

## Appendix 2: Delivering our Statutory Functions

This section of our Joint Forward Plan describes how we have delivered our legal requirements as set out by NHS England.

### Describe the Health Services for which the ICB proposes to make arrangements

Our Joint Forward Plan explains the health services we currently have in place and seeks to outline how we arrange to meet the future needs of the people living in Somerset.

Our operational plan sets out more detail about how the system is performing and the actions we are taking to improve performance within our services.

Detailed information about services can be found on our websites:

- [NHS Somerset Integrated Care Board](#)
- [Somerset NHS Foundation Trust](#)
- [Somerset Council](#)
- [South Western Ambulance Service NHS Foundation Trust](#)

The combined information in this Joint Forward plan, our operational plan and on our websites fulfils our duty to describe the current and planned health services to meet the needs of the people living in Somerset.

The NHS is also responsible for responding to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease such as Covid or a major transport accident. This is referred to as emergency preparedness, resilience and response (EPRR). The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services.

The ICB is known as a Category 1 responder which means we must:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans and business continuity management arrangements

- make information available to the public, including warning and informing in the event of an emergency
- co-operate with and share information with other local responders.

We coordinate the activities of all providers of NHS funded healthcare to plan for and respond to emergencies. The ICB has an Accountable Emergency Officer (AEO) for EPRR, who is responsible for discharging the ICBs responsibilities around EPRR and providing assurance to the board.

## Duty to Promote Integration

### Integration

For Somerset, integration and collaboration is a key priority. We want to support people to live independently in their own homes for longer and take a joined-up approach to improving outcomes across health, social care, and housing. In simple terms, it refers to the bringing together and joining up of services and support, processes, and ways of working which improve outcomes for local people and local services. Integration relates to several important interdependent domains:

- **The person:** Integrating care and support around what matters most to the person and their life situation and enabling people to engage with resources in their local community. We believe that integration and person-centred care are closely linked.
- **Services:** Integrating health and care services where this will improve outcomes for local people and make better use of local resources
- **Systems:** Integration of governance, commissioning, or provider functions where this brings about a more efficient and effective use of public money and better outcomes for local people.

The Somerset health and care community acknowledge that structural and process change needs to be accompanied by cultural change. This is fostered by ensuring we are always listening to the people we service and making sure they are at the heart of our strategic plans and service development. This is also achieved by enabling teams to work together, to form trusting, psychologically safe joint working arrangements in which different perspectives can be considered and shared. It involves enabling culture change using IT, training and support and most importantly through leading by example.

### Better Care Fund

The Better Care Fund (BCF) within Somerset is a joined-up plan between health and social care. The work under the BCF is strengthened further within the county through our Joint Commissioning Steering Group with oversight by the Somerset Board. The plan contains some

key areas of joint working including intermediate care services, carers services, community-based schemes, Disabled Facilities Grant related schemes and home care or domiciliary care.

### **Pharmacy, Ophthalmic and Dentistry Services**

Since April 2023, NHS Somerset has been responsible for the commissioning of community pharmacy, optometry and dental services, in addition to its preexisting responsibility for the commissioning of services in general practice. Whilst this has created some short-term challenges, the benefits of having greater autonomy and strategic focus for the entirety of primary care services provides opportunities for a more cohesive approach to service transformation and clinical pathway development.

NHS Somerset is fully committed to the wider integration of the four areas of primary care service delivery, alongside community and secondary care teams. The benefits of this comprehensive approach are clearly articulated within the Fuller Stocktake Report (Dr Claire Fuller, May 2022), and further underpinned as a key part of an effective Integrated Care System in The Hewitt Review (Rt Hon Patricia Hewitt, April 2023).

NHS Somerset fosters a collaborative approach to primary healthcare service delivery, encouraging general practice, community pharmacy, optometry, and dentistry to work cooperatively to ensure that care is effectively delivered by the most appropriate healthcare professional. The development of integrated care pathways ensure that patient care delivery is efficiently coordinated and sufficiently comprehensive to meet the needs of the individual. The successful delivery of this model of care is predicated on the seamless sharing of patient information between healthcare professionals, supported by a robust integrated digital information platform.

Throughout 2025/26, NHS Somerset will continue to build on this model of integrated primary care, supporting with the training and education of professionals across different sectors; supporting public awareness campaigns regarding access to, and the benefits of the new models of care; supporting quality improvement initiatives to ensure the continuation of high standards of care, and; supporting investment in areas of integration that provide the biggest benefit to communities across Somerset.

### **Example: NHS Pharmacy First**

Following the launch of the NHS Pharmacy First Advanced Service on 31 January 2024, general practice is now able to refer eligible patients to participating community pharmacies for advice and treatment of seven minor healthcare conditions (acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat and uncomplicated urinary tract infections). NHS Somerset has ensured that these referrals are sent via an integrated digital platform, which securely transfers care from general practice to the community pharmacy of the patient's choosing. Following a consultation with the pharmacist, a record of the consultation (including any medications supplied by the pharmacist) is electronically returned to the general practice for inclusion of the patient's GP record. This integrated care pathway helps to ensure that patients experiencing one of the seven common conditions can conveniently access safe, high-quality healthcare services delivered by a

highly trained healthcare professional, whilst simultaneously reducing the demand for appointments in general practice for patients who are in greatest need. By November 2024, Community Pharmacies across Somerset had supported 15,000 patients to access an urgent care consultation for one of the seven minor health conditions via this service.

## Duty to Have Regard to Wider Effect of Decisions

In making decisions about the provision of healthcare, an ICB must consider the wider effects of its decisions, also known as the triple aim of: (a) health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing) (b) quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services) and (c) sustainable and efficient use of resources by NHS bodies.

Our Joint Forward Plan describes the priorities that have been identified to support the delivery of the strategic aims set out within the Integrated Care Partnership's Health and Care Strategy, which is aligned to the Health and Wellbeing Board's Improving Lives Strategy, ensuring that as a health and care system we have a common set of aims and objectives that explicitly reflects this 'triple aim'.

Our Constitution and Governance Handbook describes our decision making and oversight processes.

