

<b>REPORT TO:</b>	<b>NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A</b>	<b>ENCLOSURE:</b> <b>C</b>
<b>DATE OF MEETING:</b>	<b>27 March 2025</b>	
<b>REPORT TITLE:</b>	<b>Chief Executive's Report</b>	
<b>REPORT AUTHOR:</b>	<b>Jonathan Higman, Chief Executive</b>	
<b>EXECUTIVE SPONSOR:</b>	<b>Jonathan Higman, Chief Executive</b>	
<b>PRESENTED BY:</b>	<b>Jonathan Higman, Chief Executive</b>	

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

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

<b>PREVIOUS CONSIDERATION / ENGAGEMENT</b>
<p>This paper sets out key items for the Board to note and discuss, arising since the last meeting of Somerset Integrated Care Board (NHS Somerset) on 30 January 2025. It focuses on relevant changes in the National and Regional context and highlights key issues to note pertaining to the Somerset Integrated Care System.</p> <p>The paper also provides a commentary on current system operational pressures and performance which should be read in conjunction with the full Integrated Performance Report.</p>

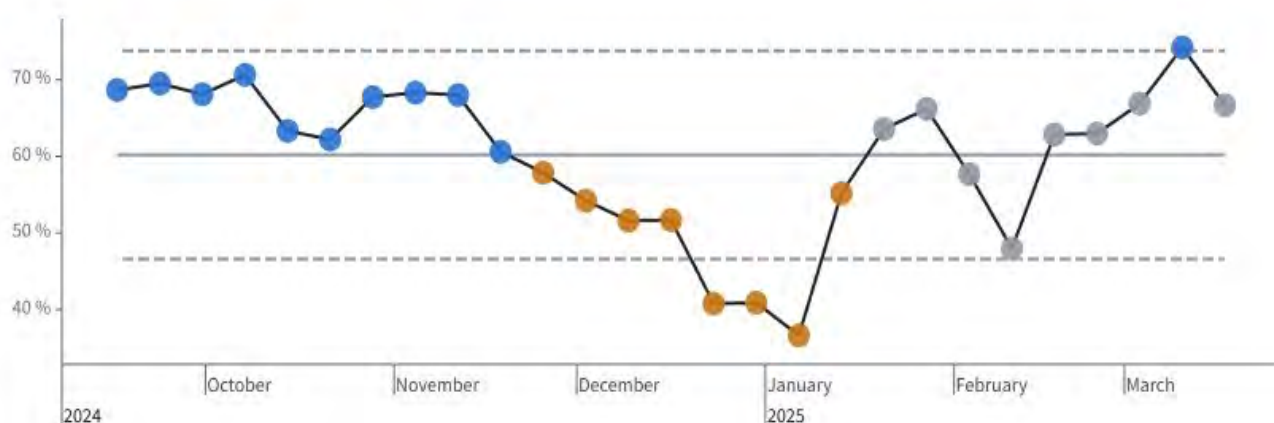
<b>REPORT TO COMMITTEE / BOARD</b>
<p><b>1. SYSTEM PERFORMANCE OVERVIEW AND KEY ISSUES</b></p> <p>1.1 During January there has been a recovery in a number of the key urgent and emergency care metrics, following significant deterioration during December. The system has continued to experience operational pressure throughout the period. It should be noted that the most recent points in the data presented below are unvalidated.</p>

- 1.2 While 30-minute ambulance handover and A&E 4-hour performance have both recovered, the number of additional escalation beds open in hospitals across the system remains above historic levels. This is, in part, a reflection of the high number of patients awaiting discharge from hospital which has risen to approximately 250 people at any one time. Tackling this remains a priority and is one of our five system priority programmes.

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### Ambulance: Handover within 30 mins

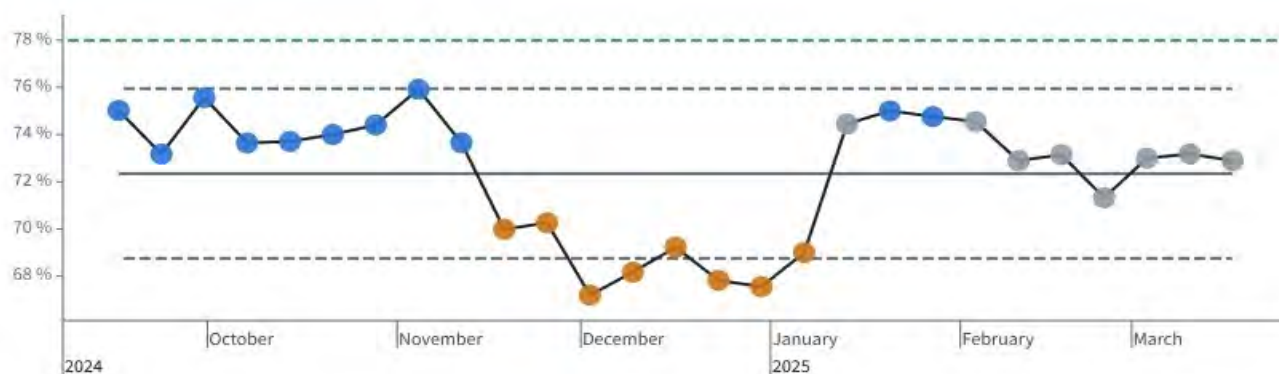
Ambulance - Handover within 30 mins for Somerset ICB has sustained over the past 6 months, with last datapoint 66.7% reported on Mon, Mar 17, 2025. [ Unpublished, Weekly, NHS Ambulance SITREP ]



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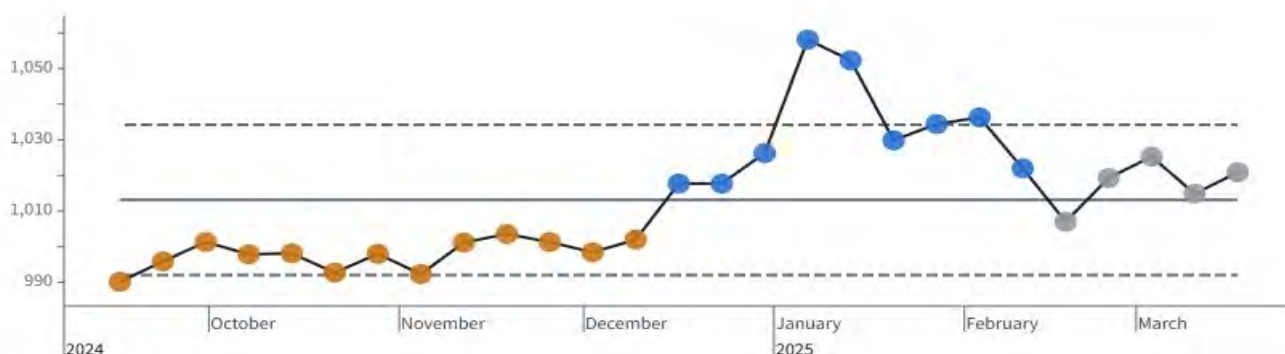
### A&E: 4 Hour Performance SPC Chart

A&E - 4 Hour Performance for Somerset ICB has sustained over the past 6 months, with last datapoint 72.9% reported on Mon, Mar 17, 2025. [ Unpublished, 7-day rolling average, Daily UEC Sitrep ]



