Somerset Engagement Report 2025

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Introduction

In October 2024, as part of 'the biggest conversation about the NHS' since its creation, the government called on the country to share their experiences of the health service and help shape how the NHS should work in the future as part of its 10 Year Health Plan, to be published in spring/summer 2025.

The focus for feedback was on three key shifts. These shifts are big changes to the way health and care services work, but changes that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England.

The three shifts are:
Shift 1: Moving more care from hospitals to communities
Shift 2: Making better use of technology in health and care
Shift 3: Focusing on preventing sickness, not just treating it

This campaign provided NHS Somerset's engagement team with a great opportunity to expand on the work we did last year as part of Somerset's Big Conversation 2024 and to continue the conversation with local communities and people about their experiences of healthcare services.

We engaged both online and in person and worked closely with Healthwatch Somerset and our Integrated Care System partners to reach colleagues, patients and residents across Somerset. We also worked as part of a South West regional 'team of teams' to ensure that between us, we engaged with health inequalities groups and communities, for example diverse individuals and communities identified as Core20PLUS5 and those often referred to as 'seldom heard' or 'harder to reach'.

We wanted to make sure that, in the time we had available, we were able to encourage as many people as possible to get involved and have their say on the Government's national 10 Year Health Plan - whether in person or online.

Somerset's 10 Year Health Plan Engagement

Between November 2024 and March 2025, members of our NHS Somerset Engagement team engaged with people and patients across Somerset, visiting community groups and engaging in a wide range of locations, as well as talking to ICS colleagues about the three key shifts and hearing about people's experiences of healthcare services.

We used the national 'Workshop in a Box' 10 Year Health Plan engagement resources and adapted these for each of our identified groups. In Somerset, we engaged with Somerset residents, the Our Somerset integrated care system health and social care workforce and we had a particular focus on hearing from our armed forces and rural communities, children and young people, and colleagues in our Voluntary, Community, Faith and Social Enterprise sector (VCFSE). We worked closely with Healthwatch Somerset, who attended and supported some events and with colleagues in NHS Somerset and across Our Somerset, to use their recommendations for links and networks.

Kat Tottle - Engagement and Insight Lead Officer

Executive summary

Summary

- Shift 1: Hospital to Community – People support more local and personalised care but stress the need for investment in transport, workforce, and infrastructure.
- Shift 2: Analogue to Digital – Digital tools are welcomed for efficiency, but concerns remain about exclusion, privacy, and the loss of face-to-face care.
- Shift 3: Sickness to Prevention – Prevention is widely supported, but only if it is properly funded and addresses the root causes of ill health.
- Other feedback – Broader concerns include long waits, poor access, underfunded services, and a need for better integration and transparency across the NHS.

Public and patient feedback provides valuable insights into peoples' lived experiences and expectations for the future of healthcare services. The feedback reflects a diverse range of perspectives and concerns, all aimed at shaping a system that is more accessible, efficient, and responsive to the needs of everyone.

The key findings in this report highlight support for and concerns about the three key shifts in healthcare as proposed by the government. The feedback emphasises clearly that the public strongly values the NHS for being free at the point of use, universally accessible, and delivered by compassionate, hardworking staff. However, major challenges persist, and people note the need for inclusivity, proper investment, and careful coordination to ensure these shifts are successful and sustainable.

Regarding Shift 1, shifting care from hospitals to communities, feedback from people in Somerset highlights strong support for more localised, accessible, and personalised care. Many see the move as beneficial in improving patient experience, reducing hospital strain, and enhancing recovery. However, concerns about rural transport, workforce shortages, and digital exclusion persist, with people fearing that these shifts may result in unequal access to services, particularly in underserved areas. There is a clear call for significant investment in community infrastructure, resources, and seamless coordination across care services to make this shift effective.

For Shift 2, the transition from analogue to digital healthcare is broadly supported for its potential to improve efficiency, communication, and patient empowerment. Many view digital tools, such as electronic records and virtual consultations, as positive changes. However, there are notable concerns regarding digital exclusion, particularly for older adults and rural populations, as well as fears about data privacy, cybersecurity, and the loss of human interaction in care. Ensuring that digital solutions are accessible, user-friendly, and inclusive, with alternatives for those unable to engage digitally, is seen as crucial for success.

In terms of Shift 3, the move towards prevention, focusing on early intervention, education, and addressing social determinants of health, is widely supported as essential for long-term health system sustainability. People appreciate the idea of prevention being more cost-effective and compassionate but worry about its funding and the potential neglect of urgent care needs.

There is a strong call for more proactive, holistic health strategies that involve community engagement, improved mental health services, and investment in social services like housing and nutrition to truly tackle the root causes of ill health. Ensuring that prevention efforts are properly funded and integrated across sectors is key to achieving these goals.

As part of our engagement, we also heard feedback regarding concerns, ideas and views beyond the three key shifts, highlighting issues such as long waiting times, difficulty accessing GP and dental appointments, and inadequate staffing, which all contribute to dissatisfaction with the NHS. Participants expressed frustration with the fragmentation of services, poor communication, and a lack of integration between different parts of the healthcare system, leading to inefficiencies and delays. There were also concerns about the underfunding of mental health services, the impact of health inequalities, and the insufficient support for vulnerable groups, such as the homeless, elderly, and those in rural areas. Additionally, issues around transport barriers, the potential for privatisation, and a lack of transparency in decision-making were raised, with calls for better coordination and a more equitable, person-centered approach to healthcare.

Somerset's 10 Year health plan engagement

The NHS Somerset engagement team worked as part of a 'team of teams' with the other six NHS systems in the South West to share responsibility for focusing on population groups whose voices aren't always heard, to make sure the 10 Year Health Plan engagement across the region was fully inclusive.

From October 2024, our 10 Year Health Plan engagement activity included:

- NHS Somerset Board engagement workshop run on 28 November 2024
- Organisational Responses submitted by the ICB, Spark Somerset, Healthwatch Somerset and others
- Promotion through our engagement networks – communication engagement opportunities through our Engagement Leads Network, Citizens Hub, Patient Participation Group Chairs Network
- Communications – development of a webpage to provide updates such as drop-in locations for engagement, capturing emerging themes in feedback at community events through an 'Engagement Blog' as well as social media posts (please see update below)
- Support for VCFSE engagement – we worked with Spark Somerset to support their engagement workshop and conversations with VCFSE groups across Somerset
- Support for Somerset NHS Foundation Trust workforce engagement – we worked with Somerset FT engagement colleagues, to support their engagement with their workforce
- NHS Somerset workforce engagement – we ran a 'Lunch and Learn' session for each of the key shifts, as well as running 10 engagement workshops with NHS Somerset teams
- Online survey – we encouraged people to visit our NHS Somerset website to complete our Somerset survey, as well as the official Change NHS website and the national survey.
- Public engagement – this included library drop-in sessions across the whole county as well as promoting the engagement opportunity at any other events
- PPG workshop for local people in Wells, following engagement with the PPG Chairs Network
- Targeted groups engagement – engagement through attendance at existing community groups, Talking Cafes and other community events

Somerset's 10 Year Health Plan Communications

Throughout our engagement, communications colleagues supported in a number of ways:

- We used the national 10 Year Health Plan campaign resources to develop our own tailored Somerset engagement resources for every group and community
- Development of a dedicated webpage on the NHS Somerset site
- Use of national, regional and local communications resources to share updates, engagement packs and links to engagement survey through emails and social media
- Use of ICS and ICB newsletters to promote engagement through online survey and in-person events
- Communications colleagues' support with branding for posters, leaflets and social media posts

Social media and website statistics

The campaign achieved 37,281 impressions and 993 engagements across platforms. Facebook had the highest reach and engagement, while LinkedIn drove the most link clicks.

QR codes on event posters and partner channels contributed significantly with 211 scans.

The main website landing page had 541 views from 311 users, while the engagement update page had 57 views.

Social media and website statistics

The campaign achieved 37,281 impressions and 993 engagements across platforms.
Facebook had the highest reach and engagement, while LinkedIn drove the most link clicks.
QR codes on event posters and partner channels contributed significantly with 211 scans.
The main website landing page had 541 views from 311 users, while the engagement update page had 57 views.

Who did we engage with in Somerset?

1) NHS workforce

- o NHS Somerset Board
- o ICB colleagues
- o ICS workforce
- o Providers

2) Somerset residents across the county – online and in 28 different locations

- o Two online surveys
- o Engagement groups and engagement communication distribution lists
- o Library drop-ins
- o Talking Cafes

3) Targeted communities

a) Rural communities

- Farmers Networks
- Young Farmers
- Talking Cafes in rural communities

b) Armed forces and veterans

- Worked closely with ICB Armed Forces leads Teri Underwood and Rebecca Oliver and utilised their networks
- Veterans Breakfasts across the county
- WREN Yeovil group
- Royal Marines at Norton Fitzwarren

c) Children and young people

- Collaboration with Somerset Council colleagues and using their networks
- Somerset Participation Workers Network
- Somerset Youth Parliament
- Minehead EYE

d) VCFSE

- Online communication through our engagement groups and networks, promoting survey
- Supported Spark Somerset to run 10YP engagement workshop
- NHS Somerset Citizen's Hub as representatives of VCFSE and health inequalities groups across Somerset

Engagement statistics

- 4,541 individual pieces of feedback
- 760+ people reached through our engagement networks
- 789 conversations about the 10 Year Health Plan
- 130 surveys completed online
- 49 in-person workforce and public engagement events
- 28 different locations visited for engagement activity across Somerset
- 10 NHS Somerset team engagement workshops
- 3 ICB 'Lunch and Learn' sessions
- 2 PPG public engagement workshops
- 2 Online surveys

To read more about our 10 Year Health plan and engagement and to read our blog, please visit:
10 Year Health Plan Engagement - NHS Somerset ICB

Key themes

The following are key themes that have emerged from all of the feedback from colleagues, the public and patients across the county:

Integration, communication and continuity

- Whether through digital systems or care models, there is a clear desire for joined-up, coordinated care across the NHS. Poor communication and disconnected systems are seen as barriers to effective care, especially when transitioning between hospital, community, and digital services.
- A desire for seamless, coordinated care where patients don't fall through the cracks – people want "no wrong door" and better information sharing.

Accessibility and inclusion

- Services moving into the community are seen as positive for vulnerable groups (e.g. elderly, low-income, disabled), but digital exclusion is a real risk for those without technology or internet.
- People want care that's inclusive, local, and sensitive to social and environmental needs.
- Equity of access – people want care that is local, timely, and accessible to all, especially in rural areas and inclusive for vulnerable groups (e.g. elderly, disabled, low-income, digitally excluded). Common phrases: "postcode lottery," "hard to reach," "transport barriers," "digital divide."

Balance between innovation and human touch

- While there is support for digital tools to improve efficiency and convenience, there are strong warnings against over-reliance on technology, particularly AI.
- People fear the loss of personal connection, empathy, and continuity if face-to-face care is reduced too much.
- While many see potential in technology (efficiency, access), there's strong concern about exclusion of older adults, rural residents, and people without digital skills and data privacy, usability, and the loss of human connection.
- The public demands technology that is simple, safe, and optional, not mandatory.

