

CREPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: C
DATE OF MEETING:	30 January 2025	
REPORT TITLE:	Chief Executive's Report	
REPORT AUTHOR:	Jonathan Higman, Chief Executive	
EXECUTIVE SPONSOR:	Jonathan Higman, Chief Executive	
PRESENTED BY:	Jonathan Higman, Chief Executive	

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

LINKS TO STRATEGIC OBJECTIVES
(Please select any which are impacted on / relevant to this paper)

- Objective 1: Improve the health and wellbeing of the population
- Objective 2: Reduce inequalities
- Objective 3: Provide the best care and support to children and adults
- Objective 4: Strengthen care and support in local communities
- Objective 5: Respond well to complex needs
- Objective 6: Enable broader social and economic development
- Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT

This paper sets out key items for the Board to note and discuss, arising since the last meeting of the Integrated Care Board (NHS Somerset) on 28 November 2024. It focuses on relevant changes in the National and Regional context and highlights key issues to note pertaining to the Somerset Integrated Care System.

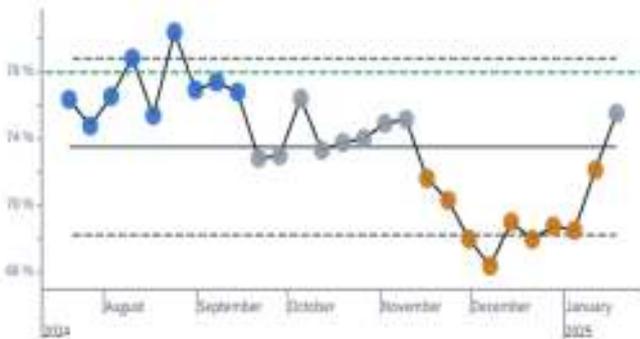
A new section has been added that provided a commentary on current system operational pressures and performance which should be read in conjunction with the full Integrated Performance Report.

REPORT TO COMMITTEE / BOARD

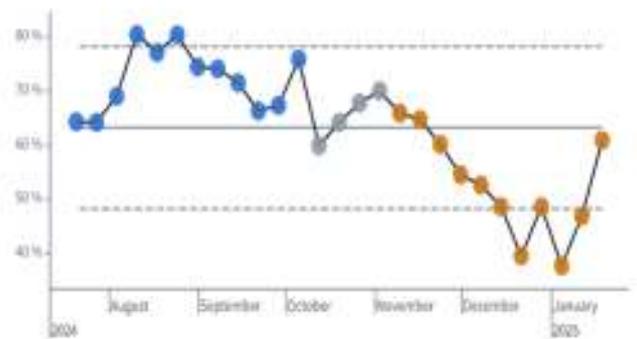
- 1. SYSTEM PERFORMANCE OVERVIEW AND KEY ISSUES**
 - 1.1 Following the December Board seminar session the Integrated Board Assurance report has been reviewed and updated to reflect the 'Making Data Count' approach. This aims to make it easier for the Board to identify the key areas of performance risk and reflects validated data for the Somerset system.

- 1.2 During December the Somerset system has been extremely pressured. This is reflected in the key urgent and emergency care metrics, a number of which have deteriorated significantly and also reflects the patient safety risks that the system and partner organisations have been managing over the period. The impact of system operational pressures in Somerset is reflective of the National position.
- 1.3 During the period 20 December 2024 to 2 January 2025 attendances to the two Somerset Emergency Departments were 4.3% higher than in the same period in 2023/24 and emergency admissions to hospital increased by 4%.
- 1.4 Performance against a set of the key Urgency and Emergency Care metrics demonstrates the pressure that the whole system was under. It should be noted that this reflects unvalidated data at this time.

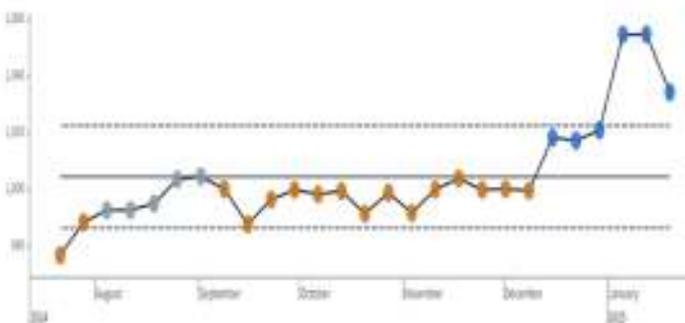
A&E: 4 Hour Performance SPC Chart
 A&E - 4 Hour Performance for Somerset ICB has sustained over the past 6 months, with last datapoint 75.5% reported on Sat, Jan 18, 2025. [Unpublished, 7-day rolling average, Daily UEC Sitrep]



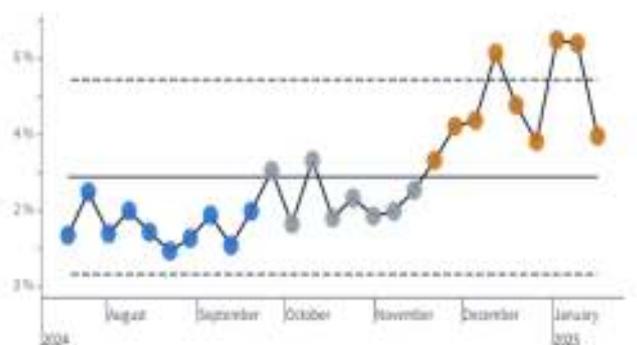
Ambulance: Handover within 30 mins
 Ambulance - Handover within 30 mins for Somerset ICB has deteriorated over the past 6 months, with last datapoint 60.9% reported on Sat, Jan 18, 2025. [Unpublished, Weekly, NHS Ambulance SITREP]