## Financial Duties

### Living Within Our Means

Somerset has a history of financial challenge in both Foundation Trusts (prior to merger) and the CCG, now ICB. Prior to the Covid-19 pandemic the system was developing plans to address a significant underlying deficit position and ongoing in year deterioration. Work had been undertaken to assess the causes of the deficit in Somerset, and a recent refresh confirms that the following factors remain key:

- True structural costs, predominantly the unavoidable inefficient cost of sub-scale services which are necessary to ensure appropriate provision and access across the geography of Somerset and Private Finance Initiative costs at SFT.
- Challenges in recruitment and retention has led to premium-rate workforce costs to cover gaps in substantive.
- Workforce availability to support sustainable primary care services.
- Inefficiencies created by the existence of sub-scale and duplicate services which are not attributable to geographical necessity and could therefore be eliminated through redesign.
- Historic non-delivery of recurrent efficiency savings and reliance on non-recurrent solutions to achieve in year balance.
- The productivity and cost impacts of underutilised and expensive estate.

- In some areas corporate services costs which benchmark highly compared with other systems and organisations.
- Resources not being used to achieve best value as a consequence of historic investment and/or underinvestment decisions.

In 2023/2024, we returned to a national financial framework which reintroduced a funding allocation based on fair shares for each system and a trajectory for return to this value from the system position.

The national and regional expectation for Somerset, as for all systems, is to plan for and deliver aligned financial, workforce and service sustainability in the medium to long term, implementing such changes as are necessary to ensure this is achieved through wise and affordable use of resources.

NHS Somerset will deliver all its financial duties in 2024/25. The system has an assessed exit underlying financial deficit at 2024/25 in the region of £69m, which is £4m worse than at plan.

This analysis of drivers and value of the Somerset deficit provides useful context and baseline information for future planning but does not generate solutions. Factors driving the deficit are not necessarily the same as solutions to achieve balance and improve value for money, although there will be significant overlap.

### **What we are seeking to achieve for our population:**

Our strategic financial aim as set out in the overall system strategy from 2022 is:

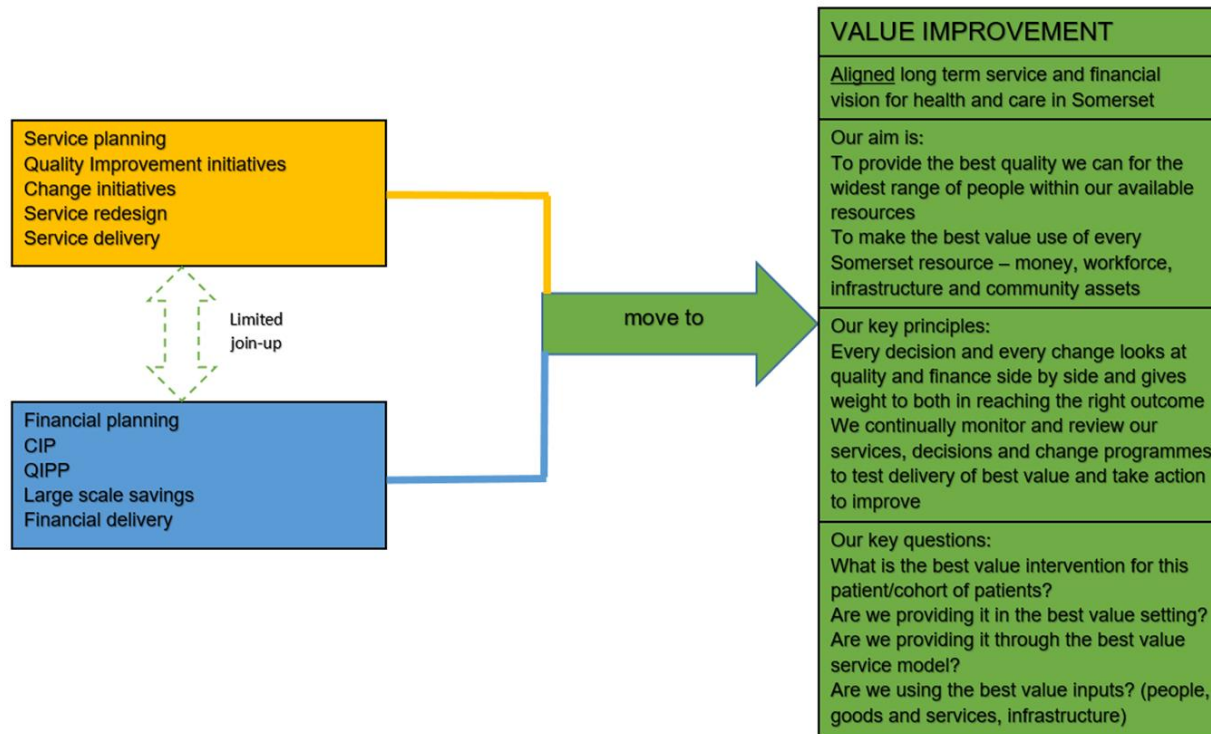
‘To live within our means and use our resources wisely to create a sustainable system’.

This sets twin objectives at both organisational and system level of affordability and value for money, which align well with both the overall Somerset system strategy and with regulatory and statutory expectations:

- Understanding and managing the interdependent and iterative relationship between the financial strategy, the emerging clinical and care model for Somerset and other enabling strategies is key to delivering a coherent and cohesive plan. The financial strategy and plan are shaped by the vision for services and the constraints and opportunities of workforce, infrastructure, and community assets. Financial constraints and opportunities inform and affect choices on delivery of the service vision.
- Under the new financial framework, regulatory and statutory expectations for both the system as a whole and individual partners are focussed on managing within the nationally determined allocation for our population and maximising the productive use of our resources, obtaining best value for every pound spent and optimising our use of workforce, infrastructure, and community assets.

In both contexts, expectations and detail are still emerging but we have sufficient information already to plan and make early decisions and progress, confident that we are pursuing the right direction.