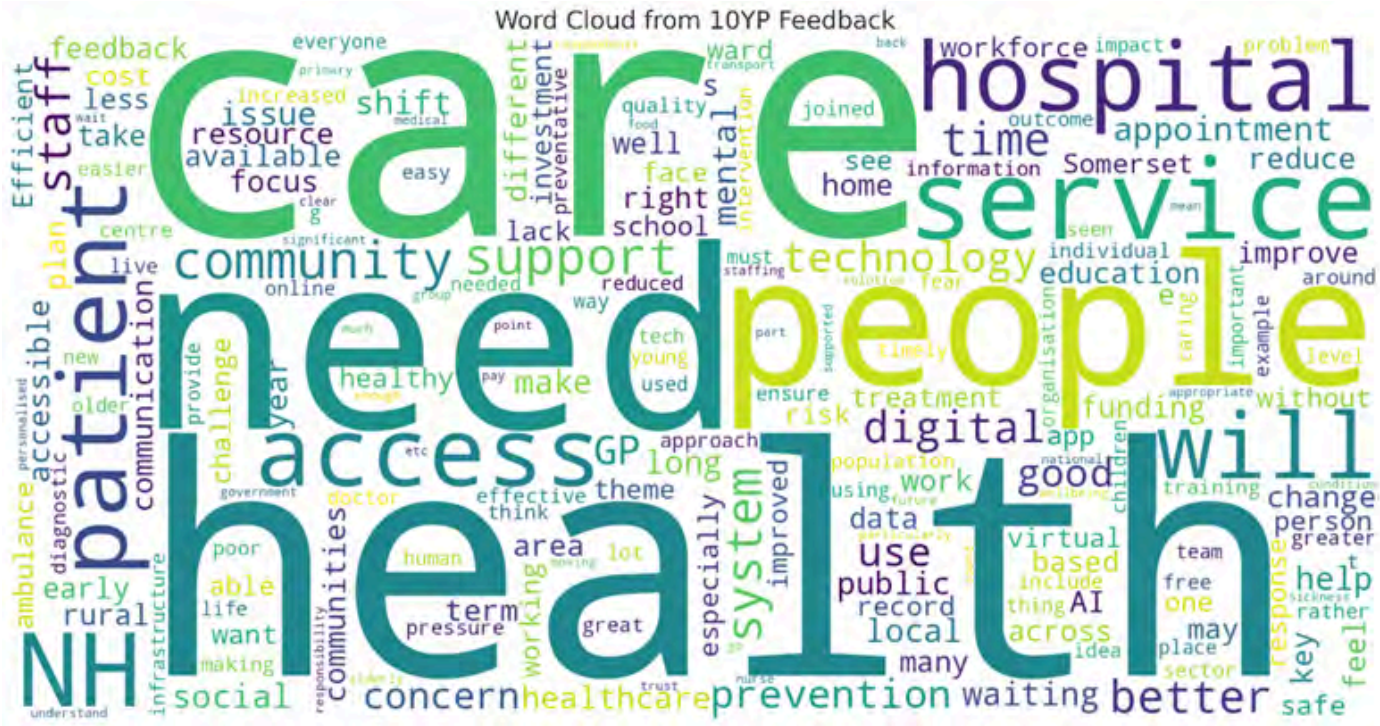
Pressure on services and workforce

- Shifting care from hospitals to the community is seen as a way to reduce pressure on hospitals, but only if properly resourced. People consistently mention staff shortages in GPs, carers, mental health professionals, and pharmacists. Awareness of burnout, low morale, and retention issues.
- Across prevention and digital, concerns about staffing, time, and capacity were raised – current pressures make it hard to implement new systems or approaches.

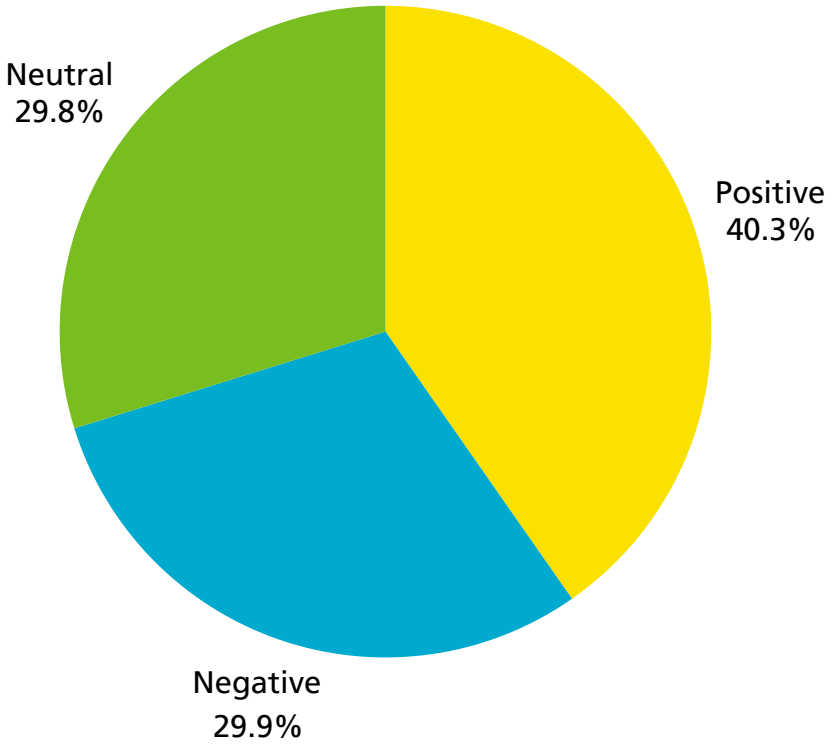
Prevention & Personal Responsibility

- Strong support for a preventative health approach, especially starting with early education, healthier environments, and community-led solutions.
- Calls for shared responsibility: people should be supported to take care of their health, but not blamed or penalised when they can't due to systemic issues.
- Prevention and holistic support – support for early intervention, education, and tackling root causes like Housing, poverty, trauma, mental health, and nutrition.
- But concerns persist around underfunding, lack of coordination, and shifting responsibility to individuals without adequate support.

The below word cloud is a visual representation of the feedback received and where the size of each word corresponds to its frequency of appearance.



A sentiment analysis helps us to understand the emotional tone behind written text. The sentiment analysis of all of the feedback we heard reveals a generally optimistic response to the NHS 10-Year Plan engagement. 40.3% of the comments were positive, reflecting strong support for ideas such as community-based care, prevention, and digital innovation. However, 29.9% of comments were classified as negative, highlighting concerns around funding, digital exclusion, and staffing shortages. The remaining 29.8% were neutral, indicating balanced or factual contributions. This mix suggests that while the vision of the three key shifts is welcomed, participants want assurance that the infrastructure and investment will be in place to deliver it effectively and so sustained support to build public confidence.



Summary of findings – the three key shifts

The following key findings have been created using all engagement feedback from Somerset's workforce, public and patients.

Shift 1: Hospital to community

Summary: Feedback from Somerset residents highlights that there is strong support for shifting care closer to home, as it is seen as more personal, comfortable, and effective in reducing hospital pressure while improving recovery and independence – particularly in rural and underserved areas. However, concerns include insufficient rural infrastructure, workforce shortages, digital exclusion, regional inequalities, and safeguarding risks. To make this shift successful, investment is needed in staffing, transport, housing, and integrated data systems, alongside flexible, personalised care models. Public views highlight both optimism about accessibility and concerns about reduced formality and increased pressure on families.

The below word cloud is a visual representation of the feedback received and where the size of each word corresponds to its frequency of appearance.

Support for:

Care closer to home:

- Seen as more personal, comfortable, and can reduce hospital pressure.
- Reduces hospital-acquired infections and supports faster recovery.
- Enables greater independence and enhances quality of life when the right support systems are in place.
- The shift to community-based care is viewed as a way to improve equity, especially for rural and underserved areas.

Improved continuity:

- Better continuity and relationships with local care providers.
- Earlier intervention and more holistic care.

Concerns and challenges

Rural and infrastructure issues:

- Concerns over inadequate rural transport and housing infrastructure that could limit access to community services.
- Shortages in community workforce:
- Shortages in carers, GPs, and pharmacy support for community care.

Risk of digital exclusion:

- Remote models could make patients in rural or underserved areas “invisible” due to lack of technology access.

Postcode lottery:

- Fears of unequal access to community-based services, resulting in regional disparities.

Safeguarding Risks:

- Concerns about the safety of care in community settings without sufficient monitoring.

What's needed

Investment in resources:

- Significant investment in community infrastructure, staffing, transport, and housing options.
- Flexible, personalised care models that integrate family and carer support.

Data and system integration:

- Joined-up systems and data sharing between services to support seamless care delivery.

Examples of public and patient views on this shift

"People may feel like they are getting less of a formal service if they are seen at a more local level."

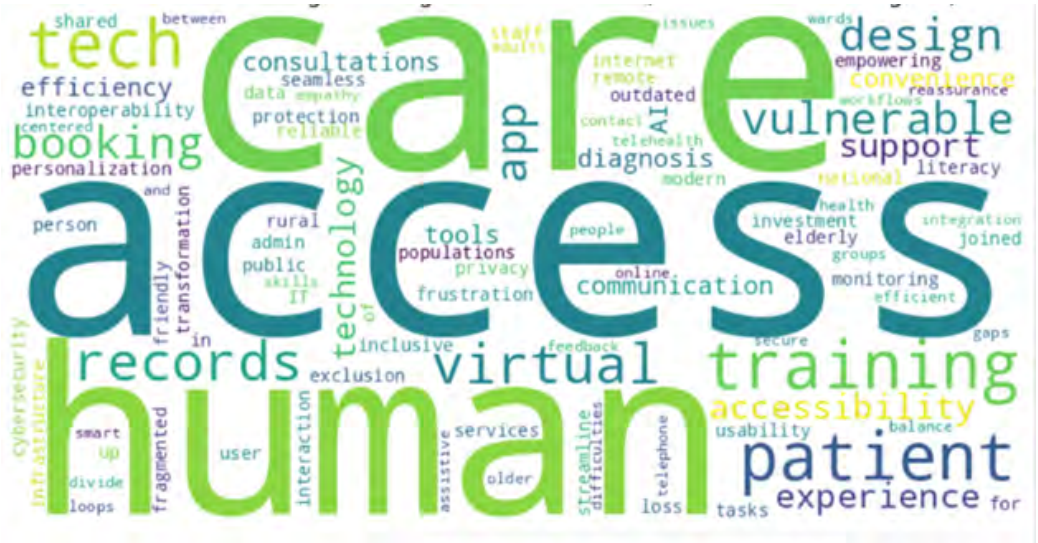
"Will this mean that carers/families need to do more?"

"It is accessible by all… local services, timely and effective care."

Shift 2: Analogue to digital

Summary: Feedback from Somerset residents tells us that there is broad support for the shift from analogue to digital, with benefits including improved efficiency, faster communication, better care coordination, and greater convenience through virtual care and AI. However, strong concerns remain about digital exclusion, especially for older, vulnerable, and rural populations, as well as frustrations with outdated systems, cybersecurity risks, and poor user design. To succeed, this shift requires national investment in modern, inclusive, and interoperable digital infrastructure, along with support for digital literacy and continued access to in-person care.

The word cloud below is a visual representation of the feedback received, and the size of each word corresponds to its frequency of appearance.



