REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Extraordinary Part A**	**ENCLOSURE:** **C**
DATE OF MEETING:	**19 June 2025**	
REPORT TITLE:	**NHS Somerset ICB Annual Report and Accounts for the period 1 April 2024 to 31 March 2025**	
REPORT AUTHOR:	**Julie Hutchings, Board Secretary and Corporate Governance Manager and Paul Collins, Head of Financial Services**	
EXECUTIVE SPONSOR:	**Alison Henly, Chief Finance Officer and Director of Performance and Contracting**	
PRESENTED BY:	**Paul Collins, Head of Financial Services and Ben Casson, Head of Strategic & System Finance**	

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

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

Work carried out to engage with our communities is set out in the Annual Report.

REPORT TO COMMITTEE / BOARD

The report includes the Integrated Care Board's Annual Report and Accounts for the period 1 April 2024 to 31 March 2025, including the Governance Statement and Head of Internal Audit Opinion. The Annual Report is structured to meet the requirements of the Department of Health Group Accounting Manual 2023/24. Both NHS England and NHS Somerset ICB's auditors have reviewed the report in draft format, and their feedback has been incorporated to provide the final report as attached.

In addition, included alongside the Annual Report and Accounts, is the External Audit – Audit Findings Report, the External Audit - Auditor's Annual Report, the Consistency Statement and Letter of Representation.

The Somerset ICB Board is asked to approve the Annual Report and Accounts for the period 1 April 2024 to 31 March 2025.

The Board are individually asked to state:

- that as far as he/she is aware there is no relevant audit information of which the ICB's auditors are unaware;

- that he/she has taken all the steps that he/she ought to have taken as a member of the Board in order to make him/herself aware of any relevant audit information and to establish that the ICB's auditors are aware of that information.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	Equality and diversity are at the heart of Somerset ICB's work, giving due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it. The Annual Report includes a section on Equality and Diversity.
Quality	The Annual Report includes sections which illustrate the work that NHS Somerset ICB have undertaken to improve the quality of services in Somerset.
Safeguarding	The Annual Report has several sections which outline the ICB's work on safeguarding for both adults and children and our work to meet the Modern Slavery Act.
Financial/Resource/ Value for Money	The Somerset system submitted balanced financial plans for 2024/25 and NHS Somerset ICB has delivered a small surplus of £22K for the period according to plan and within its allocated financial resource. The report has a detailed financial and performance analysis as well as appending the accounts for the period 1 April 2024 to 31 March 2025.
Sustainability	The Annual Report outlines the ICB's work on sustainable development.
Governance/Legal/ Privacy	Financial duties of NHS Somerset ICB not to exceed its resource limit and to comply with relevant accounting standards. The Governance Statement provides detailed information on the system of internal control. The ICB Annual Report and Accounts will be published on the NHS Somerset ICB website.
Confidentiality	N/A
Risk Description	The Annual Report has a section which sets out the ICB's approach to risk management and provides an overview of the principal risks and the Governance Statement sets out how the risk strategy operates as part of the internal control framework.

ANNUAL REPORT 2024/25

1 April 2024 to 31 March 2025

v1.8

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PERFORMANCE REPORT

JONATHAN HIGMAN
Accountable Officer
NHS Somerset Integrated Care Board

XX Month 2025

Performance Overview

Introduction

Welcome to the NHS Somerset Integrated Care Board (ICB) Annual Report for 1 April 2024 to 31 March 2025.

I would like to start by expressing my sincere thanks, not only to my NHS Somerset colleagues, but to our colleagues and partners across Our Somerset, our integrated care system. During the past year we have stood together to rise to ongoing performance and financial challenges, and once again we faced a difficult winter period.

None of this could have been achieved without the commitment, dedication and compassion of the people who work in health and care across Somerset, as well as the many voluntary, community, faith and social enterprise organisations we work with who help to deliver vital services to our local communities. Only by working together can we make real improvements to the care we provide to local people.

This Annual Report provides an overview of 2024/25, describes how we have met our key statutory duties and is an opportunity to showcase successes. As we reflect on the year, we can be proud of what we have achieved, and I would like to mention just a few highlights here.

Throughout 2024/25, our Somerset partners worked collaboratively on several key initiatives designed to focus on shifting from sickness and treatment towards keeping people healthy – including the successful 'take the pressure off' campaign – an initiative aiming to reduce the rate of heart attacks and strokes by raising awareness of the importance of regular blood pressure monitoring and leading to more than 3,000 tests being carried out.

We also ran our first Somerset's Big Conversation engagement programme which took NHS Somerset to the heart of local communities, shared key information about our work and provided important insights into the thoughts and opinions of our local population. We have continued to build on and strengthen our commitment to our armed forces community which includes serving families, veterans and reservists and makes up around 9% of our population. This has included opening two armed forces hubs which provide vital advice and support for those who need it. We are also proud to say that all GP practices in Somerset are now Royal College of GPs Veteran Accredited.

April last year saw the launch of a very special film called 'we need to talk about …death'. Working with a group of adults from My Day Care Services the film explored the difficult topics of death, dying and bereavement, helping to remove the taboo from

talking about this topic and giving everyone the confidence to have these important conversations.

Internally we completed a restructure, aligning our organisation to ensure we are best placed to meet the current needs of the system as well as for what comes next. While this has been an unsettling time for colleagues, we are continuing to focus on the system priorities outlined in our Somerset Five Year Joint Forward Plan Refresh 2025-2030 and support system partners and local communities with driving positive change for the benefit of all.

At the time of writing this, in April 2025, the Government has announced the abolition of NHS England and the requirement for Integrated Care Boards to reduce their budget by 50%. The impact of these announcements, which will clearly be significant for our organisation, is currently being assessed and we will need a clear understanding of our function and finances before we make any decisions about the future shape of the organisation.

In 2023 we welcomed colleagues from NHS England's pharmacy, optometry and dentistry teams to the regional Collaborative Commissioning Hub – hosted by NHS Somerset on behalf of the seven integrated care boards in the South West and NHS England – and in June 2025 we are due to welcome more colleagues who will be joining us from specialised services.

We know we still have some significant challenges to overcome and like many parts of the country we continue to face challenges with GP appointment availability and closing the gap between patient need and the capacity available to meet them.
We will continue to work with colleagues across primary care to understand the difficulties they face and to consider changes which will help improving access for patients. The agreement of the GP contract for 2025/26, in March 2025, will see an additional £889 million nationally going into primary medical services, which will help to support our system ambitions going forward.

We were pleased to see a resolution to industrial disputes with staffing groups in secondary care during the summer but acknowledge that collective action continues in general practice nationwide.

Our community pharmacies in Somerset are playing an increasingly vital role in the region's healthcare and on 31 January 2024, 95% of community pharmacies in Somerset are now taking part in the Pharmacy First programme, providing local people with a convenient way to access expert advice for seven minor conditions and freeing up thousands of GP appointments across the county. Community pharmacies have also expanded their role in helping to manage long-term condition including supporting blood pressure testing.

Dentistry in Somerset, like many parts of the UK, faces significant challenges, especially around access to care. This is especially prevalent in rural areas of the county with fewer practices available and patients often having to travel for treatment.

There are no quick fixes to the issues that we are facing but several initiatives are underway to improve dental access in the county. We have recently announced as part of our recovery plans, the plan to open three new practices over the next year. This is a positive step forward in our efforts to recruit and retain more dental professionals and to make Somerset an attractive place to work.

Demand for acute care support has continued to grow in Somerset with approximately 266,593 people visiting our Emergency Departments (A&E and Urgent Treatment Centres) and 44,651 ambulances conveying to our hospitals over the past year.

Demand on acute hospital beds also remained high, with the number of people who were waiting to be either discharged home or to a more appropriate place to receive the right care, remaining at a level higher than it should be. We have increased the volume of delivered elective activity and improved waiting times but our waiting list has grown by 4.8% since April 2024 due to more people being referred into our hospitals for treatment.

As a system we need to think differently about how we can best support our patients and consider how we provide services in a different way, increase access and provide more rapid diagnostics to prevent serious illness.

This year saw Somerset's community diagnostic centres mark a major milestone when the 500,000th patient received a diagnostic test at one of the centres in January 2025. Somerset's community diagnostic centre programme offers 21 different diagnostic tests across several sites throughout the county and is run in a collaboration between Somerset NHS Foundation Trust (SFT), GP practices, and organisations from the independent sector.

We have also seen an increase in services which allow self-referral for patients for some symptoms, this not only benefits the patients, who receive specialist support and diagnostics tests more quickly. This includes the post-menopausal bleeding service, a first of its kind in the UK, which allows patients who are registered with a GP in Somerset to self-refer themselves for vital womb cancer diagnostic tests.

Launched in January 2024 the service has now been running for just over a year, seeing over 375 patients. The service has helped to reduce waiting times for patients from around 63 days to just five and there has been a significant increase in the number of patients their results within 28 days of their referral.

This year also saw the new Government announce its intention to publish a 10 Year Health Plan in spring/summer 2025 and to inform that plan, the biggest ever conversation about the future of the NHS – called Change NHS – was launched. Complementing a broad range of engagement activity nationally, all ICBs were charged with seeking the views of their local population as well as making a specific effort to engage with selected communities who often experience healthcare inequalities, to make sure their voice was heard. In Somerset, our focus was on rural and armed forces communities, children and young people and our colleagues in the voluntary,

community, faith and social enterprise sector. The 10 Year Health Plan will be built on three 'shifts':

- moving care from hospitals to communities
- making better use of technology
- focussing on preventing sickness, not just treating it

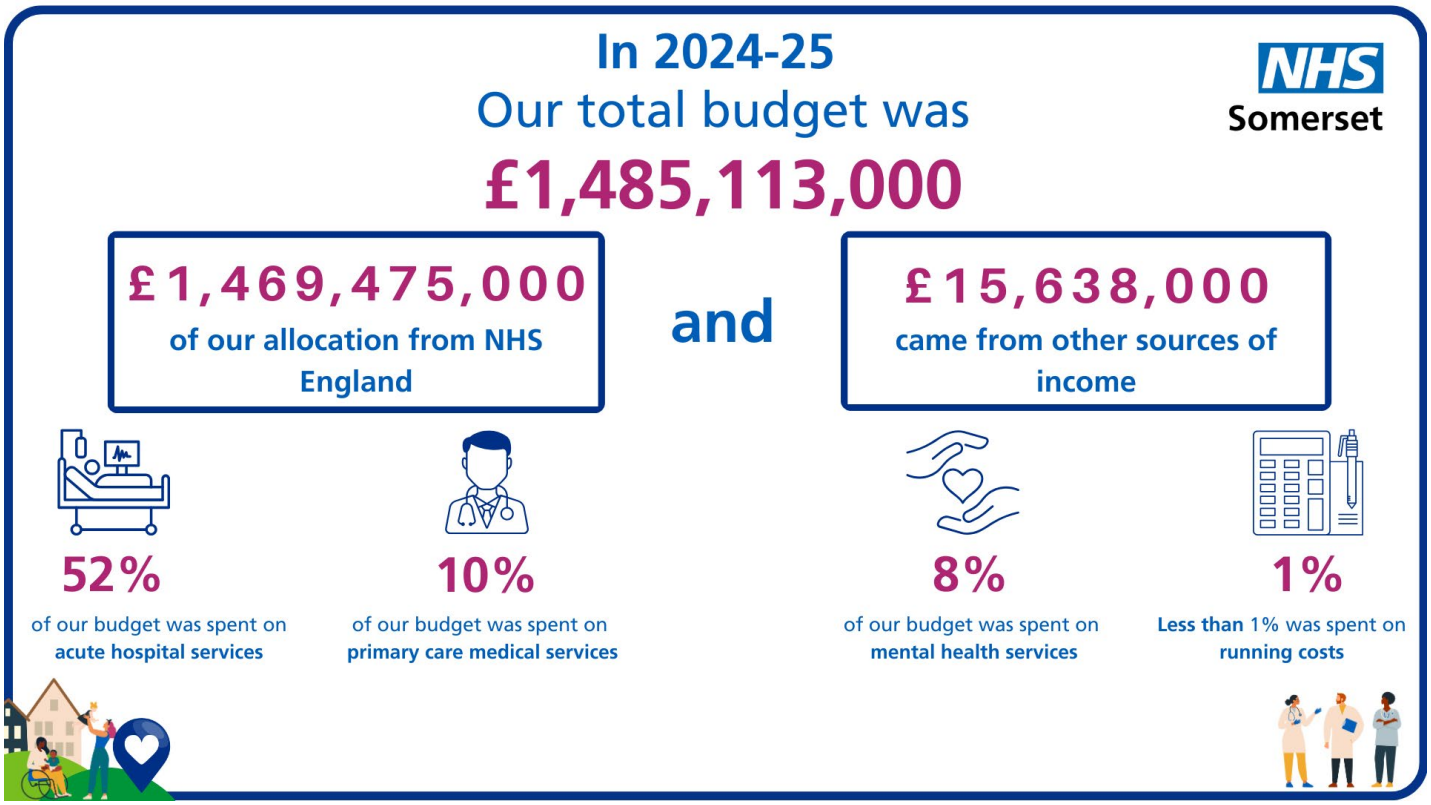
In Somerset, these areas of focus match our well-established intentions, and it is reassuring to know that the path we have been taking locally is in step with the service's direction nationally. We have done our best to make sure the views of Somerset residents are fed into the creation of the plan, and we look forward to reading it later in 2025. Having updated our Joint Forward Plan in 2025 (Somerset Five Year Joint Forward Plan Refresh 2025-2030), we know it will need further revision once the 10 Year Health Plan is published.

It is a credit to the talent not just of our financial leaders, but everyone who helps deliver our operational plan, that we will achieve financial balance this year. The scale of this achievement should not be underestimated.

Next year will be harder still from a financial point of view. Next year's planning guidance means tough choices lie ahead as we manage the impact of delivering pay agreements, increased demand for our services, ensuring we improve emergency and elective performance and increase efforts to affect the three shifts underpinning the 10 Year Health Plan.

We must carefully consider how we spend the money allocated to us to pay for the healthcare needs of our population – this will require us to think differently about how we spend every pound. Work is already underway to explore the opportunities with system partners, staff and the people of Somerset to re-imagine how we provide care now and, in the future,

This infographic below shows how our money is currently spent with acute care currently receiving the largest proportion of funding. This illustrates the scale of the change needed to move more money into keeping people in good health and out of hospital.



I would like to thank my fellow Board members for their hard work and continued enthusiasm. In doing so I would also like to recognise the exceptional contribution of Board colleague Trudi Grant, who retired from the role of Director of Public Health at Somerset Council in December after 30 incredible years. It has since been a pleasure to welcome Alison Bell, interim Director of Public Health, to our Board. We have also welcomed Graham Atkins to the Board in the role of Chief People Officer after we bade a fond farewell to Victoria Downing-Burn, who moved to NHS England in August 2024.

Over the following pages, we detail the context we worked within, what we did, and how we did it. We also describe the impact of our work on Somerset's health and wellbeing and describe where there are still challenges ahead.

Jonathan Higman
Chief Executive
NHS Somerset Integrated Care Board

XX Month 2025

The following sections provide an **overview of the purpose** of NHS Somerset Integrated Care Board (ICB), **how we have performed** during 2024/25 in achieving our objectives, and the **key risks and challenges** we have faced.

The sections include how NHS Somerset ICB has delivered its key workstreams, statutory responsibilities and the overall performance during 2024/25.

Statement of Purpose and Activities of the Organisation

Somerset ICB is a statutory body which brings together NHS organisations, along with the local authority and other partners, to work to improve population health for people living in Somerset and establish shared strategic priorities.

The ICB oversees how money is spent and ensures that health services function effectively and are of high quality. It also ensures there is collaboration between our system partners including our hospital provider, primary care, local council, hospices, voluntary, community, faith, and social enterprise (VCFSE) organisations and Healthwatch partners across all areas of Somerset.

As an ICB, we have strategic responsibility for overseeing healthcare strategies for the local health and care system. A key focus of the ICB has been to support collaboration among partners, so that complex challenges specific to the local region can be addressed.

Somerset ICB also form part of the Somerset Integrated Care System (ICS) collectively referred to as 'Our Somerset,' which is one of 42 other similar systems in England.

As an ICS, we have four key purposes, these are to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

Our vision is for all people who live and work in Somerset to have healthy and fulfilling lives, living well for longer than they do now. This vision is clearly outlined in our Integrated Care Strategy: our ambition for a heathier future in Somerset (2023-28) which also seeks to support the purpose of the ICS.

The Profile of Somerset

In Somerset we serve a population of approximately 600,000 people, with our residents spread out across a large and varied area, which includes the densely populated towns of Taunton and Yeovil, as well as large rural areas.

The organisational landscape in Somerset is of low complexity when compared to other ICSs. We have one Integrated Care Board NHS Somerset ICB, one unitary council Somerset Council (Somerset Council) and one statutory NHS Foundation Trust, Somerset NHS Foundation Trust which was created following a merger with Yeovil District Hospital NHS Foundation Trust in April 2023. The merger has resulted in all of Somerset's acute, community, mental health and learning disability services and around a fifth of General Practice provision being under a single NHS Foundation Trust.

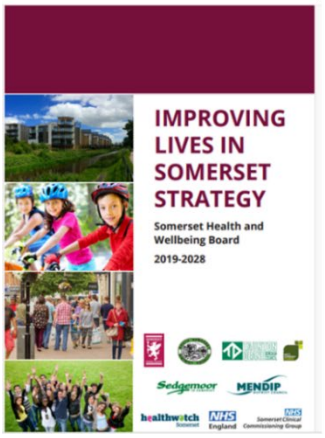
We have 62 GP practices which come together in 13 primary care networks (PCNs), located within 12 neighbourhoods and a single GP Provider Board. We have strong working relationships and a Memorandum of Understanding with the local voluntary, community, faith and social enterprise sector (VCFSE). Many of these VCFSE organisations support people and deliver services in our local communities.

Ambulance services in Somerset are provided by South Western Ambulance Service NHS Foundation Trust.

Somerset Board

In Somerset we have one Health and Wellbeing Board (HWB) which operates as a committee in common with the Somerset Integrated Care Partnership (ICP), known as the 'Somerset Board'.

The aim of the Board continues to be to achieve greater integration across health, care, public health, and the VCFSE, together with other public sector partners and public voices to facilitate cooperation and collaboration, to improve health and care across the population of Somerset. This is underpinned by the HWB's Improving Lives Strategy (which has four priorities) and the ICP's Integrated Care Strategy: our ambition for a heathier future in Somerset (2023-28) (which seeks to deliver priority four of the Improving Lives Strategy).



4 Priorities

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

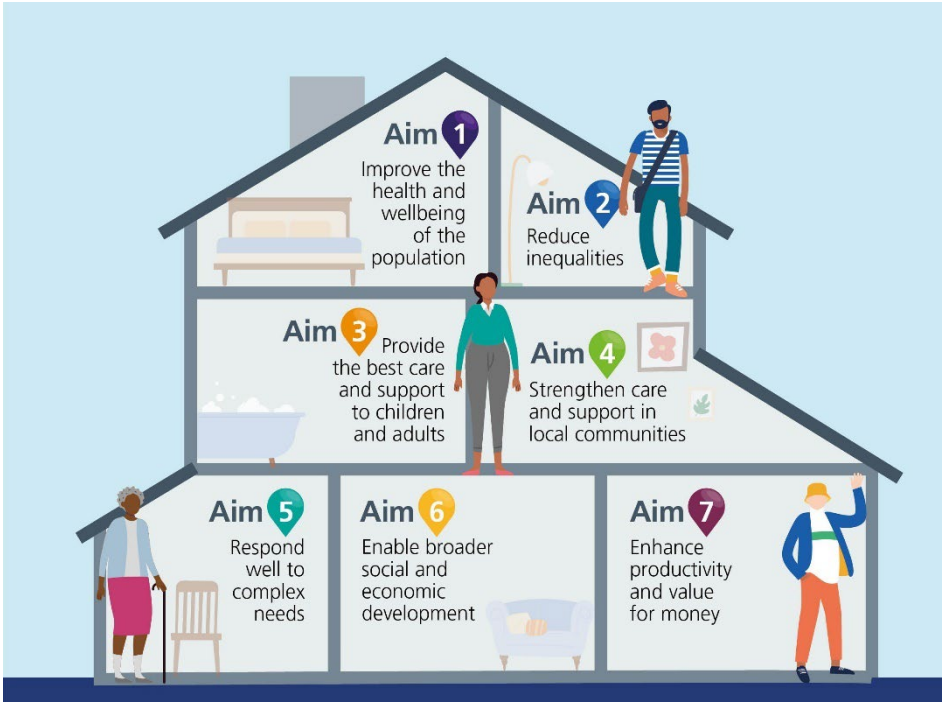
The Somerset Health and Wellbeing Strategy

Improving lives is the Somerset Health and Wellbeing Strategy. The strategy is owned by the Somerset Board, at which NHS Somerset ICB is a key consultative contributor. We take the Somerset Joint Strategic Needs Assessment (JSNA) into account when defining strategy and the delivery for health is through our Somerset Five Year Joint Forward Plan Refresh 2025 2030.