System Capacity: Number of open G&A beds SPC Chart
 System Capacity - Number of open G&A beds for Somerset ICB has improved over the past 6 months, with last datapoint 1,034 reported on Sun, Jan 20, 2025. [Unpublished, 7-day rolling average, Daily UEC Sitrep]

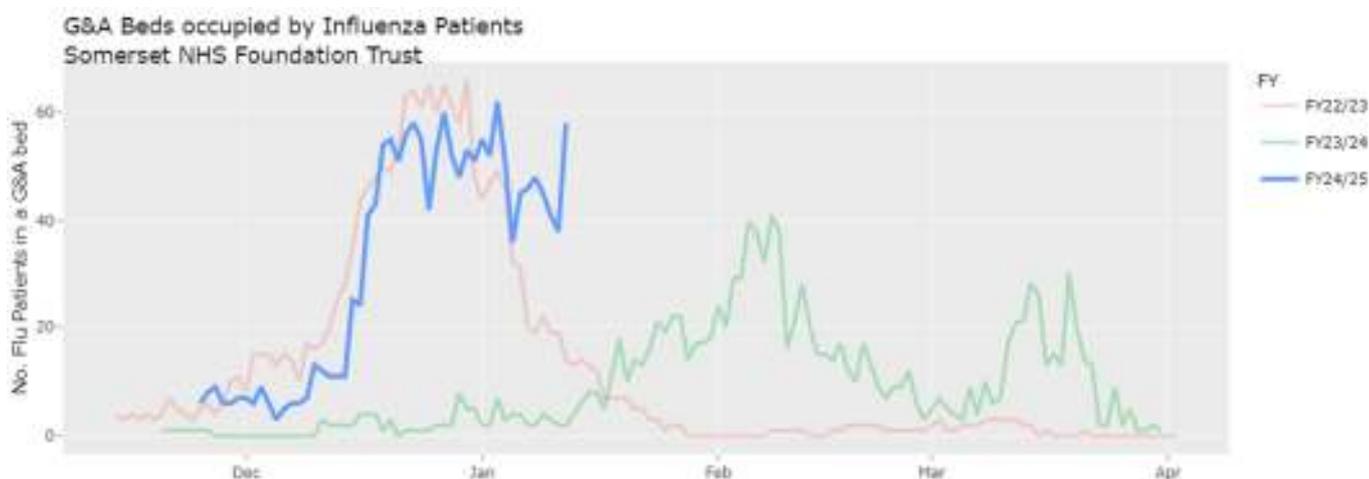


A&E: 12 Hour Performance SPC Chart
 A&E - 12 Hour Performance for Somerset FT has deteriorated over the past 6 months, with last datapoint 4% reported on Thu, Jan 16, 2025. [Unpublished, 7-day rolling average, ECDS]



- 1.5 Across the South West Region the number of ambulance incidents increased to a 7-day rolling average of 1,542 per day for the week to 31 December 2024 (this compares to an annual 7-day rolling mean of 1,372). As a result of this increased level of demand and the in-hospital demand pressures, response times were impacted with a mean category 2 response time of 69 minutes. At the time of writing, mean category 2 response times in Somerset have recovered to just above 30 minutes.

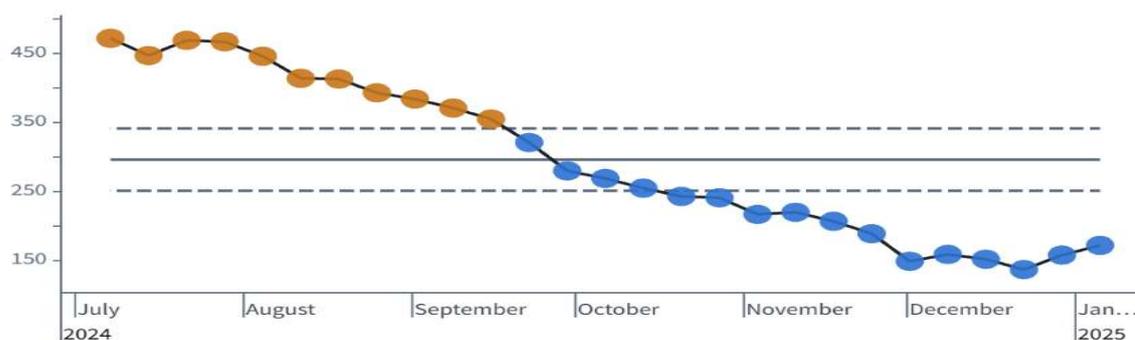
- 1.6 A significant contributory factor has been the incidence of influenza resulting in a significant increase in bed occupancy at both Musgrove Park and Yeovil District hospitals. The graph below shows the number of beds across the two sites occupied by inpatients with influenza this year compared to 2022/23 and 2023/24.