Support for:

Improved efficiency and communication:

- Digital systems can improve efficiency, speed up communication, and streamline services.
- Digital records are seen as empowering patients and supporting better care coordination.
- Technology can free up staff time from admin tasks, allowing more focus on patient care.

Access and convenience:

- Virtual consultations and remote monitoring are seen as convenient, especially for working people and those in remote areas.
- AI and digital technologies have the potential to improve diagnosis and care personalisation.

Concerns and challenges:

Digital exclusion:

- Strong fears about digital exclusion, particularly for elderly, vulnerable, and rural populations.
- Issues around people not being digitally capable, particularly the elderly or those without reliable internet.

Frustration with outdated systems:

- Concerns about outdated or incompatible IT systems causing inefficiencies.

Cybersecurity and privacy concerns:

- Worries about data privacy, cybersecurity, and the over-reliance on tech, potentially sacrificing the human touch in care delivery.

User experience:

- Systems not designed with frontline users in mind, making them clunky, confusing, and slow.

What's needed

Inclusive digital transformation:

- National investment in modern, user-friendly digital infrastructure.
- Support for digital literacy for both staff and the public, ensuring accessibility for those at risk of digital exclusion.
- Retain in-person care options for those who prefer or need them.

Interoperability:

- Digital systems must be interoperable across services to create a seamless patient experience.

Examples of public and patient views on this shift

"Needs to be accessible – not assuming everyone is digitally able. We still need to provide for all."

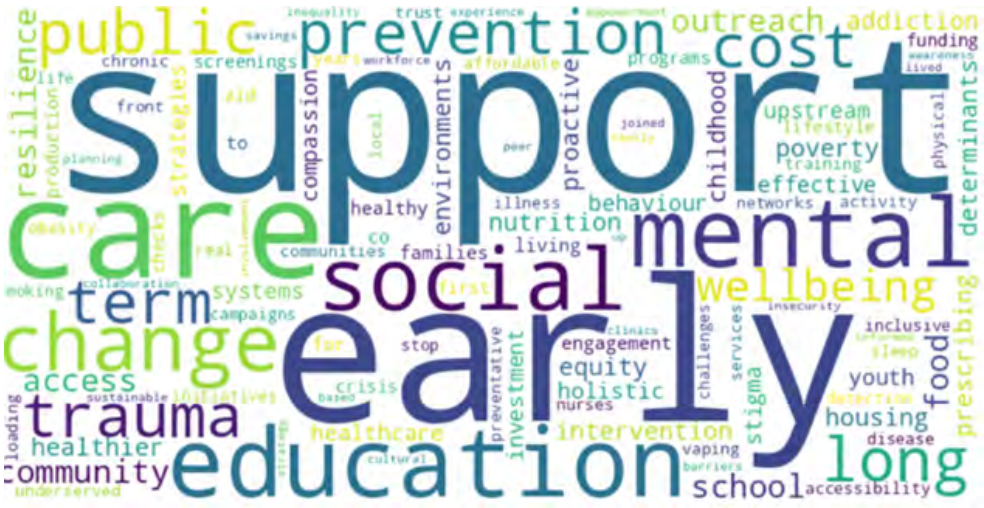
"Technology needs to work before it goes live. Doesn't matter about being new if it isn't efficient."

"Use AI and digital technology to support day-to-day activities."

Shift 3: Sickness to prevention

Summary: Feedback from Somerset residents tells us that there is strong public support for a shift toward prevention and early intervention, recognising it as a compassionate, cost-effective way to improve long-term health outcomes and reduce NHS pressure. Priorities include mental health, childhood health, social prescribing, and addressing health inequalities. However, concerns remain around delayed results, funding challenges, and the complexity of cross-sector coordination. To succeed, prevention must be backed by sustained investment, focus on social determinants of health, and meaningful community engagement, while avoiding stigma and blame.

The below word cloud is a visual representation of the feedback received and where the size of each word corresponds to its frequency of appearance.



Support for:

Early intervention and education:

- Widespread support for early intervention, public health education, and a holistic approach to health.
- Prevention seen as a more compassionate, cost-effective, and essential strategy for the NHS's long-term sustainability.
- High support for focusing on mental health, social prescribing, childhood health, and tackling health inequalities.

Health and wellbeing focus:

- Prevention viewed as essential for improving quality of life and reducing long-term healthcare costs

Concerns and challenges:

Long-term vs short-term results:

- Prevention takes time to show results, and there's a risk that it may be deprioritised in favour of more immediate crisis care.

Funding issues:

- Difficulty in funding prevention alongside crisis care, leading to concerns about "double running" costs.

System coordination:

- Prevention efforts require coordination across health, education, housing, and social care sectors, which may be difficult to achieve.

Stigma and blame:

- Need to avoid stigma, blaming individuals for health conditions such as smoking or obesity, as these are often influenced by broader social factors.

What's needed:

Sustained investment in prevention:

- Early years, education, and public health programs should be prioritised with upfront and sustained investment.

Addressing social determinants:

- Prevention efforts must address social determinants of health like poverty, trauma, housing, and nutrition.

Community engagement:

- Support for behaviour change through community engagement and co-production, emphasising collaboration with local communities.

Examples of public and patient views on this shift

"Let's stop waiting for people to get sick to help them."

"The key! Prevention – we are always shutting the gate after the horse has bolted."

"Needs more front loading in terms of funding. Need to avoid a sticky plaster approach."

Lived experiences of the key shifts already in action in Somerset

The following are examples of patient lived experiences from across Somerset, shared by people who have already had experiences of the real-life impact of one or more of the 3 key shifts. To ensure anonymity, participants' names have been changed.

Shift 1: Hospital to community

a) Margaret, 78 - rural resident with COPD

Margaret struggles to travel to the nearest hospital 45 minutes away for regular check-ups. Her daughter often takes time off work to accompany her. There's no bus service, and home visits were stopped during the pandemic. "It's hard to breathe some days, let alone make the journey into town."

Margaret receives care at a new community diagnostic hub 10 minutes from home. A respiratory nurse visits her monthly, and she has a remote monitor at home that alerts her team to any issues. "I feel more in control now, and my daughter can just be my daughter – not my taxi."

b) Tom, 83 – lives alone in a rural village

Tom has heart issues and struggles to get to his hospital appointments, which are 30 miles away. He misses appointments due to lack of transport and ends up being admitted in crisis. "I want to stay well, but I just can't get there in time."

Tom is now monitored at home through a virtual ward. A community nurse visits regularly, and a local health hub offers drop-in checks. "I haven't had to go into hospital once this winter."

c) Priya, 39 – mum of two recovering from surgery

After a hospital discharge, Priya receives no follow-up or rehab in her community. She's left unsure about wound care and struggles with fatigue. "It felt like I was on my own the moment I left the ward."

Now, she receives aftercare through her local integrated care team, with physio and wound care available at a nearby clinic and regular follow-up calls. "Recovery felt smoother because I knew someone was checking in."

Shift 2: Analogue to digital

a) Piotr, 42 – single father in a low-income household

Piotr wants to book a GP appointment for his daughter but struggles with the phone lines, which are often jammed by 8.05am. He doesn't own a smartphone and doesn't understand how to use the NHS app. "I gave up after 30 minutes on hold. I had to take her to A&E in the end."

Piotr can now book appointments via a simple online portal available in multiple languages or through his local library where a staff member helps him. He gets text reminders and can access a telephone triage service if needed. "Now I know when to call, and someone always gets back to me. It's less stressful."

b) Leo, 65 – recently diagnosed with Type 2 diabetes

Leo is given leaflets and a follow-up in three months. He struggles to track his blood sugar and doesn't understand the diet changes. "I left that appointment more confused than when I went in."

Leo now uses a simple NHS app to log his sugar levels and gets daily reminders. A digital coach checks in weekly via text. He also joined a virtual peer group. "It's like having a diabetes buddy in my pocket."

c) Sarah, 29 – deaf and uses BSL

Sarah has difficulty booking appointments. Online forms aren't accessible, and GP phone systems don't accommodate her. She often brings a friend to interpret. "I felt like my voice didn't matter unless someone could speak for me."

Sarah's GP now offers video consultations with BSL interpreters, and the appointment system is fully accessible. "Now I can book and speak for myself – no one else needs to be involved."

Shift 3: Sickness to prevention

a) Jay, 17, student struggling with mental health

Jay starts experiencing anxiety and low mood but doesn't meet the threshold for Child and Adolescent Mental Health Services (CAMHS). By the time he gets support, he's already dropped out of college and is feeling hopeless. "They said I wasn't 'bad enough' – but I was really struggling."

Jay's school runs weekly mental health drop-ins in partnership with a local charity. He joins a peer support group and gets connected to social prescribing services that link him to creative activities. "They listened. I got help before things went too far."

b) Sandra, carer for elderly mother with dementia

Sandra has to navigate between GPs, social care, hospital discharge teams, and pharmacies. Each service asks the same questions. She feels overwhelmed and burned out. "It feels like no one talks to each other – and I'm left holding everything together."

Sandra is assigned a care coordinator who acts as a single point of contact. Her mother's health record is shared across services, reducing repetition. She also gets respite support and advice from a local carers network." Finally, someone sees the full picture."

c) Mason, 10 – frequently off school with asthma
Mason often ends up in A&E during the winter with asthma attacks. His mum struggles to get GP appointments for reviews or inhaler checks. "We're always reacting to a crisis – no one checks how he's doing day to day."

Mason's school now runs health clinics with asthma nurses twice a term. Mason and his mum learn to manage triggers, and his medication is reviewed regularly. "No hospital trips this year. He's even joined the school football team."

Further feedback

Summary: Beyond the three key shifts, Somerset residents raised significant concerns about access to healthcare, citing long waits and difficulty securing GP and dental appointments, especially in rural areas. Workforce shortages, service fragmentation, and underfunded mental health care were recurring issues. Participants also highlighted health inequalities affecting vulnerable groups, transport barriers, fears of NHS privatisation, and a lack of trust in political decisions. There were strong calls for better funding, improved integration, cultural change towards person-centred care, and greater transparency and public involvement in decision-making.

The concerns and issues laid out below have been created using feedback from Somerset residents on issues outside or beyond the three key shifts.

1. Access to healthcare

- Long waiting times:
  - Participants expressed frustration with long waiting times for GP and dental appointments, which remain a significant concern for the public. Delays in receiving care were seen as contributing to dissatisfaction with the NHS.
- Difficulty accessing GP and dental services:
  - There was widespread concern about the difficulty in obtaining timely appointments, particularly for primary care (GPs) and dental services. Many people feel that access to these services is becoming increasingly difficult, particularly in rural areas.

2. Workforce and staffing issues

- Staff shortages and burnout:
  - A recurring theme was the concern over NHS staff shortages, which are contributing to delays in care and increased pressure on existing staff. Staff burnout and low morale were highlighted as major challenges.
  - There was a call for better recruitment strategies, improved working conditions, fair pay, and support for staff retention.

3. Fragmentation and communication issues

- Lack of integration across services:
  - The fragmentation of services and lack of coordination between different parts of the healthcare system were common concerns. Participants noted the inefficiencies and frustration caused by having to repeat their medical information when moving between services.
  - There were calls for better communication, clearer referral pathways, and more seamless integration across healthcare providers to enhance patient experience and reduce delays.