Our Integrated Health and Care Strategy for Somerset and Somerset Five Year Joint Forward Plan Refresh 2025-2030

As an ICS we have set out how Our Somerset will achieve our vision through Our Integrated Health and Care Strategy for Somerset and Somerset Five Year Joint Forward Plan Refresh 2025-2030. The strategy details our ambition for working collaboratively with partners from health, social care and the VCFSE, whilst outlining our vision to support all people who live and work in Somerset to have healthy and fulfilling lives. We want people to live well for longer than they do now.

Working together, Somerset will deliver this vision by prioritising seven key strategic aims, focused on achieving the ambition of enabling people to live healthier lives, as demonstrated in the diagram below.



Since publication of the strategy, there have been several changes which have taken place within the system:

- NHS services in Somerset continue to experience increasingly challenging finances.
- Somerset Council declared a financial emergency.
- We continue to see the benefits of Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust merging on 1 April 2023.
- We have strengthened our commitment to the VCFSE through a shared vision and commitment to work more closely together.

In 2023, as part of the new requirements set out for ICB's (Heath and Care Act 2022), Somerset produced its first Joint Forward Plan, which is refreshed annually. Whilst there has been good progress in our work around neighbourhoods and population health management, there is still more work to be done to support system flow, reduce waiting times, our workforce and finances.

We have just gone through the process of refreshing and publishing our third Joint Forward Plan (Somerset Five Year Joint Forward Plan Refresh 2025-2030) which has been written in collaboration with partners in recognition of both our shared legal responsibilities and our desire to come together to create a delivery plan which delivers the entirety of Our Integrated Health and Care Strategy for Somerset. The development of a Joint Forward Plan is a statutory requirement under the Health and Care Act (2022) and not only outlines how Somerset proposes to exercise its functions over the next five years, it also specifically refers to the implementation of our health and care strategy under page 13 of appendix two, which forms part of the 17 legislative requirements mandated of ICB's.

The plan describes the priorities for the NHS in Somerset and articulates the steps that we will take over the next five years to deliver the actions required to achieve our vision. To develop the Joint Forward Plan which supports the successful implementation of our strategy, as a system we have undertaken specific engagement and in particular the outputs from the Somerset 'Big Conversation' have been analysed and used to help develop our strategy for services to support our local population, as outlined on page 8 of the Somerset Joint Forward Plan. Due to the current national work taking place to establish a ten-year NHS Plan during 2025, and that the previous refresh of the Joint Forward Plan was published in the summer of 2024, this iteration is a more limited refresh with a focus on delivery of the system's five priority programmes.

Our Operating Model

In the last 12 months we have developed and implemented our new operating model, which underpins how we work to deliver Our Integrated Health and Care Strategy for Somerset and our statutory functions. The model was developed following engagement with our partners and ICB staff on its development and reflected the challenge set by NHS England for all ICBs across the country to reduce their running costs by 30% by 2025/26.

In addition to our statutory functions, the ICB requires the capability and capacity to take responsibility for commissioning several services delegated from NHS England. In 2023 we assumed delegated responsibility for commissioning of community pharmacy, ophthalmic and dental services, with staff from the NHS England pharmacy, optometry and dentistry teams, GP transformation teams and complaints teams joining our organisation. During 2024/25, the ICB has prepared itself for taking on additional commissioning of specialised services (circa 90 services), via delegation of functions from NHS England to the ICB under section 65Z5 of the NHS Act. This delegation will go live from 1 April 2025 and sees the ICB commissioning services ranging from adult

secure mental health services to specialist cancer services and specialist paediatric surgery services.

NHS Somerset ICB aims to drive collaboration, promote innovation and support good health. We will listen to our residents and work with our communities to develop innovative ways to prevent people from becoming unwell, whilst also delivering high quality services. Our operating model allows us to be agile; to 'pivot' ourselves to work as a 'team of teams', breaking down traditional organisational silos.

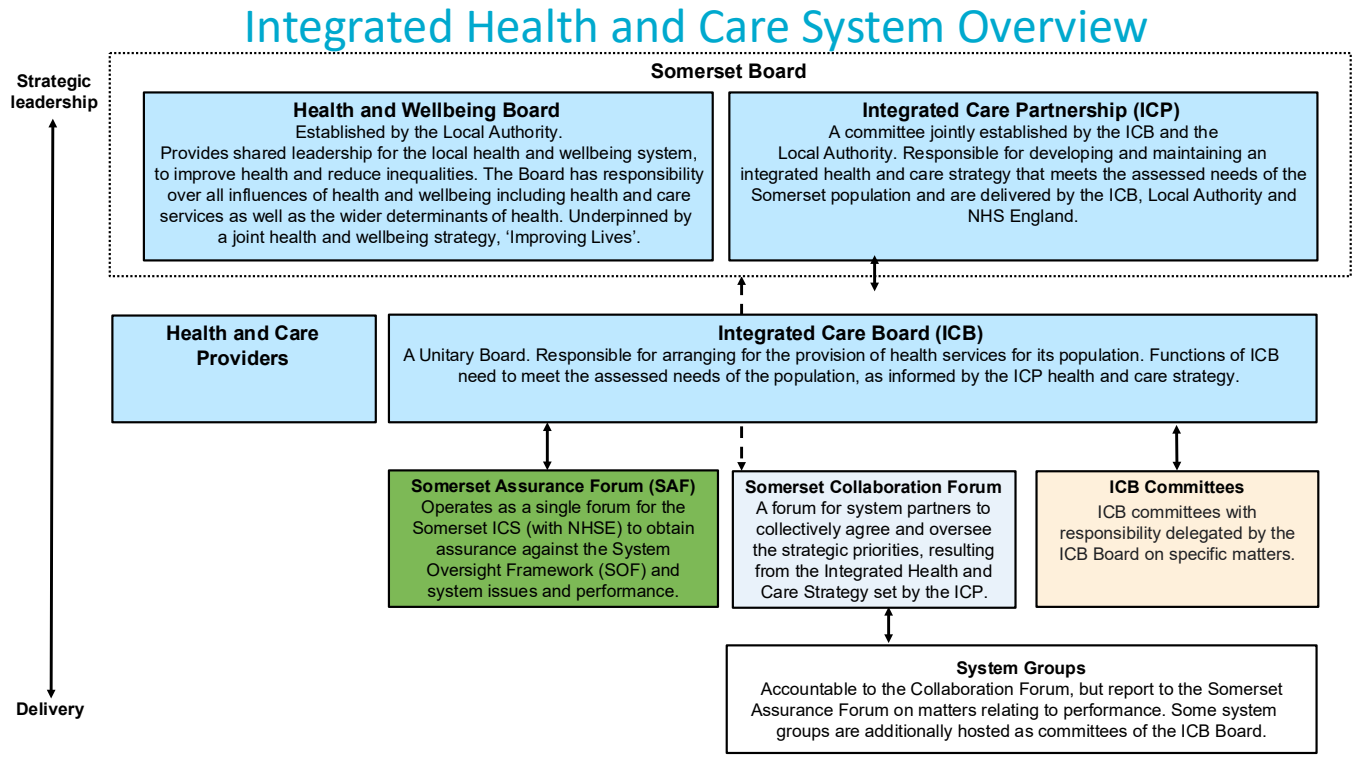
Throughout 2024/25, we have strengthened our integrated approach to health and care by reviewing and refreshing our reporting structures. A key development has been the establishment of a Joint Commissioning Steering Group, co-chaired by the ICB and Somerset Council, which embodies our commitment to joint leadership and shared accountability. This group has played a vital role in enabling timely, collaborative decision-making aligned with the objectives of the Better Care Fund Plan. It has also been instrumental in progressing several proposals supported through the Discharge Fund, including:

- Additional investment to provide increased Pathway 1 provision following the Home is Best Ethos. Capacity was increased to support more complex discharges aiming to reduce overprescription of care and referrals for bedded facilities.
- Recognising that attending hospital is not always the right option for some people and being at home could be the best place for their care with the right support in place, the Care Co-ordination Hub was established in November 2024 as a single point of contact is available for health professionals to call if their patient needs urgent care, either same day or within the next 36 hours. The ambition is to increase the number of people treated in the community by reducing the number of hospital admissions and keeping people at home thereby reducing demand on critical front-line services, ambulances and hospital emergency departments. The Care Co-ordination Hub is increasing the number of patients who can be managed in the community particularly via the Hospital at Home (Virtual Ward) and Urgent Community Response Teams but also via District Nursing.
- Through use of the discharge fund we have also supported the Move 2 Independence service. This service is managed by Somerset Activity and Sports Partnership (SASP) and jointly commissioned by Somerset Council and Somerset ICB. SASP is the Active Partnership for Somerset and a charity helping people find ways to move more that works for them to promote good health and happiness. SASP is working with both acute and community hospitals across Somerset to support people with reconditioning and remaining well at home following discharge. Through Move 2 Independence, SASP is ensuring there is a clear focus on functional fitness, education, awareness, guidance and support so that the individual and their loved ones can all feel part of the onward journey once back in the home. Move 2 Independence provides a range of adaptable opportunities which can be progressed/regressed as appropriate, build strength and balance to reduce the potential of readmission to hospital from falls.

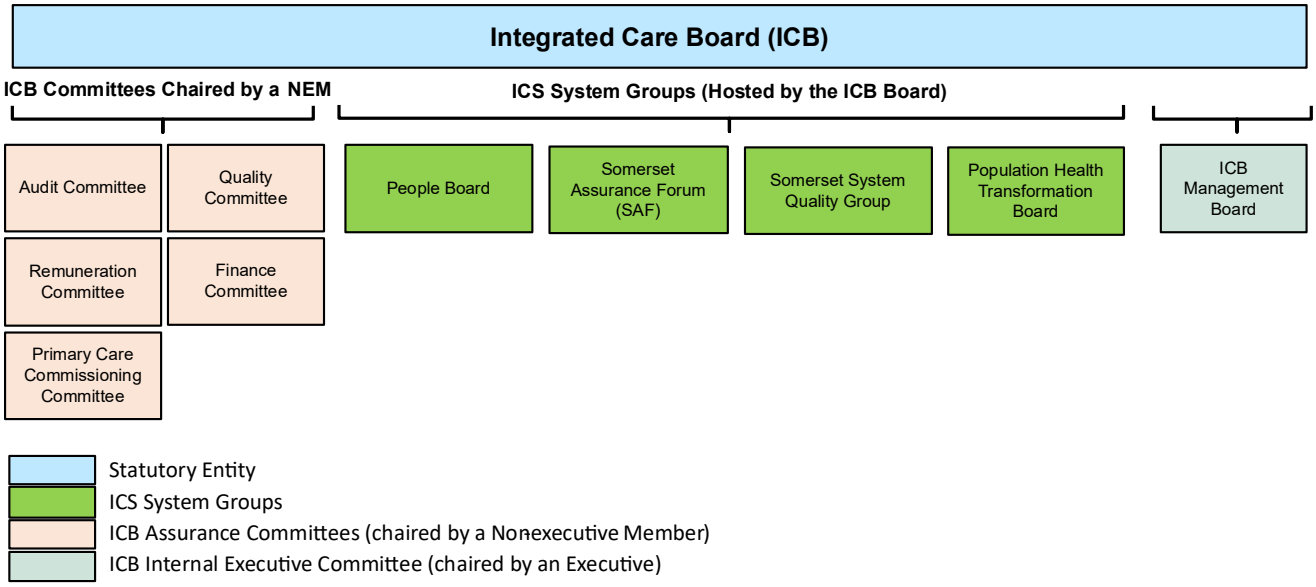
Building on strengthened integrated working, the objectives of the Better Care Fund Plan, the effective deployment of the discharge fund, and valuable learning from the past year, we are committed to transforming our Intermediate Care Service. These insights will shape our approach for 2025/26, ensuring the service continues to adapt and improve in response to the evolving needs of our population - supporting as many people as possible to return home or remain at home with appropriate care. The Better Care Fund and Discharge Fund have been vital enablers of the integrated efforts taking place across the system, playing a central role in delivering joined-up, person-centred support.

How We Make Decisions

In making decisions about the provision of healthcare, we must consider the effects on the health and wellbeing of the people we serve (including by reducing inequalities with respect to health and wellbeing) the quality of services provided or arranged by both us and other relevant bodies and the sustainable and efficient use of resources. This is known as the 'triple aim'. Our governance structure has been set up to ensure that we make decisions and work in this way in collaboration with our partners.



ICB Board committee structure



In the previous year, we engaged with our internal auditors to complete an ICB governance review and self-assessment. This identified a number of areas of strength in our arrangements although it was acknowledged that improvements could be made, in particular to improving strategic focus and monitoring of strategic objectives. An action plan was created following this review and assessment to address the findings and recommendations.

During the year, we have reviewed our governance structure and committee arrangements, to ensure they are fit for purpose and help us achieve both our statutory requirement and strategic objectives. In year, we have reviewed and updated our governance handbook, and more information on our constitution and governance can be found here: Our Constitution and Governance - NHS Somerset ICB

Our Key Risks

In conjunction with ICS partners, a series of system strategic risks have been identified which are key to impacting the delivery of the ICS strategic aims and objectives. These risks are managed by ICB executive leads and overseen by ICB assurance committees and by the ICB Board through its Board Assurance Framework.

Current key risks are:

Workforce – that we do not have a workforce with the right skills and diversity in the right places at the right time to effectively meet the needs of our population.

Finance – that it we do not live within our financial budgets we will be subject to restrictions which will impact on our ability to deliver sustainable services.

Culture / Partnership Working – that if system partners lack a set of shared values and behaviours then the agreed operating model and ways of working will not prove effective.

Innovation – that if we fail to identify and maximise the opportunities presented through innovation, we miss chances to improve services.

Population Health – that if we fail to improve the health and wellbeing of the people of Somerset, then existing service delivery models will be further stretched resulting in worsening inequalities and healthy life expectancy.

Outcomes – that if the Somerset system fails to transform delivery of health and care services, then current models of care will become unsustainable, with poorer outcomes for the people of Somerset.

Population Demographics – that if service transformation does not meet the future needs of the Somerset population, then there is a risk of exacerbating inequalities.

Reducing Inequalities – that if we fail to reduce inequalities for the population of Somerset, then there will be a worsening of healthy life chances and outcomes for disadvantaged groups.

Risks have been managed during the year as part of development of priority programmes of work linked to the Joint Forward Plan, namely:

- Finance and resources
- Workforce
- System flow
- Neighbourhoods
- Population health

There has been a strong focus on managing and mitigating financial risk during the year to enable the Somerset system including the ICB to achieve a balanced end of year position for 2024/25. The ICB Finance Committee has taken a leading role in ensuring robust control of the financial position.

A range of workforce risks continue to be managed by the ICB through development and delivery of programmes of work linked to mitigation of risk, such as reduction of agency workforce reliance and spend across the ICS.

The ICB has managed a wide range of risk during the past year across all functional areas. Key risk areas include:

Risk Profile

Workforce

Ensuring the ICB and ICS have a workforce that is sufficient and equipped to deliver the system strategic aims and objectives for the people of Somerset remains a significant area of risk for the ICB to manage.

Areas of progress include measures to bring spend on temporary workforce across the ICS within budget and funding allocated for ICB teams covering SEND and continuing healthcare to deliver those services.

System wide workforce strategies and plans have continued to be developed to support mitigation of longer-term workforce risks, such as workforce shortages in GP practices, longstanding workforce shortfalls in high demand professions in clinical settings and improving retention initiatives.

Finance

There has been a strong collaborative approach to finance across the integrated care system to achieve aims during the year. System partners have worked closely to achieve a unified approach resulting in the successful delivery of the overall ICS financial plan for 2024/25. Progress has continued to be made within this wider plan on other financial risks such as improvements in the financial position of GP services provider, Symphony Healthcare Services.

Performance and Standards

The ICB has a key role as commissioner of health services for Somerset in overseeing performance across service providers delivering care for Somerset patients. In doing so, it manages a wide range of risks linked to performance and service standards which in turn are closely linked to ensuring patient safety, service quality and patient experience are optimised for the Somerset population.

Progress has been made with urgent dental care to address gaps in service and mitigate impacts on wider urgent and emergency care services. Waiting times and delays in treatment and discharge from inpatient services are a significant area of risk for the ICB and wider ICS. Whilst progress has been made in reducing longer waits than NHS constitutional standards, there remains a continuing challenge to reduce

waits in part due to workforce and financial constraints. In order to mitigate the ICB continues to support improved service pathway development to ensure delivery in the most effective and efficient way possible.

In the coming year it is expected that the risk themes outlined above will continue to dominate the landscape, with a particular challenge with finances being the most significant. This will require a renewed focus on ensuring services are optimised to deliver patient care in the most effective way.

Performance Analysis – Key Standards

NHS Oversight Framework

The NHS Oversight Framework describes NHS England's approach to oversight of Integrated Care Boards, providers and wider system partners to improve local health and care outcomes, maximise value for money and deliver better services for patients. Within this framework a range of metrics are used in the oversight of trusts and ICB performance. The oversight and assessment framework has four core purposes, to align priorities, to enable the sharing of best practice, to identify where systems may benefit from support or intervention and provide an objective basis for decisions when NHS England intervenes using its regulatory powers. ICBs lead the oversight process assessing delivery against the following domains: quality of care, access, and outcomes; preventing ill health and reducing inequalities; finance and use of resources; people; leadership and capabilities and assessments undertaken on a quarterly basis.

Somerset ICB has made the required quarterly submissions across the range of oversight performance metrics to NHS England under this framework and our latest segmentation assessment for NHS Somerset ICB and Somerset Foundation NHS Trust is defined as segment 2, defined as being on "a development journey and is demonstrating many of the characteristics of an effective ICS, with plans that have the support of system partners in place to address areas of challenge." The regional team of NHS England during the year has provided flexible peer support , delivered through, clinical networks, the NHS England universal support offer (e.g. informal elective tiering, getting it right first time (GIRFT), RightCare, pathway redesign, NHS Retention Programme) or a bespoke support package via the regional improvement hubs.

During 2024/25 several performance indicators have improved moving towards or exceeding the national average for many of the framework indicators. An overview of performance is included in the analysis section of this report.