- 1.7 Pressures have also had an impact on elective recovery with a slowing of progress against our system trajectory to reduce the number of patients waiting over 65 weeks during December and January. The forecast size of the 65-week wait cohort at the end of January is 128 and 98 for the end of February, but there are significant risks around delivery of this.

Elective: 65+ Week Waiters SPC Chart

Elective - 65+ Week Waiters (incl. estimates) for Somerset ICB has improved over the past 6 months, with last datapoint 172 reported on Sun, Jan 5, 2025. [Unpublished, Weekly, Waiting List Minimum Viable Dataset (WLMDS)]



- 1.8 In line with our Winter Plan teams from across the system worked incredibly hard to manage this situation. Pressures have started to ease through January and performance has begun to recover. A full Winter debrief will be undertaken in due course with learning informing planning for next Winter.

2. NATIONAL DEVELOPMENTS/POLICY

Publication of the Elective Reform Plan

- 2.1 On Monday 6 January the Government published its plans to reform elective care and reduce waiting times for planned treatment, together with the overall number of people waiting for treatment. A summary of the national plan is attached as Appendix 1. The key areas of focus are:

- A return to the 18-week constitutional commitment, with 92% of patients receiving treatment within 18 weeks by the end of this parliament (2029)
- Greater access to Community Diagnostic Centres to provide rapid access to diagnostic testing prior to referral
- New referral pathways
- New or expanded surgical hubs providing dedicate capacity for planned care
- Greater patient choice over follow-up care, alongside better use of technology with the NHS App being key in supporting patient choice

2.2 At the time of writing we await the detailed NHS planning guidance which will set out national expectations for improvement in 2025/26 as the first year of the recovery plan. Initial indications suggest that the expectation will be that all trusts meet a minimum 65% performance against the 18-week standard by March 26 OR demonstrate a minimum of 5% improvement as the first step towards this. Performance across the Somerset system currently stands at 63%. Work is underway to develop an elective care strategy for Somerset to reflect the elective reform plan. Key to this will be to transform referral pathways as a key risk relates to the recent growth in the total number of patients waiting. The total Somerset waiting list at the end of November stands at just under 70,000 people which reflects a 7.7% growth since March 2024. A key focus will be on specialities which have seen the largest increase in demand – namely, dermatology, gastroenterology, ENT, Orthopaedics and Urology.

2.3 The focus for the remainder of 2024/25 remains on reducing very long waits with the next milestone being to eliminate 65-week maximum waits by 31 March 2025. At the end of November there were 157 Somerset residents waiting longer than 65 weeks for treatment.

Plan for Social Care

2.4 On Friday 3 January the government confirmed its plans for Social Care. These have been broadly welcomed by NHS leaders who recognise that a long-term solution for social care alongside the NHS 10-year plan is absolutely critical if we are to build an NHS that is more productive and sustainable. The detail of the Government’s announcement is available via this link. The plan sets out a commitment to long-term reform of social care which will include the creation of a national care service. As a first step, the government will launch an independent commission into adult social care to be chaired by The Baroness Casey of Blackstock DBE CB, to inform the work needed to deliver this. The commission, reporting to the Prime Minister, will work with people drawing on care and support, families, staff, politicians and the public, private and third sector to make clear recommendations for how to reform the adult social care system to meet the current and future needs of the population.

2.5 The first phase, reporting in 2026, will identify the critical issues facing adult social care and set out recommendations for effective reform and improvement in the medium term. The second phase, reporting by 2028, will make longer-term recommendations for the transformation of adult social care. It will build on the commission’s first phase to look at the model of care needed to address our ageing population, how services should be organised to deliver this, and how to best create a fair and affordable adult social care system for all.

National announcement on General Practice Funding

2.6 The week before Christmas communication was received from the Secretary of State setting out a funding uplift for general practice for 2025/26. A proposed funding uplift of £889 million for was announced, representing 7.2% cash growth (4.8% real terms growth). This marks the largest increase in funding in recent years and represents a reverse in the declining trend in general practice's share of NHS resources. The uplift aims to support the shift in care to the community and highlights that improving the sustainability and

working practices of general practice is essential to fixing the NHS, building a neighbourhood health service, and achieving the strategic aims of the 10-year health plan.

- 2.7 The additional funding will, however, be linked to reform such as:
- Cutting bureaucracy
 - Increasing flexibility around the Additional Roles Reimbursement Scheme (ARRS)
 - Enhancing prevention strategies for major health risks
 - Incentivising continuity of care, particularly for patients with long-term conditions
 - Supporting broader NHS goals, such as reducing elective treatment waiting times
- 2.8 Consultation with the General Practitioners Committee (GPC) of the British Medical Association (BMA) is about to begin.