4. Mental health services

- **Underfunding and access:**
  - Mental health services were seen as severely underfunded and difficult to access, particularly for young people. Long wait times and a lack of support for people with mental health issues, especially those in crisis, were key concerns.
  - There was a strong demand for mental health to be treated on par with physical health, with increased resources allocated to mental health care and early intervention.

5. Health inequalities and vulnerable groups

- **Challenges for vulnerable populations:**
  - Participants highlighted that vulnerable groups, including the homeless, elderly, and those with low incomes, face significant barriers to accessing healthcare. These groups are at risk of being excluded from the benefits of the key shifts.
  - Rural communities also voiced concerns about the lack of healthcare access, citing transportation issues, inadequate services, and the challenge of attracting healthcare professionals to rural areas.

6. Funding and resource allocation

- **Chronic underfunding:**
  - Many participants expressed concern over chronic underfunding within the NHS, especially for preventive services, mental health care, and rural healthcare infrastructure.
  - There were calls for more equitable distribution of resources to ensure that underserved communities and vulnerable groups are not left behind.

7. Transport and infrastructure barriers

- **Rural access and poor transport:**
  - In rural areas, transport was identified as a major barrier to accessing healthcare services. Long travel distances, poor public transport, and a lack of infrastructure for accessing both community-based and hospital services were highlighted.
  - There were calls for improved transport options and mobile services to reach people in remote areas.

8. Privatisation and political concerns

- **Fear of NHS privatisation:**
  - A significant portion of the feedback raised concerns about the potential privatisation of NHS services. Many participants feared that privatisation would lead to inequality in access to care, reduced quality, and higher costs.
  - There was also widespread mistrust in political decision-making, with participants fearing that changes to the healthcare system might be driven by cost-cutting measures rather than patient needs.

9. Need for a cultural shift

- **Systemic cultural change:**
  - Participants emphasised the need for a cultural shift within the NHS, from short-term targets and siloed thinking to a more collaborative, person-centered approach. There was recognition that deep cultural change is necessary to support the ambitious goals of the 10-year health plan.
  - This includes fostering a culture of respect, transparency, and patient involvement in decision-making, and a focus on long-term health outcomes rather than immediate, crisis-based care.

10. Transparency and accountability

- **Demand for greater transparency:**
  - People called for clearer communication and transparency in how decisions are made within the NHS. They want to be involved in shaping policies and services, ensuring that public input is not only gathered but acted upon.
  - There was a request for plain language and better public understanding of healthcare services and how to access them.

Recommendations

Summary: To support the NHS's future vision, recommendations from Somerset's residents include investing in community infrastructure, workforce, and transport to enable effective hospital-to-community care, while ensuring integrated data systems for seamless coordination. Digital transformation should focus on improving digital literacy, building interoperable systems, and maintaining in-person care options to avoid exclusion. Preventative health must be prioritised through funding, addressing social determinants, and cross-sector collaboration. Additional actions include tackling long GP and dental wait times, addressing staffing shortages through better recruitment and retention, and enhancing service integration and communication across the healthcare system.

The below recommendations are informed by all of the feedback from Somerset residents, with the goal of improving healthcare delivery and ensuring it remains equitable and sustainable for all:

Hospital to community

1.Invest in community infrastructure and workforce:
Significantly increase funding for community services, including recruiting and retaining carers, GPs, and other essential healthcare staff, to ensure the success of community-based care models.

2.Improve rural transport and housing:
Address transport barriers, particularly in rural areas, by improving public transport options and investing in local infrastructure, including community hospitals and diagnostic hubs.

3.Ensure integrated care systems:
Develop seamless, joined-up care systems that facilitate data sharing between services (e.g., GPs, hospitals, social care), enabling better coordination and personalised care for patients in community settings.

Analogue to digital

1.Enhance digital literacy and access:
Provide comprehensive digital literacy programs for both staff and the public, ensuring that everyone, especially vulnerable populations like the elderly or rural residents, can engage with digital healthcare solutions.

2.Invest in interoperable and user-friendly systems:
Modernise digital infrastructure to create interoperable, user-friendly systems that allow seamless data sharing across healthcare providers, ensuring that patient information is easily accessible and actionable.

3.Retain in-person care options:
While promoting digital solutions, ensure there are always in-person alternatives for those who prefer face-to-face consultations or lack the technology to access digital services, ensuring inclusivity and accessibility.

Sickness to prevention

1.Increase investment in preventative health:
Prioritise funding for early intervention, public health education, and community-based preventative services, especially in mental health, to reduce long-term healthcare costs and improve population health.

2.Focus on addressing social determinants of health:
Develop a more comprehensive approach to health that tackles social determinants such as poverty, housing, and nutrition, ensuring that prevention is not limited to clinical interventions but also addresses broader societal factors.

3.Improve coordination between health, education, and social care:
Foster collaboration between the health, education, housing, and social care sectors to create a holistic approach to prevention, ensuring that services are aligned and can effectively address the root causes of ill health.

Other recommendations

1.Improve access to healthcare services:
Address the issue of long waiting times for GP and dental appointments by increasing funding for primary care services, expanding capacity, and offering more flexible appointment scheduling options, including evenings and weekends.

2.Address NHS staffing challenges:
Implement targeted recruitment strategies, improve retention by offering better pay and working conditions, and provide mental health and career development support to reduce burnout and staff shortages, ensuring a sustainable workforce.

3.Enhance service integration and communication:
Improve coordination and communication across different healthcare services by implementing integrated systems that allow for seamless information sharing between GPs, hospitals, community care providers, and other health services, reducing inefficiencies and enhancing the patient experience.

Questions to guide next steps and decision-making

The following questions are based on all of the feedback we heard from Somerset residents and touch upon key themes raised in feedback on the three key shifts . These questions are designed to prompt reflection, enable discussions about the current service provision across the county as well as challenges faced by people and patients. The aim is that these questions assist as a guide, to shape next steps and strategic decision-making.

1. **Rurality in Somerset –** How can we ensure community-based care is adequately resourced, particularly in rural areas, to prevent a "postcode lottery" in access and quality? (Relates to Shift 1: hospital to community, rural equity, and infrastructure concerns)
2. **Digital exclusion –** What specific actions will we take to tackle digital exclusion and ensure that digital transformation leaves no one behind? (Relates to Shift 2: analogue to digital, especially for older adults, rural areas, and vulnerable groups)
3. **Costs and delivery –** How can we sustainably fund and scale up prevention services without compromising acute care delivery? (Relates to Shift 3: sickness to prevention and concerns over "double running" costs)
4. **Community involvement –** What mechanisms will we put in place to meaningfully involve communities, particularly underrepresented voices, in co-producing health services? (Relates to cultural change, trust, transparency, and person-centred care)
5. **NHS workforce –** How will we invest in and support the NHS workforce to tackle staff shortages, improve morale, and deliver these transformative shifts? (Workforce capacity and burnout came up across all themes and groups)
6. **Integrated partnership and strategic working –** What cross-sector partnerships and governance structures are needed to integrate health with housing, education, and social care to address root causes of poor health? (Links to prevention, social determinants of health, and VCFSE collaboration)
7. **Digital future –** How will we balance the use of digital tools with the public's strong desire to retain face-to-face, human-centred care options? (A critical tension in digital transformation highlighted across all demographics)
8. **Integrated care pathways –** What specific steps will we take to improve integration and communication between services so patients experience seamless care pathways? (Frequent frustration with repeating medical histories and poor coordination between services)
9. **Accessible community services –** How will we make primary care – especially GP and NHS dental services – more accessible, timely, and locally available? (This was one of the most repeated areas of dissatisfaction across all groups)
10. **VCFSE partnership working –** What frameworks will ensure the voluntary, community, faith, and social enterprise sector is not just involved, but funded and treated as an equal partner in service design and delivery? (The VCFSE sector is doing vital work but expressed fatigue and concerns about sustainability)

APPENDICES - All engagement feedback

NHS workforce

The following feedback was gathered through engagement with:

- NHS Somerset Integrated Care Board (ICB) and creation of an ICB 5,000 word organisational response
- Provider responses shared with the ICB – all providers invited to submit an organisational response (* please note that some may have been submitted directly to NHSE and not shared with us)
- ICB workforce engagement through: 3 'Lunch and Learn' sessions on each of the key shifts; 11 ICB team engagement sessions; Engagement Leads Coordination Group

Summary of feedback

The below word cloud is a visual representation of the feedback received and where the size of each word corresponds to its frequency of appearance.

- The engagement feedback from the NHS workforce reflects widespread support for a shift toward more preventative, community-based, and digitally enabled healthcare, underpinned by greater integration and person-centred care.
- Staff and stakeholders emphasise the need for long-term investment, workforce development, digital inclusion, and collaboration with the voluntary and community sectors.
- While the proposed shifts are seen as positive and necessary, concerns were raised about digital exclusion, rural transport, staffing shortages, safeguarding risks, and the complexity of cultural change.
- Overall, the feedback calls for bold policy change, sustainable funding, and system-wide coordination to deliver a more accessible, equitable, and proactive NHS.

Feedback on three key shifts

Shift 1: Hospital to community

Support for:

- Broad agreement that care closer to home is more personal, comfortable, and can reduce pressure on hospitals.
- Seen as a way to improve patient experience, reduce hospital-acquired infections, lower costs, and support faster recovery.
- Enables greater independence and can enhance quality of life with the right support systems in place.

Concerns and challenges:

- Inadequate rural transport and housing infrastructure.
- Shortages in community workforce, including carers, GPs, and pharmacy support.
- Risks of digital exclusion and patients becoming "invisible" in remote models.
- Safeguarding concerns and unequal access depending on geography ("postcode lottery").

What's needed:

- Significant investment in community resources, infrastructure, and staffing.
- Better transport and housing options.
- Flexible, personalised care models that integrate family and carer support.
- Joined-up systems and data sharing between services.

Examples of public and patient views on this shift:

"Needs more front loading in terms of funding. Need to avoid a sticky plaster approach."

"Will this mean that carers/families need to do more?"

"People may feel like they are getting less of a formal service if they are seen at a more local level."

Shift 2: Analogue to digital

Support for:

- Improved efficiency, faster communication, and streamlined services.
- Potential for digital records to empower patients and support joined-up care.
- Freeing up staff time from admin to focus on care delivery.

Concerns and challenges:

- Strong fears around digital exclusion – especially for elderly, vulnerable, and rural populations.
- Frustration with outdated or incompatible IT systems.
- Concerns about cybersecurity, privacy, and over-reliance on tech at the expense of human interaction.
- Systems not designed with frontline users in mind – clunky, confusing, and slow.

What's needed:

- National investment in modern, user-friendly digital infrastructure.
- Comprehensive staff and public digital literacy support.
- Retain in-person options and inclusive access for those unable to use digital tools.
- Interoperable systems that truly connect across services.

Examples of public and patient views on this shift:

"Needs to be accessible – not assuming everyone is digitally able. We still need to provide for all."

"Technology needs to work before it goes live. Doesn't matter about being new if it isn't efficient."

"Use AI and digital technology to support day-to-day activities."

Shift 3: Sickness to prevention

Support for:

- Strong, widespread support for early intervention, education, and holistic approaches.
- Prevention seen as more compassionate, cost-effective, and essential for long-term NHS sustainability.
- Desire for increased focus on mental health, social prescribing, childhood health, and tackling inequalities.