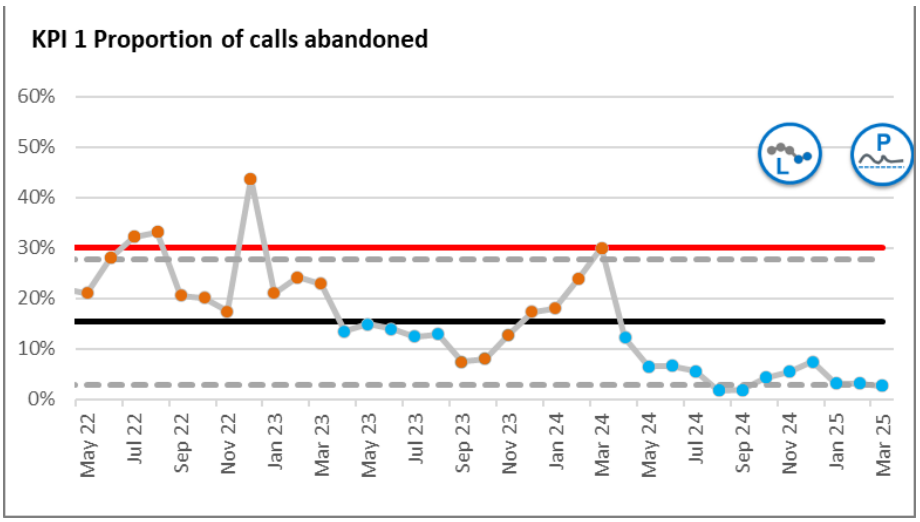
Urgent Care

Measure	Standard	23-24 Full Year	24-25 YTD				24/25 Month/Date Reported to
		Somerset ICB	Somerset ICB	Change to 23/24	National Avg	Change to National Avg	
NHS 111 Call Abandonment	≤3%	12.84%	2.69%	↓	3.20%	↑	Mar-25
Category 1 Response (Mean)	7 Minutes	11.1	10.0	↓	7.9	↑	Mar-25
Category 2 Response (Mean)	18 Minutes	70.6	73.5	↑	28.6	↓	Mar-25
Average Handover Time	30 Minutes	26.6	28.7	↑	43.5	↓	Mar-25

% Handovers >15 Minutes	35%	54.98%	78.37%	↑	67.10%	↑	Mar-25
% Handovers >30 Minutes	5%	25.09%	31.48%	↑	27.90%	↑	Mar-25
% Handovers >60 Minutes	0%	10.50%	6.63%	↑	9.10%	↑	Mar-25
A&E 4-hour (All Types)	76%	75.4%	72.9%	↓	75.0%	↓	Mar-25
A&E 4-hour (Type 1)	76%	60.5%	53.1%	↓	60.9%	↓	Mar-25
Number of patients with NCTR	Plan	207	226	↑			Mar-25
% of acute beds occupied by NCTR patients	Plan	19.2%	27.4%	↑	15.00%	↑	Mar-25
All G&A Bed Occupancy	92%	93.3%	94.2%	↑		-	Mar-25
Virtual Wards	Plan	73.1%	53.3%	-		-	Mar-25

NHS 111

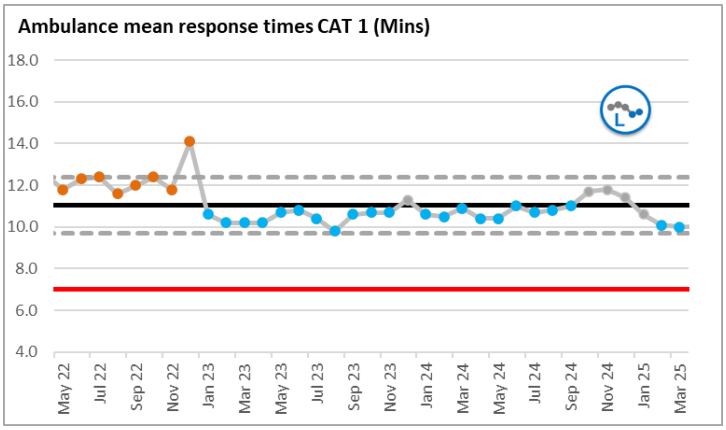
During 2024/25 over 190,905 (to March 25) people called the NHS111 service and 5.1% of these were abandoned. Whilst the call abandonment rate is improved on the previous year, performance remains above both the 3% operational standard and average national performance.

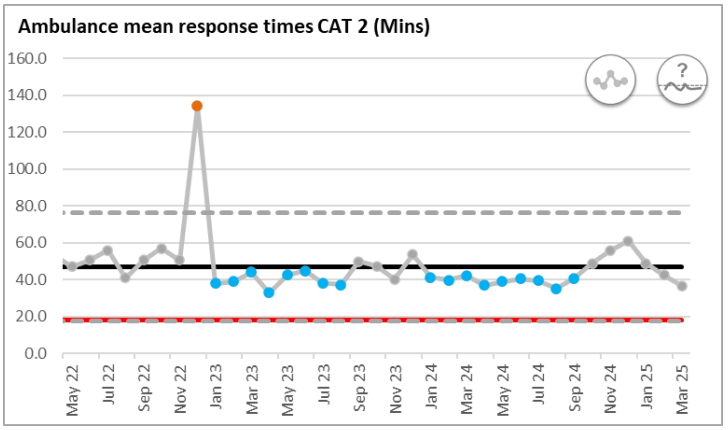


Ambulance Response Times

During 2024/25 Category 1 mean ambulance response times for life threatening injuries or illness (including cardiac arrest) was 10.8 minutes which is static from the previous year and behind the national standard of 7 minutes and SWASFT average of 9.7 minutes. For Category 2 ambulance calls (which are those that are classed as an emergency or a potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport and performance) response times

performance was 43.7 minutes against the 18-minute standard and whilst has declined over the late autumn and winter period, remains better than the SWASFT average of 45.1 minutes.

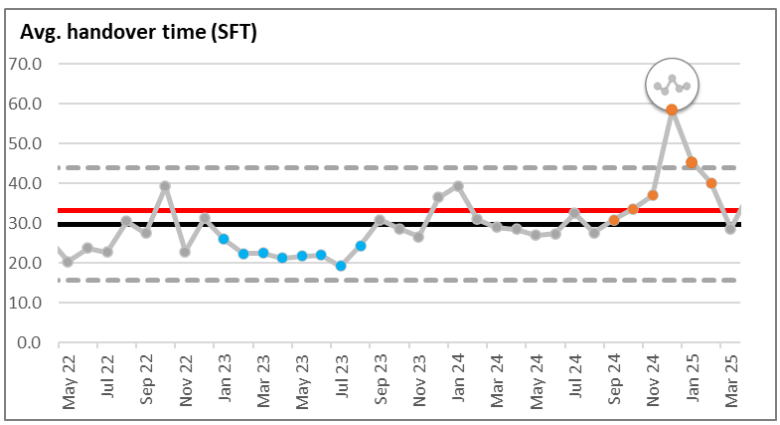


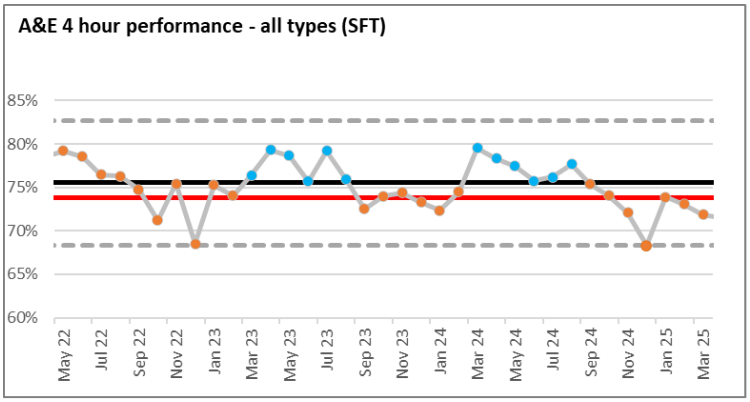


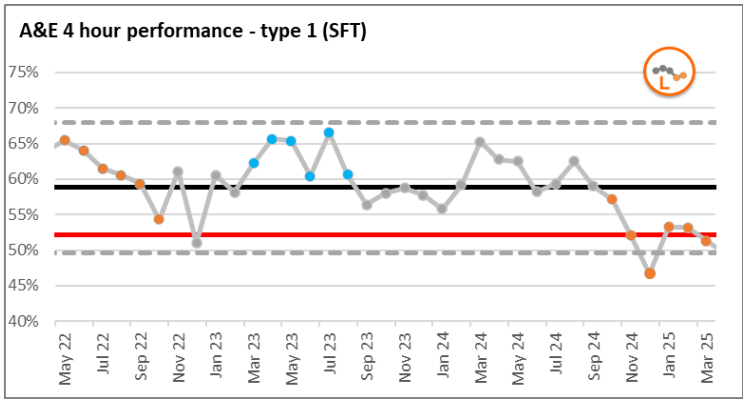
Accident and Emergency (A&E)

Demand for front door services in Somerset has continued to grow during 2024/25 however there has been a 1.3% (to March 25) reduction in ambulance arrivals. Somerset has the second lowest ambulance handover lost hours and average handover time in the SWASFT footprint although performance has significantly declined over a very challenging winter period. The average handover time in 2024/25 (to March 25) was 34.9 minutes compared to the SWASFT average of 58.65 minutes.

There has been a 3.9% increase in A&E attendances, including Urgent Treatment Centres (to March 25) when compared to the previous year. During 2024/25 56.6% (to March 25) of A&E attendances to Type 1 A&E Departments in Somerset were seen, treated and either discharged or admitted within 4-hours and across all A&E Departments (which includes Urgent Treatment Centres) performance was 74.5% (to March 25) compared to the 78% national improvement standard.

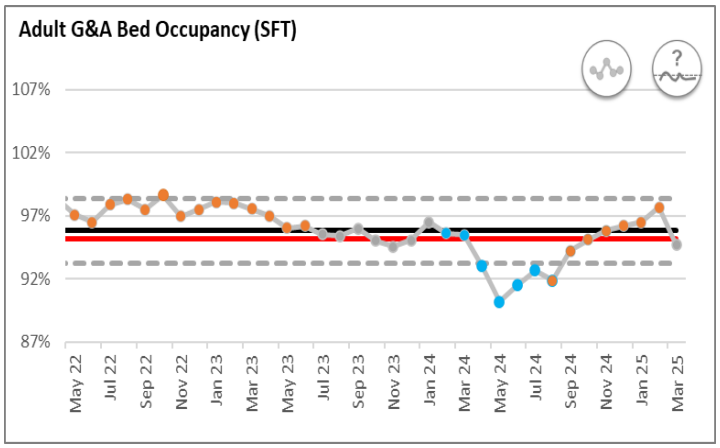


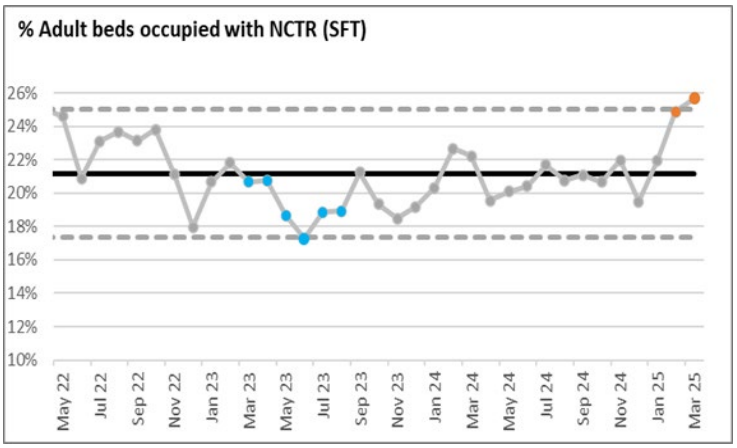




Beds, Discharge and Flow

Demand on hospital beds has remained high during 2024/25 with the average occupancy on adult wards exceeding 94%. This is underpinned by a 4.5% (to March 25) increase in the volume of patients admitted as an emergency and staying more than 1 day in hospital and the high volume of patients residing in hospital beds who are medically fit and ready to be discharged. In March 2025 in our acute hospitals on average 26% of our adult general and acute beds were occupied by patients who have No Criteria To Reside and this is leading to an extended length of stay and impacting on flow across the hospital site.



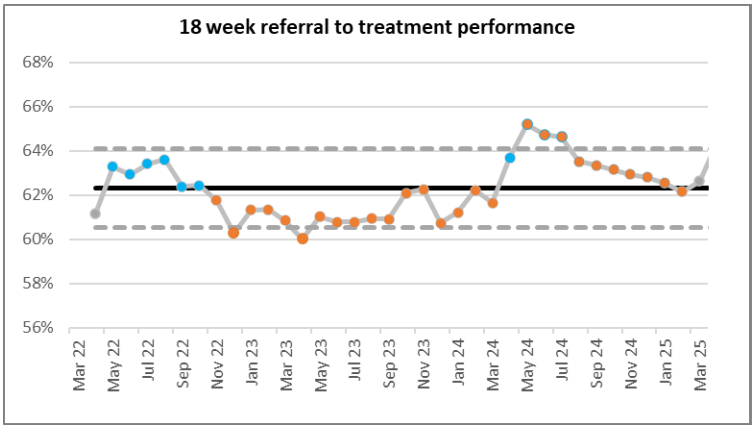


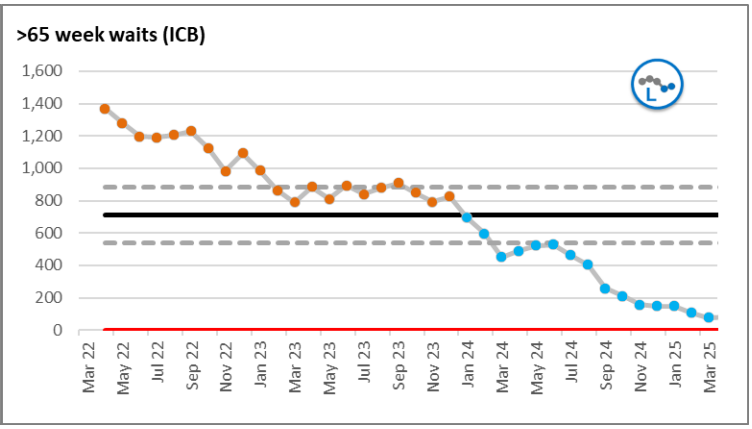
Elective Care

Measure	Standard	23-24 Full Year	24-25 YTD				24/25 Month/Date Reported to
		Somerset ICB	Somerset ICB	Change to 23/24	National Avg	Change to National Avg	
<18 Week Wait Performance	68%	61.1%	62.6%	↑	59.9%	↑	Mar-25
65 Week Waits - All	-	790	77	↓	8,488	↓	Mar-25
65 Week Waits - Children Services	-	61	7	↓			Mar-25
Diagnostics <6 Week Wait Performance	75%	77.2%	78.36%	↑	81.60%	↑	Mar-25
Cancer 28 Day Faster Diagnosis Standard	75%	68.9%	73.4%	↑	78.9%	↑	Mar-25
Cancer 31 Day Combined Standard	96%	87.5%	95.2%	↑	91.4%	↓	Mar-25
Cancer 62 Day Combined Standard	85%	64.4%	73.1%	↑	71.4%	↑	Mar-25

Referral To Treatment Waiting Times

During 2024/25 there was an 6.6% (to March 25) increase in people referred into our hospitals for treatment. Elective activity volumes have also increased against the previous year alongside a 4.7% (to March 25) increase in the total waiting list size. Latest performance against the 18-week constitutional standard was 62.6% against the 92% standard which is a slight improvement to the previous year, moving forward into 2025/26 there is a requirement for the ICB to make a 5 percentage point increase in the 18 week performance. The focus in 2024/25 has continued to be upon reducing our longest waits as at March 2025 there were 77 patients waiting longer than 65 weeks (compared to 790 as at March 2024) and 1,253 patients waiting longer than 52 weeks (compared to 2,588 in March 2024).

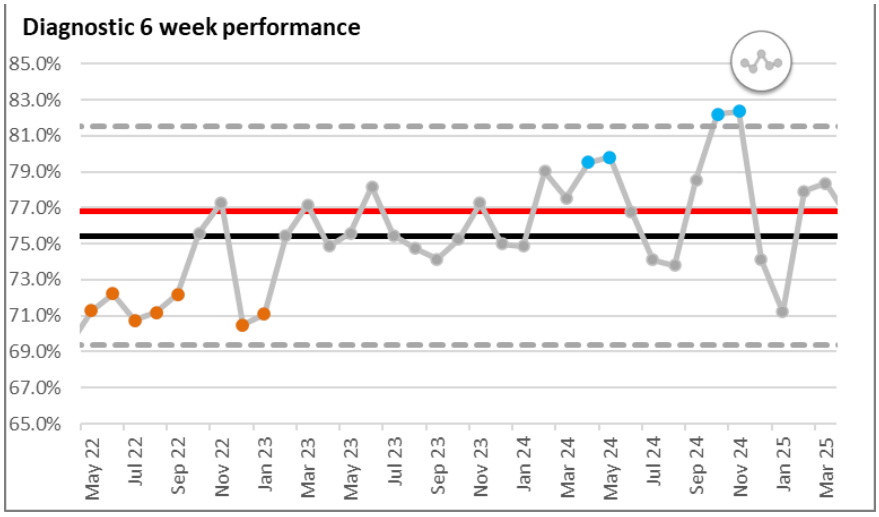




In 2024/25 the number of patients waiting longer than 52 weeks, under the age of 18 has decreased by 46% when comparing with the latest position (March 25) to March 2024.

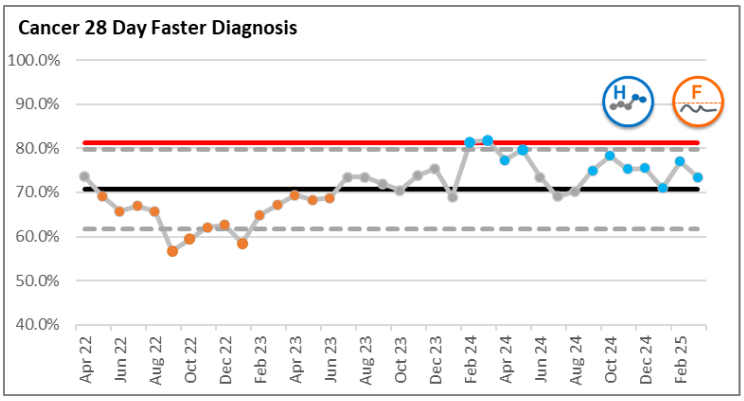
Diagnostic Waiting Times

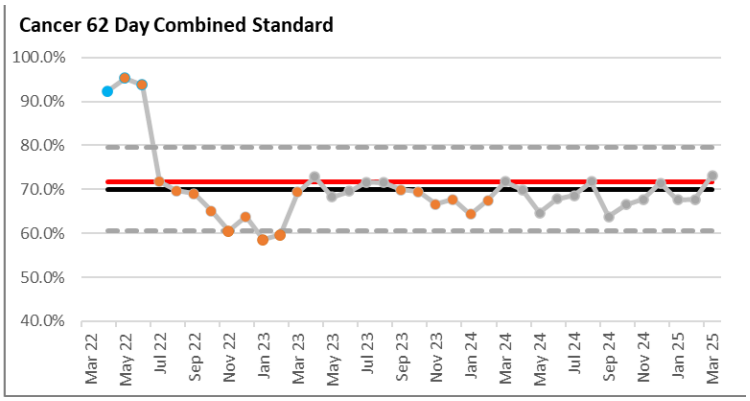
Somerset's latest 6-week wait performance to March 2025 was 78.4% against the year-end recovery ambition of 95%. The volume of diagnostic activity has increased by 4.1% when compared 2023/24 underpinned by additional activity delivered through Community Diagnostic centres in Somerset and increasing in-house capacity. There have been some challenges across selected diagnostic modalities due to periods of very high demand, seasonal pressures and other isolated issues impacting upon capacity, but also there have been improvements throughout the year.



Cancer Waiting Times

During 2024/25 we saw a 2.7% increase (to March 25) in the number of patients referred by their GP into the 28 day Faster diagnosis pathway resulting in an increased demand across all stages of the cancer pathways. The 28-day Faster Diagnosis standard (FDS) performance was 74.6% against the 75% standard with a noted improvement towards the end of Q3. 92.2% of patients received their first definitive or subsequent cancer treatment within 31 days against the 96% standard and 68.3% of patients received treatment within 62 days of referral from either a GP, consultant upgrade or from the screening service.