NHS Ten Year Plan

- 2.9 In October, the government, working with the Department for Health and Social Care and NHS England (NHSE), launched a major public engagement initiative to help shape the new NHS 10 Year Health Plan in England. This is the biggest conversation about the future of the NHS since its birth. The 10-Year Health Plan is due to be published in Spring 2025 and the engagement programme running from December 24 to February 2024 aims to gather feedback from the general public and people working in health and care.
- 2.10 The government would like feedback on three key shifts: moving more care from hospitals to communities, making better use of technology in health and care (analogue to digital), focusing on preventing sickness, not just treating it. In Somerset, these shifts align with our Integrated Care System Strategy. We began engagement on our strategy through our Somerset's Big Conversation 2024, engaging with diverse people and communities people across the county. The 10 Year Health Plan engagement is a continuation of the conversation and our commitment to hearing the experiences, views and ideas of people in Somerset.
- 2.11 The NHS Somerset Engagement Team is currently engaging with the public, patients and health and care workforce. We have been working closely with Healthwatch Somerset who will be supporting our engagement, Spark Somerset who are running engagement sessions with the VCFSE sector and Somerset Foundation Trust who will be engaging with their staff and capturing their feedback.
- 2.12 Our engagement activity has included raising awareness of the 10 Year Health Plan with: updates shared on our webpages, social media and communications circulated through our engagement networks. To ensure that people across Somerset are aware of the campaign and are able to get involved, both digitally and in person, as well as our online Somerset survey we have arranged to visit public libraries across Somerset, as well as Talking Cafes run by Village Agents.
- 2.13 We have also been part of a SW regional 'team of teams' approach, to develop and share engagement plans and resources. As part of this, each SW system identified groups that were more likely to experience health inequalities that we could engage with, to ensure their views were fed into both the national and Somerset campaign. In Somerset, we identified the following groups: armed forces, rural communities, children and young people and our VCFSE sector. We have been working closely with the relevant colleagues from across health and social care, as well as the VCFSE sector and our diverse communities, as they are best placed to provide guidance and support in how engage effectively with these groups. We will be attending a wide range of events and venues, such as Veterans' Breakfasts, Rural Health Hubs, Markets, Community Support Groups and Youth Parliament, using both online and offline engagement approaches, to have important conversations around the future of the NHS and to capture all feedback.
- 2.14 To ensure that we capture feedback from our NHS workforce, our workforce engagement plans include:

- Raising awareness of the 10 Year Health Plan in NHS Somerset's ICB Colleague Briefing
- Promoting the 10 Year Plan, engagement opportunities and our online survey through our internal staff newsletters
- Delivering engagement sessions with ICB teams
- Running three 20-minute 10 Year Health Plan 'Lunch and Learn' drop-in sessions
- Responding to questions and signposting staff to our webpage and online survey
- Providing communications resources to enable our colleagues to raise awareness of the national and Somerset engagement opportunities and our online survey

2.15 Our engagement activity will continue to develop throughout January and early February. All feedback be submitted for the national campaign, be used as part of a South West regional analysis and used in Somerset to help develop our strategy for health services.

3. REGIONAL DEVELOPMENTS

Police and Crime Plan

3.1 Following engagement with stakeholders, including NHS Somerset the final version of the Police and Crime Plan for Avon and Somerset has now been published on the Police and Crime Commissioners website. This is shared with Board members for information.

4. SOMERSET SYSTEM

Hospital based Acute Stroke services

4.1 NHS Somerset welcomes the decision by the Secretary of State that the call-in requests to review the decision taken in March 2024 to implement a new model of hyper acute stroke services for the population of Somerset does not meet the criteria for ministerial intervention and the Minister's view that NHS Somerset is best placed to determine the needs of our local population. NHS Somerset continues to work closely with partners, patient groups, staff and our local MPs, including through our Stroke Stakeholder Reference Group which is now well established and is independently chaired by Healthwatch Somerset to make sure local voices are heard.

4.2 We remain committed to the change which we believe will mean better emergency treatment, resulting in fewer deaths and better recovery for stroke patients in Somerset. A considerable amount of work has gone into this programme, including hugely valuable input from clinicians, staff, stroke survivors and their loved ones. This remains a complex project and there is still a long way to go but we are focussed on working through any issues arising with our local partners as part of this implementation phase. Meetings have recently been held or are planned with local MPs, the Quicksilver group and Yeovil Patient and Public Participation Groups.

4.3 The Stroke Joint Coordination Board met on the 9 January 2025. The focus continues to be on:

- Estates development at the 3 sites
- Workforce planning
- Pathway development and
- Communications and Engagement

4.4 Somerset NHS Foundation Trust has confirmed that Dr Robert Whiting has been appointed as Joint Stroke Transformation Lead for the two Somerset sites which is a welcome step. With regards to the estates works, the current focus is on ensuring the readiness of the Dorchester and Musgrove sites to meet the national standards for hyper acute level care. The update to Board in December also detailed the work ongoing at

Yeovil District Hospital to schedule the refurbishment of the acute stroke ward which will remain in Yeovil.

- 4.5 A recent trial of 7-day working has taken place at Yeovil District Hospital. NHS Somerset notes that the trial has now had to end, due to workforce sustainability issues which demonstrates the fragility of the service that this change aims to address.

Director of Public Health (DPH)

- 4.6 Following the retirement of Professor Trudi Grant at the end of December 2024, I am delighted to confirm that Somerset Council has appointed Alison Bell as the Interim Director of Public Health, effective from 1 January 2025.
- 4.7 Alison worked clinically in the NHS for four years before undertaking almost a decade of humanitarian work in complex emergency settings. Alison returned to the UK to undertake her postgraduate medical training in Public Health in the South West and since qualifying as a Consultant in Public Health fifteen years ago, she has worked in public health teams in both the NHS and Local Government. Latterly Alison has worked in Somerset Council, leading initially on child and maternal health and then on health protection.
- 4.8 The role of DPH oversees delivery of Somerset Council's public health functions as outlined in the National Health Service Act 2006 and its associated regulations. The Interim Director will also serve as the lead officer for public health within the local authority and across the health and care system.
- 4.9 Given the nature of the revised role in the new Somerset Council Structure it has been agreed that the role will no longer be a joint appointment with NHS Somerset ICB and NHS Somerset is developing plans to ensure ongoing senior leadership of the population health programme.
- 4.10 I would like to take this opportunity to thank Trudi for her fantastic commitment and contribution over more than 30 years and to welcome Alison into her new role.