Our strategic financial approach is summarised in the diagram below:



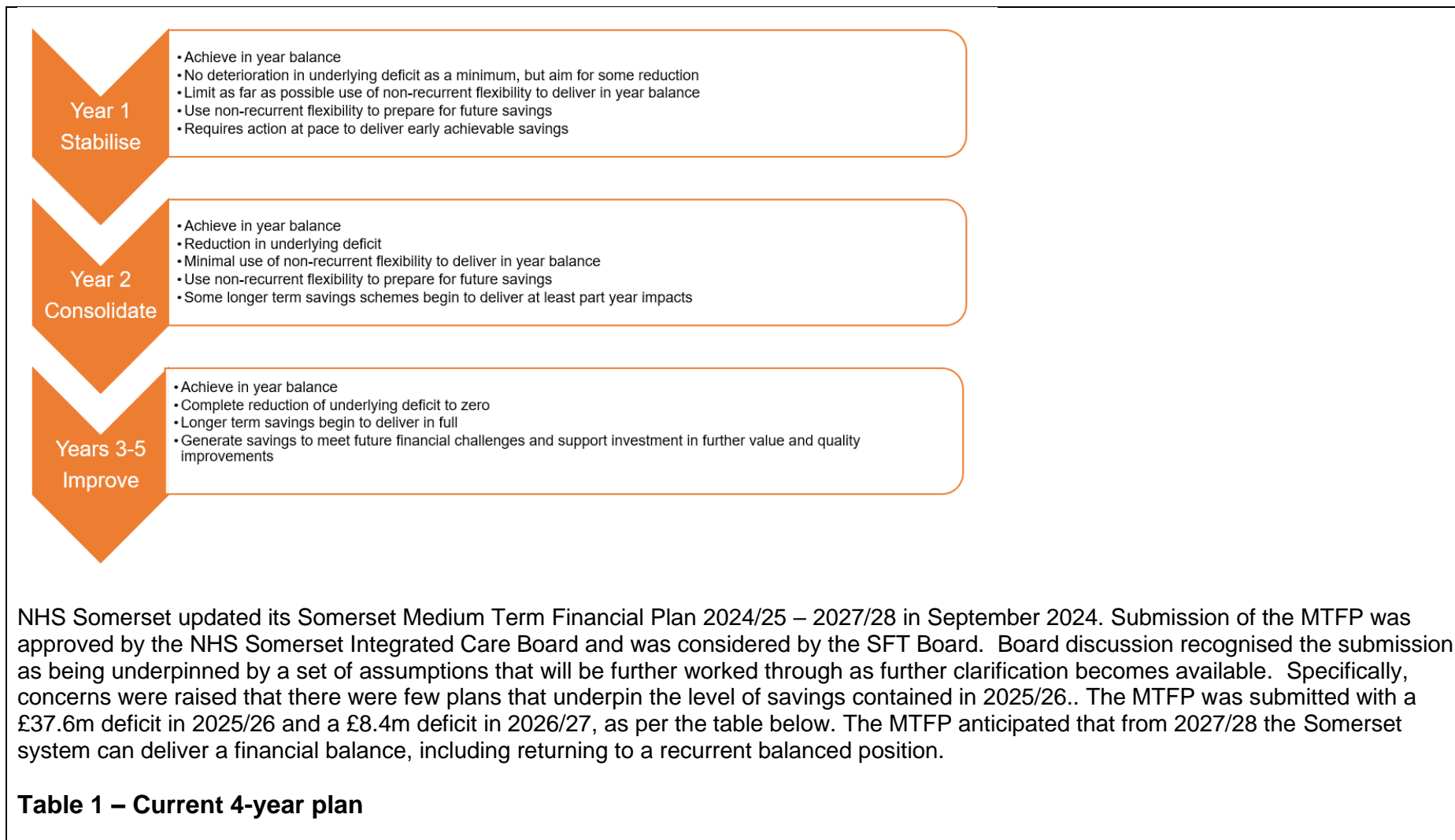
In pursuit of the twin objectives of best value and affordability leading to sustainable financial balance, we will work to the following key principles across revenue and capital:

- Establish and promote clear ownership and accountability for wise use of resources and securing financial balance.
- Maintain and enhance our focus on financial governance and cost control.

- Monitor and challenge value for money in all our investments, expenditure, and income contributions.
- Enhance and develop our use of benchmarking, analysis, and soft intelligence to identify and pursue financial and productivity improvement opportunities.
- Set and adhere to a robust framework for investment decisions which prioritises, within an affordable limit, only those investments which deliver a high rate of return in value for money terms, or which are truly unavoidable for safety or legal reasons.
- Monitor investments and change projects for delivery and effectiveness of impact and disinvest where outcomes are not being achieved, resulting in poor value for money.
- Invest in a balance of evidenced savings schemes with a reliable rate of return and higher risk or novel schemes which offer greater potential reward.
- Optimise the use of non-recurrent financial flexibilities to develop and support delivery of savings and cost avoidance schemes.
- Incentivise and support the pursuit of new efficiency, productivity, and savings opportunities throughout the year.
- Seek opportunities to maximise income and net contribution from NHS-funded initiatives and non-NHS sources.
- Maintain and enhance our robust and collaborative approach to financial risk management and mitigation.

We will develop granular underpinning arrangements and processes for the system and each partner within it, to ensure these principles drive and are embedded in our financial activities, decisions and behaviours and provide a framework for all activities which have a financial impact.

The strategic financial plan proposes a three-phase approach over the 4-year period 2023/24-2026/27, taking into account both the scale of the challenge in the earlier years and the scale of opportunity at the same time to use non-recurrent flexibility to greatest effect. This is set out in the diagram below.





<b>MTFP 2024-28 Summary</b>	<b>2024-25</b>	<b>2025-26</b>	<b>2026-27</b>	<b>2027-28</b>
(£'m - Deficit / (Surplus))				
Plan Position	0.0	37.6	8.4	0.0
Underlying Position	69.8	55.8	20.0	0.0

Our system ambition was for our quantified target financial position to achieve recurrent underlying financial balance by the time we exit 2026/27. However, changes to the distance from target formula has calculated needs-based target updates for 2025/26 ICB allocations, resulting in the NHS Somerset distance from target moving adversely by 2.5% to 4.39%. NHS Somerset will update the above MTFP, once it has submitted its financial operating plan for 2025/26 in March 2025. System balance will need to be delivered through a renewed approach within the system and each partner organisation. This would include clarity on how the true structural elements of the Somerset deficit are recognised and managed.

## Performance

The Somerset operational finance, activity and workforce plans for 2023/24 were developed collaboratively across the system, led by the System Finance, Workforce and Activity Planning Groups which includes Executive Level membership from partners across Somerset ICS (Somerset ICB, Somerset Foundation Trust and Somerset Council). System leads have worked collaboratively to provide assurance around the triangulation of activity, workforce and finance.

The Plans (activity, finance and workforce) were signed off by the ICB Board (which includes system-wide membership) and also approved (for the UEC metrics) by the A&E Delivery Board.