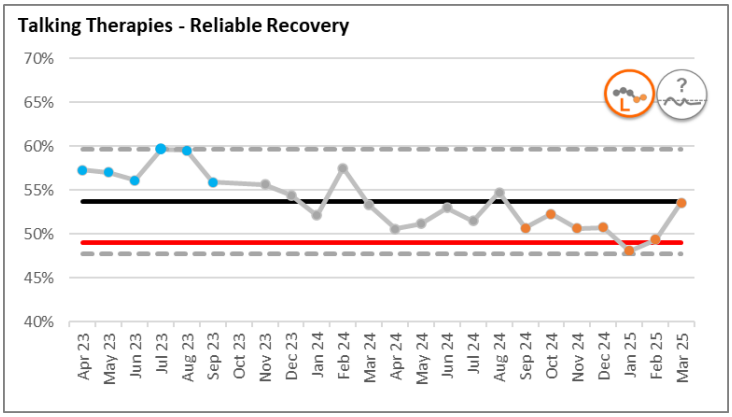


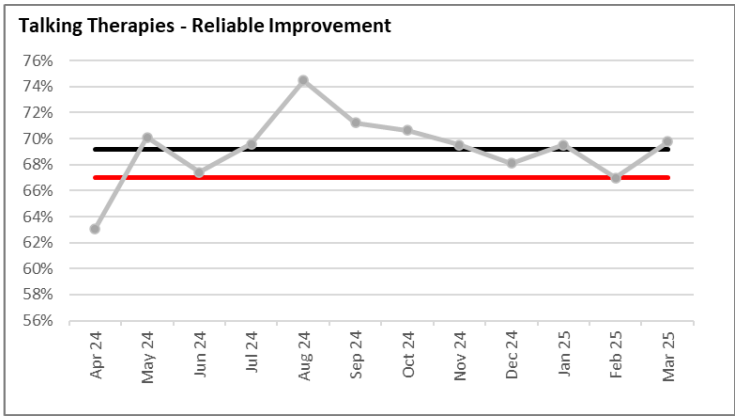


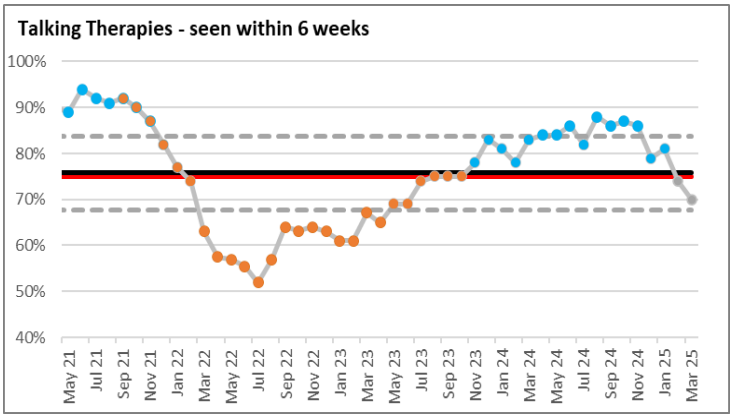
Mental Health

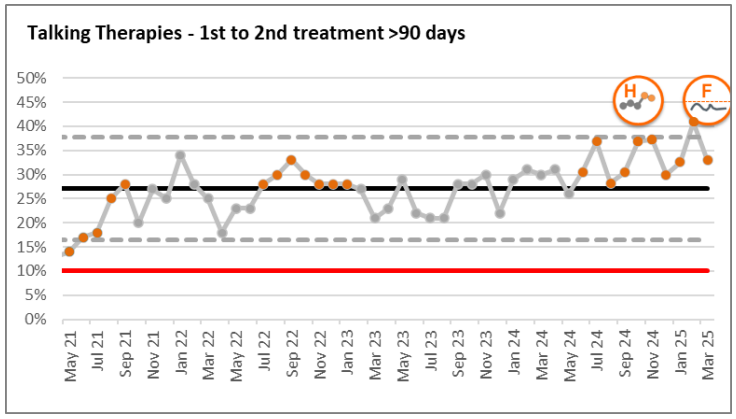
Measure	Standard	23-24 Full Year	24-25 YTD				24/25 Month/Date Reported to
		Somerset ICB	Somerset ICB	Change to 23/24	National Avg	Change to National Avg	
Talking Therapies Reliable Improvement	67%	72%	69%	↓	68%	↑	Mar-25
Talking Therapies Reliable Recovery	48%	51%	53%	↑	48.50%	↑	Mar-25
CYP Access	7479	4570	7935	↑	829,308	↑	Mar-25
Perinatal & Maternal Mental Health Access	640	495	660	↑	63,784		Mar-25
Community Mental Health Services - Transformed	8,800	4,095	10,075	↑	617,193		Mar-25
Dementia Diagnosis	67.7%	53.8%	54.8%	↓	65.60%	↑	Mar-25
PHSMI	60%	48.18%	59.0%	↑	66.0%	↑	Q4 -24/25
LD Annual Health Checks	75%	77.75%	76%	↓	79.9%	↓	Cumulative Year end 24/25
Out of Area Placements	0	150	400	↑	-		Mar-25
Children on MH Adult Ward	0	0	0	↔	-		Mar-25

Talking Therapies (formerly IAPT): During 2024/25, reliable recovery performance (which indicates a person's symptoms have significantly improved from the start to the end of the treatment) remained consistently above the 48% national standard. Reliable improvement performance (which indicates a person's scores have improved from the start to the end of their treatment) also remained above the 67% national standard. 6-week waiting times performance recovered throughout 2024/25 and has remained above the national ambition of 75%. 2024/25 saw a decline in performance for first to second treatment within 90 days in Somerset and across the South West.

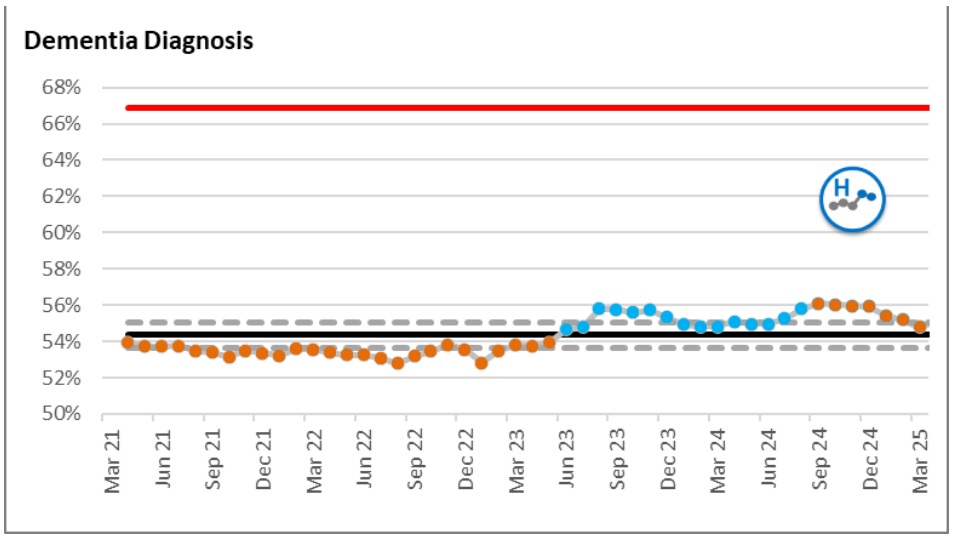




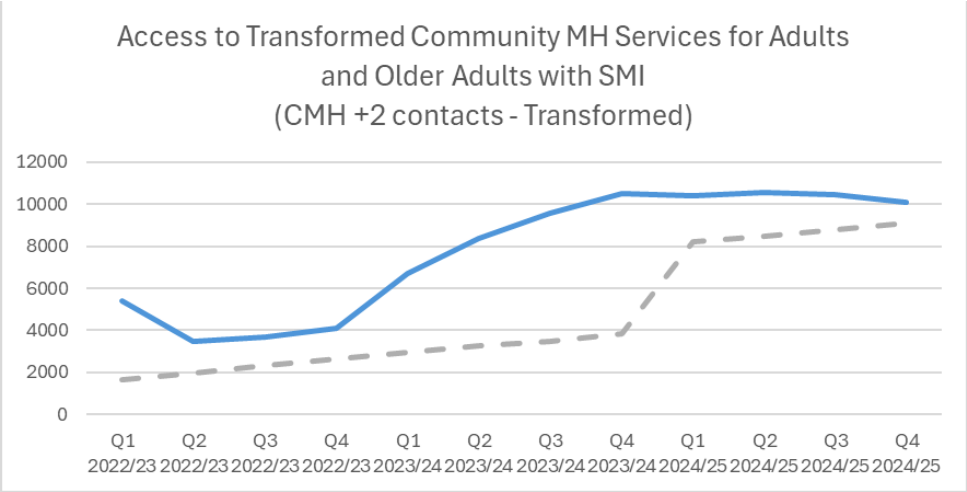




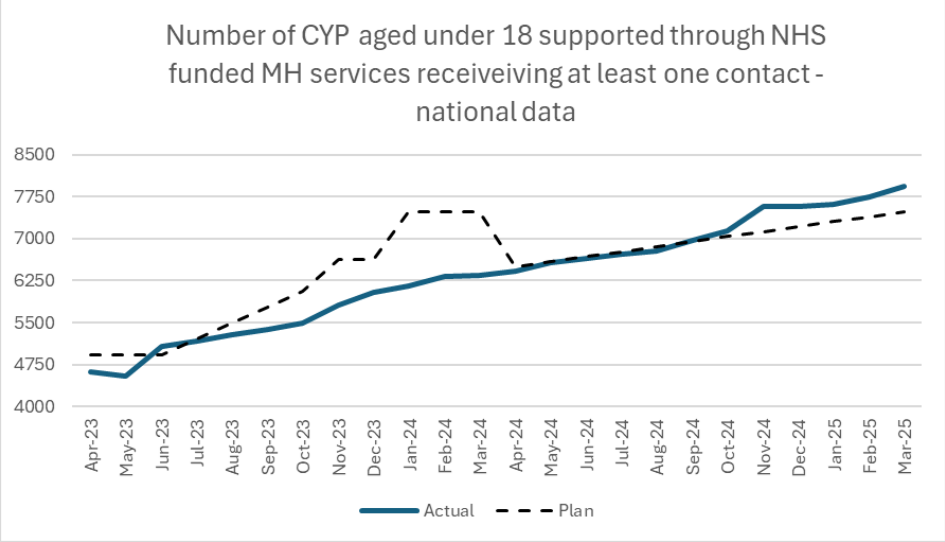
Dementia: Whilst work continues to improve our dementia diagnosis rate in 2024/25 we remain behind plan and the national ambition with performance of 54.8% (March 2025) against our improvement plan of 60% (and 67.7% national ambition).



Community Mental Health for Adults: Following the significant improvement in 2023/24, the number of people accessing community mental health teams for adults and older adults has remained stable and above planned levels throughout 2024/25. The chart below is reported on a 12 month rolling basis.

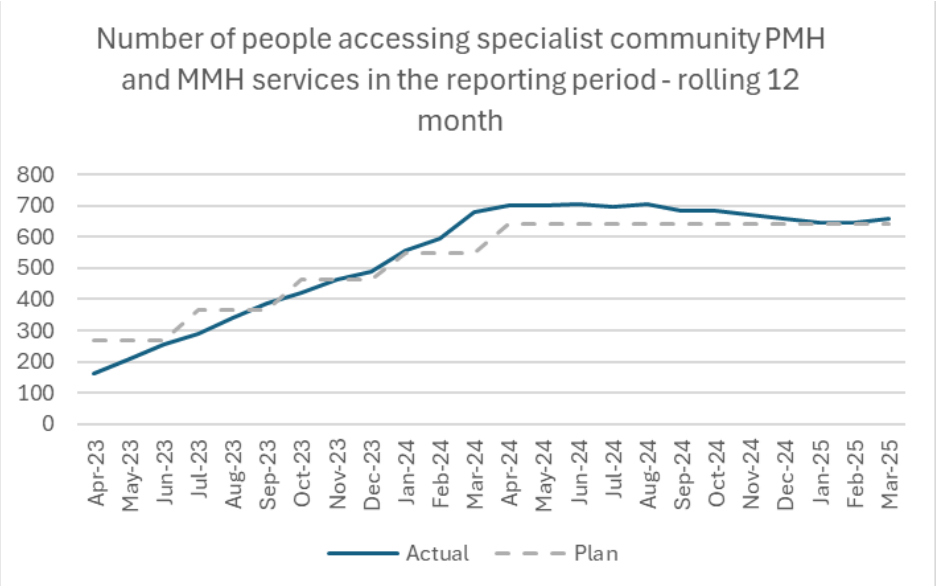


CYP Access and CYP Community Eating Disorder Services: On a rolling 12-month basis to March 2025, performance for Children and Young People accessing mental health services delivered 7,935 contacts against a plan of 7,479 contacts (106.1% achieved) and represents a significant year on year improvement. Due to the significant improvement this measure is no longer classed as a segment 3 issue under the NHS England framework.

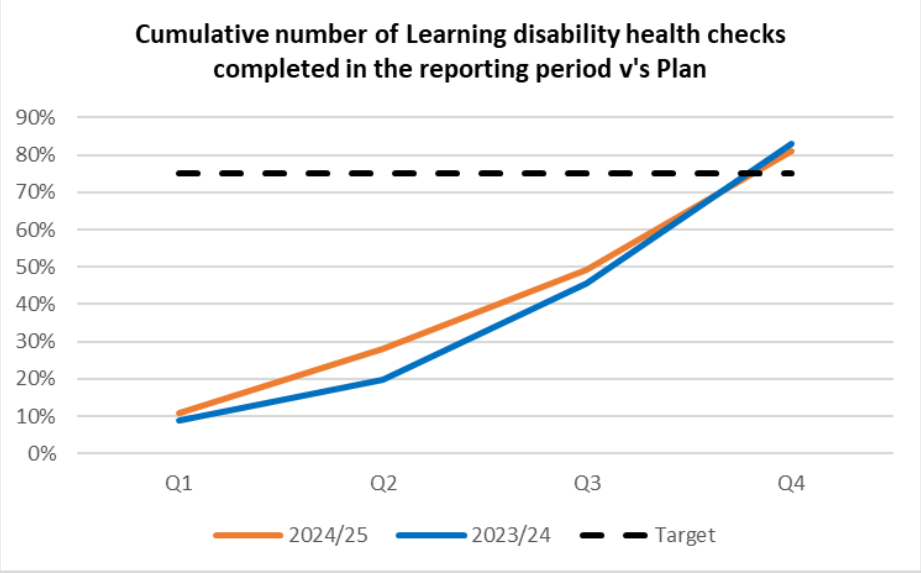


In respect of the Eating Disorder Service, on a rolling 3-month basis to March 2025, performance for routine appointments was 91.7%, whilst for urgent patients, performance was 100%, against the national standards of 95%

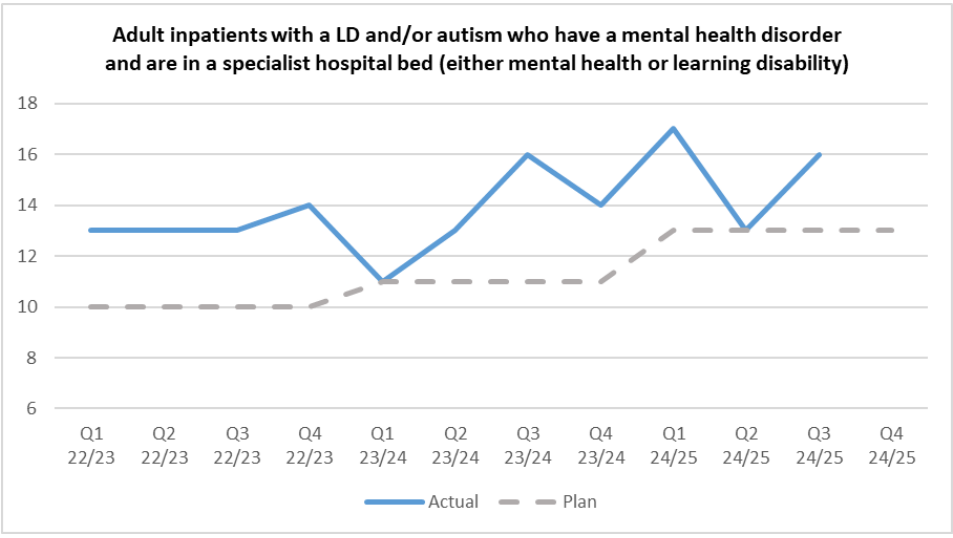
Perinatal & Maternal Mental Health: 660 women accessed the perinatal and maternal mental health services in the 12-month period to March 2025, exceeding the annual target of 640.



Learning Disabilities Annual Health Checks (LD AHCs): LD AHCs are a key part of promoting access to health care and reducing health inequalities for people with learning disabilities. LD AHCs are largely delivered by GP practices in Somerset. In 2024/25 (to March 25) 2694 (or 81% of the LD register size) health checks have been completed, which is an improvement on the previous year.



Learning Disability Reliance on Inpatient Care: During 2024/25 there have been a maximum of 16 adult inpatients with a learning disability and/or autism who have a mental health disorder and in a specialist hospital bed; this is above a plan of 13. Somerset achieve low admissions for children and young people and any admissions tend to be shorter stays. Current performance in Somerset is zero CYP inpatients.



Primary Care and Community

Measure	Standard	23-24 Full Year	24-25 YTD				24/25 Month/Date Reported to
		Somerset ICB	Somerset ICB	Change to 23/24	National Avg	Change to National Avg	
Community Waiting Times - Adult	8021	7,941	8,162	↑	775,924		Mar-25
Community Waiting Times - Children	1286	1,582	1,724	↑	314,432		Mar-25
Primary Care Access - % of Face to Face Appointments	-	62.4%	63.6%	↑	63.80%	↓	Mar-25
Primary Care Appointments ≤14 Days	85%	83.9%	82.8%	↓	88.00%	↑	Mar-25
Virtual Wards - Capacity	Plan		167		12,825		Mar-25
Virtual Wards - Occupancy	Plan		53.30%		76.20%	↓	Mar-25
Urgent Crisis Response Services	Plan	5335	12130	↑			Mar-25
Pharmacy Frist - Recorded Activity	Indicative Contribution	n/a	106.2%	n/a			Nov-24

Community Services Waiting List

Community Health Services are made up of Adult and Children's Services delivered in the community by Somerset Foundation Trust. When comparing the overall waiting list size as at March 2024 to March 2025, it has increased by 6.5%, from 9,099 to 9,886 across both adult and children's services. Some of the increase is due to an additional service being reported as part of the data quality and assurance programme led by NHS England (South West Region) which could see further service lines added in 2025/26 to align with national guidance.

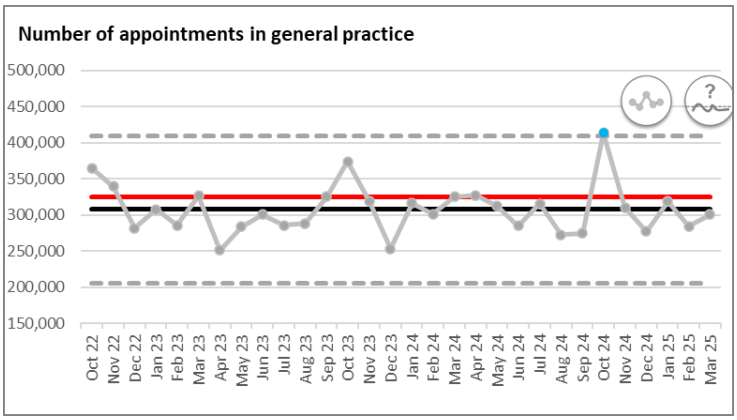
The number of patients waiting longer than 18 weeks has improved significantly due to the improvements made in the podiatry service, and across the children's services (specifically Speech and Language therapy and community paediatrics).

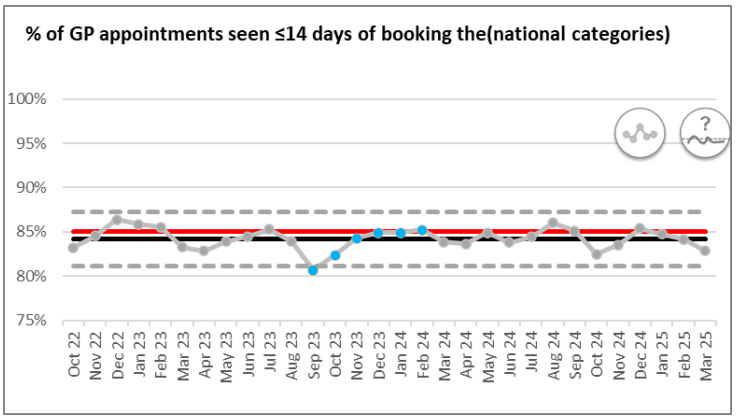
During 2024/25 we have seen a reduction in the number of patients waiting over 52 and 104 weeks; we have eradicated 104 week waits and the proportion of patients exceeding 52 weeks now makes up less than 0.1% of the overall waiting list (and improvement from 2.9% in March 2024).