Concerns and challenges:

- Prevention takes time to show results – risks being deprioritised.
- Difficult to fund alongside crisis care due to "double running" costs.
- Requires coordination across health, education, housing, and social care.
- Need to avoid stigma, shaming, or blame-based messaging (e.g., weight, smoking).

What's needed:

- Upfront and sustained investment in early years, education, and public health.
- Focus on social determinants of health – poverty, trauma, housing, nutrition.
- Support behaviour change through community engagement and co-production.
- System-wide approach that includes VCSE partnerships and long-term commitment.

Examples of public and patient views on this shift:

"Let's stop waiting for people to get sick to help them."

"The key! Prevention – we are always 'shutting the gate after the horse has bolted'."

Needs more front loading in terms of funding. Need to avoid a sticky plaster approach."

Further feedback

Below are 10 themes from the feedback that are not directly about the three key shifts (hospital to community, analogue to digital, and sickness to prevention), but are still critical to understanding participant views and priorities:

1. Accessibility and waiting times
There is a strong desire for care to be easier and faster to access, especially before people become acutely unwell. Long waits, complexity in accessing services, and a lack of flexibility were frequently mentioned concerns.

2. Integration and joined-up care
Participants stressed the need for seamless coordination between different services, so patients don't feel "passed around." The idea of "no wrong door" and holistic, person-centred care was a consistent aspiration.

3. Workforce investment and retention
There's widespread concern about staff shortages, low pay, and burnout. People consistently said that improving staff wellbeing, training, and career development is essential to make any of the plan's ambitions achievable.

4. Mental health and wellbeing
Feedback highlighted the importance of early access to mental health support, integration with physical healthcare, and better support for staff and patients alike in dealing with stress, anxiety, and trauma.

5. Funding and resource sustainability
A recurring theme was that none of the goals are possible without long-term funding. People questioned how shifts would be delivered within current budgets and emphasised the need for investment across the board.

6. Collaboration with the VCFSE sector
While many saw the Voluntary, Community, Faith and Social Enterprise (VCSE) sector as crucial partners, they cautioned against shifting responsibility to underfunded organisations and called for more secure, sustained collaboration and funding.

7. Social determinants of health
There's clear recognition that health outcomes are tied to issues like housing, poverty, education, and trauma. Many called for a broader, cross-sectoral approach to health that tackles inequality at its root.

8. Communication and public engagement
Respondents felt that change must be co-produced with the public, and that clear, consistent communication is needed to shift public expectations and support people through changes to services or models of care.

9. Cultural change in the NHS
There was acknowledgment that achieving this plan will require a deep cultural shift – away from short-term targets and siloed thinking, toward collaborative, preventative, people-centred values. This includes changing professional behaviours and attitudes, especially at leadership levels.

10. Transport and infrastructure
Especially in rural areas like Somerset, poor public transport and inadequate infrastructure were flagged as major barriers to accessing care, whether community-based or digital. Solutions must address place-based inequalities.

Recommendations

1. Invest in community infrastructure and workforce

To successfully shift care from hospitals to communities, there must be sustained investment in community services, rural transport, housing, and staffing. This includes recruiting and retaining carers, GPs, and support staff, alongside providing training and support to adapt to new models of care.

2. Ensure digital transformation is inclusive and reliable

While digital innovation is widely supported, it must be implemented with inclusivity and accessibility at its core. This means upgrading outdated systems, ensuring interoperability, safeguarding data, and providing digital literacy support for both staff and the public – especially those at risk of digital exclusion.

3. Prioritise prevention through system-wide collaboration

Prevention needs long-term, joined-up planning across health, education, housing, and social care. This includes early intervention, mental health support, public health education, and tackling social determinants of health through collaboration with the VCFSE sector and local communities.

Feedback from Somerset residents

The following feedback was gathered through:

- An online survey promoted via our websites, social media, email and engagement networks
- People and patient conversations in 28 different locations across the county
- Engagement structures such as our Citizens Hub, PPG Chairs Network and Engagement Leads Coordination Group
- Engagement network and distribution lists, to share opportunities via email communications
- Library drop-in sessions for members of the public
- Talking Cafes, working collaboratively with Village Agents across the county
- Wells PPG public meeting

Summary of feedback

The word cloud below is a visual representation of the feedback received and where the size of each word corresponds to its frequency of appearance.

- Public feedback on the NHS 10-Year Plan reveals deep appreciation for its free, universal care and dedicated staff, but widespread concern about underfunding, staff shortages, long wait times, and poor coordination.
- People support shifting more care into communities for accessibility and personalised care, though they worry about regional disparities, staffing, and infrastructure.
- Technology is welcomed for improving efficiency and communication, but fears persist around digital exclusion, privacy, and the erosion of human contact. Prevention is widely valued as a long-term goal, especially through education, early intervention, and addressing health inequalities, though many fear it could shift responsibility to individuals without adequate support.
- Overall, people call for better funding, more joined-up services, and greater investment in both workforce and infrastructure to ensure the plan's success and uphold the NHS's founding principles.

Feedback on three key shifts

Shift 1: Hospital to community

Supportive Views:

- Strong public support for care closer to home – seen as more accessible and personalised.
- Reduces pressure on hospitals, particularly A&E.
- Better continuity and relationship with local care providers.
- Promotes earlier intervention and more holistic care.
- Improves equity if services reach rural and underserved areas.

Concerns:

- Staff shortages may affect quality and capacity of community care.
- Funding uncertainty raises fears it's a cost-cutting move.
- Risk of "postcode lottery" and inequality in access.
- Community infrastructure (e.g. diagnostic hubs, transport) may be lacking.
- Fragmented IT and poor communication between sectors (e.g. GPs, hospitals, social care).

Examples of public and patient views on this shift:

"Care closer to home would reduce travel time and stress, especially for those without transport, the elderly, and people with mobility issues."

"Seems like an exercise of trying to save money by making families take on NHS work."

"There will be a dilution of expertise and a worsening of health inequalities. Rural communities will particularly suffer."

Shift 2: Analogue to digital

Supportive views:

- Enthusiasm for shared records and joined-up systems to avoid repetition and speed up care.
- Virtual consultations and remote monitoring seen as convenient and efficient.
- Technology can improve access, especially for working people and those in remote areas.
- AI has potential to aid diagnosis, triage, and personalise care.
- Patients want digital tools to manage appointments and view results.

Concerns:

- Digital exclusion: older people, low-income households, and those with disabilities may be left behind.
- Data privacy and cyber security are major worries.
- Loss of face-to-face, empathetic care – tech should enhance, not replace human connection.
- NHS tech is often unreliable or fragmented across services.
- Need for proper training and support for both staff and patients.

Examples of public and patient views on this shift:

"Technology is good for the young generation, but for older people it can be a problem."

"Love the digital record as I can read it, but need one system for all."

"AI could improve identifying illnesses earlier on and save lives... but machines get it wrong sometimes."

Shift 3: Sickness to prevention

Supportive views:

- Widespread agreement that prevention is essential for long-term health and reducing system pressure.
- Support for education in schools around diet, exercise, and mental wellbeing.
- Public health campaigns and community-based support (e.g. social prescribing) seen as key.
- Desire for accessible services like health checks, screenings, and mental health support.
- Addressing social determinants (poverty, housing, food access) seen as foundational.

Concerns:

- Scepticism about whether prevention will be truly prioritised or properly funded.
- Fear that prevention efforts will shift blame to individuals without enough system support.
- Health inequalities may make it harder for some to engage in prevention.
- NHS currently lacks workforce and capacity to deliver widespread preventive services.
- Need for a cultural shift and long-term investment – short-term fixes won't work.

Examples of public and patient views on this shift:

"Prevention is the longer-term goal, but it is a difficult challenge."

"Our current world is not designed to be healthy – the cost of living makes eating well very hard."

"People can be told what they need to do, but if society doesn't support it, it won't work."

Further feedback

Below are 10 themes from the feedback that are not directly about the three key shifts (hospital to community, analogue to digital, and sickness to prevention), but are still critical to understanding participant views and priorities:

1. Access to GPs and dental services
   a. Major frustration with long waits and difficulty getting GP appointments.
   b. NHS dental access seen as nearly non-existent in many areas.

2. Staffing and workforce challenges
   a. Persistent concern about NHS staff shortages, burnout, and poor morale.
   b. Over-reliance on locums undermines continuity of care.

3. Inequality and the "postcode lottery"
   a. Strong concern that access to care varies by geography, worsening health inequalities.

4. Underfunding and bureaucracy
    - Chronic underfunding and excessive bureaucracy seen as core systemic issues.
    - Perception that too much money is spent on management rather than frontline care.

5. Poor communication and fragmentation
    - Patients often need to repeat their information to different services.
    - Lack of coordination between services (e.g. GPs, hospitals, social care) causes inefficiency and frustration.

6. Mental health access
    - Mental health services are underfunded and hard to access, especially for children and teens.
    - People want mental health treated on par with physical health.

7. Trust and political scepticism
    - Widespread distrust in political leadership and fear that decisions are politically, not clinically, driven.
    - The word "shift" itself raised suspicion – some feel it implies taking something away.

8. Support for NHS ethos
    - Strong emotional attachment to the NHS as a free, universal, publicly owned service.
    - Staff are highly valued and praised for their dedication despite difficult conditions.

9. Rural access barriers
    - Rural communities struggle with transport to services, attracting staff, and maintaining local care options.

10. Desire for patient involvement and transparency
    - People want clearer communication, more transparency in planning, and involvement in decision-making.
    - Requests for plain language and better public understanding of what's available.

Recommendations

1. Invest in workforce and retention

- Why: Staff shortages, burnout, and poor morale are recurring issues across all settings.
- What's needed: Better pay, training, career development, rural incentives, and mental health support for NHS staff.
- Goal: Build a sustainable, well-supported workforce to deliver both current services and future ambitions like community care and prevention.

2. Create one joined-up, inclusive NHS system

- Why: Fragmented digital systems, poor communication, and inconsistent service access were top concerns.
- What's needed: A single digital platform for appointments, records, and communication – alongside non-digital options for those who need them.
- Goal: Improve efficiency, continuity of care, and patient experience while avoiding digital exclusion.

3. Tackle inequality with local, accessible care

- Why: Many fear the "postcode lottery," digital divide, and inaccessible services – especially in rural areas.
- What's needed: Fund local infrastructure, tailor services to community needs, and co-design care with under-served groups.
- Goal: Make care fairer, more personalised, and easier to access – so no one is left behind in the shift to prevention, digital tools, or community-based models.

Targeted engagement

NHS Somerset worked as a regional 'Team of Teams' with other SW systems to ensure that the voices of diverse people and communities who experience health inequalities, often referred to as the 'seldom heard' or 'harder to reach' had the opportunity to share their feedback. Each system identified specific target groups so that as a region we would cover a wide range of communities. NHS Somerset chose to engage with the following groups and communities, to ensure that their voices were heard:

A) VCFSE
- Online communication through our engagement groups and networks, promoting survey
- Supported Spark Somerset to run 10YP engagement workshop
- NHS Somerset Citizen's Hub as representatives of VCFSE and health inequalities groups across Somerset

B) Rural communities
- Farmers networks
- Young Farmers
- Talking Cafes in rural communities

C) Armed forces and veterans
- Working closely with ICB Armed Forces leads Teri and Becca and used their networks
- Veterans Breakfasts across the county
- WREN Yeovil group
- Royal Marines at Norton Fitzwarren

D) Children and young people
- Worked closely with Fiona Phur and used her networks
- Somerset Participation Workers Network
- Somerset Youth Parliament
- Minehead EYE

Feedback from VCFSE

As part of our engagement with our established networks, we communicated with Somerset's VCFSE organisations through our existing email distribution lists, networks and groups, regarding the online survey, in-person public engagement sessions and the opportunity for organisations to run their own 'Workshop In a Box' engagement sessions. We provided materials and guidance to Spark Somerset, who ran a VCFSE workshop attended by 20 representatives from across Somerset.