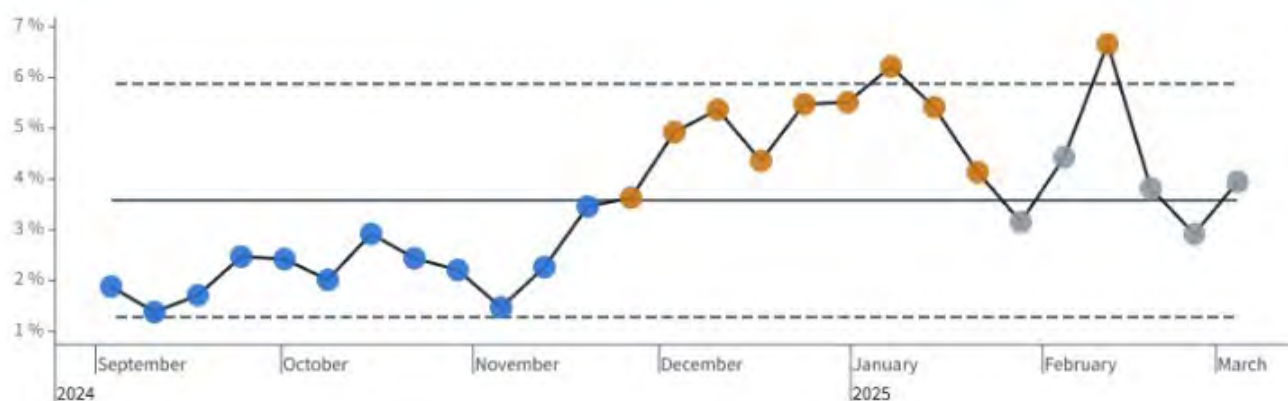
### System Capacity: Number of open G&A beds SPC Chart

System Capacity - Number of open G&A beds for Somerset ICB has sustained over the past 6 months, with last datapoint 1,021 reported on Mon, Mar 17, 2025. [ Unpublished, 7-day rolling average, Daily UEC Sitrep ]



### A&E: 12 Hour Performance SPC Chart

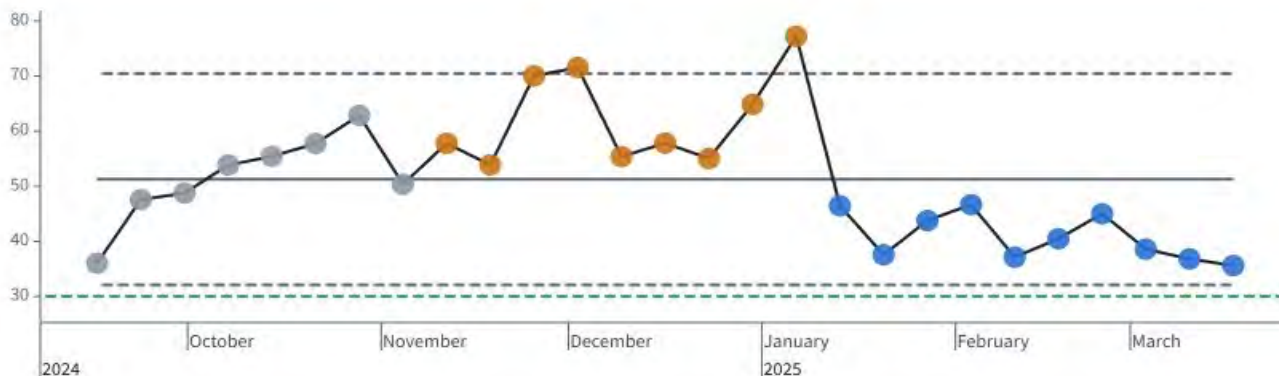
A&E - 12 Hour Performance for Somerset ICB has sustained over the past 6 months, with last datapoint 3.9% reported on Tue, Mar 4, 2025. [ Unpublished, 7-day rolling average, ECDS ]



- 1.3 Across the South West Region the number of ambulance incidents has reduced to a 7-day rolling average of circa 1,350 a day (down from a peak of 1,542 per day for the week to 31 December 2024) and this has resulted in a comparable improvement in category 2 ambulance response times to approximately 35 minutes.

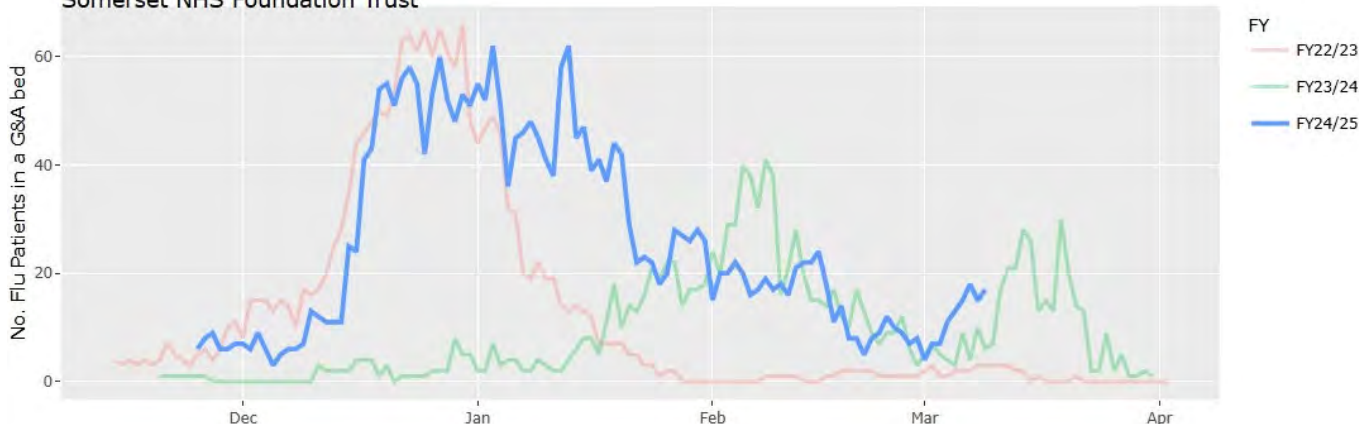
### Ambulance: C2 Mean Response Time (min) SPC Chart

Ambulance - C2 Mean Response Time in minutes for South West has improved over the past 6 months, with last datapoint 35.6 reported on Mon, Mar 17, 2025. [ Unpublished, 7-day rolling average, NHS Ambulance SITREP ]



- 1.4 As noted in last month's report a significant factor this year has been the incidence of influenza which has put additional pressure on beds 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. A significant reduction in flu bed occupancy from the peak in early January is notable.

G&A Beds occupied by Influenza Patients  
Somerset NHS Foundation Trust

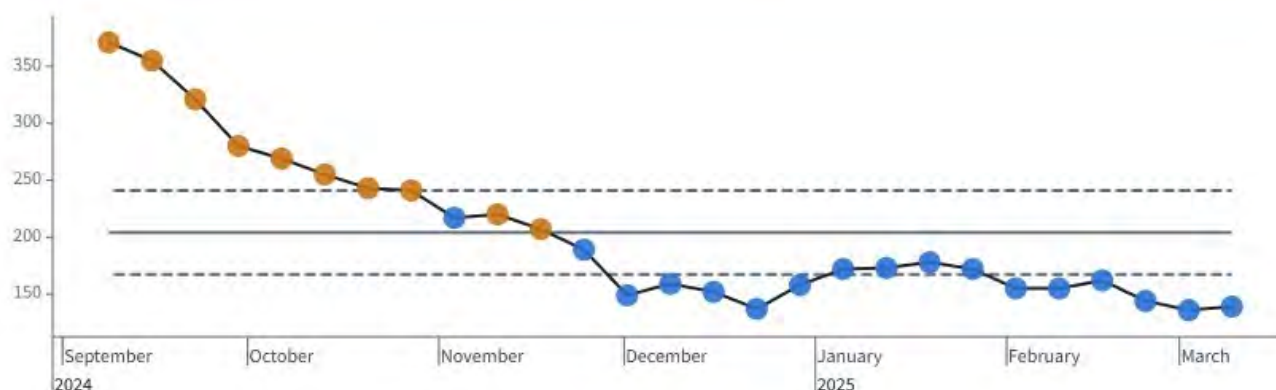


- 1.5 Winter pressures have also had an impact on elective recovery with a slowing of progress against our system trajectory to reduce the number of patients waiting over 65 weeks. At the end of the most recent reporting week (9 March 2025) there were 139 Somerset residents waiting in addition of 65 weeks for treatment. The current forecast for the end of March is 77 (against a target 0), with particular challenges in Orthopaedics and Urology.