Appointments in General Practice

The number of appointments in General Practice when comparing 2024/25 to the previous year has decreased by 46.7% this is due to the fact that the dataset no longer contain covid-19 vaccination activity collected from GP System Suppliers as part of the General Practice Appointments Data. When looking at the proportion of appointments

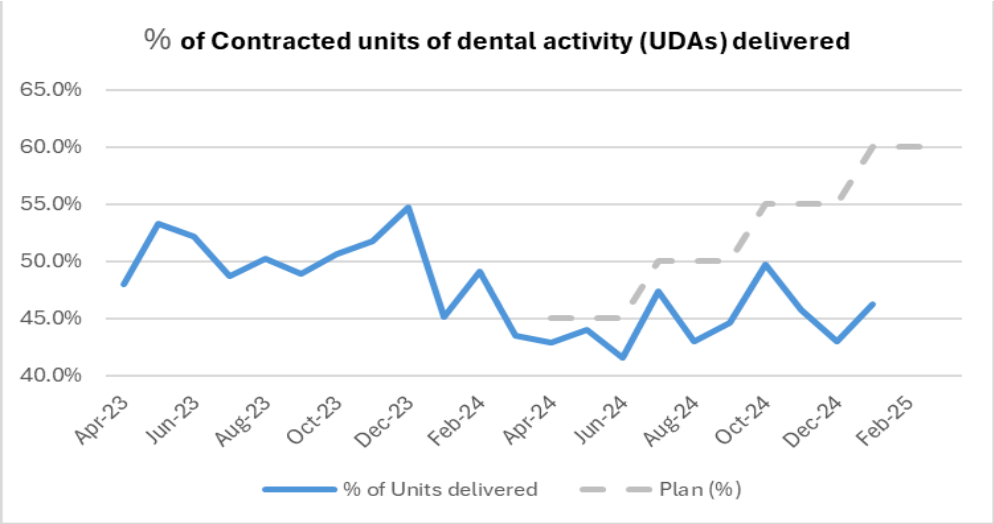
booked within 14 days (specific appointment categories) performance has improved against the previous year, 84.3% (YTD 2024/25) vs 83.9% in 2023/24.





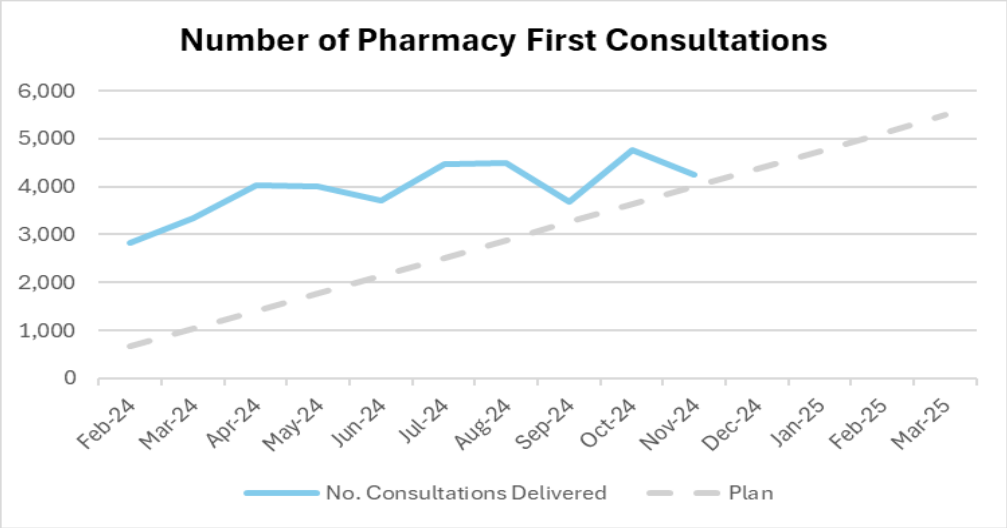
Dental Access

Access to dental care in Somerset remains challenged in 2024/25. A recovery plan is in place and actions to increase access to NHS dental treatment are underway which will improve the level of activity. As at December 2024 Somerset has delivered 46% of contracted UDAs, which is a 4% decrease from 2023/24.



Pharmacy First

The pharmacy first service launched on 31 January 2024, and added to the existing consultation service, it enables community pharmacies to complete episodes of care for seven common conditions following defined clinical pathways. Within its first year of launch (since January 2024) Somerset pharmacies have delivered 39,577 consultations (data to November 24) against a regionally set target of 23,299.



Performance Overview – Statutory Duties Overview as Required Under the Annual Report

Mental Health

NHS England requires all ICBs in England to deliver the mental health investment standard (MHIS), which requires an increase in planned spending on mental health services by a greater proportion than the overall increase in budget allocations each financial year. The aim of this standard is to support the ambitions within the NHS Long Term Plan to ensure that essential investment is made into developing the provision of mental health services.

NHS Somerset ICB have reported full compliance with our obligations for the required levels of investment in mental health services for the 2024/25 financial year. The reported investment values will be subject to review by an independent auditor and the outcomes of these reviews will be made available on the NHS Somerset ICB website when complete.

The table below demonstrates the amount of reported mental health expenditure incurred by NHS Somerset ICB during the financial years 2023/24 and 2024/25, and the proportion of this expenditure against the total of the organisation's programme resource allocation.

Financial Years	**2024/25 £'000**	**2023/24 £'000**
Mental Health Spend	115,409	107,514
ICB Programme Allocation*	1,123,555	1,048,229
Mental Health Spend as a proportion of ICB Programme Allocation	10.3%	10.3%

*This is our core programme allocation that is used as the basis for calculating the required annual growth in mental health expenditure to deliver the MHIS.

Safeguarding Children, Adults and Children Looked After and Care Leavers

For the purposes of this report safeguarding includes but is not limited to: safeguarding children, safeguarding adults, children looked after, care leavers, domestic abuse, prevent, exploitation, serious violence, mental capacity, child death reviews, female genital mutilation (FGM), anti-social behaviour, and deprivation of liberty.

As set out in legislation the three safeguarding partners in Somerset (Local Authority, ICB and Avon and Somerset Police) continue to work together with other agencies to safeguard and promote the welfare of children, adults at risk, children looked after and care leavers; through the work of the following boards and Partnerships:

- Safer Somerset Partnership (SSP), which includes the Somerset Violence Reduction Partnership
- Somerset Safeguarding Adult Board (SSAB)
- Somerset Safeguarding Children Partnership (SSCP), which includes the Corporate Parenting Board
- Avon and Somerset Violence Reduction Partnership

The ICB Chief Executive is the executive lead for safeguarding with the Chief Nursing Officer having delegated responsibility.

The NHS England safeguarding accountability and assurance framework states that designated professionals "must be consulted and able to influence at all points in the commissioning cycle from procurement to quality assurance. This will ensure that all services commissioned meet the statutory requirement to safeguard and promote the welfare of children, looked after children and adults requiring health services in Somerset." The Somerset ICB safeguarding assurance meeting (SAM) continues to provide oversight and scrutiny of the ICB's compliance with all aspects of safeguarding duties and responsibilities. Escalation to the Quality Committee or the Board is by exception. The SAM is now well attended by representatives from all directorates within the ICB, who also provide a report on the following:

- Workstreams and priorities
- Safeguarding challenges and risks
- Safeguarding achievements

The safeguarding contribution to the Somerset's Joint Forward Plan for 2025 to 2026 has been updated and details how the ICS will ensure that all statutory safeguarding duties are discharged, particularly in relation to statutory duties (Anti-social Behaviour, Crime and Policing Act 2014) regarding tackling anti-social behaviour and the commitments outlined within the NHS Sexual Safety Charter.

The ICB publish annual safeguarding assurance and human trafficking and modern slavery statements on our website.

The ICB safeguarding schedules are updated annually to include statutory and mandatory responsibilities for short and long form contracts held by the ICB, as well as providing clear expectations of the services we commission in relation to safeguarding children, adults at risk, children looked after and care leavers. The annual review of schedules will incorporate any changes made to the NHS Standard Contract 2025/2026 and associated consultation process.

Throughout 2024/25 the ICB strategic safeguarding team have worked with partner agencies locally, regionally and nationally in relation to:

- Implementing a system approach to application of the Mental Capacity Act and ensuring the health system meets its statutory duties in relation to deprivation of liberty standards (DoLs).
- Implementing and evaluating system learning arising from the Somerset joint targeted area inspection in May 2024.
- Oversight and scrutiny of the health system response to the statutory serious violence duty and associated programmes of work.

Further demonstration of how the ICB has performed against statutory safeguarding duties are outlined within the following annual reports for 2023 to 2024:

- SSAB annual report
- SSCP 12 monthly report
- SSP annual report
- Somerset ICB safeguarding children annual report
- Somerset ICB children looked after and care leaver's annual report
- Somerset ICB safeguarding adults annual report

Environmental Matters

NHS Somerset ICS Green Plan

Climate change poses a major threat to our health as well as our planet. The environment is changing, is ever accelerating, and has direct and immediate consequences for our patients, the public and the NHS.

The NHS is responsible for around 5% of the UK's total emissions profile. As part of its statutory duty, NHS Somerset ICB was required to publish a Green Plan setting out its environmental targets. For 2024/25, the phased approach incorporates the disclosure requirements of the following 'pillars': governance, risk management, and metrics and targets. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and in other external publications.

Governance - is shown in the key performance indicator report (KPI) report (Annex 1 to the performance section; B3). Green Plan progress is reported into the Collaboration Forum and periodically into the ICB Board. Progress is reporting annually through the Annual Report.

Risk - climate change poses significant health risks, including increased heat-related illnesses, the spread of infectious diseases and mental health impacts. Extreme weather events, like heatwaves and floods, can cause direct injuries and deaths, while also disrupting food and water supplies, leading to malnutrition and illness.

Furthermore, climate change can exacerbate air pollution and create conditions for the proliferation of disease-carrying vectors, such as mosquitoes and ticks. Whilst risk isn't explicitly addressed in the current Green Plan with its own KPIs attached, it is managed through the Joint Strategic Needs Assessment (JSNA) on the Health Impacts of the Climate Emergency which assesses these risks and sets out a strategy to address them.

Metrics - there are nine headline targets in the plan, and progress against those targets is monitored and measured in various ways. Progress against each of the headline targets is summarised below. The Somerset ICS Green Plan metrics can also be viewed in the KPI report, which can be found in Annex 1 to the performance section.

Taskforce on climate-related financial disclosures (TCFD) - The Department of Health and Social Care Group Accounting Manual (GAM) has adopted a phased approach to incorporating the recommended taskforce on climate-related financial disclosures (TCFD), as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports.

Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. TCFD recommended disclosures, as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025-26 financial year.

Workforce and System Leadership

In October 2024, the NHS Somerset ICB Board completed net zero level training, delivered by Centre for Sustainable Healthcare (CSH). The team at CSH were impressed with the attendance and engagement from the Board. Attendees responded positively to the workshop content and highlighted the need to embed sustainability within existing initiatives rather than sustainability being an extra or add on. The training included a discussion as to how the ICB as an anchor institution can drive wider impacts working alongside other organisations, such as local authorities and third sector organisations, to influence policy and action on e.g. air pollution.

Medicines Management

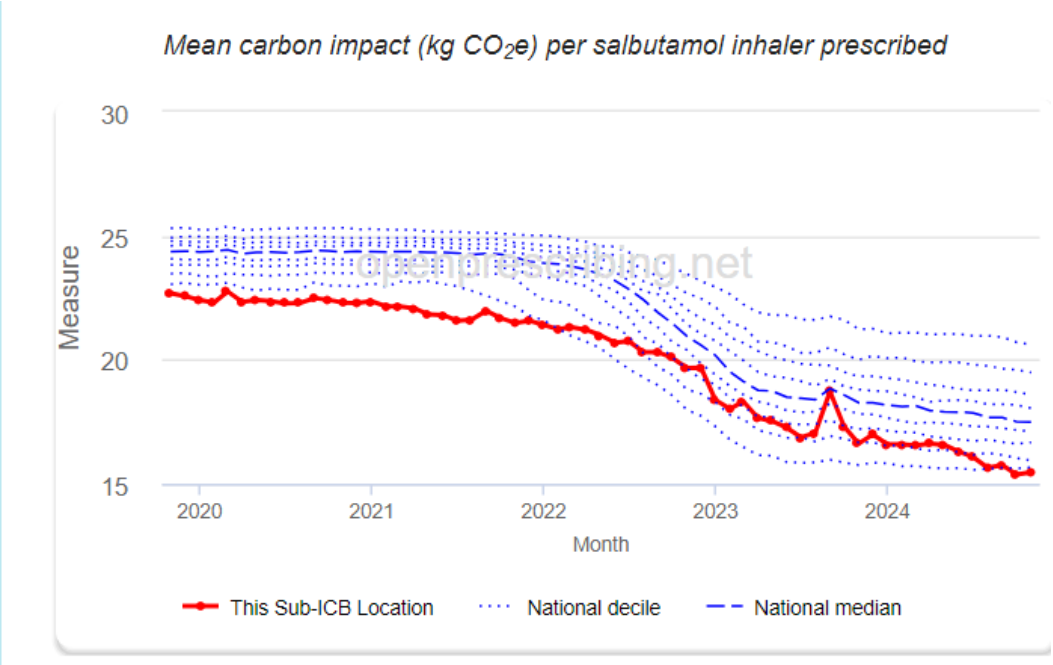
Medicines account for approximately 25% of emissions within the NHS in England, with a small number of medicines accounting for a substantial proportion of these emissions. Our medicines management team focus on many workstreams, including medicines optimisation and antimicrobial stewardship. The carbon footprint of medicines when prescribed inappropriately, makes an enormous impact on our regional and national carbon footprint. The Somerset medicines waste campaign was launched in September 2024 and is closely aligned with the 'show me your meds, please' project.

Reducing medicine waste directly supports the more vulnerable members of society and helps to address inequalities.

Across general practice, supported by our medicines management team, Somerset continues to be one of the best-performing counties in the country for reducing the amount of greenhouse gases used in asthma inhalers, supporting patients to move from metered dose inhalers to lower carbon dry powder or soft mist alternatives.

The continuing reduction of salbutamol metered dose inhalers (MDIs), the single biggest source of carbon emissions from NHS medicines prescribing (see figure 1 below). The red line demonstrates the continuing reduction of MDI prescribing. The NHS has committed to reducing its carbon footprint by 80% by 2028 to 2032, including a shift to lower carbon inhalers.

Figure 1. Mean carbon impact – Primary Care Inhalers



Source: Prescribing on Environmental impact of inhalers - average carbon footprint per salbutamol inhaler for NHS SOMERSET | OpenPrescribing)

Sustainable Models of Care

Sustainable models of care are closely aligned to each of the Government's three shifts as described earlier in this report, for example; green and social prescribing is fundamental to the Personalised Care - NHS Somerset ICB plan. Personalised care takes a whole system approach, enabling services across health, social care, public

health and community to be linked together around the person to support prevention. Delivering care closer to home reduces the need for additional patient travel. Digital transformation such as Brave AI and its risk assessment tool helps health professionals identify individuals who are at risk of going to hospital next year but who may otherwise go under the radar. The Lancet calculated than an in-patient stay is 125kg CO2e per night.

Travel and Transport

Approximately 3.5% (9.5 billion miles) of all road travel in England relates to patients, visitors, staff and suppliers to the NHS, contributing around 14% of the system's total emissions. This includes approximately 4% for business travel and fleet transport, 5% for patient travel, 4% for staff commutes and 1% for visitor travel.

In line with the NHS England » Net Zero travel and transport strategy, NHS Somerset ICB is committed to developing and incorporating a sustainable travel strategy into the next iteration of the Green Plan, due to be published by 31 October 2025.

All new vehicle purchases and lease arrangements across NHS Somerset ICB and Somerset NHS Foundation Trust are solely ULEV, or ZEV cars. This is an important area of progress, as it is one of the largest contributors to the NHS emissions profile in scope 3 of the NHS emissions profile.

Figure 2 below shows the annual CO2e emissions associated with different modes of transport. The highest travel and transport mode contributor to the NHS carbon footprint are emissions from emergency ambulances at approximately 102 kt CO2e/year and emissions from all NHS staff commuting are estimated at around 560 kt CO2e/year of the NHS Carbon Footprint Plus (scope 3).

Figure 2. Emissions from across NHS travel and transport modes

Broad travel category	Category	Emissions (ktCO2e/year)
Owned/leased fleet	Double-crewed ambulances (DCA)	102
Owned/leased fleet	Emergency response vehicles (ERV)	10
Owned/leased fleet	Non-emergency patient transport services (NEPTS)	26
Owned/leased fleet	Other	39
Business travel	Secondary care grey fleet	87
Business travel	Primary care grey fleet	52
Business travel	Other (eg, travel associated with commissioned NEPTS services)	84
Staff commute (carbon footprint plus)	Staff commute	560

Source NHS England » Net Zero travel and transport strategy

Somerset Council has recently established a broad partnership of key stakeholders, including NHS Somerset, to work collaboratively with a focus around EV infrastructure. This a system wide challenge that requires a system-wide response. This is an important first step towards improving transport infrastructure, EV infrastructure, and cycle path networks in Somerset, that will ultimately result in better air quality and a reduction in respiratory illnesses, supporting our population of Somerset to live healthier happier lives.

Procurement and Supply Chain

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

In March 2024, we commenced the two-year pilot with Loop, the social value monitoring and measuring platform alongside our ICS partners, Somerset Council and Somerset NHS Foundation Trust. We are also working with VCFSE partners to drive meaningful social value through ICS contracts.

Estates and Facilities

Across our ICS estate, NHS Somerset ICB, Somerset NHS Foundation Trust and Somerset Council are 100% compliant with the net zero building standard. All new builds to be built to net zero carbon and/or achieve building research establishment environmental assessment methodology (BREEAM) outstanding. Under the Environment Act 2021, all planning permissions granted in England have to deliver at least 10% biodiversity net gain from 12 February 2024. This is embedded in our Infrastructure Strategy along with commitments to decarbonise our public estate. The Somerset-ICS-Green-Plan-2022.pdf and ICS-Infrastructure-Strategy.pdf set out a clear ambition to provide buildings that utilise zero carbon energy. Our services will minimise the use of resources and we will improve ecology and biodiversity across our public estate to provide a haven of well-being for our patients, colleagues and visitors.

Digital Transformation

Technology and the smart use of data has improved our lives in many ways. We want to work as one system to review, develop and deploy solutions that will enable people

to access care and support more effectively (Somerset ICS Digital, Data and Technology (DDaT) vision and roadmap). A clear focus around digital transformation is important because 'technology offers ground-breaking opportunities to monitor and protect the environment, as well as overall planetary health. By harnessing these appropriately, the digital revolution can be steered to advance global sustainability, environmental stewardship and human well-being' (UN Digital Environmental Sustainability).

The greener digital project is a partnership project alongside NHS England, Somerset NHS Foundation Trust, Somerset Council and NHS Somerset ICB, to develop the digital chapter of the climate adaptation plan, supported by Sustainability West Midlands, Transform UK and WSP. The project aims to complete a deep dive into adaptation and resilience within ICS digital systems, assets, hardware and software and contingency plans for any digital service provision that could be affected by climate-related impacts.

Telemedicine has the potential to decrease travel mileage for patients needing to attend primary care appointments. The continued uptake of Brave AI across our primary care networks will provide more positive outcomes for patients and deliver significant carbon savings.

Nature and Biodiversity

NHS Somerset ICB is an active partner in the Somerset Local Nature Partnership alongside Public Health and Somerset Wildlife Trust. Shaping and mapping green and social prescribing forms an important part of this partnership. Additionally, Somerset Council recently published a survey supported by NHS Somerset ICB, where Somerset residents were asked about their priorities regarding Somerset's natural environment. Following consultation, the Council aims to publish the Somerset's Local Nature Recovery Strategy around Spring 2025.

Climate Adaptation

NHS Somerset ICB has made a commitment through the Green Plan to produce a climate adaptation plan by December 2025. The plan needs to understand the specific risks from climate change for the ICS. The objective of the plan is to work with the key partners to set out what is needed to ensure that services provided by the NHS in Somerset, and the communities they serve, are better prepared for a changing climate, including a greater frequency and intensity of heatwaves, droughts and flooding.