NHS England Mid-Year Review and 2023/24 Annual Assessment of Integrated Care Boards (ICB)

- 4.11 Somerset colleagues attended a meeting with the NHS England Regional team on 22 November 2024 as a mid-year review against our 2024/25 Operating Plan. The meeting reviewed plans for Winter and the second half of the year seeking assurance around delivery of the key elements of the plan. It was a positive and constructive meeting, the key points from which are captured in the summary letter attached as Appendix 2.
- 4.12 Under the terms of the NHS Act 2022, NHS England is required to undertake an annual assessment of each ICB in respect of each financial year and publish a summary of these assessments.
- 4.13 The [report for 2023/24](#) has been recently published and is a summary of the assessment of each ICB covering how effectively they have led their local NHS system and their contribution to each of the four core purposes of an integrated care system. It summarises an assessment of performance during the 2023/24 financial year and reflects NHS England's views relating to that period only. The assessment outcome for NHS Somerset ICB can be accessed via the link above.

5. COMMUNICATION AND ENGAGEMENT UPDATE

- 5.1 The Communications and Engagement Spotlight is attached as Appendix 3.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED
(please enter 'N/A' where not applicable)

Reducing Inequalities/Equality & Diversity	N/A
Quality	The report highlights the impact of system operational pressures during the Christmas and New Year period on a number of key performance indicators which reflects the level of clinical risk being managed over the period.
Safeguarding	N/A
Financial/Resource/ Value for Money	The report highlights the risk associated with the delay in national planning guidance for 2025/26 together with the additional planned investment into general practice as a result of the new national contract.
Sustainability	The report provides an update on progress with implementing plans for a new hyper acute stroke unit following the Boards decision to re-design services to improve patient outcomes and service sustainability
Governance/Legal/ Privacy	The report outlines the outcome of the NHS England mid-year review for 2024/25 and the outcome of the 2023/24 annual assessment of Integrated Care Boards.
Confidentiality	None – this is a public report.
Risk Description	The report highlights the risks associated with operational pressures over the Christmas and New Year period and the impact of the delay in the issue of national planning guidance for 2025/26.

The NHS Elective Reform Plan

NHS England briefing – January 2025

The NHS has a duty to provide everyone with timely, high-quality care. We know we need to continue to make progress on the things that matter most to patients: improving waiting times and boosting convenience – and we have developed a plan to deliver these priorities.

NHS care, under this plan, will be increasingly personalised. We will focus on improving experience, empowering people with choice and control over when and where they will be treated, and reforming how elective care is overseen and funded. Our ambition is to return to the constitutional standard of 92% of patients waiting no longer than 18 weeks from referral to treatment.

The plan will deliver change in three key areas:

Improved waiting times	More convenient access to care	Improved patient experience
The NHS will create more capacity, build stronger partnerships with the independent sector and reform financial rewards so more people receive a timely diagnosis and treatment	The NHS will provide more direct access to tests, scans and surgery in dedicated local centres or in existing facilities such as shopping centres, rather than hospitals, and at a time that's convenient for patients	The NHS App will provide more information so patients can make decisions about the timing and location of their care. There will be new expectations for providing communication to those waiting for care, so patients know where they are in the process

The scale of the challenge and impact on patients and staff

In 2022, we published the [Elective Recovery Plan](#), which focussed predominantly on reducing the longest waits resulting from the pandemic, setting out clear and sequential milestones to eliminate waits of two years (104 weeks) and one year (52 weeks).

Since then we have made significant progress in reducing the longest waits despite considerable challenges, including unprecedented disruption due to industrial action across nursing, AHPs, resident doctors and consultants. Despite real progress, the NHS remains a long way from meeting our constitutional standards. Simply continuing to do what we have been doing will not work: major reform to elective care is also needed.

In September 2024 the backlog stood at 7.6 million pathways, with 6.3 million patients waiting for an appointment, procedure or operation. More than two-fifths of these waits were for over 18 weeks. The 62- and 31-day Cancer Waiting Time (CWT) standards were last met in 2014/15 and 2019/20 respectively. This plan sets out ambitious reforms which will give NHS staff the tools they need to return to the 18-week standard by the end of this Parliament.

Targets set out in the plan

Our headline commitment is **meeting the 18-week standard by March 2029**. By March 2026 all trusts must increase the percentage of patients waiting less than 18 weeks – for both treatment and their first appointment – to 65% nationally, with every trust expected to deliver a minimum 5 percentage point improvement. For cancer, patients should get a diagnosis within 28 days of referral and start treatment within 62 days.

How we recover is just as important as how soon we recover and so we must deliver **equitable and inclusive recovery**. This plan includes national priorities for health inequalities, including clear roles and responsibilities for systems and providers.