The final activity, finance, workforce and narrative plans were reviewed and refined accordingly to ensure that:

- all assumptions continue to be tested to ensure they are as accurate as possible;
- factor in the current bed modelling taking place across the acute trusts and will incorporate any analysis from the ongoing review of A&E and MIU attendances by GP Practice to understand the patterns and drivers of demand;
- review inflationary and other cost pressures to develop mitigations to achieve a balanced financial plan;
- continue to drive productivity improvements across specialities to maximise investment;
- address capacity of our intermediate care service.

23/24 detailed plans were set out within the system Operational Plan. Development of future plans will be overseen through the System Assurance Forum.

## 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).
- 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 VCSE 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.

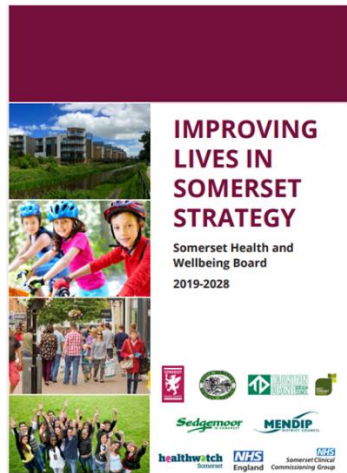
The following strategies drive forward the work of the committee in common:

[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

As an ICS we will ensure all our statutory duties relating to improving the quality of services are met.

We will agree a set of outcome measures to evidence successful and sustained delivery of the services developed and delivered across our geographical boundaries. This will be detailed in a number of overarching and interconnected strategies. The 2-year Quality Assurance and Improvement Framework has been informed by Somerset Improving Lives, Integrated Care Strategy and others as required. The objectives within the strategy will address our current risks and strategic aims of the ICS.

We continue to develop a clear quality governance and patient safety structure and processes to support the, the review and escalation of patient safety events and areas of emerging concern or risk; this has included strengthening our weekly Patient Safety Insights meeting, Patient Safety Quality Improvement Group and Executive Decision Panel. The NHS Somerset ICB Quality Committee provides the governance and compliance function for the ICB, processes are in place for escalation and reporting to the ICB Board, the ICS System Quality Group and to Regional and National Quality and Safety Boards.

The Quality Committee has a set of clearly defined metrics, supported by performance dashboards and quality reporting. These provide assurance whilst also highlighting areas that require further insight and opportunities for improvement.

The NHS Somerset Chief Nursing Officer alongside the Chief Medical Officer ensures that clinical and care professional leadership is embedded at all levels of the system.

Somerset has a range of tools and training opportunities to support the development of competencies and skills in quality improvement, working in partnership teams can access training according to need. This includes a system-wide quality improvement training offer called the 'Seven Steps of Quality Improvement'. There are three levels of training; bronze, silver and gold, with the opportunity for health and care staff to come together to work on a system-wide quality improvement project.

We ensure that all staff are aware of their statutory and contractual duties and responsibilities. The uptake of statutory mandatory training is monitored by NHS Somerset as well as provision of dedicated sessions on patient safety and quality improvement on the induction programme for new staff. At NHS Somerset we have mandated Level 1 of the patient safety syllabus training for all staff.

As part of the implementation of a Patient Safety Incident Response Framework (PSIRF), patient safety leads have accessed formal training and now model a 'just culture' to raise awareness in response to patient safety incidents.

We are committed to co-production in the review and development of existing and new services, working with partner agencies such as Maternity Voices, Healthwatch and the development of Patient Safety Partners. We will review and strengthen our Equality Impact Assessment and Quality Impact Assessment tools and processes to ensure these are robust and consistently completed. The voice of the child and those from inclusion health groups, where equitable access to health and care services is also a priority, are factored into all commissioning and contracting quality outcomes.

## **Duty to Reduce Inequalities**

### **Population Health and Addressing Health Inequalities**

We know that people living in Somerset with more social capital have more opportunities to lead a flourishing life; they also have better health. The two are linked: those who have access to more resources experience better health outcomes. A principle of Population and Public Health is that the primary determinants for health and wellbeing are the wider influences on people's lives, the environments in which they live, their relationships, employment and finances, and many other factors. This does not remove the responsibility for the health and care system to address those factors over which it has primary control and play its part in tackling inequity and inequality.

Evidence shows us that those populations most impacted by health inequalities experience or share the following characteristics: they live in areas of multiple disadvantages, they are influenced by geographical factors that affect access to services, and they are part of groups who have protected characteristics or are in inclusion health groups. Often these needs can overlap and intersect, further compounding the risk of poor health outcomes.

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 Management Board has prioritised health inequalities as a core workstream. This is enabling system implementation of national guidance, including the Core 20+5 programme, and legal requirements, taking a system assurance role in line with the responsibilities of the Joint Director of Public and Population Health, the new health inequalities legal requirements and priorities identified from analysis of local data. As a result, with the ambition of strengthening leadership and accountability in the system, ICB have worked with colleagues from Public Health to establish the Inequalities in Health Group (IHG). The three priorities set by IHG and agreed by the Population Health Transformation Management Board are:

- Building workforce knowledge of health inequalities through workforce development – This has involved establishing our Healthcare Inequalities Network. This network forms a Community of Practice that explores best practice locally, regionally and nationally, shares updates and emerging guidance and policies, and covers thematic topics such as inclusion health groups, working with the voluntary, community, faith and social enterprise sector, and exploring quality improvement projects to improve healthcare inequalities across the system.
- Improving the data and evidence - Using comprehensive and timely population health data will be the foundation to indicate which communities we need prioritise. Senior Responsible Officers have been established for all Core20+5 areas for both adults and children and young people. While Core20 provides guidance on approach, it does not set specific benchmarks for all areas. For this reason, SROs have set benchmarks to establish how to measure progress for their priority area.
- Providing direction and oversight of health inequalities projects – Our system has been active in the development of projects to improve our response to health inequalities, both within specific services whose primary aim is to reduce inequalities in healthcare, such as the Homeless Health Service and Women’s Health Improvement Project, and in adapting existing offers to proactively respond to inequalities, such as within the elective care recovery and smoking cessation programmes. Evaluation of existing projects has been undertaken and to aid in their expansion a toolkit to understand, identify and respond to health inequalities is in development for use by local teams.

Here are some examples of areas of work, projects and interventions as described above:

### **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. 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.

### **Outpatients**

To date (since January 2023) 799 patients waiting for their first routine outpatient appointments have been upgraded so that they are managed as if urgent. Of these, 676 routine patients received ‘urgent’ appointments on average 7.8 weeks after being flagged, and 207 were seen within a month (versus typically 6 months without intervention).