The Green Plan refresh guidance was published in February 2025. The next iteration of the plan is due to be published by 31 October 2025 and will be aligned to key strategies across our ICS. The Green Plan is an enabler to the strategic aims of NHS Somerset. By reducing emissions, the NHS is actively reducing admissions.

Improving Quality

In line with our duty under section 14R of the Health and Social Care Act 2012, we have collaborated with Somerset ICS partners to ensure all our statutory duties relating to improving the quality of services are met. Our NHS Somerset Quality Committee provides the governance and compliance function for the ICB; processes are in place for escalation and reporting to the ICB Board and to regional and national quality and safety boards.

Patient Safety

Throughout 2024/25 we have continued to work closely with stakeholders and Somerset ICS partners to strengthen our patient safety systems, processes and resources. Activity in this area has included:

- Convening two meetings of our Somerset-wide quarterly patient safety sharing and learning forum with representation from system partners.
- Developing an implementation plan for the priorities and workstreams defined within the Primary Care Patient Safety Strategy.
- Updating our website to align with the National Patient Safety Strategy, and Primary Care Patient Safety Strategy.
- Supporting the roll out of the Level 1 patient safety syllabus training to all ICB staff, and Level 4-5 for our registered patient safety specialists.
- Sharing quarterly publications of our system wide patient safety newsletter.

Continuing to support our providers with the transition to the patient safety incident review framework (PSIRF) including the facilitation of multi-agency learning reviews in line with PSIRF principles.

Mental Health and Learning Disability

Using funding from NHS England we have built an infrastructure providing training for our ICS partners. Over 95% of ICB colleagues and over 95% of Somerset GP practice staff have completed Oliver's Training, and overall we have achieved the 30% target set by NHS England for training NHS staff. We have trained facilitators to train their colleagues in their organisations. This has worked particularly well in the care sector.

We have supported quality improvement projects to address the health inequalities faced by people with a learning disability or autism and people when accessing health care. One of these projects focuses on improving access for people with a learning disability to healthy lifestyles education and training. We have also started work with Rethink, a charity provider of mental health services in England, to increase the uptake of Open Mental Health services in Somerset.

Learning from Lives and Deaths – People with a Learning Disability and Autistic People (LeDeR)

We are responsible for the implementation of LeDeR reviews in Somerset, a service improvement programme aiming to improve care, reduce health inequalities and prevent premature mortality of people with learning disabilities and people with autism. Alongside the continued roll out of learning disability annual health checks, there has also been a focus on improving implementation of the Mental Capacity Act (MCA), end of life care and advance care planning for people with learning disabilities. In support of this work a learning disability nurse with a specific focus on the MCA has been appointed within Somerset NHS Foundation Trust to aid clinicians with assessments and best interest considerations; this has already resulted in a reduction in delays in access to services for people with learning disabilities.

Maternity

Maternity services have been a significant area of focus during the year following the Care Quality Commission's (CQC) inspection in November 2023 as part of the national maternity inspection programme. Work is ongoing to complete the must and should-do actions identified by the CQC, along with those from a combined NHS England maternity safety support programme (MSSP) diagnostic visit and ICB oversight visit. Somerset NHS Foundation Trust were onboarded to the MSSP in March 2025.

The newly formed perinatal team will be taking forward the local maternity and neonatal system (LMNS) work with the ongoing support and collaboration from Dorset. There is a renewed focus on achieving compliance with the three-year delivery plan for maternity and neonatal services, the saving babies lives care bundle, the equity and equality action plan and the maternity incentive scheme.

Infection Prevention Management

Our infection prevention management (IPM) team has continued to work collaboratively with regional and national healthcare partners responding to the needs of the population providing support, resources, education, and training opportunities across the Somerset system. The team are proud to have been the first county to have developed and launched a collaborative immunoglobulin pathway in response to the measles outbreaks across England.

During the year the IPM team have worked proactively in response to the national increase in clostridium difficile infections along with other workstreams, including:

- Hydration and reduction of urinary tract infections (UTI's).
- Development of education program for care homes due to be launched April 2025
- Development of dental framework.
- "Gloves off campaign" launched across primary care and adult social care with two GP surgeries and one care home volunteering to be pilot sites.
- Launch of primary care IPM lead nurses' development days.

PALS: Patient Advice and Liaison Service

Our patient advice and liaison service (PALS) offers advice and support to patients, their families and carers. We listen and respond to concerns, suggestions or queries. In 2024/25 our PALS supported in excess of 1000 queries from people to find the information needed about NHS services in Somerset.

The PALS team work closely with quality and primary care colleagues to ensure insights are shared and used to inform our wider engagement, commissioning decisions and improve the patient experience. The main themes arising from the enquiries were access to general practice, NHS dentistry services and Covid-19 vaccinations.

Engaging People and Communities

Working with People and Communities

By, listening to, involving and empowering our people and communities, NHS Somerset ICB can ensure we are putting our population's needs at the heart of all we do.

Our Working with People and Communities Engagement Strategy outlines our strategic approach to involving people and communities. Our strategy aligns with the 10 national principles of partnership involvement published by NHS England and our legal duties.

We want the people of Somerset to work with us to help develop their local health and care services and have meaningful involvement and influence in decision-making. We continue to find inclusive ways of reaching and listening to people, specifically those with poor health and the greatest needs, so we can better understand how to improve their access and experience of services and support their health and wellbeing.

We will continue to work to see if we are making a difference, not only by looking at facts and figures, but also asking people how well we are doing.

Governance Structures to Support Involvement and Engagement

Our NHS Somerset constitution details how we involve the public in our governance. Our ICB Board meetings are open for the public to attend. Members of the public can raise public questions prior to the meeting. Papers are published on the NHS Somerset website here: NHS Somerset ICB Board Papers.

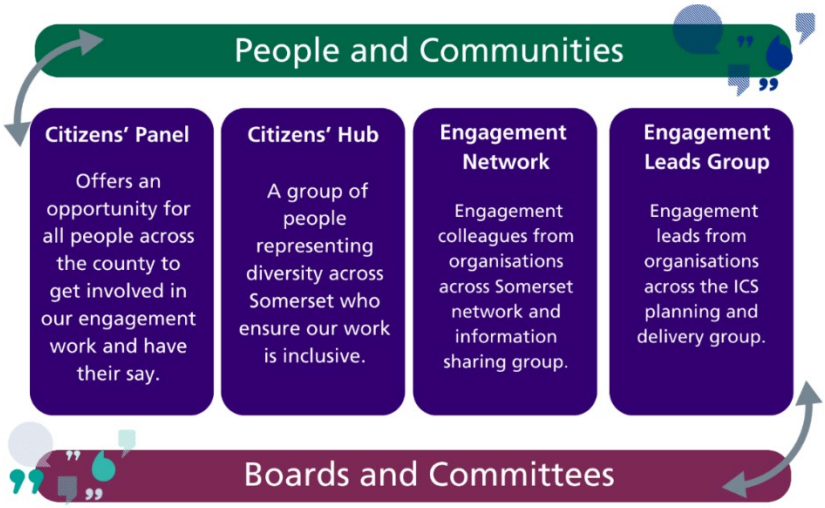
Our Engagement Networks and Mechanisms

During 2023/24, we renewed our engagement structures to ensure alignment with the delivery of our strategic aims, that the voices of different communities are heard and that we can work collaboratively to improve health and care in Somerset.

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

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

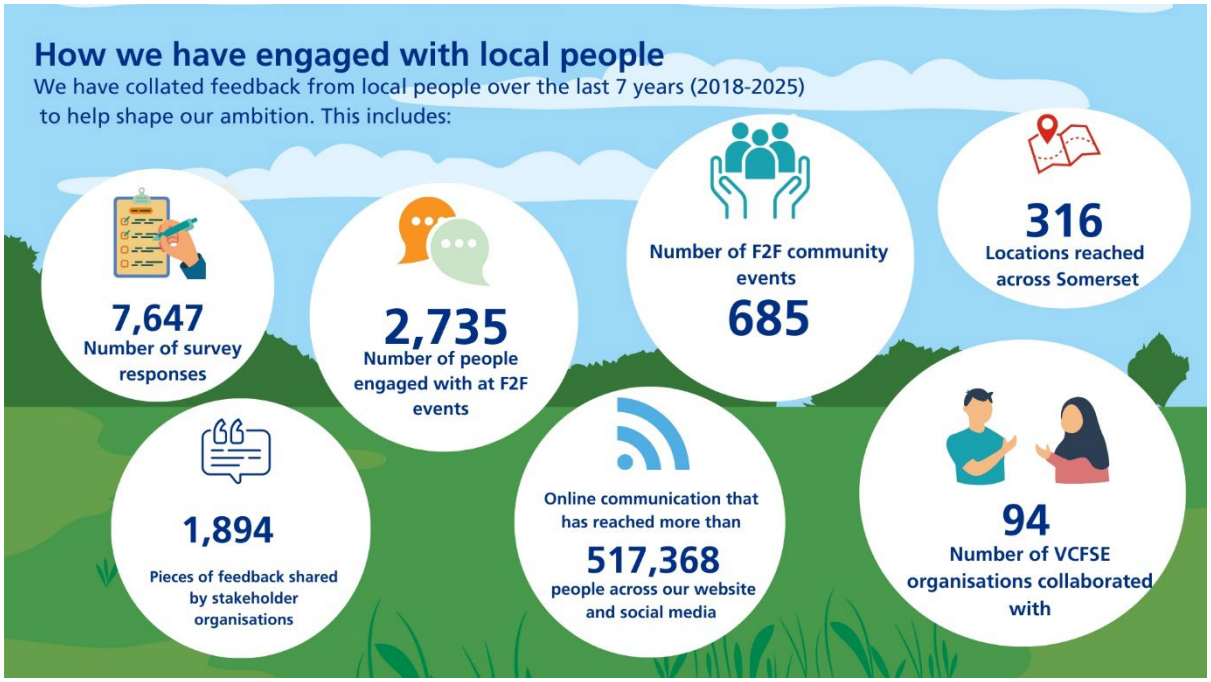
Read about our engagement structures and how we involve people and communities.



The voluntary sector assembly, called the Somerset VCSFE Collaborative, is led by Spark Somerset to ensure it runs effectively and has inclusive geographic coverage. The assembly is open to all VCFSE organisations in Somerset and is a collaborative forum for the voluntary sector to work together as part of Somerset ICS.

Working with People and Communities

We continue to produce our spotlight reports which highlights our activity and key themes from our work with people and communities.



Our process of public involvement for service change ensures we meet our legal duties to involve, beginning our engagement at an early, developmental stage.

NHS Somerset ICB is a member of the Consultation Institute, who provide us with specialist consultation advice and guidance.

We are committed to making our public engagement activities and involvement opportunities as accessible as possible and we want to make sure that people with differing needs can take part. For example, we use wheelchair accessible venues, we can access language and British Sign Language (BSL) interpreters and have a portable hearing loop for engagement events and meetings.

We have supported and led several engagement programmes and examples of these can be found on our website: Our work with people and communities and for more information about our work with our Citizens' Panel - NHS Somerset ICB.

Feedback received from public engagement and consultation is reported and heard at multiple levels of NHS Somerset ICB's governance structure, from the Board itself through all tiers of the organisation. This helps to promote discussion, ensuring public voices influence decisions about the development of services.

The following two areas are examples of our engagement work in 2024/25:

Somerset's Big Conversation

From May to October 2024, our Somerset's Big Conversation roadshow engaged with people across Somerset.

Through Somerset's Big Conversation, which included marginalised groups, displaced people, and refugees, we have gained a deeper understanding of the barriers to accessing healthcare, social services and community resources.

NHS Somerset's engagement team, working alongside other Our Somerset partners, held conversations with communities to discuss our Our Integrated Health and Care Strategy for Somerset, posing broad questions to understand what matters most to them. We also used the events to take our public campaigns on the road, including our take 'the pressure off' hypertension initiative.

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

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

Building on the successes and lessons learned from Somerset's Big Conversation in 2024, NHS Somerset ICB is committed to evolving and expanding this initiative for 2025. This will involve deeper engagement with underrepresented groups to ensure voices are heard from across the Somerset population.

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

Change NHS – Engaging Communities on the 10-Year Health Plan

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

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

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

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

Locally, the shifts align with the Our Integrated Health and Care Strategy for Somerset and engagement work, run in partnership with Healthwatch Somerset, Somerset NHS Foundation Trust, Spark Somerset and other VCFSE partners, including:

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

Working with other health systems in the South West to share the responsibility of engaging with a diverse range of groups experiencing health inequalities, Somerset agreed to carry out focussed engagement with the following groups: armed forces, rural communities, children and young people and our VCFSE sector. This involved working closely with the relevant colleagues from across health and social care, as well as VCFSE sector partners to attend a range of events and venues, such as veterans' breakfasts, rural health hubs, markets, community support groups and the Youth Parliament.

All feedback has been submitted to the national campaign, will be used as part of a South West regional analysis and in Somerset to help develop our strategy for local services.

Engagement Support to GP Practices

Our engagement team continues to support GP practices and patient participation groups (PPGs) to engage with their practice population about changes and developments such as branch closures, staff changes and premises developments.

In addition to our weekly GP bulletin, we provide communications' resources for our practices to support them in their communications to their patients. In Somerset, we have a county-wide network of active PPG chairs who meet on a bi-monthly basis. NHS Somerset ICB has continued to support and work with our PPG chairs' network.

Engagement to Reduce Inequalities

It is important that we involve a wide range of individuals from all groups in our work. It is also important that we listen to and engage with under-represented communities, and those who are often not heard, such as carers, homeless people, veterans, and people living in deprivation, to share their views and have their voices heard to address health inequalities. We do this by building on our existing relationships and working in partnership with key stakeholders in the VCFSE sector.

We use our equality impact assessment (EIA) process and health equity assessment Tool (HEAT) to help us understand any necessary targeted interventions.

We hold a participation fund to support organisations to engage with communities who we may not be able to effectively reach ourselves.

Communications

Opportunities to get involved are promoted via our Citizen's Panel, via our VCFSE partners, ICS newsletter, the NHS Somerset ICB website, our social media channels and via the media.

We continue to grow our social media presence to engage and promote opportunities to have your say to a wide audience. This includes developing more of a presence on Next Door where we receive a high rate of interaction.

We aim to promote the work of NHS Somerset ICB in an open and transparent way and share information about our work and how people can get involved, for example:

- We have an ICS (Our Somerset) newsletter with a wide audience and more opportunities to get involved.

- We work with key communities to ensure our website meets the needs of different communities and is accessible. We have launched a working group to progress this work further.

- We use social media and other digital platforms to provide opportunities for open and honest engagement. Information is presented in ways that are easy to digest via infographics, short videos and animations, case studies, and pictures. We ensure posts can be shared easily, helping to reach a wider audience. We have trialled polls and insight gathering via social media, which is generating valuable perceptions from a wider audience. We utilise organic and paid for content. We work with our system partners to share and amplify each other's content.

- Press releases are posted on our websites, shared on our social media channels and sent to our media distribution contacts. We have seen increased local and national media coverage and this is an area we will continue to grow and develop.

- We run local campaigns, both ICB-led and jointly with the wider ICS. These have included our live well this winter, Covid-19 vaccination; flu vaccination winter campaign; sloppy slippers and hypertension. These were multichannel campaigns running across social media, digital platforms and out of home.

We give feedback to people about how their engagement has made a difference. We use our 'you said, we are doing' templates so we can consistently provide feedback to people and demonstrate the difference they are making.

Personalised Care and Patient Choice

NHS Somerset ICB is committed to promoting the involvement of patients, carers and families in their personalised care journey and has an ambitious programme of work to support this. This sits within the personalised care steering group project plan and has clear actions and milestones. The group has broad system representation and feeds into and is held to account to deliver to the Joint Forward Plan (JFP) and operating model by the ICB programme boards. Key areas of this work include:

- Public and workforce communication and engagement.
- Public engagement personalised care campaign.
- Patients, carers and community involvement in Somerset's personalised care approaches.

Shared decision-making is a key component to deliver a personalised care approach across Somerset. Supported by a transformation and quality improvement process, the personalised care steering group have co-produced the vision:

"Our connected Somerset system will enable individuals to be equal partners in decision-making, based on what matters to them-making this the golden thread that runs through everything we do."

Shared decision-making is a collaborative process that involves a person, their carer and their healthcare provider working together to reach a joint decision about care.

As described in our Primary Care Strategy, the ICB is committed to deliver on the Fuller stocktake via co-designing an approach to integrated neighbourhood working which provides person centred approaches to supporting people to live the best and most fulfilling lives they can, to include all elements of the comprehensive model of personalised care.

The work of the steering group has focused on the following key areas:

- The embedding of true shared decision-making across all aspects of care and support.

- The implementation of formal personalised care and support planning for our most complex individuals and across maternity services in the first instance.
- Implementing a communications, training and engagement programme to ensure understanding of enabling choice, including legal rights to choice.
- Further roll-out and consistency across the county of social prescribing and community-based support.
- The implementation of programmes to supported self-management across the county for a range of conditions.
- The increased use of personal health budgets and integrated personal budgets.

Patient choice including legal right to choice is one of the six components of the comprehensive model of personalised care. Shared decision-making, personalised care and support planning (PCSP), personal health budgets (PHB), supported self-management and social prescribing and community-based support all enable patient choice and are all part of the personalised care project plan. In Somerset we are working with teams across our system to understand how they support patient choice and what learning can be taken from exemplar teams across the county who embed patient choice in their approach and team culture.

We are committed to ensuring the right patient choice is upheld and we have worked with NHS England to develop our choice plan. We regularly communicate with our GPs so that all relevant choice options are selected for our patients. This is supported by the South Central and West Commissioning Support Unit (SCW CSU) who provide our GP liaison and e-RS support services. This includes advice and support on where waiting times might be less for a particular service. Through the patient initiated digital mutual aid system (PIDMAS) process we have been encouraging patients who are already waiting to exercise the choice to be seen elsewhere where waiting times are less.

We have published our provider accreditation process Our Constitution and Governance - NHS Somerset ICB to increase the offer for our patients in Somerset. Our hospital at home programme enables patients to improve the choice they have about how and where their care is delivered. We have multiple examples of the service enabling patients to go home from hospital earlier. Our respiratory at home service works closely with all chronic obstructive pulmonary disease (COPD) exacerbations to help patients understand their condition and medications much better giving them a greater chance of avoiding many of the hospital stays they would previously have experienced. Patients will often self-refer to the service at the early stages of an exacerbation for support, helping them to remain at home in line with their wishes.

Much of the work of the frailty hospital at home is working with individuals, their carers and families to provide hospital level care at home, avoiding an admission altogether. We have multiple examples of the team supporting a patient in line with their treatment escalation plan (TEP) or advanced care plan where the patient has specifically stated they do not wish to be admitted to hospital. This has included supporting patients to die in the place they call home.

We are working with our Somerset system colleagues to develop a standard approach to personalised care and support planning (PCSP) in order to be able to capture personalised conversations, patient choice and support people to be able to tell their story once, to the right person at the right time in the right place. We are co-producing this approach with the support of a community led task and finish group and we are supported by our digital team.

Non-Financial Information – Staff Diversity and Inclusion Policy, Initiatives and Longer-Term Ambition

Social Matters

Community Engagement and Workforce Wellbeing

Commitment to equality and inclusion: The equality and equity improvement action plan outlines efforts to improve workforce diversity, equity, and inclusion. This aligns with the NHS Equality, Diversity, and Inclusion Plan (2023) and addresses inequalities in staff and patient experiences.

Health and wellbeing initiatives: The Somerset ICS is actively engaging with VCSFE organisations to support staff wellbeing and address workforce health inequalities. Other initiatives include a focus on psychological support, well-being conversations, and staff engagement programs to improve staff experience.

Freedom to Speak Up (FTSU): Somerset ICS has been rated highly for its FTSU programme, ensuring staff can raise concerns in a safe and supportive environment. Significant work has been undertaken to support primary care in implementing a robust FTSU program, fostering a positive workplace culture and system-wide collaboration.

Sustainability and Ethical Business Practices

Equality, diversity and inclusion reporting and transparency: Regular Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Equality Delivery System (EDS22**)** reports ensure compliance with the Public Sector Equality Duty (PSED).