Summary of feedback:

Participants envision a future NHS that is compassionate, inclusive, trauma-informed, and patient-focused, providing accessible, efficient, personalised, and reassuring care. They value dedicated frontline staff and consistent GP access but anticipate positive changes, including smoother transitions between hospital and community-based care, enhanced mental health services, seamless and timely access to the right medical professionals, and improved equity between physical and mental health funding. However, concerns remain regarding digital exclusion, particularly affecting elderly, homeless, or vulnerable individuals; challenges in rural accessibility; staffing pressures; reliability of technology-based solutions like virtual wards; and the risk of impersonal care undermining personal patient-provider connections.

There is strong support for shifting resources toward community-based and charitable services, particularly focusing on preventive care, early intervention in mental health (especially for young people), and targeted support for vulnerable groups like homeless populations. Participants stress the necessity for increased funding, genuine collaboration between statutory bodies and voluntary sector organisations beyond transactional relationships and addressing wider social determinants of health such as housing, employment, and addiction. They emphasise that technology, while valuable, must be inclusive, interoperable, well-supported, and should complement rather than replace human interaction, ensuring equitable and integrated care for all.

The below word cloud is a visual representation of the feedback received and where the size of each word corresponds to its frequency of appearance.

Feedback on three key shifts

Shift 1: Hospital to community

Positives:

- Strong support for moving care closer to home, citing improved accessibility, reduced hospital stays, faster treatment, and greater comfort – especially for settled residents.
- Community diagnostic centres and virtual wards are welcomed for convenience, reduced infection risk, and quicker specialist access.
- Ambulance triage is seen as a way to ease pressure on emergency services.

Concerns:

- Inadequate infrastructure and staffing in community settings could undermine benefits.
- Vulnerable groups, like the homeless or those in rural areas, may be left behind.
- Risks of fragmented care and reduced quality if transitions aren't well coordinated.

Examples of public and patient views on this shift:

"I'd rather get treatment in my own community than travel miles to a hospital – if the services are there and well-supported."

"Virtual wards sound good in theory, but not everyone has a safe or stable home environment to recover in."

"Moving care into communities only works if the infrastructure, funding, and staffing are in place – right now, that's not always the case."

Shift 2: Analogue to digital

Positives:

- Digital tools like shared health records and AI offer efficiency, less repetition for patients, and improved communication between services.
- Technology can support faster diagnosis, better resource use, and remote care (e.g. virtual wards).

Concerns:

- Digital exclusion is a major issue – particularly for older adults, those without internet or digital skills, homeless individuals, and those in rural areas.
- Risk of care becoming impersonal or inaccessible without human support.
- Concerns over data reliability, interoperability, and over-reliance on digital systems.

Needs:

- Inclusive design, user-friendly interfaces, training and support for digital literacy, and always having human alternatives available.

Examples of public and patient views on this shift:

"Technology should make things easier, not become another barrier – especially for older or vulnerable people who are already struggling."

"Shared records and AI could save time and improve care, but only if systems actually talk to each other."

"Don't replace human contact with a screen – sometimes what people need most is to feel heard and seen."

Shift three: Sickness to prevention

Positives:

- Strong agreement that prevention is more cost-effective and beneficial in the long run.
- High support for early intervention in mental health (especially for young people), tackling homelessness, obesity, addiction, and addressing social determinants of health (housing, employment, education).
- Participants appreciate community-based, preventative programmes run by charities and VCFSE groups.

Concerns:

- Despite its value, prevention remains underfunded and under prioritised.
- Lack of clear referral pathways and integration between NHS, charities, schools, and councils.
- Risk that prevention continues to be side-lined in favour of reactive care.

Examples of public and patient views on this shift:

We always talk about prevention being better than cure, but the money still goes to fixing problems after they've happened."

Early support for mental health, especially for young people, can stop problems snowballing later on."

If we really want to prevent illness, we have to deal with housing, poverty, and addiction – not just give out leaflets.

Further feedback

Below are 10 themes from the feedback that are not directly about the three key shifts (hospital to community, analogue to digital, and sickness to prevention), but are still critical to understanding participant views and priorities:

1. Compassionate, trauma-informed care
Participants want the NHS to feel safe, calm, respectful, and supportive – particularly for those with complex or traumatic experiences.

2. Equity between mental and physical health
There is strong demand for parity of esteem in funding, access, and service quality between mental and physical healthcare.

3. Dedicated and valued frontline staff
People consistently praise NHS staff and want to see improved working conditions, reduced pressure, and better retention and morale.

4. Consistent access to GPs and primary care
Reliable, timely GP access remains a top priority, seen as the first point of contact and key to reducing pressure elsewhere in the system.

5. Smooth transitions between services
Frustration around fragmented care and poor handovers – participants want more joined-up systems between hospitals, GPs, community services, and social care.

6. Rural and transport barriers
Rural residents raise concerns about long travel distances, limited public transport, and how centralisation can worsen access.

7. Communication gaps across services
Poor coordination and unclear referral pathways between NHS, local authorities, and voluntary groups are seen as a barrier to effective care.

8. Inadequate support for vulnerable groups
Participants highlight ongoing issues faced by homeless people, migrants, disabled individuals, and those with unstable housing or low income.

9. Fear of private sector involvement
There is significant concern about shifting NHS services to private providers, with fears around cost, inequality, and loss of public accountability.

10. Need for system-wide cultural change
Participants call for a more inclusive, person-centred culture across the NHS – less transactional, more human, and built on trust and relationships.

Recommendations

1. Invest in community-based, preventative care
- What: Prioritise funding and support for local services that focus on prevention, early intervention (especially in mental health), and support for vulnerable groups such as the homeless.
- Why: Community-led care improves accessibility, reduces hospital strain, and addresses root causes of poor health (e.g. housing, addiction, poverty).
- How: Scale successful models like Open Mental Health, enhance local partnerships, and build stronger infrastructure outside hospitals.

2. Ensure a safe, inclusive digital transition
- What: Develop a digital transformation strategy that leaves no one behind, balancing innovation with accessibility.
- Why: While tech can improve efficiency and coordination, it risks deepening inequalities if not inclusive.
- How: Provide digital literacy training, maintain in-person alternatives, and prioritise interoperability and user-friendly design across platforms.

3. Build genuine, sustainable partnerships with the voluntary sector
- What: Move beyond transactional commissioning to meaningful collaboration with charities and community organisations.
- Why: These groups play a vital role in supporting vulnerable people but are underfunded, overstretched, and often overlooked.
- How: Increase funding, improve communication channels, and involve the voluntary sector as equal partners in decision-making and service design.

Feedback from rural communities

Summary of engagement activity

We ensured that we heard the voices of people and groups living in rural communities across the county using the following engagement activities:

Talking cafes & Village Agents in rural communities
- Attended Frome Young Farmers
- Conversations at the Bath & West Showground's Farmers Market

Summary of feedback:

The below word cloud is a visual representation of the feedback received and where the size of each word corresponds to its frequency of appearance.

The community feedback on the NHS 10 Year Health Plan reflects a strong appreciation for the dedication of frontline staff and services like pharmacists, paramedics, and community care, while highlighting deep concerns about accessibility, digital exclusion, long waiting times, inadequate transport – especially in rural areas – and insufficient mental health and social care support.

People want a more joined-up system, better use of technology that doesn't exclude older or digitally limited individuals, more localised services, improved patient transport, and a stronger focus on prevention.

There is frustration over bureaucracy, staffing shortages, GP access, and poor communication, alongside calls for political accountability, consistent funding, and valuing NHS workers.

The public values face-to-face care and want changes that are practical, inclusive, and grounded in real-world needs not driven by profit or politics.

Feedback on three key shifts

SHIFT 1: Analogue to digital

Positives:

- Digital tools can make it easier to book appointments and see a GP.
- Virtual appointments could free up face-to-face time for those who need it most.
- More efficient sharing of records between GPs and hospitals would reduce repetition.
- Shared systems (e.g. x-rays, test results) could prevent unnecessary delays.
- Some people like the idea of simple, joined-up systems.

Concerns:

- Digital exclusion is a major worry, especially for older people and those without internet access.
- Rural areas suffer from poor signal and patchy connectivity.
- Systems must be simple and not rely on apps alone – alternative, non-digital options are essential.
- People still want face-to-face contact for reassurance and personal care.
- There's frustration with current phone systems and app-only options.
- Concerns about data security, cyber risks, and over-reliance on AI.
- Older people feel left behind or overwhelmed by fast tech changes.

Examples of public and patient views on this shift:

"There should be an alternative to digital systems – we like face-to-face and human reassurance."

"Older people are being left behind because of the development of technology."

"Any digital systems need to be simple and basic – older farmers won't sit in endless queues or deal with complicated apps."

SHIFT 2: Hospital to community

Positives:

- Local health hubs and community hospitals are valued – especially in rural areas.
- Bringing services like screening, vaccinations, and minor treatments closer saves time and boosts access.
- Ambulance triage and in-home support for falls are seen as good alternatives to unnecessary hospital visits.
- Community-based care can help with early intervention and long-term support.

Concerns:

- Many community hospitals have reduced services or limited hours – trust in them needs rebuilding.
- Poor public transport and long travel times make hospital access difficult, especially in remote areas.
- Lack of coordination between services (e.g., 111 and local hospitals) causes delays and frustration.
- Need for more mobile services (e.g., screening vans), and better communication about what's available.
- Staffing shortages and lack of resources in the community are key barriers.
- Discharge delays from hospitals show that community and social care services are overstretched.

Examples of public and patient views on this shift:

"It's a good idea to spread out services so it's not all on the shoulders of the hospital."

"Community hospitals need to be open longer and all services accessible to build trust."

"Rural health hubs are great – older farmers already go there and can fit in check-ups during their day."

SHIFT 3: Sickness to prevention

Positives:

- Strong support for prevention to improve long-term health and reduce NHS pressure.
- People want more education, media campaigns, and awareness on healthy living.
- Support for rural health checks, vaccinations, and outreach services.
- First aid training and mental health support seen as important preventive tools.
- Calls for holistic health approaches, not just medical interventions.

Concerns:

- Prevention can feel inaccessible – healthy food is expensive, childcare limits healthy lifestyles.
- People don't want to be blamed for conditions linked to genetics or poverty.
- Concerns that prevention messages in the media feel patronising or overwhelming.
- Long waits for appointments and poor continuity of care undermine early detection.
- Repeated calls for more GP appointments and regular health checks.
- Suggestions for personal responsibility measures like small charges for missed appointments were mixed, with some supporting accountability and others worried about fairness.

Examples of public and patient views on this shift:

"Prevention is absolutely key – but it must take into account real-life challenges like cost of healthy food or childcare."

"Have vaccinations in rural health hubs – go to the people, don't expect them to travel miles."