In 2024 we added Children Looked After into the vulnerable patient cohorts and another 48 young patients have had their appointments expedited as a result.

### **Specific support for patients with learning disabilities**

Patients with learning disabilities are also flagged to the Learning Disabilities Liaison Teams (both acute and community) so that additional support can be put in place if patients require it when they attend for their appointments. Patients will frequently decline the offer of support, but the phone call itself can highlight specific needs that can be sorted in advance e.g., the need for an interpreter or specialist equipment.

### **Surgery**

Flags highlighting patients on the surgical waiting lists have also been in place since January 2023, and Admissions will try to expedite vulnerable patients' surgical dates wherever possible. The impact of this measure is more difficult to quantify, because waiting times will be dependent on many factors (e.g. which surgeon the patient requires), but for some specialities patients flagged as vulnerable are being treated on average 2 or 3 weeks sooner than if this process were not in place. This is on top of any waiting times reduction these patients have received by having their outpatient appointment expedited. We are aiming to improve on this as we reduce the waits down for our very longest waiting patients.

### **Further developments:**

To try to address the potential negative impact on the social, behavioural or educational development of Children & Young People (CYP) waiting a long time for appointments and treatment, we are also adapting our safety-netting processes for CYP patients. This will involve collecting information by contacting the parents/carers on a regular basis, on factors which might indicate a CYP patient is not able to participate in school, is not sleeping well, is showing behavioural problems or withdrawing from activities that would form a normal part of their development. The information we collect will enable us to flag to the clinician responsible for their care, that a clinical review might be required to determine whether the patient's care needs to be expedited. We will be putting this new process in place during 25/26.

### **Homeless Health / Inclusion Health Service**

The development of this 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 75<sup>th</sup> 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 Management 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 12 months initially.

### **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. 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.

### **Suicide Prevention**

Suicide prevention and the promotion of good mental health for all is a key priority in Somerset. The local suicide rate has been above the national average for over 20 years. On average, 60- 65 people die by suicide every year in Somerset. Every death has a devastating impact on family, friends, colleagues and entire communities.

A local strategy has been developed in line with the priority areas for action set out within the national guidance. The primary objective of the strategy is to reduce the number of lives lost to suicide in Somerset. Three overarching aims have been identified to help us to deliver on the priority areas for action:

- Use evidence informed approach to suicide prevention activities, built on data and the voice of lived experience.
- Engage people of all ages in Somerset; including work and education settings, businesses and media outlets in suicide prevention, with the message that together we can make a difference.
- Use a robust evaluation system to ensure that services meet the needs of the population, are impactful and sustainable.

Suicide prevention is not the responsibility of a single organisation. It is a collective responsibility and requires whole-system leadership, inter-agency working and meaningful community involvement.

The Somerset Suicide Prevention Partnership (SuPPa) is a multi-agency forum that meet on a quarterly basis to coordinate work to reduce the rate of suicide and associated harm within Somerset and to provide a forum for successful multi-agency partnership working at a strategic and operational level.



### Maternity and Neonatal

England is one of the safest counties in the world to give birth, however, some groups, such as people from Black, Asian and Minority Ethnic (BAME) backgrounds, are more likely to experience adverse outcomes such as preterm birth, poor maternal health outcomes and stillbirth. The Somerset system has been working to implement the three-year delivery plan for maternity and neonatal services which aims to make maternity and neonatal care more safe, personalised and equitable for women, birthing people, babies and families. Additionally, system-wide work is ongoing to gain compliance with the Saving Babies Lives Care Bundle Version3xviii (SBLCBv3) which covers 6 elements of care: Smoking cessation, preterm birth, reduced fetal movement, fetal monitoring, fetal growth and diabetes in pregnancy.

## Duty to Promote Involvement of Each Patient

### Personalised care

Somerset ICS will ensure the implementation of a comprehensive model of personalised care to ensure the duty to promote the involvement of each patient.

We will:

- Ensure that the application of a personalisation approach is embedded in the business as usual of all clinicians and care and support givers in Somerset.
- Ensure that the voice of the person is heard and acted upon across all treatment, care and support pathways.
- Ensure that clinical, care and support professionals are trained and equipped to recognise the need to hear the voice of the person and are supported to act on the wishes of the person as required.

We have in place both regional and national Integrated Personalised Care boards.

The ICS Personalised Care Steering Group's programmes, led by the [Associate Director of Personalised Care and Neighbourhood Working](#), include:

- The embedding of true shared decision making across all aspects of care and support.
- The implementation of formal personalised care and support planning for our most complex individuals and across maternity services in the first instance
- Implementing a comms, training and engagement programme to ensure understanding of enabling choice, including legal rights to choice.
- Further roll-out and consistency across the county of social prescribing and community-based support.
- The implementation of programmes to supported self-management across the county for a range of conditions.

- The increased use of personal health budgets and integrated personal budgets.

We will implement a set of key performance indicators (KPIs) to enable the monitoring of progress, oversight of effectiveness and to continually seek feedback from health, care and support professionals and those individuals that they serve.

## 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 can ensure that people and communities are 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.

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

**ICS Strategy - [Somerset-Health-and-Care-Strategy-compressed.pdf \(nhssomerset.nhs.uk\)](#)**

We have 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 work closely with all our partners, patients, public, carers, staff, and stakeholders to continue to build on our existing relationships across Somerset. We are committed to making sure that our focus is to involve and engage people in a variety of different ways and are committed to transparency and meaningful engagement.

### Our 10 principles for effective public involvement

Our 10 principles for working with people and communities have been 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 work with our communities 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 want to make use of the skills of people, groups, and organisations. We want to listen, hear, and tell your stories about your everyday lives so that we can 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 continue to work 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 want to make use of the skills of people, groups, and organisations. We want to listen, hear, and tell your stories about your everyday lives so that we can make better decisions every day and get the big decisions right.

We will continue 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 will work 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 continue to produce our spotlight reports for the NHS Somerset Board which highlights 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**

In 2025/26 we will continue to focus on building valuable relationships with our local people and communities and working together across the ICS, to make sure we continuously hear from people and work collaboratively to continue to achieve our aims.

We are currently involved in providing engagement support, planning and activity, for a range of health projects. Examples include:

- **Personalised Care** – looking to put this first and foremost, asking people about what matters to them and feeding back into commissioning teams & strategy.
- **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 will continue to work to ensure that our work with people and communities continues to ensure:

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

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

We also aim to develop two new key projects for 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 has been submitted to the national campaign, will be used as part of a Southwest regional analysis and in Somerset to help develop our strategy for local services.