The ambitions set out in this plan will require action from across the NHS and beyond. We are asking that systems, working with NHS England, take steps to improve elective care in the following ways:

Empowering patients

- publishing minimum standards patients should expect in Elective Care by March 2025
- improving the NHS App ensuring that by March 2025 85% of acute trusts will enable patients to view appointment information via the NHS App and upgrading the Manage Your Referral website, so patients have greater choice over their elective provider
- creating a new gold standard retail offer for patients with compulsory 'customer service' training for non-clinical frontline staff like receptionists and patient facing hospital staff

- expanding the amount of information parents and carers can access via the NHS App
- major hospitals will appoint a named patients' experience champion and to set a clear local vision for how health inequalities will be reduced as part of elective reform

Reforming delivery

- extending the work of Community Diagnostic Centers (CDCs) to 7 days a week to deliver more same-day tests and consultations, an expanded range of tests, direct referral from primary and community care, new consulting rooms, and at least ten straight-to-test pathways by March 2026
- resetting the relationship with the independent sector with a new Partnership Agreement, setting out how we will work together to reduce the elective care waiting list
- ensuring a range of options are in place for patients to have more accessible follow-up care, including standardising remote consultations, remote monitoring and digital support for [Patient Initiated Follow Up](#) across all major specialties

Care in the right place

- expanding remote monitoring, so it is a standard offer across all long-term conditions where clinically appropriate
- reduce unnecessary outpatient appointments, including follow-up appointments working with clinical and patient representatives to establish a consistent model of 'collective care' approaches, including group appointments and one-stop clinics, so patients can benefit from more convenient care by September 2025
- dedicated system leadership reducing variation in discharge processes and expanding opportunities for self-management through shared decision-making tools so that patients leave hospital with the support they need
- expand functionality within the NHS e-Referral Service (E-RS) and the NHS App to help primary and community care clinicians standardise referral decisions and improve patient choice

Aligning finance, performance oversight and delivery standards

- set out clear delivery standards for the administrative and operational delivery of elective care by September 2025 and provide and monitor a suite of metrics to assure delivery
- reform the finance and payment scheme to reflect elective priorities, including a stronger focus on activities that directly reduce how long patients wait for their care and creating a new capital incentive scheme for providers who improve the most in meeting RTT standards
- apply proven improvement approaches for elective reform using the NHS IMPACT Clinical and Operational Excellence Programme throughout 2025/26 and providing new support for 8,000 clinical and operational leaders to manage elective pathways effectively by March 2026

Jonathan Higman
Chief Executive Officer
NHS Somerset ICB

Managing Director
South West House
Blackbrook Park Avenue
Taunton
TA1 2PX

Sent via Email

17th December 2024

Dear Jonathan,

Somerset Mid-Year Review Meeting

Thank you to Somerset colleagues for their input into the Mid-Year Review meeting held on the 22nd November 2024.

The mid-year review meeting was the first of two formal coordination meetings each year between the NHSE Regional Executive Team and system executives. This meeting was to review plans for winter and the second half of the year, seek assurance about delivery to plan and agree how we can work together to support that delivery. Set out below are the key findings and matters for action that were discussed during the session.

Elective Care

You reported having had some challenges in delivery towards eliminating 65 week waits, and now plan to achieve zero by March 2025. You helpfully set out how you are working to identify areas to maintain and accelerate current progress and to better use capacity in the future to support planning for 2025/26. This would focus on addressing core capacity, understanding the balance between simple and complex as this impacted on the ability of the Independent Sector to assist as IS tended to work mostly earlier in pathways rather than longer-waits.

Urgent and Emergency Care

You provided us with assurance that your Winter Plan and escalation processes were robust and in place and that you would continue the good progress you have made in the first half of the year to ensure you meet your 2024/25 plan by the year end.

You explained that you had experienced some issues with the 4 hour wait target, although hoped this would be mitigated by the opening of the UTC in Yeovil in Quarter 4 and process improvements within the departments and the introduction of Care Co. We also described the ongoing work with SWAST which would help to address the Category 2 performance in Somerset.

However, we agreed that the main issue for the system to address to improve flow was the proportion of patients in hospital with No Criteria to Reside (NCTR). You set out a number of initiatives you are taking to improve the NCTR performance – shift from bedded to home-based pathways, greater clinical decision-making in the community etc. We agreed that this needed to be a key focus for improvement.

In this context we also discussed your constructive work with the Local Authority, which is under significant financial pressure, to ensure that as far as possible cost savings do not impact too greatly on NHS service delivery. You reported that the LA had engaged Newton Europe to work on improving commissioning for both care home and home-based support

Maternity

We discussed the challenges faced by maternity services and the work being done to address them. It was noted that that the system has engaged constructively with the support being provided by both regional and national colleagues.

Finance

It was confirmed that the system remains focused upon delivering a balanced financial outturn position. However, you acknowledged that this year there has been too great a reliance on non-recurrent savings. For 2025/6 and into the medium term you set out plans to adopt a more 'zero-base', including the potential to stop activity that was not good value, and further including a review of the impact of investments made from 2019/20, and address duplication of services. We all agreed that this work needed to focus to ensure the system remained in a sustainable financial position in the future.