"I'd be happy to see any prevention prioritised – to save lives, improve quality of life and NHS funds."

Further Feedback

Below are 10 themes from the feedback that are not directly about the three key shifts (hospital to community, analogue to digital, and sickness to prevention), but are still critical to understanding participant views and priorities:

1. Access to GP Appointments
There is widespread frustration over the difficulty in getting GP appointments – long waits, confusing phone systems, limited hours, and lack of continuity in care are common concerns.

2. Staffing and Workforce Issues
Staff shortages, overwork, and low morale among NHS workers are recurring concerns. There are strong calls for better recruitment, fair pay, retention strategies, and valuing frontline staff.

3. Transport and Travel Barriers
Poor public transport – especially in rural areas – makes it hard to attend appointments. Patient transport services are inconsistent, with issues like delays, eligibility restrictions, and limited availability.

4. Communication and Coordination
People feel that NHS services are fragmented. They want joined-up systems, clearer communication between departments, and better information sharing to avoid repeating their medical history.

5. Mental Health Services
Access to mental health care is seen as inadequate, with long waits (e.g., 48 weeks for therapy), lack of crisis support, and a need for more informal, accessible, and local mental health help.

6. Inequality and Rural Disadvantage
People in rural areas feel overlooked – services are harder to reach, there are fewer local options, and digital solutions don't always work. There are calls for funding and incentives to attract staff to these areas.

7. Privatisation and Politics
Many expressed fear or anger over NHS privatisation, distrust in politicians, and concerns that decisions are driven by cost-cutting rather than care. There's a desire for consistency regardless of which party is in power.

8. Respect and Dignity
Patients and staff want to be treated with respect. Issues were raised about being dismissed, feeling judged, or being made to feel like a burden – especially in GP and emergency settings.

9. Pharmacy and Prescriptions
Local pharmacies are highly valued, but people noted they're under pressure. Changes to repeat prescription systems and delays in medication access are causing confusion and dissatisfaction.

10. Accountability and Misdiagnosis
Some shared personal stories of serious health issues being missed or delayed – blaming a focus on cheaper tests or lack of follow-up. There's a strong demand for accountability and more thorough care.

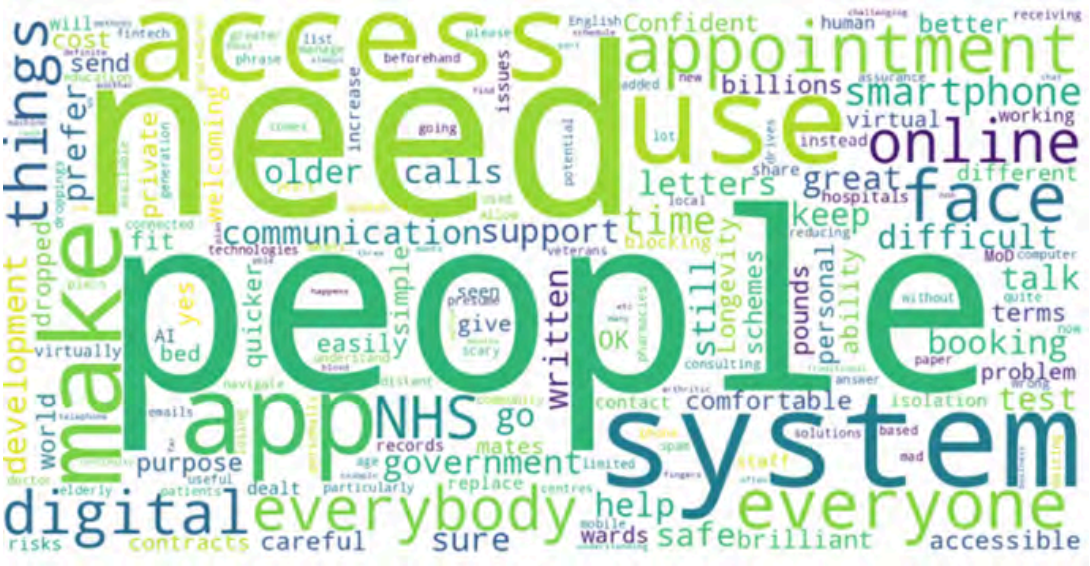
Recommendations
1. Ensure services are inclusive, local, and accessible
Improve access to healthcare in rural areas by investing in community hospitals, transport options, and mobile services (like screening vans and rural health hubs). Maintain face-to-face options for those who are digitally excluded or prefer in-person care, and ensure clear, joined-up communication between services.

2. Invest in NHS workforce and restore trust
Tackle staff shortages through better recruitment, fair pay, and improved working conditions. Make frontline staff feel valued by reducing bureaucracy, improving staffing ratios, and supporting their wellbeing. Patients and staff alike want a culture of respect, empathy, and human connection.

3. Focus on prevention with real-world support
Strengthen preventive care through accessible health checks, community-based outreach, education, and early intervention – especially for mental health. Support healthy lifestyles without judgment by acknowledging financial, geographic, and social barriers. Prevention should be practical, holistic, and person-centred.

Feedback from Armed Forces

Summary of engagement activity
To ensure that we captured the voices of Somerset's armed forces and veterans, the Engagement Team worked closely with ICB colleagues. The word cloud below is a visual representation of the feedback received and where the size of each word corresponds to its frequency of appearance.



The feedback we heard from veterans and armed forces in Somerset highlights a strong desire for an NHS that remains accessible, compassionate, and inclusive, while embracing technology in a way that supports rather than replaces human care.

People welcome innovation like virtual wards and NHS apps but stress the need for non-digital options, better integration, and plain communication.

There is broad support for moving more care into communities and focusing on prevention through education, early detection, and local services, but concerns remain about staffing, consistency, and adequate support at home.

Persistent issues like long waiting times, poor access to dental care, and a lack of joined-up communication between services are seen as major barriers, alongside calls for more face-to-face GP appointments, better funding, and a truly holistic approach to health and care.

Feedback on three key shifts

1. Hospital to community

Positive:

- Support for moving care from hospitals to community settings.
- Community hospitals could reduce strain on main hospitals and improve access, especially in rural areas.
- Virtual wards and mobile units could help free up hospital beds.
- Community care could include local diagnostic centres and peer support networks.

Challenges:

- Concerns about consistency of care in virtual wards and hospital-at-home schemes.
- Worries about inadequate follow-up care, equipment, and training for home-based healthcare.
- Reliance on family members for caregiving, which could increase pressure.
- Lack of sufficient community support, especially for vulnerable individuals.

2. Analogue to digital

Positive aspects:

- Support for more technology use in the NHS (e.g., NHS apps, virtual consultations, and digital health records).
- Virtual wards and tele-health services seen as ways to free up hospital capacity and improve access to care.

Challenges:

- Not everyone has access to or is comfortable with technology, particularly older people or those in rural/lower-income areas.
- Need for non-digital options, such as face-to-face appointments and paper-based communications.
- Frustration with complex booking systems and inadequate app usability.
- Concerns about privacy, security, and overreliance on technology leading to impersonal care and isolation.

3. **Sickness to Prevention**

Positive aspects:

- Strong support for a greater focus on prevention rather than just treatment.
- Desire for more preventive services in schools, like medical checks and health education.
- Increased public awareness campaigns about health issues (e.g., smoking, vaping, cancer prevention).
- Call for regular health screenings and preventative services to reduce the incidence of preventable diseases.

Challenges:

- Need for more integrated services and stronger community support to identify and address health issues early.
- More resources needed for school nurses, mental health support, and cancer screenings.
- Concern that a focus on prevention could divert resources from essential treatments or overburden an already strained system.

Further feedback

Below are 10 themes from the feedback that are not directly about the three key shifts (hospital to community, analogue to digital, and sickness to prevention), but are still critical to understanding participant views and priorities:

1. Access to care.
There is significant concern about the difficulty accessing NHS services, including long waiting times for appointments and surgeries, particularly in rural areas. Many people face challenges getting timely GP appointments, and there is a shortage of affordable dental care, with people struggling to find NHS dentists.

2. Staffing and workforce issues
There is a widespread recognition that the NHS is facing severe staff shortages, which is contributing to delays and reduced care quality. Participants emphasised the need for more staff, especially nurses and carers, as well as fair compensation and better working conditions to retain staff.

3. Technology integration
While there is support for integrating technology to improve access and streamline services, many people have concerns about the digital divide. Issues include the accessibility of digital tools for older or less tech-savvy individuals, frustrating booking systems, and privacy and security concerns surrounding digital health solutions.

4. Community-based care
Many people are in favour of shifting more care from hospitals to community settings. This could help ease pressure on hospitals and improve access for people in rural areas. However, there are concerns about the adequacy of community resources and follow-up care, particularly when patients are discharged to home-based care or virtual wards.

5. Prevention and health education
There is strong support for a more preventative approach to healthcare. This includes early interventions, regular health check-ups, and better education on lifestyle choices. Participants suggested more focus on prevention through school-based education, cancer screenings, and public health campaigns.

6. Mental health support
Mental health services are a major area of concern, with calls for better integration into the wider healthcare system. Participants highlighted the need for more mental health support, particularly for children and vulnerable groups, and suggested expanding mental health first aid training and services within communities.

7. Veterans' care
The care of veterans within the NHS is seen as inadequate by some participants. There is a call for more targeted support, including better awareness among healthcare providers and priority access to services for veterans. There is also concern that veterans are not receiving enough benefits or support tailored to their needs.

8. Hospital parking and infrastructure
Hospital parking charges are a persistent issue, with many calling for free parking for both staff and patients. In addition, there are concerns about the adequacy of hospital infrastructure, with some hospitals facing capacity issues and delays in service delivery.

9. Cost and affordability
There is growing concern about the increasing cost of healthcare, particularly the rising costs of dental care and the potential for further privatisation. Many people believe healthcare should remain free at the point of use and fear that increasing privatisation or user fees could create additional barriers to care.

10. Communication and coordination
Poor communication and coordination between healthcare services are frequent complaints. There are issues with fragmented care, particularly for patients with multiple health needs, and a lack of consistent information sharing between hospitals, GPs, and other health services. Participants call for better systems to ensure continuity of care and clearer communication with patients.

Recommendations

1. Improve access to services and reduce waiting times
- Address the long waiting times for appointments and surgeries, particularly in GP surgeries and dental care. Improve accessibility to healthcare services, especially in rural areas, and ensure that there are adequate resources to reduce delays. Implement more efficient systems for booking appointments and make face-to-face consultations available for those who prefer them.

2. Invest in NHS staffing and workforce support
- Increase recruitment, retention, and fair compensation for NHS staff, including nurses, carers, and other healthcare professionals. Address staff shortages to ensure high-quality care and reduce strain on the system. Additionally, provide better training and working conditions to support healthcare workers and improve job satisfaction.

3. Enhance community-based and preventative care

- Shift more healthcare services to community settings to relieve pressure on hospitals and improve local access. Expand preventive care initiatives, such as health education, early screenings, and mental health support, to reduce the burden of illness. Ensure better integration between community care services, charities, and the NHS to create a more holistic, preventative approach to health and wellbeing.

Feedback from Children and Young People (CYP)

Summary of engagement activity

We aimed to focus on using the 10 Year Health Plan engagement to find out more about the experiences, views and ideas that young people have about healthcare both in Somerset and nationally. We wanted to use the feedback to identify the needs of our county's children and young people, to enable us to consider the extent to which we are currently meeting these and areas for improvement.