### 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 139 reported on Sun, Mar 9, 2025. [ Unpublished, Weekly, Waiting List Minimum Viable Dataset (WLMDS) ]



## 2. NATIONAL DEVELOPMENTS/POLICY

### Changes to the NHS Operating Model

- 2.1 Last week was certainly a week of fast-moving National announcements. The headlines, which have been much trailed in the media, are a merger of NHSE and the Department of Health and Social Care with the assumption of a 50% reduction in cost as a result, a 50% reduction in ICB running costs and a 50% reduction in corporate cost growth within provider Trusts.
- 2.2 Much detail remains to be worked through, but this scale of change will require a fundamentally new operating model for the NHS, with a recasting of relationships between the Centre and local NHS. The reality is that it will be some weeks before we have the necessary clarity about what this means for NHS Somerset Integrated Care Board.
- 2.3 Coming on the back of our last reorganisation this will be unsettling news for many colleagues. However, it's important that we stay focussed on the task in hand and ensure that we continue to deliver for our population. It would be all too easy to get distracted. To this end it is pleasing that we have agreed a plan for 2025/26 with local partners that will see the NHS in Somerset continuing to achieve financial balance, while achieving the major national performance asks. This will be considered later at this meeting and, if approved, will be submitted to NHS England at the end of the month. To deliver this there is a real need to remain focussed on achieving the necessary transformation and change to services, something that we have a track record of doing here in Somerset.
- 2.4 Last week we met with all colleagues to brief them following the national announcements and have committed to keep people up to date as plans become clearer.
- 2.5 We have included as Appendix A to this report an infographic summarising the role and some of the key achievements of NHS Somerset Integrated Care Board over the last year.

## **Changes to the GP Contract in 2025/26**

- 2.6 Following constructive engagement with the General Practice Committee of the British Medical Association (BMA) in England, the 2025/26 GP contract has been finalised. The key changes and investments can be summarised as follows:
- 2.7 Financial Investment - for the financial year 2025/26, the GP contract will receive an increase of £889m across core practice contracts and the Network Contract Directed Enhanced Service (DES). This brings the total contract value to £13.176bn and represents a 7.2% cash growth (4.8% real terms growth). It is the largest investment in general practice funding in over a decade and is in excess of NHS funding growth for the coming year as a whole.
- 2.8 Enhanced Services – in addition, a new enhanced service worth £80m will focus on providing specialist advice and guidance, aiming to transfer more care from secondary care into community settings. This initiative supports timely patient care and contributes to elective recovery.
- 2.9 NHS England will permanently retire 32 QOF (Quality and Outcomes Framework) indicators, simplifying arrangements and allowing funds to be redirected into:
- The baseline funding for GP practices
  - Increased fees for childhood vaccination
  - Higher locum reimbursement rates
- 2.10 Additionally, QOF will be focussed on cardiovascular disease (CVD) prevention, with redistributed funding aimed at reducing premature mortality from heart disease and stroke by 25% over the next decade.
- 2.11 The contract comes with requirements to improve digital transformation and access. For example, to tackle the "8am scramble," by October 2025, practices must ensure their online consultation tools remain open during core hours for non-urgent appointment requests, medication queries, and administrative tasks. Safeguards will be in place to manage urgent clinical requests appropriately.
- 2.12 Practices will also need to enable GP Connect functionality in order to improve the flow of information (with patient consent) with other NHS and Private Healthcare providers and community pharmacies.
- 2.13 In addition, the Additional Roles Reimbursement Scheme (ARRS) funding will be simplified into a single pot for reimbursing patient-facing staff costs, removing restrictions on staff types.
- 2.14 These updates aim to enhance the patient experience by improving access across phone, online, and walk-in methods. Digital tools will empower patients while reducing GP administrative burdens. A significant focus is also placed on prevention - particularly in cardiovascular health - and ensuring care is delivered in the most suitable settings.

## **New Funding Framework (NFF)**

- 2.15 In addition to the national changes to the GP contract, NHS Somerset has agreed a local enhancement known as the New Funding Framework (NFF). This builds on its predecessor, the Primary Care Improvement Scheme (PCIS), by introducing an outcome-focused, high-trust contracting model for general practice. Our approach simplifies payments, reduces bureaucracy, and ensures investment aligns with population needs, driving health equity and reducing inequalities.
- 2.16 Year two investment strengthens these principles by addressing several of the commissioning gaps identified through GP Collective Action. These gaps will be

appropriately funded, with shared care agreements and pathways developed collaboratively between primary and secondary care. This ensures services remain safe, sustainable, and adequately resourced while enabling more care to be delivered within primary care settings. In turn, this improves accessibility and reduces reliance on higher-cost secondary care, enhancing overall system efficiency.

- 2.17 General practice is also reinforcing its commitment to Integrated Neighbourhood Working by adopting a Quality Improvement approach to enhance care for patients with frailty and dementia. Practices will continue their focus on hypertension while expanding efforts to tackle underdiagnosis, optimise care, and reduce health inequalities at both practice and Primary Care Network (PCN) levels. By embedding these principles, the NFF ensures a sustainable, patient-centred model that improves primary care delivery and system-wide efficiency.

### **3. REGIONAL DEVELOPMENTS**

#### **NHS England Transformation Executive Team**

- 3.1 As part of the changes to NHS England announced last week a new national transformation executive team will be established by the new Chief Executive Sir Jim Mackey.
- 3.2 Details of the full team are available via the link [NHS England » NHS England names new executive team to lead transition](#) but the most significant implication for the South West Region is that current Regional Director, Elizabeth O'Mahony is to take up role as Interim Chief Finance Officer. Elizabeth's Regional Director responsibilities will be covered by the current Regional Chief Nursing Officer, Sue Doheny.

### **4. SOMERSET SYSTEM**

#### **Progress Review Against the Somerset Special Educational Needs and Disability (SEND) Accelerated Progress Plan**

- 4.1 The Somerset SEND Partnership met with the Department for Education (DfE) and NHS England on the 15 January 2025 to review progress against the Accelerated Progress Plan and the one outstanding area of significant weakness which remained following the SEND written statement of action: *"Too many children and young people not accessing education because of disproportionate use of exclusion and poor inclusive practice across the area."*
- 4.2 Based on the data provided and the discussion held at the review meeting it was concluded that sufficient progress had been demonstrated. This meant all actions in the original Accelerated Progress Plan were agreed as complete and the plan was closed with formal monitoring stood down.
- 4.3 The DfE recognised the clear progress in partnership collaboration and working together and were pleased to hear about the new school-led Inclusion Group.
- 4.4 It was however recognised by all that permanent exclusions remain high in Somerset, and while there has been a 16% reduction in exclusions for children and young people with SEND support, we need to further accelerate progress and this, along with other improvement plans, will be progressed through the SEND Improvement Board.
- 4.5 The DfE stated "I know that this outcome comes as a result of a great deal of commitment and hard work on the part of the Local Authority, the Integrated Care Board, families, the Parent Carer Forum and front-line staff across education, health and social care. I would like to thank you for all that you are doing to support children and young people with SEND".