## Somerset's Big Conversation 2025

From May to October 2024, our 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.

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 is committed to evolving and expanding this initiative for 2025. This will involve deeper engagement with underrepresented groups to ensure voices are heard from across the Somerset population.

Somerset's Big Conversation 2025 will also place 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 aims to create a more inclusive, dynamic and impactful conversation, further embedding the principles of collaboration in the planning and decision-making processes.

## Duty to Patient Choice

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 ensure it can discharge its functions effectively, the Board of NHS Somerset ICB has been constituted as a Unitary Board (collective accountability) with inclusive partner representation and expertise from across the Somerset health and care system, including clinicians, professionals, and the Director of Public Health

### **Duty to Promote Innovation**

#### **Aligning innovation to our system priorities**

Innovation is the process of applying knowledge to generate and implement original ideas, leading to significant improvements and new solutions in delivering services. It involves taking new approaches and translating ideas into practical, impactful applications. There are many opportunities to innovate in Somerset and we are aligning our effort to delivering our Health and Care Strategy, thereby meeting the priority of our population.

#### **Peninsular Research and Innovation Partnership (PRIP)**

Somerset ICB is a founder member of the Peninsular Research and Innovation Partnership (PRIP) which was established in July 2023 and comprises of three ICBs (Cornwall & IoS, Devon and Somerset ICBs) two universities (Plymouth and Exeter), two National Institute for Health and Care Research organisations (Peninsular Applied Research Centre (PenARC) and Research Delivery Network (RDN)) and Health Innovation South West (HISW)). Our shared ambition is to create impact from research and innovation, by working together to establish the Southwest peninsula as a leading research and innovation system focused on improving health in rural and coastal communities.

The PRIP strategy sets out how the partnership will strengthen the conditions for research and innovation to increase the collective impact of the region's research and innovation assets on the five missions. This mission-based approach to research and innovation focuses on a



number of major population health, care and system challenges with the aim of increasing the collective impact of the region's research and innovation assets.

The five shared R&I missions focus on specific rural and coastal health and care needs of the peninsula

**Multiple Long-Term Conditions and Frailty** For example:

- Partnership with Astra Zeneca to optimise heart failure medication
- Mendip Lung Health @home project delivered in communities and rural factories.

**Mental Health, Learning Disability and Neurodiversity** For example:

- Maldaba Learning Disability Annual health checks
- Discussions on use of Care Loop which provides remote symptom monitoring of people with serious mental illness

**Urgent Care** For example:

- General Practice Urgent Assessment service (GPUAS) and Point of Care Testing evaluation (South Somerset West PCN)
- Discussions on how to evaluate Integrated Care models across Somerset

**Cancer** For example:

- Real-world evaluation of Lucida Pi (Prostate Intelligence) in NHS prostate cancer diagnosis at SFT.
- Developing a C the Signs evaluation

**Maternity, Neonatal and Woman's Health** For example:

- Learning from innovation taking place in Devon

Working in partnership at the level of the peninsula, will enable us to integrate the latest evidence, innovation and improvements into our transformation plans for Somerset. We also believe that by working in a partnership approach, it will increase the likelihood that we can draw in greater additional investment into Somerset and make faster progress than might be possible otherwise.

### **Developing the Somerset Research and Innovation System**

We are facilitating key stakeholders from across the Somerset system (Somerset ICB, Somerset NHSFT, Somerset Council, Spark Somerset, Somerset Clinical School, National Institute for Health Research, Research Delivery Network (NIHR RDN) and Health Innovation Southwest (HISW)) to develop a strategy for Somerset which all partners will work to. This includes:

- Driving continuous improvement through innovation and evidence-based solutions
- Align research and innovation with the strategic priorities of the Integrated Care System (ICS)
- Stimulate investment and innovation in Somerset's health, care, and wellbeing ecosystem
- Build a skilled and curious workforce engaged in research and innovation

### Investing in our Workforce

The ICB has invested in a post to lead Research and Innovation. The purpose of this role is to provide strategic leadership in further developing research and innovation at NHS Somerset and the wider Somerset Integrated Care System.

## Duty in Respect of Research

Whilst Somerset ICB is relatively new to research, there are firm foundations in our constituent organisations that make up Somerset ICS and a strong history of supporting, leading and delivering research activity in Somerset. This includes:

- A strong **research delivery function** at Somerset NHS FT, delivering research over acute, community and mental health settings
- Somerset Council's **Health Determinants Research Collaborative (HDRC)**, a research partnership between Spark Somerset, UWE Bristol and the Institute of Health Equity at University College London, to improve health and reduce health inequalities across the county.
- **Research Engagement Network (REN)**, a partnership between NHS Somerset, Spark Somerset, Somerset NHS FT and Somerset Council, aiming to increase the diversity in research participation
- **Somerset Clinical School**, a collaboration between the University of Plymouth and health and care organisations across the Somerset system, it supports **nurses, midwives, allied health professionals, pharmacists, clinical psychologists** and **social care professionals** to look at their practice, challenge current thinking, try out new ideas and work out ways to measure what they're doing. The aim of the school is to increase research capacity, skills, and outputs, facilitate higher degree study, including research, assist the transition of registered healthcare professionals to research leadership roles located within clinical settings.

### Developing the Somerset Research and Innovation System

NHS Somerset has brought together key stakeholders from across the Somerset system (Somerset ICB, Somerset NHSFT, Somerset Council, Spark Somerset, Somerset Clinical School, National Institute for Health Research, Research Delivery Network (NIHR RDN) and Health Innovation Southwest (HISW)) to develop a strategy for Somerset which all partners will work to. Our draft strategy includes the following aims:

- Drive continuous improvement in health services through innovation and evidence-based solutions
- Engage and involve diverse communities to ensure research is accessible and representative

- Align research and innovation with the strategic priorities of the Integrated Care System (ICS)
- Stimulate investment and innovation in Somerset's health, care, and wellbeing ecosystem
- Normalise research as a routine part of health and care practice
- Build a skilled and curious workforce engaged in research and innovation

We expect that the strategy will result in increased participation in research from public and professionals and increased number of research studies and clinical trials; improved population health and reduced health inequalities; improved health and care system productivity; Improved health and care workforce recruitment and retention; better integration of research into clinical settings and commissioning; increased investment into the region; and the spread of R&I projects and learning from our portfolio into other rural and coastal areas.