Feedback was heard from the following groups:

a) Children and young people – we ran an engagement workshop with Somerset's UK Youth Parliament, comprised of young people aged 10-25 who represent the views of young people across the county.

b) CYP colleagues – from our engagement with colleagues from across Somerset who support children and young people, who are part of a 'Participation Workers Network' led by Fiona Phur, Somerset Council and a number of colleagues who work at Minehead Eye, an activity centre based in Minehead who also run youth clubs across West Somerset and work closely with primary care networks and schools across the region.

Summary of feedback

The below word cloud is a visual representation of the feedback received and where the size of each word corresponds to its frequency of appearance.

- The feedback we heard from children and young people and professional who work hard to support children and young people across Somerset, is that there is a need for improved accessibility, mental health support, and early intervention for children and young people (CYP).
- Key concerns include reducing waiting lists, offering flexible and youth-friendly services, and ensuring that healthcare is community-based rather than solely hospital-centered.
- There's a strong desire for more integrated care between NHS services, schools, and voluntary/community organisations, with proper funding for the voluntary sector.
- Additionally, the use of technology should enhance care without replacing human interactions, particularly in mental health.
- The workforce requires better support, with a focus on staff retention, well-being, and attracting more young people to healthcare careers.
- Finally, prevention and early intervention, especially in mental health, should be prioritised over crisis care, with a strong call for the NHS to better listen to young people's needs and involve them in shaping services.

Feedback on three key shifts

1. Hospital to community

Benefits:

- Young people who can't travel independently will benefit from local care.
- Smaller, local healthcare environments are less overwhelming for young people.
- More community-based services allow for trusted relationships with local care providers, improving transition into adult care.
- Potential for improved recovery times, as patients will be supported in familiar environments, with family involvement.
- Specialist outreach clinics and school-based support are vital for early intervention and providing care in less clinical settings.
- Community hubs and local services provide easier access, reducing the need for hospital visits.
- Virtual care can support certain conditions but should be well-regulated to ensure quality.

Concerns:

- Safeguarding risks and the need for effective monitoring when care moves out of hospitals.
- Difficulty in providing consistent care, as multiple staff might get involved, potentially causing communication issues.
- Digital services may isolate some people, especially if they don't have access to the necessary technology.
- Community services, particularly those provided by voluntary organisations, are underfunded, leading to over-reliance on them without appropriate support.
- Some young people still need face-to-face care for trust and rapport-building.
- Voluntary services, particularly those working in mental health and well-being, need more support and funding.

Examples of public and patient views on this shift:

"Young people who can't travel independently will benefit from local care."

"Smaller, local healthcare environments will help young people who get overwhelmed in large spaces feel more confident to get help."

"Community hubs and local services provide easier access, reducing the need for hospital visits."

2. Analogue to Digital

Benefits:

- Technology can help with early intervention and mental health support, improving access to care.
- Digital tools could streamline appointment scheduling and communication, making care more efficient.
- Technology could enhance peer support networks and social prescribing by connecting people with activities or community services.
- Technology could assist in monitoring care and preventing conditions from worsening by providing more immediate feedback.
- Virtual consultations and digital care options can support healthcare access, especially in rural or remote areas.

Concerns:

- Digital solutions should not replace human care, especially for vulnerable populations, such as those needing mental health support.
- There's concern about the over-reliance on virtual care, which can isolate people, especially young people who need human connection and trust.
- Over-use of digital services in mental health care can reduce face-to-face interactions, which are critical for building trust with young people.
- Some populations may face barriers in accessing digital care, leading to digital exclusion.
- Technology should enhance care delivery and improve internal NHS systems but should not replace compassionate, in-person care.

Examples of public and patient views on this shift:

"Digital solutions should not replace compassionate, professional, confidential care."

"Technology can improve early intervention and mental health support, improving access to care."

"Technology should enhance care but not replace in-person support, especially for vulnerable populations."

3. Sickness to Prevention

Benefits:

- Early intervention is seen as critical, especially in mental health, where early support can prevent worsening conditions.
- Schools should play a bigger role in prevention by embedding health education and well-being into the curriculum, starting from primary school.
- Social prescribing and resilience training for young people can support better mental well-being and reduce future health issues.
- Programs targeting healthy lifestyles, obesity prevention, and the dangers of vaping should be incorporated into schools and community outreach.
- Early intervention is seen as cost-effective and can prevent long-term problems, especially in mental health.
- A shift from reactive to proactive healthcare would prevent illnesses before they escalate into crises.
- Increasing awareness of health choices from a young age could shape healthier generations.
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Concerns:

- The NHS is currently more focused on treating crises, with insufficient resources for preventive care, especially in mental health.
- There is a worry that prevention efforts may be underfunded, especially in schools and voluntary sectors, which are critical for early intervention.
- While early intervention is emphasized, many young people do not meet existing thresholds for care and are left without support.
- Gaps in support services mean many young people fall through the cracks, particularly those who need early mental health support.
- Voluntary organisations often step in to fill gaps but are not funded adequately to sustain their services.
- There's a need for more holistic strategies that combine mental health, physical health, and social care prevention efforts.

Examples of public and patient views on this shift:

"Early intervention is proven to be more cost-effective, so more money is available for other services."

"Schools should play a bigger role in prevention by embedding health education and well-being into the curriculum, starting from primary school."

"We need to focus on preventing mental health issues before they escalate, especially with young people who currently feel they are not being taken seriously."

Further Feedback

Below are 10 themes from the feedback that are not directly about the three key shifts (hospital to community, analogue to digital, and sickness to prevention), but are still critical to understanding participant views and priorities:

These points highlight concerns and suggestions for improving various aspects of the NHS and healthcare delivery, particularly around mental health support, community care, and workforce sustainability.

1.Youth engagement
Young people want to feel more heard and involved in shaping healthcare services, ensuring that their voices are considered in decision-making processes.

2.Staff retention
Retaining NHS staff is a major concern, with a focus on reducing burnout, improving morale, and offering better support to healthcare workers to address high turnover rates.

3.Funding for voluntary services
Voluntary and community sector (VCFSE) organisations are seen as critical in filling healthcare gaps, but they lack consistent and sufficient funding to continue their work effectively.

4.Mental health thresholds
Many young people feel that the mental health services' thresholds are too high, leaving those in need without support until they reach a crisis point.

5.Community-based care models
There is a call for healthcare to be delivered more locally through community hubs and outreach services, making care more accessible for young people, especially those with chaotic lives.

6.Flexible appointment options
Providing healthcare appointments outside traditional hours, such as evenings and weekends, would improve accessibility for young people, especially students and those with busy schedules.

7.Voluntary sector recognition
The importance of the voluntary sector in healthcare is highlighted, with a request for better recognition and funding to support their vital role in care delivery.

8.Educational role of schools
Schools should play a more active role in supporting youth well-being and health, including embedding mental health support and lifestyle education into the curriculum.

9.Technology's role in healthcare
While digital tools are appreciated for improving efficiency, there is concern over relying too heavily on virtual solutions, particularly in mental health, where face-to-face interaction is crucial.

10. Integration between services
There is a need for better communication and integration between NHS services, community organizations, and schools to provide seamless support and care for young people, ensuring they do not "fall through the cracks."

Recommendations

To improve healthcare for children and young people, the NHS must focus on faster access, stronger mental health support, smarter technology, better prevention, inclusive care, and a workforce that is well-trained, compassionate, and sustainable. Here are the top three recommendations based on all of the feedback:

1. Increase access to early intervention and mental health support:

- Prioritise mental health support for young people by lowering thresholds for care and ensuring that early intervention services are more accessible. This includes expanding school-based mental health programs, resilience training, and peer support networks to prevent issues from escalating to crisis levels.

2. Strengthen community-based and flexible healthcare services:

- Shift more healthcare services from hospitals to community settings, ensuring they are locally accessible, inclusive, and tailored to young people's needs. Offer flexible appointment options (evenings, weekends, and school-based clinics) and enhance collaboration with the voluntary sector to ensure comprehensive support.

3. Provide sustainable funding and support for the voluntary sector and workforce:

- Recognize the essential role of voluntary and community services in filling healthcare gaps, and provide them with consistent, sustainable funding. Additionally, focus on improving NHS staff retention by addressing burnout, offering better working conditions, and promoting careers in healthcare, especially in community settings.

These recommendations focus on improving access to care, early intervention, and mental health support while ensuring sustainable healthcare delivery through community services and workforce stability.

Next Steps

Shaping NHS Somerset's strategy
We are in active discussions with NHS Somerset's Strategy Team who are working on NHS Somerset's strategy in response to the government's 10 Year Health Plans in the summer of 2025

Somerset system and ICB Board
We will share our findings report and present these to our board, so that next steps be discussed and agreed

Somerset's Big Conversation 2025
Following our successful roadshow last year, we have an exciting summer of engagement being planned to help support key public engagement around our operational plans and supporting our focus on delivering the three key national shifts of the 10 Year Health Plan – with particular focus on community provision of healthcare services in areas of Somerset to help deliver our operational plans

Sharing of findings reports
We want people to know that sharing their views and ideas has mattered, that we have listened and we have taken action, as we are committed to the principles of 'You Said, We Did' and putting people at the heart of all that we do. To read examples of 'You Said, We Did' please visit: Our work with people and communities - NHS Somerset ICB. We will share findings reports with all contributors, including ICB and ICS colleagues and partners, Somerset's VCFSE organisations and community groups and our diverse people, patients and communities across the county.

South West regional findings
We worked as part of a South West 'team of teams', with colleagues from other systems across the region, to share all engagement feedback and so to benefit from region-wide insights. The analysis of this feedback is currently underway and we hope to share key findings shortly. We will review the regional insights alongside national insights, to consider what is different for our population in Somerset, including for key communities such as rural communities, armed forces and children and young people.

With special thanks to

We would like to thank everyone who took part in the 10 Year Health Plan engagement in Somerset and who contributed their thoughts, views and ideas. All feedback has been submitted nationally and will now enable us to shape Somerset's strategy in response to the Government's new 10 Year Health Plan published in the summer.

We would also like to say a special thank you to the following individuals, organisations and groups who worked collaboratively with us to ensure that everyone's voices were heard.

- Somerset Youth Parliament
- Minehead Eye
- Participation Workers Network (Children & Young People)
- Spark Somerset
- Somerset Activity & Sports Partnership
- Frome Young Farmers
- PPG Chairs Network
- Wells City Practice PPG Group
- Yeovil Association of WRENS
- Yeovil Veterans Breakfast
- Taunton Veterans Breakfast
- Glastonbury Veterans Breakfast
- Ark at Egwood
- Royal Navy Family & People Support and 40 Commando Royal Marines, Norton Fitzwarren
- Teri Underwood and Rebecca Oliver from the Armed Forces Team at NHS Somerset
- Glastonbury The Red Brick Building
- Minehead, Wiveliscombe, Dulverton and Williton Talking Cafés & Village Agents
- Taunton, Yeovil, Bridgwater, Minehead, Bruton, Wincanton, Frome and Burnham-on-Sea libraries
- NHS Somerset's Citizen's Hub & Engagement Lead Coordination Group

For more information

If you have any questions, requests for further information or would like to discuss the 10 Year Health Plan Engagement, please contact:

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