Flexible working and talent development: Flexible working policies are in place and being continually improved to promote work-life balance. A talent management plan is being developed to enhance diversity .

Respect for Human Rights

Legal and Ethical Commitments

NHS Somerset ICB upholds NHS and UK legal obligations under the Equality Act 2010, including:

- Eliminating discrimination across race, disability, gender, and other protected characteristics.
- Addressing workplace bullying, harassment, and discrimination with clear policies and reporting mechanisms.

Pay Equity and Fair Labour Practices

Gender pay gap reporting: Work is underway to eliminate pay disparities across gender. The Gender Pay Gap report 2025 identifies an average pay gap of 31.6% between male and female colleagues within the ICB. This represents a 6% reduction since March 2022, demonstrating measurable progress and the positive impact of the organisation's ongoing initiatives to reduce pay inequality, such as using Executive Jobs pages for specific board-level opportunities which have a wide audience, with flexible working options offered if appropriate.

Sexual safety charter: The Somerset ICS has signed up to the NHS Sexual Safety Charter, committing to a zero-tolerance approach to harmful workplace behaviours.

Equality, Diversity and Inclusion (EDI)

People and Culture Committee

The People and Culture Committee plays a key role in supporting the ICB's people and culture objectives by:

- Providing oversight on people-related matters.
- Scrutinising the delivery of people strategies to manage risks effectively.
- Overseeing leadership development and talent management to build a future-ready workforce.
- Managing workforce planning and forecasting, recruitment and retention, education and training.
- Developing policies, processes, and systems that embed the ICB's values and behaviours.
- Ensuring a culture of inclusion and staff well-being to create a supportive working environment.

Disability Confident Scheme

NHS Somerset ICB is a member of the Disability Confident Scheme, which helps employers attract, recruit, and retain disabled talent while fostering an inclusive workplace.

The programme is being strengthened to support:

- Inclusive recruitment practices: ensuring that hiring processes are accessible, barrier-free, and encourage applications from disabled candidates.

- Development of targeted support programmes: expanding learning and development opportunities to empower staff to engage with their specific needs.

- Personalised reasonable adjustments: Enhancing the onboarding process to proactively discuss and implement tailored adjustments from day one, ensuring employees have the support they need to thrive.
- Manager and peer training: Providing training to hiring managers and colleagues on best practices for workplace accessibility and supporting colleagues with neurodiversity and/or a disability.

Through these enhancements, NHS Somerset ICB aims to move towards Disability Confident Level 2, embedding a culture of equity, empowerment, and proactive support for disabled employees.

Inclusive Workforce and Leadership Accountability

Board commitment: All ICB leaders and executives are developing specific, measurable EDI objectives. In addition, recruitment and leadership diversity are key areas for improvement.

Staff training and cultural awareness: Regular EDI and cultural competency training, including lunch & learn sessions on allyship, LGBTQ+ care, and anti-discrimination policies.

Progress and challenges: Good progress has been made in workforce inclusion, though resource constraints remain a challenge in fully rolling out national EDI initiatives.

Governance and Next Steps

Governance and Reporting Structure

Regular regional and system-level reporting on EDI progress to the People and Culture Committee, Safeguarding Committee and Quality Committee and HR leadership teams. Regional assurance reports help track key performance indicators.

Future Actions (2025-2026)

1. Strengthen partnerships with community organisations to address health inequalities.
2. Continue gender and ethnicity pay gap analysis and implement targeted actions.
3. Enhance flexible working policies and well-being programs to improve staff retention and satisfaction.
4. Expand leadership diversity initiatives by implementing a talent pipeline strategy.
5. Further develop data integration processes to better measure and track EDI outcomes.

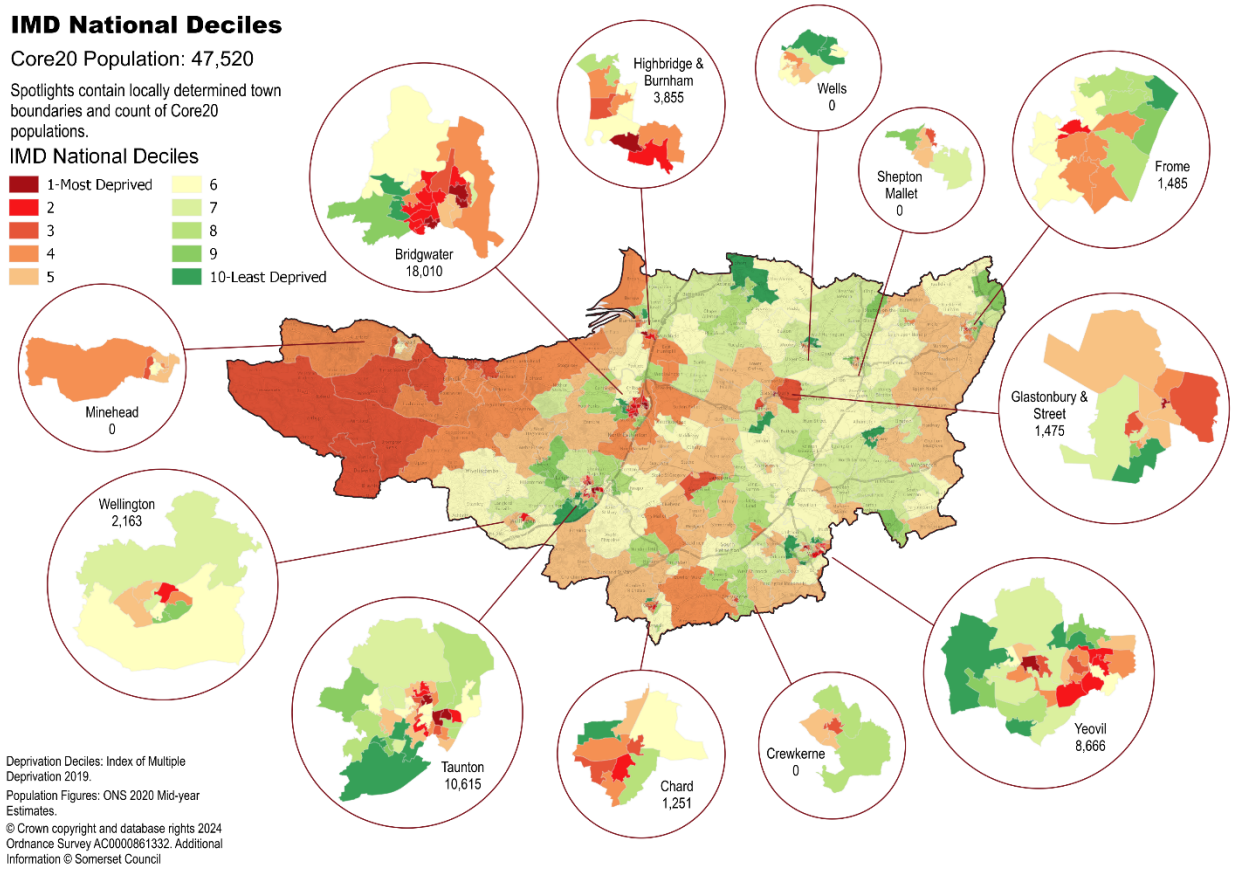
Reducing Health Inequalities

Health inequalities refer to the avoidable and unfair differences in health outcomes and access to healthcare experienced by different groups within a population. These disparities are influenced by various factors, including socioeconomic status, geographical location, ethnicity, education, gender and employment. They manifest in differences in life expectancy, prevalence of certain health conditions and the quality of care received. These inequalities are often rooted in broader social, economic, and environmental conditions, known as the wider determinants of health.

Healthcare inequalities are more directly linked to how the healthcare system serves different groups. For instance, individuals in deprived areas may face longer waiting times or limited access to specialist care, exacerbating existing health issues. Populations most impacted by health inequalities often live in areas of multiple disadvantage, are influenced by geographical factors affecting access to services and belong to groups with protected characteristics or inclusion health groups.

The Marmot Review, first published in 2010, highlighted that people living in the poorest neighbourhoods in England die several years earlier than those in the richest neighbourhoods and spend more of their lives with disease or disability. An update in 2021 showed that improvements in life expectancy had stalled, health inequalities had widened and more people were living in poor health.

Somerset faces unique challenges, with rurality and coastal communities being unfairly impacted. The county has seen a significant increase in refugees and asylum seekers, and there are approximately 600 people experiencing homelessness, with about 50% engaging with health services. Vulnerable groups such as gypsy, roma, traveller, and other migrant populations also face significant health challenges.



NHS organisations are legally required to collect, analyse and publish data on health inequalities annually. Somerset's Population Health Transformation Management Board has prioritised addressing health inequalities through various programmes and initiatives. These include the Core20PLUS5 approach, which aims to reduce inequalities for both adults and children, and specific projects such as elective care recovery, homeless health programmes, hypertension case finding, and smoking cessation.

The report aims to provide a comprehensive overview of health and care issues, highlighting disparities related to deprivation, gender, age, and ethnicity, and focusing on key messages for specific health conditions or groups. The goal is to enhance local data collection and reporting practices to better address health inequalities in Somerset.

To read more key messages from the data that has been collected in line with our legal requirements, along with work currently being undertaken to address health inequalities see: NHS Somerset - Tackling Healthcare Inequalities: Data and Insights

Innovation and Research

NHS Somerset has established a research and innovation function to fulfil our statutory duties related to research and innovation. These duties include:

- The duty to facilitate or otherwise promote research.
- The duty to facilitate or otherwise promote the use of evidence obtained from research within the health service.
- The duty for ICSs to incorporate research within their joint forward plans and annual reports.
- The duty to facilitate or otherwise promote the use of evidence obtained from research within the health service.

Research-led Evidence Supporting Health Service Development in Somerset (2024/25)

An example of Somerset ICB facilitating, promoting and using research in 2024/25, include two researcher-in-residence programmes contributed which significantly to health service development in Somerset, focusing on community and open mental health. Researchers from the University of Plymouth were embedded within local services to evaluate and support implementation of a service improvement initiative and a diversity and access project.

The service improvement project addressed challenges in implementing nationally mandated changes to the Care Programme Approach (CPA), which many providers have struggled to operationalise. Researchers collaborated with Somerset NHS Foundation Trust to gather and analyse qualitative data, developing a Realist understanding of local implementation. This work identified staff support needs and key contextual factors, resulting in a co-produced Somerset implementation guide and informing a forthcoming national resource which will inform practice nationwide.

The Open Mental Health Community Engagement project aimed to enhance access for underserved populations, including Gypsy, Romany and Traveller communities, veterans, refugees, people on low incomes, and those who are deaf or neurodivergent. The embedded researcher evaluated the project's impact on service provision and access, identifying effective elements for ongoing inclusion and diversity work. Findings informed adjustments during the project and will be detailed in a forthcoming national report.

In both projects, the embedded research model enabled real-time feedback to local and strategic leaders, supporting timely improvements in service delivery ahead of final publications.

Facilitating Research and Innovation across Somerset

A strategy group has been convened, comprising representatives from system partners, including the VCFSE sector, Somerset Council, primary care, Somerset NHS Foundation Trust, and NHS Somerset. This group has developed a draft research and innovation strategy. Action plans are currently being formulated to implement this strategy, incorporating key initiatives undertaken this year:

- **Developing our workforce to enhance research and innovation skills:**
    - Submission of an application to become a research fellow.
    - Acceptance of a poster for the Focusing on More – Healthier eating for all at the Developing a Research Skilled Workforce conference in April which won delegates choice award for best poster FOM Surfing the Wave Poster. Led by Lesley Harper, Registered Dietitian at Somerset ICB, and Tamara Bennett, Registered Public Health Nutritionist at Somerset Council, Focusing on More provides invaluable evidence-based insights into the microbiome, nutrition, and health. Their sessions are designed to help colleagues understand how the foods we eat influence our gut microbiome and overall wellbeing. Evidence is demonstrating that the campaign is leading to positive and sustainable dietary changes and improvements in the health & wellbeing of Somerset health and social care workforce.

- **Embedding research and innovation within the transformation** management **office processes**, ensuring that research and innovation are integral from the outset from the outset of transformation programmes.

- **Expanding research activity within primary care** by collaborating with the general practice support unit (GPSU) to enhance primary care participation, thereby enabling wider community involvement in research. We have been successful in bidding for additional funding from the National Institute of Health Research (NIHR) Research Delivery Network to support this work.

- **Increasing public and patient involvement in research** through the research engagement network (REN) programme. This initiative aims to identify and address underrepresentation in research and develop an effective model for research engagement and involvement. This work has enabled us to identify across Somerset research is taking place and more importantly, the communities who are

not currently involved in research. This has informed our plans for engaging these communities next year.

- **Strengthening partnerships beyond Somerset**, including:
  - **Contributing** to the delivery of the peninsula research and innovation partnership (PRIP), a collaboration involving Cornwall and Isles of Scilly, Devon and Somerset ICBs, the Universities of Exeter and Plymouth, PenARC, the National Institute for Health and Care Research (NIHR) Research Delivery Network (RDN), and Health Innovation South West. Examples of projects Somerset has benefited from include:
    - About Lung Health @home - Health Innovation South West
    - Heart Failure optimisation
    - Evaluation of the Point of Care testing in South Somerset Point of care testing supports patients to receive timely respiratory care in the community - Health Innovation South West
    - Lipid management, aiming to reduce the risk of CVD and CVD related deaths in Somerset by increasing service provision; enhance support and co-ordination across the pathways and enhance patient care by improving identification, management and optimisation of patients.
  - Supporting PenARC's application for collaboration (ARC) 2 bid.
  - Assisting researchers in securing funding that aligns with our strategic priorities.
- **Addressing the absence of a university within Somerset** by fostering relationships with universities across the South West to enhance research opportunities and collaborations. This has included support for the newly established Integrated Care Academy at University of West England Integrated Care Academy - Civic engagement and community | UWE Bristol.
- **Identifying and securing funding to support research and innovation**, ensuring sustainable development and growth in this area. This includes actively seeking grants, forming partnerships with funding bodies, and supporting researchers in accessing financial resources that align with strategic priorities. Additionally, we are working with national and regional stakeholders to identify emerging funding opportunities and promote investment in Somerset's research and innovation landscape.
- **Establishing a baseline assessment of research and innovation activity**, which will take place in Q1 2025/26. This exercise will provide a comprehensive overview of current research engagement across the system, identifying strengths, gaps, and opportunities for growth. The findings will inform future strategy development and ensure a targeted approach to enhancing research and innovation within Somerset.

These efforts collectively reinforce NHS Somerset's commitment to fostering a research-rich environment, ensuring that innovation is embedded within healthcare delivery and that research findings translate into tangible benefits for our communities.

Education and Training

Education and training are a key component of our plans. Our ICS People Board maintains oversight across the system for ensuring that education and training are built into everything we do.

We have extensive and collaborative relationships with a wide number of education providers. We are currently working in partnership with more than 10 universities across England to support and develop future healthcare professionals in training. Within the county we are working directly with Bournemouth University (Yeovil campus) and University Centre Somerset (Taunton campus) to continue to grow the local provision of degree nursing education. We also partner with all our local further education providers to support local training opportunities including T Level placements, work experience, careers promotion activities and opportunities to widen access into healthcare careers.

We are using the vision developed from our 'workforce 2035 scenario planning' programme to support the development of our longer-term education and skills strategy aligned to the Government's three shifts for healthcare, and we are continuing plans for the redevelopment of the Grade 2 listed old Bridgwater Hospital and satellite centre in Minehead as a future training Academy for health and social care to develop the skills and capabilities our workforce will need now and in the future.

We are developing our approach to supporting learners effectively and inclusively at all levels and across all sectors, responding to the national safer learning environment charter, and we will continue to support expansions in education pipelines to meet the needs of the NHS Long Term Plan, and develop new local apprenticeship and degree routes for other professions building on our success with nursing education.

To ensure that we are an inclusive employer and encourage socio economic regeneration we have continued to develop our programmes of work in relation to barriers to employment, including our care leavers, volunteer to care, workwell and sector based academy programmes.

Financial Review

Finances

NHS England has directed, under the National Health Service Act 2006 (as amended), that ICBs prepare financial statements in accordance with the 'Group Accounting Manual (GAM)' issued by the Department of Health. The GAM is drafted to meet the requirements of the Government Financial Reporting Manual (FReM). The financial

information included in this section of our Annual Report is taken from the financial statements for the period 1 April 2024 to 31 March 2025.

Overview

NHS financial arrangements for 2024/25 continued to support a Somerset system based approach to planning and delivery. At a national level, total ICB allocations (including COVID 19 and elective recovery funding (ERF)) were flat in real terms with additional funding available to expand capacity. Core ICB capital allocations for 2024/25 had already been published. ICBs and NHS primary and secondary care providers were expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners.

The financial framework continued with population-based funding with a move back to system fair shares allocations via convergence adjustments. Health systems were expected to:

- Deliver a balanced net system financial position for 2024/25.
- Achieve core service recovery objectives.
- Develop robust plans and deliver specific efficiency savings and raise productivity consistent with the goals set out in national guidance to increase activity and improve outcomes within allocated resources.
- Put in place strong oversight and governance arrangements to drive delivery, supported by clear financial control and monitoring processes.
- Produce plans that included systematic approaches to understand where productivity has been lost and the actions needed to restore underlying productivity.
- Reduce agency spending, corporate running costs, procurement and supply chain costs, improve inventory managements and purchase medicines at the most effective price point.

Our Somerset health system produced an operational plan for 2024/25 which delivered a balanced net system financial position. Monthly finance reports presented throughout 2024/25 have reported progress against these plans, with analysis of any variances.

ICBs have a duty to deliver financial balance independently of the ICS (section 223GC of the 2006 Act). This promotes careful financial management and reflects legislation that requires NHS England and ICBs to manage within a fixed budget. Additionally, NHS Somerset ICB were required to ensure that we do not exceed our running cost allocation limit, which is published as part of ICB allocations.

NHS Somerset ICB has delivered a balanced financial position against its allocated revenue resource for the period 1 April 2024 to 31 March 2025.

Financial Duties

During the financial period 1 April 2024 to 31 March 2025, our performance against our financial duties is demonstrated in the table below:

Target Performance	Achieved
Expenditure not to exceed income	✓
Capital resource use does not exceed the amount specified in Directions	✓
Revenue resource use does not exceed the amount specified in Directions	✓
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	N/A
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	N/A
Revenue administration resource use does not exceed the amount specified in Directions	✓

Analysis of Financial Performance

NHS Somerset ICB has a statutory duty to maintain expenditure within the resource limits set by NHS England.

Revenue expenditure covers general day-to-day running costs and other areas of ongoing expenditure. As demonstrated in the table below, NHS Somerset ICB has met its statutory duty to operate within its revenue resource limits for the period 1 April 2024 to 31 March 2025.

Analysis of Financial Performance 1 April 2024 to 31 March 2025	**Programme Costs £'000**	**Running Costs £'000**	**Total Revenue Resource £'000**
Total net operating cost for the financial year	1,457,513	11,940	1,469,453
Final in year revenue resource limit for the year	1,456,568	12,907	1,469,475
Surplus/(deficit) in year	**(945)**	**967**	**22**

Capital resource is made available for long-term spend such as new buildings, equipment, and technology. We have been directly allocated capital resource of £85,000 for Corporate Information Technology and have met our statutory duty to not exceed this resource for 2024/25, as demonstrated in the table below.

Analysis of Financial Performance 1 April 2024 to 31 March 2025	**Total Capital Resource £'000**
Total net capital cost for the financial year	85
Final in year capital resource limit for the year	85
Surplus/(deficit) in year	**0**

Our joint capital resource plan can be found here:

https://nhssomerset.nhs.uk/wp-content/uploads/sites/2/Joint-Capital-Resource-Use-Plan-2024.pdf

Running Costs

NHS Somerset ICB was funded a total of £12.907 million for the period 1 April 2024 to 31 March 2025 to support headquarters and administration costs. ICB running cost allocations (RCAs) are subject to a 30% real terms reduction per ICB by 2025/26, with at least 20% to be delivered in 2024/25. Our RCA included:

- Funds totalling £2.406m transferred from NHS England in relation to staffing and administration costs associated with the South West collaborative commissioning hub. This function has been hosted by NHS Somerset ICB since 1 July 2023
- Additional funding of £1.42 million released in-year to support an increase in employers' pension contributions.