4.6 The full letter is attached as Appendix B.

### **Improving Access to NHS Dentistry in Somerset**

- 4.7 NHS dentistry in Somerset, as across England, is facing significant challenges in accessibility, funding, and workforce stability. Many patients struggle to find an NHS dentist accepting new patients. The Office for National Statistics recent surveys indicate that in the South West, up to 97% of patients without an existing NHS dental provider relationship are unable to access NHS services. This issue is particularly pronounced in rural and underserved urban areas.
- 4.8 The current contract model, based on Units of Dental Activity (UDA), is widely acknowledged as unfit for purpose, creating barriers to treating high-need patients and discouraging retention within NHS dentistry. Workforce pressures, compounded by recruitment difficulties and the impact of COVID-19, have further exacerbated service constraints. These factors have resulted in worsening oral health outcomes, particularly among vulnerable populations, and an increased reliance on urgent and emergency dental services.
- 4.9 NHS Somerset Integrated Care Board are approaching the delivery of improvement work using our existing team including the Collaborative Commissioning Hub and have recently strengthened our relationship with the Local Dental Committee to work in collaboration to deliver the Somerset dental transformational workplan and support reengagement with Dental providers in Somerset.
- 4.10 A key focus remains ensuring dental practices meet their Units of Dental Activity (UDA) targets, reviewing UDA pricing where required. We are working closely with providers to encourage contract retention, optimise delivery, and explore flexible commissioning options to enhance service resilience. Additional initiatives include addressing workforce shortages through local recruitment and retention schemes, engagement with training institutions, and supporting dental nurse training and development.
- 4.11 We are currently in mobilisation phase of a new Dental Practice in Wellington and are in an active procurement process for provision in Chard and Crewkerne areas in 2025/26. More information will be shared when the procurement for these practices progresses further.
- 4.12 In addition, work is underway to develop a more strategic approach to NHS dentistry, focusing on prevention and tackling health inequalities in Somerset. This includes:
- Prioritising areas of highest need, particularly rural and deprived communities, by increasing outreach services and developing new models of care.
  - Expanding community and school-based oral health prevention programmes to improve early intervention, particularly for children.
  - Exploring workforce development opportunities, including increasing local training placements, recruitment and retention initiatives and promoting Somerset as a place to live and work for dental professionals.
  - Working in partnership with Public Health team, Dental Clinical Network, Dental Providers, and the Local Dental Committee to align dental services with broader health and wellbeing strategies.
- 4.13 Responding to NHS Operational Performance Targets for Urgent Dental Care Access  
Urgent dental care demand has risen sharply due to difficulties accessing routine NHS treatment. Somerset is responding by expanding urgent dental care access points, ensuring that patients in pain can receive timely treatment. Initiatives include:
- Strengthening the capacity of urgent dental care services, particularly in underserved areas.
  - Promoting public awareness of available urgent care pathways.



- Collaborating with NHS 111 to improve triage and reduce unnecessary emergency department visits for dental issues.
- Exploring commissioning opportunities for out-of-hours dental services to alleviate pressure on existing NHS provision.
- Ensuring alignment with national priorities for 2025/26 as outlined in the NHS England Operational Planning Guidance by developing a plan to contribute to the national target of 700,000 urgent dental appointments within the current dental allocation funding. For Somerset, this means delivering approximately 13,498 additional urgent dental appointments above the current activity baseline of 19,552, as outlined in the NHS England Operational Planning Guidance.

4.14 Addressing the challenges facing NHS dentistry in Somerset requires a multi-faceted approach, balancing immediate improvements with longer-term transformational change. While efforts continue to maximise UDA delivery and sustain NHS dental provision, targeted interventions to tackle inequalities, strengthen prevention, and improve workforce sustainability remain critical. Urgent care access remains a key priority, with a focused approach on meeting the NHS operational target for additional Urgent Dental Activity for 2025/26. A continued focus on strategic collaboration, continued investment, and innovation will be essential in shaping a more sustainable and equitable future for NHS dentistry in Somerset.

#### **Additional dental provision in South Somerset**

- 4.15 NHS Somerset Integrated Care Board (ICB) has begun a procurement process to provide additional NHS dental services in Chard and Crewkerne. This is part of our aim to procure additional NHS dental services in areas facing significant reductions in NHS dental services.
- 4.16 This first phase of this programme includes seeking to introduce two additional dental practices in South Somerset; one in Chard and one in Crewkerne. If the process is successful, the appointed provider would offer a mix of NHS and private dental services for adults and children, enhancing NHS dental access in these areas.
- 4.17 NHS Somerset has made a commitment to procure over 40,000 units of NHS dental activity across these two sites at a cost of £1.435 million per annum.
- 4.18 A Unit of Dental Activity (UDA) is a measure used in the nationally-agreed NHS dental contract in England to quantify and remunerate dental treatments provided by NHS dentists. The system, introduced in 2006, is part of the framework that determines how dentists are paid for their services and how dental practices are commissioned to provide NHS care. A UDA is a standardised unit that represents the value of dental activity based on the complexity and scope of the treatment provided. Treatments are grouped into four bands, and each band is assigned a specific number of UDAs. Further information on UDAs is included in the Scrutiny Committee agenda papers, or can be found here: <https://ldc.org.uk/what-is-a-uda/>
- 4.19 This work is the first large scale procurement of its type in the South West, wholly undertaken by an Integrated Care Board, since responsibility for commissioning dental services was delegated to ICBs from NHS England in April 2023.
- 4.20 NHS Somerset is committed to working collaboratively with Somerset Local Dental Committee (LDC), Somerset Council, and Healthwatch Somerset, to improve access to NHS dental services, supporting development of the dental workforce, and expanding preventative interventions and oral health education across the county.
- 4.21 We know people in the Chard and Crewkerne areas, and more widely across Somerset, want better access to NHS dentistry and we hope you agree this is welcome news. This project is part of NHS Somerset's broader dental recovery plan set out above.

- 4.22 At present, the project remains at an early stage, and we are unable to provide further information. As with any procurement process, we are not able to offer certainties about outcomes and next steps, but we will work closely with any practices who are successful in tendering for this work and will keep local people up to date with developments as soon as we can.

### **Reconfiguration of Stroke Services**

- 4.23 Following a 12-week full statutory public consultation process in early 2023, NHS Somerset made a formal decision in January 2024 to provide hyper acute stroke units (HASUs) at Musgrove Park Hospital in Taunton, Dorset County Hospital in Dorchester, an acute stroke unit (ASU) at both Musgrove Park and Yeovil District hospitals and a TIA (Transient Ischemic Attack) service seven days a week at MPH and five days a week at YDH. The decision was taken after full consideration of the Decision-Making Business Case (DMBC). The project is now in its implementation phase.
- 4.24 The first in a series of stakeholder briefings detailing progress with the project is attached as Appendix C

### **Urgent Care services in Burnham-on-Sea**

- 4.25 Burnham-on-Sea Minor Injuries Unit (MIU) is currently sited within Burnham-on-Sea Community Hospital and operates 10.00 -18.00, 7 days a week, 365 day a year. The service is operated by Somerset NHS Foundation Trust.
- 4.26 Minor injury units can see, assess, diagnose and treat a wide range of non-life-threatening conditions including:
- Soft tissue injuries
  - Broken bones
  - Injuries and wounds
  - Minor head injuries
  - Soft tissue infections and bites
  - Emergency contraception.
  - Chest infections
  - Throat infections
  - Eye injuries and infections
  - Urinary infections
- 4.27 In October 2022 interim changes were made to the opening hours at some Minor Injury Units (MIUs) in Somerset, including Burnham-on -Sea, to provide greater consistency in services for local people and communities. This was because the MIU had been affected by a number of frequent, short notice and unplanned closures due to ongoing workforce shortages.
- 4.28 The changes were put in place to provide a consistent and safe service for patients and their families, by consolidating services in a number of MIUs across the county. In December 2023, the minor injuries unit (MIU) at Burnham Community Hospital resumed normal opening hours from 10am to 6pm, seven days a week, following the successful recruitment of additional emergency nurse practitioners.
- 4.29 Over the past few months, the MIU in Burnham-on -Sea has once again experienced a number of short notice closures due to workforce shortages, which has led to inconsistencies in the service provided to local communities. In addition, there are no x-ray facilities in the building and the current location of the MIU within the outpatient's area of the community hospital is restrictive with one main consultant room and only allows for one patient to be seen at a time. Staff have also raised concerns about access to additional clinical support in emergencies and a poor working environment.