Other Opportunities

You helpfully set out some of the bigger initiatives the system is working on such as: the potential to create a significant neighbourhood development in Shelton Mallet; the joint approach to procuring an EPR with the Dorset system; a major push on hypertension; and a focused initiative on tooth brushing in schools. We offered ongoing regional support for these and other initiatives

Continuous learning

We emphasised throughout the preparation activities and the Mid-Year Review meeting itself that we wanted the approach to feel different and to provide support for the ICB in its endeavour to drive performance and deliver improvements within the local health and care system. I will ask Richard Schofield to liaise with regards to the value ICB and NHSE colleagues were able to take from the process.

Thank you to all colleagues from Somerset who supported the mid-year review process and for your ongoing commitment to improving the health and wellbeing of the people of Somerset.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'M Cooke', enclosed within a circular scribble.

Mark Cooke
Managing Director
NHS England South West

Copy To Following Attendees:

Somerset: Alison Henly, Bernie Marden, Shelagh Meldrum, Peter Lewis, Pippa Moger, Graham Atkins, David McClay

NHSE SW: Martin Wilkinson, Richard Schofield, Linzi Holden

Communications, Marketing and Engagement Spotlight

1 Nov - 31 Dec
2024

Welcome to our spotlight report for November and December 2024, highlighting our activity over the past two months. The report covers highlights from recent media coverage and updates on our campaigns and engagement projects.

This has been a busy period for the team. From a communications perspective, the focus was on supporting the pressures seen across health and care by providing people with guidance on how to stay healthy and well. This included sharing key information about our vaccination programme and providing our 'top tips' on how to be prepared in the run up to the festive season. The ambition was to provide people with clear advice about how to access the right service for their healthcare needs. From an engagement perspective we have focussed on launching the Government's 10 Year Health Plan in Somerset. This included creating a local survey and supporting community providers to help engage as many of our communities and residents as possible. This engagement continues into the new year with NHS staff provided with opportunities to discuss the three key shifts.

Hypertension update

Take the Pressure Off campaign exceeds 2024 targets by 50%

Our hypertension campaign, Take the Pressure Off, has begun 2025 with a bang, after we tested an additional 3000 people last year, exceeding our 2000 target by 50%.

We kicked off 2025 by organising a number of blood pressure testing events at schools, in community centres and a staff event at Musgrove Park Hospital – as part of a wider health awareness event.

In 2025, we will continue to work with Somerset businesses to help test their staff, spread the word about the importance of getting your blood pressure tested regularly and the help available if you have high blood pressure.

Find out more about our campaign [here](#).



Communications, Marketing and Engagement Spotlight

1 Nov - 31 Dec
2024

In the news



Top tips to stay well this festive season

Ahead of the Christmas holiday period we shared top tips on how to stay healthy and happy.

This included advice around ordering repeat prescriptions early, accessing mental health support and making the most of local services like NHS 111 and community pharmacies.

We also signposted to our [handy guide to NHS services in Somerset](#) on our website.

[Read more](#) [Wells Nub News](#)

Statement on stroke services

In December, we issued a statement to confirm that all requests made to the Secretary of State to ['call-in'](#) NHS Somerset's January 2024 decision to reconfigure stroke services in the county have been declined.

We welcomed the decision that the requests did not meet the threshold for ministerial intervention and the Minister's view that NHS Somerset is best placed to determine the needs of our local population.

[Read more here](#) and [here](#)

[Greatest Hits Radio](#)



Communications, Marketing and Engagement Spotlight

1 Nov - 31 Dec 2024

In the news



Making bucket list dreams come true

In December we teamed up with Butlin's to make a 'bucket list' dream come true for a group of adults with learning disabilities. During filming of a video about the importance of talking about death, the participants revealed their bucket lists and since then we have been working with partners to make them a reality.

[Read more](#) [BBC News](#) [West Somerset Free Press](#)

'Tidal wave' of flu hitting hospitals

In December we reported the increase in flu infections leading to a 70% increase in hospital cases across just seven days. We encouraged eligible people to get vaccinated without delay and to use NHS services wisely.

[Read more](#) [Somerset Live](#) [Bridgwater Mercury](#)



100,000 people in Somerset still to come forward for Covid-19 winter vaccinations

In November we urged eligible people to get their Covid-19 vaccinations at a clinic, GP practice, pharmacy or via a walk-in clinic.

[Read more](#) [BBC News](#) [Burnham on Sea.com](#)



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Minister of State for Health Karin Smyth visit to Taunton

Minister Smyth visited the County Ground on Sunday (24 November) when the biggest ever conversation about the future of the NHS came to the South West.

After delivering the opening address at the regional 10 Year Health Plan engagement event – run by the Department of Health and Social Care, NHS England and Thinks Insight and Strategy – Minister Smyth heard all about the [Take the pressure off](#) hypertension campaign, run in partnership by NHS Somerset and Somerset Council's public health team.

[Read more](#) [Somerset Live](#) [Somerset County Gazette](#)

High commendation at HSJ awards for Armed Forces support initiative

In November our armed forces support initiative was highly commended at the HSJ Awards, one of the UK's most prestigious celebrations of healthcare excellence. This accolade recognises the innovative approach to supporting Somerset's Armed Forces community in partnership with outstanding organisations across the county.