### Expanding access to research in Primary Care

Somerset already has a thriving primary care research delivery capacity through the good work of the 16 practices in the Symphony group, which has increased the amount of research undertaken in primary care. Our system-wide Primary Care Strategy commits us to going further and faster to enable all of our 62 practices in Somerset to fully support research commercial study delivery.

We are working with the Somerset GP Support Unit to grow the capability and capacity of General Practice to deliver a fully optimal model to meet population health needs. General Practice in Somerset is rooted in its communities and is leading the development of an integrated neighbourhood approach, working closely with VCSFE and other place partners to engage and extend research, particularly to underserved communities.

### Increasing Diversity in Research Participation

Building on the work undertaken in the Research Engagement Network (REN) programme in 23/24, we are working to increase the diversity in research participation from diverse communities in Somerset. To do this we are working to:

- Better understand who does and doesn't participate in research in Somerset
- Co-produce a model of research engagement
- Identify opportunities which meet the needs of our underserved populations.
- Using the learning to inform the Somerset Research and Innovation strategy and HDRC programme

## Duty to Promote Education and Training

Education and training are a key component of our plans and are essential for the successful delivery of this Joint Forward Plan.

The People Board, reporting to the Somerset Collaboration Forum are responsible for ensuring that education and training are built into everything we do.

Somerset does not have a university within its borders and we are working to address how we train and develop our workforce.

### **Workforce 2035 Scenario Planning**

We have developed and implemented our scenario planning which will help us to deliver our future workforce strategy.

### **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.

### **Education Planning**

- Whole system approach to pre and post registration education planning. 308 nursing students have been enrolled at the University Centre Somerset on our local nursing degree programme
- Inplace Placement Capacity Management system across all learner groups. Clinical Placement Expansion Project has delivered over 80 new placement areas opened for learner placements including school, care home and VCFSE sector placements
- Expansion of in education pipelines to support the Long Term Workforce Plan

### **Workforce Transformation**

- Expansion of the Advanced and Enhanced Practitioner roles
- New apprenticeship and degree routes to entry for registered social work with planned routes for ODP and OT

### **Attraction: Inclusive employers/ Socio economic regeneration**

- Co-ordinated system approach to work experience and work within schools – we have established a Care Leavers Covenant partnership
- Development of a keyworker housing hub to support attraction, recruitment and retention of our 'One Workforce'
- As part of our Health and Work Programme, we are working with all of our county Employment Hubs to create pathways into health and care, together with strengthening links between health and employment via Community Appointment Days

## **Duty as to Climate Change**

Climate change presents an immediate and growing threat to health. The UK is already experiencing more frequent and severe floods and heatwaves, as well as worsening air pollution. Up to 38,000 deaths a year are associated with air pollution alone, disproportionately affecting the most deprived and further [exacerbating health inequalities](#).

Since the publication of the [Somerset-ICS-Green-Plan-2022.pdf \(england.nhs.uk\)](#) in March 2022, good progress has been made across the ICS. In our medicines management, desflurane is no longer used at Somerset Foundation Trust. In General Practice, we are recording the continued reduction of Salbutamol metered dose inhalers (MDIs), the single biggest source of carbon emissions from NHS medicines prescribing. The Somerset ICB Medicines Management Waste campaign (Autumn 2024), dovetailed with Dr. Deb Gompertz 'Show me your meds, please?' to encourage conversations around medication, looking at deprescribing and alternative models of care. Frome Medical Centre has replicated Dr Gompertz work towards the end of 2024 resulting in a saving of 846 excess months of medicine = 47,517 excess doses and £6,156.75 of excess/wasted medication across a cohort of 11 patients. This equated to 959.22kg CO<sub>2</sub>e.

In travel and transport, all new vehicle purchases and lease arrangements across the ICS are solely ULEV, or ZEV cars in compliance with [NHS England » Net Zero travel and transport strategy](#). This is an important area of progress, as it is one of the largest contributors to the NHS emissions profile in scope 3 of the NHS emissions profile.

In April 2024 local reporting requirements were introduced for ICB 24/25 contracts. 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 and we continue to support suppliers to understand and be compliant with this requirement. We're currently working towards introducing 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 ICS procurement portal, Atamis.

Across our ICS Estate, we are 100% compliant with [NHS England » NHS Net Zero Building Standard](#). The standard sets out an approach to managing whole life carbon in all healthcare buildings, this also applies to investments in new buildings and upgrades to existing facilities. The ICS Infrastructure Strategy sets out a clear ambition to ensure the estate is energy efficient, and sustainably developed. As we develop new buildings and renovate old ones, we will also be able to contribute to the Net Zero agenda more broadly by recognising the importance of an estate which promotes joined up and sustainable travel for patients. Our services will minimise the use of resources and we will improve ecology. The ICS is compliant with the mandatory biodiversity net gain (BNG) requirement that was introduced as a planning requirement in February 2024 This is a new process that requires the habitats lost on a development site to be accounted for and losses addressed.

Excellent progress has been made across digital transformation. Brave AI is used in nine of the thirteen Primary Care Networks, significantly reducing patient travel for GP and hospital visits. The [NHS App](#) has been rolled out alongside a robust digital inclusion programme, and the

[SIDeR](#) Somerset Integrated Digital e-Record, a shared care record system, that gives an overview of personal health and social care information in one digital record, has now been fully implemented. Reducing waste and increasing efficiencies. Telemedicine has the potential to decrease travel mileage for patients needing to attend primary care appointments. There has been a 30% reduction in the requirements for face-to-face appointments based on pre-pandemic data. The continued uptake of Brave AI across our PCNs will provide more positive outcomes for patients and deliver significant carbon savings.

### How will we know we are making a difference?

The challenge of tackling the climate crisis cannot be met without substantial changes to the way every organisation operates and health services are no exception. Therefore, the ICS will need to develop low carbon, sustainable models of care. As with many elements of sustainability, there is a substantial opportunity to improve health outcomes while cutting carbon, for example through green social prescribing. The ICS 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

Our vision is that Somerset children and young people grow up in a child friendly county that supports them to be happy, healthy and prepared for adulthood. Our vision will help keep our children and young people safe and be ambitious - building a county that encourages equality and diversity, protects the environment and is ambitious on climate change for future generations, and increases social mobility that in turn will build a more prosperous county. We aim to improve outcomes for all our children whilst recognising the need for outcomes to improve faster for vulnerable children and young people.