- 4.30 Over the past few months, teams from both primary and secondary care services within Somerset NHS Foundation Trust have started to explore a number of different options to improve the consistency and access to minor injury services in Burnham on Sea.
- 4.31 Community teams and Symphony Healthcare Services, who run both the general practices in the local area; Burnham and Berrow Medical Centre and Highbridge Medical Centre are developing an exciting joint proposal to offer a new integrated Minor Injuries Service, by relocating the current service from Burnham Community Hospital. This will help to improve the safety and reliability of the health service for the population of Burnham and Highbridge, by providing a more resilient and consistent service.
- 4.32 The service will continue to operate as usual, 10am – 6pm, 7 days a week and will be based within Burnham Medical Centre, a short walk from the current location.
- 4.33 The MIU service will continue to provide a see, assess, diagnose and treat service for everyone in the local area as usual. The service will not be restricted to registered patients from Burnham Medical Centre.
- 4.34 People will be able to contact the MIU in the usual way:
- By walking into the MIU reception in the medical centre
  - By contacting NHS 111 online or by phone, for immediate advice and guidance before attending the MIU.
- 4.35 Existing primary care services provided by Burnham Medical Centre will continue as normal and are not affected by the proposal. Registered patients will continue to access services at the practice as usual.
- 4.36 The new location will provide increased capacity with two clinical consultation rooms. In addition, the Emergency Practitioner will be supported by a Registered Nurse, who will be able to provide additional clinical support and dressings.
- 4.37 The relocation will also offer greater support for the clinical team running the service by working closely with primary care colleagues, with access to GPs and other clinical staff in the event of an emergency.
- 4.38 Teams are continuing to work closely together to refine the details around the proposal and it is hoped that the new service could be available in late Spring 2025. Further communications will be shared with patients, healthcare partners and wider stakeholders as the project progresses.
- 4.39 It is anticipated that the trial will last for around 6-12 months. During this time there will be opportunities for patients and colleagues to share their feedback on the service before any final decisions are made.
- 5. COMMUNICATION AND ENGAGEMENT UPDATE**
- 5.1 The Communications and Engagement Spotlight is attached as Appendix D.

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

<b>Reducing Inequalities/Equality &amp; Diversity</b>	The report sets out NHS Somerset's plan to improve access to NHS dentistry. Our approach is based on a prioritisation of activity which aims to reduce inequality of access across the population.
<b>Quality</b>	The report sets out plans to improve the quality and consistency of urgent care services in Burnham-on-Sea, together with the

	stakeholder briefing relating to progress with the project to redesign Stroke services for the population of Somerset.
<b>Safeguarding</b>	No direct implications.
<b>Financial/Resource/ Value for Money</b>	The report highlights the recommendation to Somerset Integrated Care Board to submit a plan to NHS England that achieved financial balance 2024/25 and also delivers on the national performance priorities. The report also sets out the additional funding going to General Practice as a result of the new national GP contract and locally developed 'New Funding Framework'.
<b>Sustainability</b>	No direct implications.
<b>Governance/Legal/ Privacy</b>	The report highlights progress against the SEND Accelerated Progress Plan for Somerset which has now been closed and formal monitoring by the CQC and OfSTEAD has stood down.
<b>Confidentiality</b>	<b>None - this is a public report</b>
<b>Risk Description</b>	

# Who we are

NHS Somerset is the local HQ for the NHS, responsible for planning and overseeing health services for our 600,000 residents. We work with over 400 different organisations including Somerset NHS Foundation Trust, Somerset Council, our hospices and other voluntary sector partners who support local people to live healthy and fulfilling lives.

We have an ageing population and too many people are living with long term complex conditions. It's our job to bring together partners across health and care, involving local people, communities and patient groups, to transform services to help Somerset people live well for longer.

Our total budget is £3.1 billion and this delivers services in Somerset and a range of shared services for the South West. Our 300 staff include over 100 clinicians, 70 of whom are nurses, delivering care for people with long-term disability, vaccine programmes, and infection prevention and control. Our other clinicians provide support to improve access to general practice, dentistry and other NHS services. We are responsible for:







We are one of the  
**top performing**  
ICBs in the country  
working to deliver great  
value for the taxpayer

Somerset is **trusted** to  
host commissioning for  
pharmacy, optometry,  
dentistry and specialised  
services for the  
South West

We lived within  
our means this  
year – and we will  
next year too

Our pioneering GP  
ambulance car treats  
**85%**  
of patients at home

**8,000**  
GP appointments freed  
up thanks to the  
Pharmacy First service

Working with Somerset  
Council to help  
**45,000**  
people in Somerset quit  
smoking by 2030

**3**  
new dental  
practices  
set to open soon

**Less than 1p**  
**in every £1**  
of Somerset's budget goes  
on ICB running costs

**£3.1bn**  
**budget**  
For services in Somerset  
and across the South West

**3,000+ blood  
pressure tests**  
saving lives and  
reducing heart attacks  
and strokes

1st area to trial self-  
referral for breast  
cancer tests and  
post-menopausal  
bleeding

NHS Somerset and  
local practices  
selected to take part  
in new GP pilot  
scheme

New AI tool has  
reduced A&E  
attendances by  
**60%**

Praised nationally  
for 'no wrong door'  
approach to  
Community Mental  
Health





# One of the top performing integrated care boards in the country

We are the local headquarters for the NHS in Somerset playing a pivotal role in bringing partners together to drive collaboration, promote innovation and support good health for our population of 600,000 people. Our mission is to help people in Somerset to live well for longer than they do now. We also host commissioning for a range of services in hospitals and communities across the region, giving us an overall budget of £3.1bn

## #SomersetDelivers

- **We are improving access to primary care services** - opening three new local dental practices after years of decline, and have opened a new pharmacy in Glastonbury
- **We are trusted nationally** – Somerset GP practices are involved in designing how we improve continuity of care for patients as part of a national pilot.
- **We strive to make things happen** - empowering front-line doctors and nurses with low bureaucracy and a supportive approach
- **We are at the centre of innovation** – using AI to help patients get care earlier and avoid unnecessary hospital admissions
- **We are trusted to run regional services** on behalf of our neighbours across the South West
- **We deliver best value for the people of Somerset** – we lived within our means last year and will do the same next year
- **We are redesigning stroke services in Somerset so patients get the right care** so fewer patients will die or face long term disability
- **We are running a nationally recognised blood pressure campaign** to find and treat people at risk of a stroke or heart attack, saving lives and reducing the risk of serious illness
- **We work with voluntary and community sector organisations** to commission services to help keep Somerset people healthy and well





# Forward focus – our plans for the future



We make sure the voice of Somerset – including local communities, patient groups, MPs, councillors and the voluntary sector – is heard when it comes to planning and delivering health services for the future.

Too many people in Somerset are living with long term, complex health conditions that impact their lives. And we know there are challenges in accessing the right care quickly enough since the pandemic. Our mission is to improve the health and wellbeing of people in Somerset – we've made big strides since we were formed two years ago, but there is much still to be done to deliver the three shifts in the 10 Year Health Plan...