[Read more](#) [Wellington Weekly News](#)



We would like to thank our colleagues across health and care who have taken the time to share their stories. If you have a story you'd like us to highlight, please get in touch with our communications team at: somicb.communications@nhs.net

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Newsletter update



September and October editions of Our Somerset newsletter

The November edition of Our Somerset newsletter was introduced by Matthew Mills, Head of Pharmaceutical, Optical and Dental services for NHS Somerset, who highlighted the vital role local community pharmacies play in helping people stay well by offering advice and guidance on common health conditions. There was also news on the county's vaccination programme, the return of 'Warm Welcome' and how Hospital@Home is helping people recover in their own homes. The newsletter also included how Open Mental Health is providing support throughout the festive period.

In the December edition we shared some top tips on how to stay healthy and actions everyone can take to help protect the NHS in the face of winter pressures across services. We also shared details of a new partnership delivering health and wellbeing services in Glastonbury, a new report highlighting the importance of community support for people living with chronic obstructive pulmonary disease (COPD) and Spark Somerset's report into the state of the VCFSE sector.

You can find all editions of the newsletter on our websites.

[Our Somerset](#) [NHS Somerset](#)

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Social media highlights

NHS Somerset total followers: 106,523



Our Somerset total Followers: 2,514



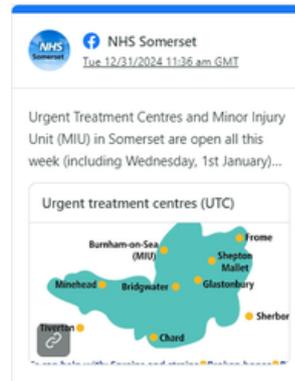
Posts which received the most engagement:



Winter pressures: Norovirus



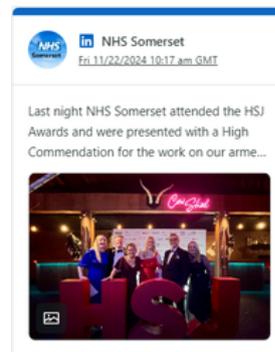
- 51,363 people reached
- 7,335 engagements
- 197 reactions
- 122 comments
- 248 shares



Winter pressures - Find your UTC / MIU



- 26,335 people reached
- 2,116 engagements
- 153 reactions
- 1,406 clicks



HSJ Awards



- 650 people reached
- 117 engagements
- 35 reactions
- 77 clicks

NHS Somerset website

- 21,000 active users
- Top pages:
 - Homepage
 - Prescribing and medicines management
 - Antimicrobial
 - COVID-19 Walk-ins
 - Menopause and Hormone Replacement

Whether you have a little to say or a lot, your views, experiences and ideas will shape immediate steps and long-term changes both in Somerset's strategy and the Government's new 10 Year Health Plan. Find out more and share your views here: <https://www.nhs.uk/10-year-health-plan>



10 Year Plan Somerset engagement



- 6,887 people reached
- 9 reactions

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Engagement highlights

1 survey	9 responses to surveys
3 reports	1 Citizen Hub meeting
1 engagement leads & network meetings	1 ICS engagement network meeting

Somerset's Big Conversation - How the findings are now shaping our work

During November and December, the Engagement team started the analysis of all of the Somerset's Big Conversation feedback, from all in-person events, an online survey and social media from May-October 2024.

The aim is to analyse the feedback for key themes and trends, to highlight examples of good practice and importantly, areas for improvement in Somerset's health services. The Somerset's Big Conversation feedback will help to develop the health and care strategy for the Integrated Care System (ICS).

The purpose of sharing this feedback is for it to help shape vital conversations around health services and patient experience across the county, for our diverse people and communities. The findings analysis will be completed in January 2025 and these vital learning conversations will take place in the following months.



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Engagement highlights

10 Year Health Plan engagement

During November and December, we began the initial stages of engagement on the Government's 10 Year Health Plan.

Organisational responses - Somerset ICB and our provider organisations were invited to respond to key questions around the three key shifts: hospital to community, analogue to digital and sickness to prevention.

Community engagement - we created an online survey for public feedback and began working with community partners to ensure that as many Somerset residents as possible get the opportunity to share their views, thoughts and experiences. Online and in-person public and NHS workforce engagement sessions are to take place in January 2025.

Targeted community engagement - In November, we began planning our broad and targeted engagement with diverse people and communities across Somerset, focusing on rural communities, children and young people, armed forces and our VCFSE.

Public engagement on the 10 Year Health Plan commenced on 21 October 2024 with a deadline of 14 February 2025. The 10 Year Health Plan will be published in the spring.

[Read more on our website](#)



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Engagement highlights

Neurorehab Workshop

NHS Somerset is currently reviewing neurological rehabilitation services across the county. Neurological Rehabilitation (Neuro Rehab) focuses on enhancing functionality, alleviating symptoms, and improving the overall wellbeing of individuals with conditions, injuries or disorders affecting the nervous system.

In November, the ICB ran a Neurorehabilitation Integrated Impact Assessment workshop. A range of clinicians, patients, carers, and representatives of Headway Somerset, Healthwatch Somerset and Armed Forces met to discuss access and skills training and independent living.

The workshop a 'walk with me' approach whereby participants were asked about current service provision and for their ideas to address issues raised. Discussion also centred around how changes would impact the lived experiences of patients.

The feedback is currently being analysed and findings will be shared shortly.

These findings will be shared with key stakeholders, the ICB Board as well as being published on our [Engagement News webpage](#), as we always aim to share how feedback has influenced actions, 'You Said, We Did.'