This rights- based plan centres around the rights of children and young people to expect that they will be safe, have good health and be able to learn and thrive. It focuses on eight priorities, of which we have provided some of the examples of work we are doing:

### 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.

### Safeguarding from birth to adulthood

The ICB is committed to working collaboratively with our statutory, non-statutory and VCFSE partners to effectively safeguard our population. Safeguarding is the “golden thread” that runs through all our services, and we are determined to ensure we fulfil all of our statutory duties

utilising a transformational approach that ensures learning is fully understood and embedded across our system.

### **All babies have the best start in life**

We are working to ensure that our maternity and neonatal services deliver, safe, effective and quality care by supporting our providers to deliver key safety care bundles such as the three year delivery plan and saving babies lives and meeting regulated targets as set out by Ockenden and the Maternity Incentive Scheme. Working with our Health Visiting partners we have developed enhanced antenatal and early years support package to support our most vulnerable families. Alongside, we have further increased the uptake of Healthy Start Vitamins, particularly targeting women most in need owing to their ethnic background

We have embedded the principles of CORE20 Plus 5 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

### **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 against national CYPMH access rates.

### **Support for education and inclusion**

We are key partners in the Somerset Education for Life strategy supporting its key drivers around school readiness and inclusion. We have developed pathways which enable diagnosis of autism and ASD and work closely with our education partners to ensure that children and young people have their health needs met within their education placement.

### **Reduce poverty and homelessness**

Pathways to independence provides youth housing for young people who are at risk of homelessness with effective mental health provision and wrap around services to promote improved outcomes for young people

### **Tackle climate and transport**

Please see Duty as to Climate Change.

### **SEND**

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. Health colleagues from the ICB and provider trust 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.

### Addressing the Particular Needs of Victims of Abuse

NB for the purposes of this plan safeguarding includes but is not limited to: Safeguarding Children, Safeguarding Adults, Children Looked After, Care Leavers, Domestic Abuse, Prevent, Exploitation, Sexual Safety, Serious Violence, Anti-Social Behaviour, Mental Capacity, and Deprivation of Liberty

AIMS	OBJECTIVES	PROGRAMMES OF WORK
Somerset ICS will ensure all statutory duties relating to adults and children will be discharged	<ul style="list-style-type: none"> <li>• Ensure that statutory safeguarding functions continue to receive sufficient focus in the ICS and are clearly identifiable within the ICS governance structure.</li> <li>• Work with statutory partners to ensure there is appropriate delegated authority for safeguarding at strategic, tactical and operational levels across the ICS.</li> <li>• Work with statutory partners to ensure that all staff are aware of their statutory and contractual duties and responsibilities to safeguard individuals.</li> <li>• Ensure all staff access comprehensive training on issues relevant to the support and safeguarding of victims of abuse, which include addressing the health inequalities they face.</li> <li>• Work with statutory partners to ensure that all providers of healthcare, public health and social care are working effectively together to safeguard individuals including addressing the particular needs of victims of abuse.</li> </ul>	<p>Regional and National Safeguarding Boards, Forums, Networks, and Clinical Reference Groups.</p> <p>The ICS Safeguarding Strategic Steering Group's scrutinises ongoing programmes of strategic, tactical and operational work in the following areas:</p> <ul style="list-style-type: none"> <li>• Safeguarding across the lifespan</li> <li>• System Learning</li> <li>• System Reform and Service Development</li> <li>• Statutory Safeguarding</li> <li>• Workforce</li> </ul> <p>The ICS will work with partner agencies in addressing the priorities of local and regional statutory safeguarding boards and partnerships.</p> <p>Somerset ICS Governance Arrangements</p>



<p>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.</p>	<ul style="list-style-type: none"> <li>• The ICS will continue to evaluate and improve the effectiveness of the multi-agency approach to support victims, tackle perpetrators and prevent domestic abuse in accordance with the requirements of the Domestic Abuse Act 2021.</li> <li>• The ICS, as Specified Authorities, will work with Relevant and Specified Authorities to collaborate on a multi-agency approach to prevent and reduce serious violence.</li> <li>• The ICS will continue to work with partners to evaluate and improve robust implementation of the Mental Capacity Act, including Deprivation of Liberty Safeguards and the Court of Protection</li> <li>• Further develop a suite of safeguarding quality data that effectively evidences how the needs of vulnerable victims of abuse have been met and reflects whole system intelligence.</li> <li>• Ensure the ICS and its partners continue to hear and understand the lived experience of victims of abuse, including staff.</li> <li>• Evaluate impact of activities undertaken to embed learning from statutory and local reviews, incidents, risks, and complaints across the ICS.</li> <li>• Ensure the Safer Somerset Partnership effectively work together to fulfil statutory duties (Anti-social Behaviour, Crime and Policing Act 2014) in relation to tackling anti-social behaviour.</li> <li>• Ensure the ICB fulfils the 10 commitments outlined within the NHS Sexual Safety Charter</li> </ul>	<p>Local, regional and National Safeguarding Boards, Partnerships, Forums, Networks, and Clinical Reference Groups.</p> <p>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.</p> <p>The ICS will work with partner agencies in addressing the priorities of the local and regional safeguarding boards and partnerships.</p> <p>Somerset ICS Governance Arrangements</p> <p>Ensure the ICB and ICS are compliant with the broad themes of the NHS Sexual Safety Charter, for both their own workforces and the population they serve.</p>
<p>As part of its commissioning function the ICS will ensure safeguarding is embedded</p>	<ul style="list-style-type: none"> <li>• Ensure services are appropriately commissioned and developed to specifically address the needs of</li> </ul>	<p>Regional Quality Assurance network.</p> <p>Somerset ICS Governance Arrangements.</p>

<p>across the Somerset Health and Social Care economy</p>	<p>victims of abuse, so that the ICS can fulfil its statutory responsibilities.</p> <ul style="list-style-type: none"> <li>• Ensure evaluation of effectiveness of services commissioned through contractual and governance routes.</li> <li>• Ensure services are appropriately commissioned and developed with a focus on early intervention and prevention.</li> <li>• Incorporate more sustainable and efficient use of safeguarding resources within the ICS.</li> </ul>	<p>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.</p> <p>Safeguarding schedules within NHS contracts.</p> <p>The ICB will continue to hold all parts of its organisation to account ensuring safeguarding is considered in all workstreams.</p> <p>Assurance on safeguarding activity within the ICB will be sought through the ICB Safeguarding Assurance Meeting</p>
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