## Hospital to community

- Bringing experts together in the new Care Coordination Hub to avoid unnecessary hospital admissions
- Developing Integrated Neighbourhood Teams to provide holistic, proactive, and personalised care in local communities
- Working with communities to develop new ways of delivering care closer to home
- Innovations including a GP ambulance car to reduce hospital admissions

## Sickness to prevention

- Joint campaigns to save lives by making Somerset Smoke Free by 2030 and targeting high blood pressure by getting thousands of people tested
- High profile vaccination and immunisation campaigns to get people protected and reduce pressure on services over winter
- Running supervised toothbrushing sessions in schools

## Analogue to digital

- Harnessing data and AI to spot issues early and improve health and care services
- Safely sharing information between providers through secure systems for the seamless exchange of patient data.
- Empowering patients – working towards a patient-owned digital health record, including digital treatment escalation plans, shared across partners
- Using technology to look after people at home



**South West Regions Group  
Second Floor  
3 Glass Wharf  
Avon Street  
Bristol BS2 0PS**

Claire Winter, Director of Children's Services, Somerset County Council  
Jonathan Higman, Chief Executive, NHS Somerset Integrated Care Board (ICB)

10 February 2025

## **PROGRESS REVIEW AGAINST YOUR SEND ACCELERATED PROGRESS PLAN**

Dear Claire and Jonathan,

Thank you for meeting with DfE SEND and NHS England officials on 15 January 2025 to review the progress that you have made against your Accelerated Progress Plan (APP) since we last met in June 2024.

The outstanding area of significant weakness (ASW) that the APP has been designed to address is:

- Too many children and young people not accessing education because of the disproportionate use of exclusion and poor inclusive practices across the area.

Thank you for the helpful documentation and data you provided in advance, and for the insightful discussions that we were able to have at the review meeting. The team were grateful for the presentation, led by Amelia Walker, which provided an overview of what you have been working on, the impact the work is starting to have on children and young people with SEN and what your next steps are.

Based on the data provided and the discussion held at the progress review meeting, we have concluded that you have demonstrated sufficient progress. The actions in the APP have all been completed and lessons learnt are shaping the next phase of work. While we acknowledge that permanent exclusions are still high, data provided by the Local Authority is showing a reduction in the number of exclusions for pupils with an EHCP, seeing a 18% reduction from AY 2022/23 to AY 2023/24, and also for pupils with SEN support, seeing a 16% reduction from AY 2022/23 to AY 2023/24. You talked through the momentum you have achieved, pointing at the start of system-wide and cultural changes supporting a commitment to reduce exclusions.

You provided an honest account of current position with clear strategies for tackling areas for development and a framework to continue to support reduced exclusion numbers in the long-term. For example, you have a clear graduated response and an "exclusions expectations checklist". You have consulted on proposed incentives and disincentives to schools that consider the permanent exclusion of a pupil and are working through the next steps to implement this model. This work is being embedded with clear plans for further improvement, including a new Prevention Exclusions Manager team lead.

It is clear that partners are increasingly collaborating and working together. Parent Carer Forum (PCF) and the Integrated Care Board (ICB) talked about a “shared language” around exclusions, which significantly facilitates discussions around children and young people at risk of being excluded. The team missed hearing from colleagues in the education sector, but we were pleased to hear about the new school-led Inclusion Group.

We are confident that the local area has made sufficient progress, and we no longer need to continue with formal monitoring and agree for the APP to be ended. We thank you for the hard work that has been undertaken, and that will continue to be undertaken to reduce permanent exclusions for pupils with SEN support and with an EHCP.

In recognition that the work continues to embed, we would like to:

- Receive LA exclusions data for pupils with SEND on a termly basis. We will also continue to monitor the annual data published by DfE.
- Hold ‘keep in touch’ full partnership meetings every six months and propose that the first one is held in June/July 2025. We would want to discuss:
  - Termly exclusions data (as per above);
  - The local area’s strategic approach to the delivery of SEND;
  - Your proposals of how you are preparing for any future local area SEND inspection under the new Ofsted/CQC framework;
  - A further update on how the work to reduce exclusions for SEN pupils continues to embed.
- Request that DfE are invited to attend as occasional observer to your SEND Improvement Board. This would help us to be updated on your latest work and progress without the need to schedule additional meetings, and to offer any help or advice if asked.

I know that this outcome comes as the result of a great deal of commitment and hard work on the part of the Local Authority, the Integrated Care Board, families, PCF and front-line staff across education, health and social care. I would like to thank you for all that you are doing to support children and young people with SEND.

If you have any questions or need any further support, please don’t hesitate to contact Laura Carboneras ([Laura.Carboneras@education.gov.uk](mailto:Laura.Carboneras@education.gov.uk)) as your DfE SEND case lead and first point of contact.

We are copying this letter to your NHSE SEND Advisor Mark Tucker, SEND Advisor Brian Gale and Somerset Council Director for Education, Inclusion and Skills, Amelia Walker, and ask that this letter is shared with all those who attended the meeting on 15 January.

Yours sincerely,



Jess Trahar  
Deputy Director, DfE South West Regions Group



# Reconfiguration of stroke services in Somerset

## Stakeholder update – March 2025

*This stakeholder update is jointly produced by NHS Somerset Integrated Care Board, Somerset NHS Foundation Trust (Somerset FT) and Dorset County Hospital (DCH) NHS Foundation Trust to support the implementation phase of work to reconfigure and improve stroke services in Somerset.*

### 1. Background

Following a 12-week full statutory public consultation process in early 2023, NHS Somerset made a formal decision in January 2024 to provide hyper acute stroke units (HASUs) at Musgrove Park Hospital in Taunton, Dorset County Hospital in Dorchester, an acute stroke unit (ASU) at both Musgrove Park and Yeovil District hospitals and a TIA (Transient Ischemic Attack) service seven days a week at MPH and five days a week at YDH. The decision was taken after full consideration of the Decision-Making Business Case (DMBC).

The project is now in its implementation phase.

### 2. Recent general project updates

After the January 2024 decision, a number of requests to review NHS Somerset's decision were made to the Secretary of State for Health and Social Care. In December 2024, confirmation was received that all requests had been turned down as they did not meet the threshold for ministerial intervention and that NHS Somerset is best placed to determine the needs of our local population.

Progress on implementation was made more difficult while a potential request for a review by the Secretary of State hung over the project. This is because, if the decision had been referred for investigation and the Secretary of State had subsequently overturned NHS Somerset's decision, we would not have been able to carry out service reconfiguration.

As of early 2025, the implementation phase is gathering pace. The implementation phase is led by Somerset FT and DCH. NHS Somerset chairs the Joint Stroke Co-Ordination Board, which oversees the implementation work.

Another key forum for the project is the Stroke Stakeholder Reference Group, which is independently chaired by Healthwatch Somerset. This forum provides a two-way flow of information with the Joint Stroke Coordination Board and is one way in which the voice of service users and local people is heard by project leaders. Membership includes staff representatives from Somerset FT and DCH, and patient representatives alongside NHS engagement and project managers (see below).

### 3. Updates from Somerset NHS Foundation Trust

Work is underway to reconfigure the trust's stroke services to provide an expanded hyper acute stroke unit (HASU) at Musgrove Park Hospital in Taunton; acute stroke units (ASUs) at both Musgrove Park Hospital and Yeovil District Hospital and TIA services at both acute hospitals. They will provide the basis that enables us to deliver services that meet national standards and provide improved outcomes for stroke survivors.

We are working through the detail to enable us to make these changes. This work is detailed and involves the input of doctors, nurses, therapists, and digital, HR, planning and finance experts to look at all the elements we need to successfully make these changes. This includes:

- **Patient pathways** – designing patient pathways into and out of the HASU at Musgrove Park Hospital and the ASUs at both Yeovil District Hospital and Musgrove Park Hospital. This work is underway with Dorset County Hospital. The trust also working with the ICB to explore options for specialist patient transport to repatriate patients to Yeovil District Hospital from the HASUs at Dorset County Hospital and Musgrove Park Hospital once the new pathways are in place.
- **Workforce** – mapping the gaps between the colleagues we currently have in post and the staffing that will be required in the future. We are in the process of agreeing our approach to filling the identified staffing gaps.
- **Digital** – we have begun work to understand the patient data flows in our current and future pathways so that we can ensure that the transition to the new pathways is safe and patient care is uninterrupted. We are working closely with Dorset County Hospital on this.
- **Estates** – we are working with designers to develop plans for the stroke units at both Yeovil District Hospital and Musgrove Park Hospital. These draft designs have been shared with clinicians to help refine them further.

### 4. Updates from Dorset County Hospital NHS Foundation Trust

The trust was pleased to welcome Yeovil MP Adam Dance and members of the Quicksilver Community Group to Dorset County Hospital in early February to talk through the plans for the enhanced Hyper Acute Stroke Unit (HASU) – *see picture, right.*

DCH, which is already recognised for providing high quality stroke care, will be creating additional HASU beds at



Dorset County Hospital, in Dorchester, to increase the capacity and extend the excellent standards of stroke care at DCH to people in the north of Dorset and South Somerset from February 2026.

The Stroke Unit is being expanded and staffing is being increased across medical, nursing, allied health professional, radiology and stroke pathway roles, to support the increasing number of patients we anticipate will attend DCH.

The team at DCH are working closely with colleagues in Somerset to make sure pathways and services are seamless for patients, regardless of where they live. The plans to extend stroke services will ensure the national standards of care continue to be met. Both systems are planning to ensure that patients continue to be seen in the most appropriate hospital for their stroke care and are transferred back home, or to the most appropriate setting, for rehabilitation and recovery as early as possible.

A larger HASU will allow the DCH stroke team to attract high calibre clinicians and create a sustainable workforce, working across a wider network to share experiences, develop services and increase opportunities.

The visit also offered an opportunity to outline the major plans for enhancing services by building [a brand new, larger Emergency Department and Critical Care Unit](#) for DCH as part of the New Hospital Programme. The new Emergency Department, due to open in 2027, will further improve the outcomes of people attending DCH with stroke and other conditions.

## 5. Stroke Stakeholder Reference Group update

The stakeholder reference group set up for a defined period to provide feedback on the implementation phase and offer their perspectives on how the NHS can inform and engage local people as implementation progresses. The group has an advisory role but does not have any decision-making responsibilities. Terms of reference have recently been agreed for the group and a copy is included in Appendix 1, below.

The Stroke Stakeholder Reference Group welcomed additional staff members to the group from Somerset FT and Dorset County Hospital in Dorchester.

The Director of Communications for NHS Somerset gave the group an update on the communications and engagement plan and the meetings that had been held with various stakeholders.

Further discussion on travel and transport picked up that there is an opportunity to work with the voluntary sector in Dorset and this will be looked at in the next few weeks. A meeting with Somerset Council is due this month.

Information for patients and carers is being developed with input from the Stroke Association and both Somerset FT and DCH to ensure that this is consistent, easy to read and in accessible format. The group is keen to ensure the terminology is simplified.

## **Appendix 1**

### **Hyper acute stroke stakeholder reference group Terms of reference**

#### **Context**

A Decision-Making Business Case (DMBC) was taken to the Board meeting of NHS Somerset Integrated Care Board on 25 January 2024, where a decision was approved for the proposed clinical model which included:

- A single Hyper Acute Stroke Unit to be located at Musgrove Park Hospital (MPH) in Taunton
- The retention of Acute Stroke Units at both Musgrove Park Hospital, Taunton, and Yeovil District Hospital (YDH)
- One county TIA service operating seven days a week at Musgrove Park Hospital and weekday service Yeovil District Hospital

The Board also approved the recommendation that the acute hospital-based stroke services move to the implementation phase at its meeting on March 24, 2024.

A key part of the work programme so far has been to listen to the views of people with lived experience of stroke to understand their experience and ensure the programme responds to what matters most to those people the service treat.

As part of the implementation phase, we want to continue engaging with local people with direct experience of stroke to give us a broad range of views, experience and expertise.

#### **Purpose and Remit**

The stakeholder reference group is a time-limited group established to provide feedback on the implementation phase and offer their perspectives on how we can inform and engage local people as implementation progresses.

The reference group will be made up of a range of individuals and organisations with direct experience of stroke.

The aim of the group will be to:

- Share lived experience to comment on and inform any pathways that will impact the public.
- Consider how to best inform and engage with people on progress.
- Advise on the development of information for patients and carers - eg travel support.
- Disseminate information and help us to engage with interested groups and networks.
- Receive updates on progress against the implementation plan.
- Consider any changes to the scope of the Decision-Making Business Case

- Ensure that implementation remains true to the vision and recommendations which led to the decision.

The group has an advisory role but does not have any decision-making responsibilities.

### **Role of members**

We ask that members contribute to the reference group sharing their personal experience and insight.

All members of the reference group are asked to agree to maintain these values and principles:

- Use their experience and knowledge to offer thoughts and ideas
- Actively contribute to discussion whilst always respecting the contribution of others
- Be courteous to each other at all times and allow each other to speak
- Acknowledge and respect that individuals have different perspectives and may not always agree with each other
- Attend meetings or provide their contribution separately if unable to attend a meeting.
- Be aware of indications regarding information that is for discussion within the group and that which is for the public domain, for the purpose of ensuring that all members of the group feel secure and confident

Participation in the reference group is completely voluntary. Members can opt out at any time.

### **The responsibilities of NHS Somerset**

NHS Somerset will administer the group and chair meetings. We will ensure that:

- We uphold the reference group's values and principles
- We set up and host the online meetings
- Information is provided in advance of meetings
- Information provided is clear and accessible
- We facilitate and encourage open discussion
- We listen to and respond to points raised by members
- Individual support and assistance are provided as requested
- Appropriate expenses incurred through participation are reimbursed.

### **Meetings**

Meetings will be held online via MS Teams.



## Membership

Healthwatch – Chair
Engagement officer, Stroke Association
Patient with lived experience
Carer Ambassador
Healthwatch
Patient engagement, Somerset FT
Somerset PPG
Dorset PPG
YDH staff representative, data coordinator YDH
MPH staff representative
DCH staff representative
Director of Patient Experience & Engagement Somerset FT

## NHS Somerset team facilitating

Kat Tottle	<b>Engagement &amp; Insight Lead Officer</b>
Karen Cooke	<b>Communications &amp; Engagement Coordinator</b>

ENDS

# Communications, Marketing and Engagement Spotlight

1 Jan - 28 Feb  
2025

Welcome to our spotlight report for January and February 2025, 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 period has been an incredibly busy one for the team, with a focus on engagement around the 10 Year Health Plan. To make the most of this opportunity the team spent January and February talking to different communities, groups, and health and care colleagues about the [three key shifts](#) as well as hearing about people's experiences of healthcare services. This important feedback will not only help shape the national agenda, but will also help shape our local strategy and approach here in Somerset.

With pressures on services continuing, the news of a new respiratory hub in Yeovil, which has delivered vital care to hundreds of people with lung and breathing conditions in Somerset was positively received and showcased how local partnership approaches can help to ease pressure on primary and secondary care services.

## Hypertension update

### Take the Pressure Off campaign latest

Somerset's 'Take the Pressure Off' hypertension campaign has had a strong start to its second campaign year. There is a proactive drive to increase the range and locations of businesses that are visited by the team to support employers in creating a healthy workplace environment.

Alongside this, the engagement and public health teams are working collectively to identify a number of public events that can be attended throughout the spring and summer. The launch of the Stop Smoking Somerset campaign also provides an ideal opportunity to work together where possible to provide support and advice for healthier lifestyle choices. More than 3,000 tests were carried out in year one and the aim for year two is to build significantly on that success.

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



# Communications, Marketing and Engagement Spotlight

1 Jan - 28 Feb  
2025

## In the news



### New Yeovil respiratory hub

In February, we reported on the new respiratory hub in Yeovil which has delivered vital care to hundreds of patients with lung and breathing conditions, easing the pressure on GP services and emergency departments. Just one month after opening, the hub, a partnership between NHS Somerset and Yeovil Primary Care Network (PCN), has provided 608 same-day appointments and treatments, ensuring timely access to essential healthcare.

[Read more](#)   [BBC News](#)   [Pulse Today](#)



### How to treat common winter illnesses

In January, we shared information about winter illnesses and how to treat them. We offered advice about how to treat yourself if you have flu or cold symptoms; the importance of handwashing to stop the spread of norovirus and other infections; avoiding gatherings to protect others, especially vulnerable people, and reduce the risk of infecting others; and reminding people that you do not always need to see your GP in the first instance as your local pharmacy team can offer clinical advice and over-the-counter medicines to help relieve symptoms.

[Read more](#)

# Communications, Marketing and Engagement Spotlight

1 Jan - 28 Feb  
2025

## Newsletter update



### January and February editions of Our Somerset newsletter

The January edition of Our Somerset newsletter was introduced by Mandy Carney, Service Group Director for Acute Patient Flow at Somerset NHS Foundation Trust and Dr Bernie Marden, Chief Medical Officer, NHS Somerset. They detailed the pressures throughout the health system over the past few months, offered tips on how to stay well and reminded people to choose the right service for their healthcare needs. We also highlighted our Smokefree campaign survey, a free pelvic health and continence webinar, and Open Mental Health's updated wellbeing kit.

In the February edition Charlotte Callen, Director of Communications, Engagement and Marketing, shared updates on the national 10 Year Health Plan and what we have been doing in Somerset to learn from local people about their experiences of health and care services. We highlighted our hypertension and Smokefree campaigns, Yeovil's new respiratory hub, and a new eating disorders film, plus more of the fabulous work being done by our partners across Somerset.

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

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



# Communications, Marketing and Engagement Spotlight

1 Jan - 28 Feb 2025

## Social media highlights

NHS Somerset total followers: 109,278



5,225



7,207



94,258



2,143



445

Our Somerset total Followers: 2,531



1,282

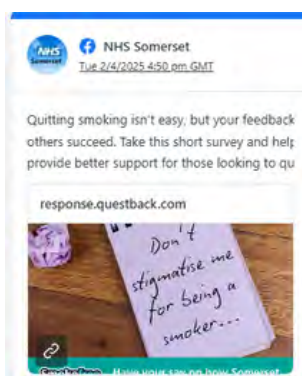


902



347

## Posts which received the most engagement:



### Stop Smoking Survey



- 22,814 people reached
- 1,568 engagements
- 32 reactions
- 62 comments
- 3 shares
- 493 link clicks



### Patient & Kind



- 15,256 people reached
- 1,458 engagements
- 142 reactions
- 46 comments
- 71 shares
- 1,199 clicks

## NHS Somerset website

- 21,000 active users
- Top pages:
  - Homepage
  - Prescribing and medicines management
  - Antimicrobial
  - Menopause and Hormone Replacement
  - Patient Transport



### 10 Year Plan Armed Forces Event



- 1,097 people reached
- 123 engagements
- 37 reactions
- 83 clicks



### Look out for others



- 10,558 people reached
- 10 reactions



# Communications, Marketing and Engagement Spotlight

1 Jan - 28 Feb  
2025

## Engagement highlights

39 engagement events	212 responses to surveys
2 surveys	1 Citizen Hub meeting
2 engagement leads & network meetings	1 ICS engagement network meeting
1 PPG Chairs meeting	2 stroke stakeholder reference groups

## Somerset's Big Conversation 2024 and 2025

Our engagement roadshow, Somerset's Big Conversation 2024, provided an engagement platform for wide-ranging dialogue with our diverse people and communities on local, community and county-wide issues.

The analysis of all feedback has now been completed.

Key themes and trends have highlighted important areas for focus and improvement. For example, we heard from people in Somerset that key priority areas should include improving access to primary care services, expanding mental health resources and addressing travel barriers.



# Communications, Marketing and Engagement Spotlight

1 Jan - 28 Feb  
2025

## Engagement highlights

### Somerset's Big Conversation 2024 and 2025

The findings reports have now been shared with ICB and ICS colleagues. We are currently in the process of gathering insight into how the feedback we shared from the roadshow has been used, so that we can share with the people of Somerset how their contributions have made a difference – You Said, We Did

For Somerset's Big Conversation 2025, we are using the insight from last year's roadshow and 10 Year Health Plan engagement to help us define our focus and priorities.

We are also working with ICB and ICS colleagues to help ensure that we focus on the right areas of healthcare, ask the right questions and gather feedback that can feed directly into strategic thinking and service improvement.

The aims of Somerset's Big Conversation 2025 are to promote NHS Somerset and the ICS, serve as a key vehicle for campaigns and enable community engagement.

The campaign will involve a mixture of large events, community activities and collaborative engagement with local VCFSE leaders and their groups.

By working together with community organisations, we will ensure that the conversation is accessible, inclusive and impactful.



# Communications, Marketing and Engagement Spotlight

1 Jan - 28 Feb  
2025

## Engagement highlights

### 10 Year Health Plan engagement

Our ICB Engagement team, led by Engagement and Insight Lead Officer Kat Tottle, spent January and February visiting groups and locations across Somerset as well as talking to the health and care workforce about the [three key shifts](#) and hearing about people's experiences of healthcare services.

As well as our online survey, we visited existing groups, ran library drop-in sessions, attended talking cafes and gathered feedback from a diverse and broad range of Somerset citizens. We had a particular focus on hearing from our armed forces and rural communities, children and young people, and colleagues in our voluntary, community, faith and social enterprise sector (VCFSE). Other counties have focussed on different population groups whose voices aren't always heard, to make sure the process was fully inclusive.

The feedback we heard was submitted to the national campaign, but is also forming part of a south west regional analysis and helping us to shape Somerset's strategy for healthcare services.

A second 10 Year Health Plan survey has been published by the Department for Health & Care and NHS England to gather feedback on priorities, and we now have a Somerset version on our [NHS Somerset website](#). The survey closes at **5pm on Monday 14 April 2025**.



# Communications, Marketing and Engagement Spotlight

1 Jan - 28 Feb  
2025

## Engagement highlights

### Smokefree Somerset

The Smokefree Somerset campaign aims to reduce smoking rates across the county through targeted engagement and communication strategies. Two core engagement elements are: supporting communications to improve smoking cessation uptake; and awareness and encouraging participation in smoking cessation services through direct community engagement.

The overall aim is to reduce the number of smokers in the county by 45,000 to reach the national target of 5% by 2030.

We have developed a survey targeted at smokers and those who have given up in the last three years, which closes at the **end of April 2025**. The aim of the survey is to gain insight into why people smoke and the barriers which prevent them from quitting.

In collaboration with VCFSE partners and community groups, we will be engaging with local trusted leaders to connect with the targeted demographics where smoking rates remain high. We will also be attending community events and working closely with Somerset Council's Smoking Cessation Team to ensure a unified approach to tackling smoking prevalence.

The Smokefree Somerset media campaign launched on 12 March 2025 - see the next Spotlight report for more details.