Total expenditure recorded against running costs for the period 1 April 2024 to 31 March 2025 was £11.940 million, ensuring that we delivered against our financial duty to ensure that revenue administration resource use does not exceed the amount specified in Directions.

To facilitate the effective running of our organisation, we continue to review those functions which we provide in-house and those which are provided by South, Central and West Commissioning Support Unit (SCW CSU). The services commissioned via the SCW CSU covers business intelligence support, information technology and information governance support, procurement services support, care navigation services, GP IT services, and additional consultancy and project support.

Financial Governance

NHS Somerset ICB's Finance Committee and Board receive regular reports on the financial performance of the ICB and the wider Somerset health system, which provide considerable assurance and documentary evidence of financial performance. Other reports include risk register reviews, financial plans and ad-hoc reports and information as required. We also submit monthly and quarterly information to NHS England as part of the ICB and wider Somerset health system assurance process.

The Finance Committee meets monthly to review the financial position and identify mitigating actions to ensure we strive to deliver to our financial targets.

We have an established Audit Committee whose role is centred on ensuring the adequacy and effectiveness of the organisation's overall internal control systems. The Audit Committee is an assurance committee of the ICB Board and comprises three non-executive members. Grahame Paine chairs the ICB Audit Committee. Four meetings

were held between 1 April 2024 and 31 March 2025, and the committee members considered:

- governance, risk management and internal control
- internal audit
- external audit
- counter fraud
- other assurance functions

Through the work of the Audit Committee, the ICB Board has been assured that effective internal control arrangements are in place.

A full set of NHS Somerset ICB's Annual Accounts for the reporting period 1 April 2024 to 31 March 2025 are included in Appendix 1 of this report and describe how we have used our resources to deliver health services to residents of Somerset during the period. An explanation of the key financial terms can be found as an Appendix at the end of the Annual Accounts.

A full copy of the set of audited accounts is available upon request, without charge, from:

Alison Henly
Chief Finance Officer and Director of Performance and Contracting
Wynford House
Lufton Way
Yeovil
Somerset
BA22 8HR

E-mail: alison.henly@nhs.net

Alternatively, the full document can be viewed on our website at:
www.nhssomerset.nhs.uk

Cash Flow

NHS Somerset ICB's cash position is reported monthly to the Finance Committee. In addition, detailed monthly cash flow monitoring and forecasting is in place with NHS England.

Better Payment Practice Code

We are required to pay our non-NHS and NHS trade payables in accordance with the Confederation of British Industry (CBI) Better Payment Practice Code. The target is to pay non-NHS and NHS trade payables within 30 days of receipt of goods or a valid

invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

Our performance for the period 1 April 2024 to 31 March 2025 is summarised below:

Measure of compliance	1 April 2024 to 31 March 2025 Number	1 April 2024 to 31 March 2025 £000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	19,947	378,451
Total Non-NHS Trade Invoices paid within target	19,937	378,384
Percentage of Non-NHS Trade invoices paid within target	**99.95%**	**99.98%**
NHS Payables		
Total NHS Trade Invoices Paid in the Year	887	972,571
Total NHS Trade Invoices Paid within target	883	972,566
Percentage of NHS Trade Invoices paid within target	**99.55%**	**100.00%**

NHS Somerset ICB achieved the required 95% target to pay NHS and Non-NHS trade payables within 30 days (unless other terms had been agreed).

Contingent Liabilities

A contingent liability is a possible obligation depending on whether some uncertain future event occurs or a present obligation where payment is not probable, or the amount cannot be measured reliably.

We have a contingent liability for the period 1 April 2024 to 31 March 2025 relating to:

- Continuing healthcare (CHC) cases - to reflect a risk associated with the provisions estimate made for pending CHC eligibility assessments and appeals.

The financial value of this contingent liability is not considered to be material.

Services

The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is important evidence of going concern. We are not aware of any plans that would fundamentally affect the services provided to an extent that the organisation would not continue to be a going concern.

Accounting Policies

Full details of the accounting policies used to prepare the accounts and summary financial statements can be found within Note 1 of the ICB's audited accounts (see Appendix 1).

ICB Board Members

Full details of the remuneration paid to Board members and senior employees are provided within the Remuneration and Staff Report section of this report, together with their pension entitlements and declarations of interest.

External Audit

Grant Thornton UK LLP is the appointed external auditor for NHS Somerset ICB. The total fees payable to Grant Thornton UK LLP by the ICB for 2024/25 were;

- £233,520 including VAT to cover the cost of the statutory audit, value for money audit requirements and associated services for the ICB.
- £44,400 including VAT to cover the cost of assurance work carried out on the Mental Health Investment Standard (MHIS) compliance statement for 2023/24.

Governance Statement

The Chief Executive, as Accountable Officer, publishes an Annual Governance Statement, confirming the systems for managing risk within NHS Somerset ICB. This statement is supported by the Head of Internal Audit who provides an opinion on the overall arrangement for gaining assurance through the Assurance Framework and on the effectiveness of the controls in place to mitigate risks.

A copy of the full Governance Statement is included in the Governance Statement section of this Annual Report and is also available on request or can be viewed on the ICB's website at:

www.nhssomerset.nhs.uk

Operational Financial Planning 2025/26

In January 2025, NHS England published 2025/26 priorities and planning guidance and supporting information including productivity/efficiency benchmarking data. Other linked document and information was shared with systems, including:

- One year revenue and capital allocations for 2025/26 and supporting guidance.
- NHS financial framework (business rules), revenue finance and capital guidance documents.
- Better Care Fund framework and planning requirements.

- Plan submission guidance.
- NHS Payment Scheme 2025/26 consultation.
- NHS Standard Contract 2025/26 consultation.

2025/26 Priorities

Reduce the time people wait for elective care: improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement.

Systems are expected to continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.

Improve A&E waiting times and ambulance response times compared to 2024/25: with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26.

Improve patients' access to general practice: improving patient experience, and improve access to urgent dental care, providing 700,000 additional urgent dental appointments.

Improve patient flow through mental health crisis and acute pathways: reducing average length of stay in adult acute beds and improve access to children and young people's (CYP) mental health services, to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019.

Ways of Working Whilst Delivering These Priorities

Drive reform: ICBs and providers to focus on:

- Reducing demand through developing Neighbourhood Health Service models with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care.
- Making full use of digital tools to drive the shift from analogue to digital addressing inequalities and shift towards secondary prevention.

Live within the budget allocated, reducing waste and improving productivity:

- ICBs, trusts and primary care providers must work together to plan and deliver a balanced net system financial position in collaboration with other partners. This will require prioritisation of resources and stopping lower-value activity.

Maintain focus on the overall quality and safety of our services: paying particular attention to challenged and fragile services including maternity and neonatal services,

delivering the key actions of 'Three-year delivery plan', and continue to address variation in access, experience and outcomes.

Address inequalities and shift towards prevention: ICSs must explicitly agree local ambitions and delivery plans for vaccination and screening services and services aimed at addressing the leading causes of morbidity and mortality such as cardiovascular disease and diabetes.

ICBs and provider trusts are expected to work together to reduce inequalities in line with the Core20PLUS5 approach and ensure plans reflect the needs of all age groups, including CYP.

NHS England will continue to prioritise prevention and proactive care as part of effective population health management through the GP contract, including increasing the focus on the prevention of cardiovascular events by supporting GPs to treat more people to target levels of blood pressure and lipid control.

Making the shift from analogue to digital: We expect that:

- All providers proactively **offer NHS App-first communications** to patients (with due regard to digital inclusion), by default through the NHS Notify service.
- All GP practices have enabled all core NHS App capabilities.
- All systems adhere to the **'Federated Data Platform (FDP) First'** policy, connecting their own digital and data infrastructure to the FDP. NHS England will support adoption of the FDP to 85% of all secondary care trusts by March 2026.
- All providers shift to the national collaboration service **NHS.Net Connect** where feasible.
- All systems **complete planned electronic patient record (EPR) system procurements and upgrades**, and all trusts without an EPR continue to work to procure and implement one as quickly as is safely possible.
- Deploy the **Electronic Prescription Service** wherever possible.
- All providers integrate systems with the **NHS e-Referral Service.**
- All providers achieve and maintain compliance with the **NHS MultiFactor Authentication** and act to strengthen their cybersecurity.
- All systems **mitigate against digital exclusion**, including by implementing the framework for NHS action on digital inclusion.

Financial Reset:

- Systems must develop plans that are **affordable** within the allocations set, exhausting all the opportunities to improve productivity and tackle waste (and take decisions on how to prioritise resources to best meet the health needs of their local population.
- Most **ringfenced** budgets are released. **Service Development Funding (SDF)** is rolled into core allocations. Further detail is set out in the Revenue finance and contracting guidance.

- Providers will need **to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity** before taking account of any new local pressures or dealing with non-recurrent savings from 2024/25. This represents a step change across all services.
- ICBs and providers must demonstrate that all **productivity and efficiency opportunities** have been exhausted before considering where it is necessary to reduce or stop services, taking account of each organisation's own legal duties.
- In deciding how to prioritise resources to best meet the health needs of their local population, ICB and provider boards are expected to **explicitly consider both the in-year and medium-term quality, financial and population health impacts** of different options using the **Principles for Local Prioritisation**. Plans should reflect the needs of all age groups and explicitly children.

Living within our means, reducing waste and maximising productivity: As part of reducing unwarranted variation and exhausting all possible realistic in-year productivity and efficiency opportunities, ICBs and providers must:

- Reduce spend on temporary staffing and support functions

    - Achieving close to **100% delivery of planned core** capacity before accessing premium capacity, including the use of agency and premium bank rates, waiting list initiatives, and insourcing arrangements, managing to tariff prices as a guide.
    - **Reducing agency expenditure**, as far as possible as part of optimising cost and productivity. **As a minimum all systems are expected to deliver a 30% reduction based on current spending** with further reductions over the Parliament.
    - **Reducing bank use**, with all systems expected to deliver a minimum 10% reduction. Bank rates should be optimised as far as possible with collaborative arrangements in place across and between systems conducting a robust review of establishment growth and reduce spend on support functions to April 2022 levels.

- **Improve procurement, contract management and prescribing:**

    - Working to accepted operating models and commercial standards, making full use of the **consolidated supplier frameworks** agreed through NHS Supply Chain.
    - **Optimising medicines value** and improving the adoption of and compliance with best value frameworks in medicine and procurement.
    - **Reducing unwarranted variation in prescribing**, implementing the guidance on 'Low value prescribing' & ensure that patients are prescribed the best value biological medicine where a biosimilar medicine is available.
    - **Reducing unwarranted variation in all age continuing care spend and placement pricing** through standardised complex care specification(s), improved sharing of placement data and integrated 'at scale' commissioning practices.

- **Optimising energy value**. Trusts are expected to procure energy through the new national contract developed with Crown Commercial Services (CCS) and use green plans to identify and achieve savings from sustainable energy funding.

- **Drive improvements in operational and clinical productivity** Providers are expected to:

  - Develop plans that **address the activity per WTE gap** against the pre-Covid level.
  - **Avoid duplication and low-value activity**, including a renewed focus on minimising inappropriate spend against evidence-based intervention (EBI) procedures. Commissioners are expected to work with providers to ensure that payment depends on meeting the relevant criteria.
  - **Systematically implement all elements of the People Promise** to improve the working lives of all staff and increase staff retention and attendance and **implement the 6 high impact actions to improve equality, diversity and inclusion**. The evidence is clear that engaged, motivated staff improve productivity and patient outcomes.

Key Messages - Financial Plans 2025/26

The settlement for 2025/26 will mean a challenging ask for local systems, requiring systems to increase efficiency and reduce their cost base.

- Base growth of c.4.4%, comprising a cost uplift factor of 4.15%, a general efficiency requirement of 2.0%, and affordable activity growth.
- A consistent convergence policy will apply against ICB, specialised and primary medical care allocations in the range of +/-0.5%.
- All elective recovery funding has been allocated, there will be no national funding for overperformance. Commissioners will be able to set limits on elective payments to providers.
- Asking systems and providers to review their fixed payments to better understand contract values relative to actual activity and efficiency opportunities. Non-elective prices increased to support this exercise. However actual change in contract values should be carefully managed and take account of commissioner and provider financial implications.
- As in 2024/25, systems will be set plan limit positions and where necessary allocated support funding to reach breakeven. Revenue and capital incentives and penalties and repayment rules will continue to apply.
- Transfer of a significant proportion of service development funding into ICB allocations without ring-fences to support systems to make flexible decisions about the utilisation of their resources.

ICB and system finance business rules arrangements from 2024/25 will continue into 2025/26. As set out in section 223M of the National Health Service Act 2006, each ICB and its partner trusts must exercise their functions with a view to ensuring that, in respect of each financial year:

- Local capital resource use does not exceed the limit set by NHS England.
- Local revenue resource use does not exceed the limit set by NHS England.

Furthermore, under section 223L of the 2006 Act (as amended) NHS England may set financial objectives for ICBs and their partner trusts, and each ICB and its partner trusts have a duty to seek to achieve those objectives. NHS England will set the objective that each ICB, and the partner trusts whose resources are apportioned to it, should deliver a financially balanced system, which may be referred to as a 'duty on breakeven'.

ICBs also have a duty to deliver financial balance individually (section 223GC of the 2006 Act). This is to promote careful financial management and to reflect legislation that requires NHS England and ICBs to manage within a fixed budget. Additionally, each ICB should ensure it does not exceed the running cost allocation limit, which will be published as part of ICB allocations.

The Somerset health system has submitted a full operational plan for 2025/26 on 27 March 2025. The plan had been presented to the ICB Finance Committee and was approved by the ICB Board. The full planning submission delivers a break-even financial position for 2025/26.

Going Concern

Within our accounts, we are required to make a clear disclosure that the individuals responsible for financial governance for NHS Somerset ICB have considered this position, and that given the facts at their disposal, the ICB is a going concern. Where there are material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the ICB, these are disclosed as part of the disclosure notes supporting the annual accounts.

On 13 March 2025 the government announced NHS England and the Department for Health and Social Care will increasingly merge functions, ultimately leading to NHS England being fully integrated into the Department. The legal status of ICBs is currently unchanged.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated. If services will continue to be provided in the public sector the financial statements should be prepared on the going concern basis.

Having considered the going concern guidelines, the financial reporting and governance arrangements of NHS Somerset ICB, approach to the development of operating plans for 2025/26, as set out above, and the continued focus by the ICB and Somerset system partners to drive improvements to the financial position, NHS Somerset ICB considers that it remains a going concern.

The statement of financial position has therefore been drawn up at 31 March 2025, on a going concern basis.

ANNEX 1 (PERFORMANCE ANALYSIS)

The Somerset ICS Green Plan Metrics

Green Plan Ref No.	Performance Target	Key Indicator	Target	Current performance	Previous performance	Direction of travel	Comments
B.3	Governance		Green Plan progress is reported into the Collaboration Forum, and periodically into the ICB Board. Progress is reporting annually through the Annual Report	100% achieved Positive upwards progress		↑	Rolling programme of governance
B.4	Employee Engagement	T4.1	Internal Sustainability Group, QIP programme, Communications programme	100% achieved Positive upwards progress		↑	Rolling programme of engagement
B.5	Sustainable healthcare	T5.1	25% of outpatient activity to be delivered remotely	100% achieved Positive upwards progress	Pre-pandemic 80% appts. Delivered F2F. Current delivery 50% delivered remotely	↑	Rolling programme of improvement with focus around telemedicine and video appointmentss
B.5	Sustainable healthcare	T5.2	Every ICS member to reduce its use of desflurane to less than 10% of its total volatile anaesthetic gas use, by volume	100% achieved Positive upwards progress		↑	Somerset NHS Foundation Trust has discontinued use of desflurane.
B.5	Sustainable healthcare	T5.3	Somerset ICS will develop a plan to reduce the climate impacts of respiratory medicine.	100% achieved Positive upwards progress	Respiratory medicine reduction is tracked and reported through Open Prescribing, and Greener NHS dashboard	↑	Work continues to support medicine optimisation through several intiatives
B.7	Estates and Facilities	T7.1	The carbon footprint of the NHS estate in Somerset will be net zero by 2040 with a minimum 80% reduction in carbon emissions by 2030.	In progress In progress, positive direction of travel	Aligned with the ICS Infrastructure Strategy.	↑	Wider programmes of work supporting Primary Care estate currently in progress.
B.7	Estates and Facilities	T7.2	All members to sign up to a REGO-certified renewable energy tariff.	In progress In progress, positive direction of travel	Active across Trust sites and support in place to move Primary Care sites to renewable energy tariffs	↑	Contractual
B.7	Estates and Facilities	T7.3	All new builds to be built to net zero carbon and/or achieve BREEAM outstanding.	100% achieved	Aligned with the ICS Infrastructure Strategy.	↑	New standards embedded through Infrastructure strategy.

Green Plan Ref No.	Performance Target	Key Indicator	Target	Current performance	Previous performance	Direction of travel	Comments
B.7	Estates and Facilities	T7.4	ICS Members will strive to achieve zero waste to landfill for non-clinical waste.	Compliant across Trust sites. No movement either way.	Waste practices across primary care sites are not all compliant	⟷	Targeted programme of work delivered through Green Impact for Health toolkit
B.7	Estates and Facilities	T7.5	There will be access to a nature/biodiversity area at every significant site in Somerset by 2025.	Plan in progress aligned to Somerset Local Nature Partnership and Somerset Council Local Nature Recovery Strategy In progress, positive direction of travel		↑	Work continues across ICS to align strategies
B.8	Travel and Transport	T8.1	The carbon footprint of NHS-related transport will be net zero by 2040 with a minimum 80% reduction in carbon emissions by 2030.	Compliant with https://www.england.nhs.uk/long-read/net-zero-travel-and-transport-strategy/ In progress, positive direction of travel		↑	Work continues across ICS to align strategies
B.8	Travel and Transport	T8.2	Every ICS member to develop a green travel plan.	Plan in development. In progress, positive direction of travel		↑	Work continues across ICS to align strategies
B.8	Travel and Transport	T8.3	For new purchases and lease arrangements, the ICS and Trusts solely purchase and lease ULEV or ZEV cars.	Compliant on all new purchases and lease arrangements Positive upwards progress		↑	This objective is reported quarterly through the Greener NHS dashboard
B.9	Supply Chain	T9.1	The carbon footprint of the ICS supply chain will be net zero.	Carbon Reduction Plan/Net Zero commitment requested as part of the contractual requirements Positive upwards progress		↑	Compliant with PPN06/21.
B.9	Supply Chain	T9.2	All members to have embedded sustainability into their procurement processes.	100% compliant Positive upwards progress		↑	Carbon Reduction Plan/Net Zero commitment requested as part of the contractual requirements
B.10	Adaptation	T10.1	All Trusts and the ICS to have a climate change adaptation plan	Plan in development. In progress, positive direction of travel		↑	Work continues across ICS to align strategies

Key:
Red <84%
Amber 85-94%
Green 95%+

ACCOUNTABILITY REPORT

JONATHAN HIGMAN
Accountable Officer
NHS Somerset Integrated Care Board

XX Month 2025

,Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2024 to 31 March 2025 including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report. An Audit Certificate will be published separately on the NHS Somerset ICB website.

Corporate Governance Report

Leadership Report

Member Profiles/Composition of Board and Committees

The membership of NHS Somerset ICB Board and leadership team is set out in the table below detailing names, roles and membership of the key committees within NHS Somerset ICB. A detailed breakdown of attendance at each of the committees is provided in Annex 1 to the Annual Governance Statement.

Breakdown of NHS Somerset ICB Senior Leaders and Their Roles in the ICB Governance Structure as at 31 March 2025

Role	Name	ICB Assurance and Internal Executive Committee Membership M(V) = (Voting) Member A = Attendee, (P) = (Non-Voting) Participant M(NV) = (Non-Voting) Member						
		Board	Management Board	Audit Committee	Remuneration Committee	Quality Committee	Primary Care Commissioning Committee	Finance Committee
ICB Executive Leadership								
Chief Executive	Jonathan Higman	M(V)	M(V)					M(V)
Chief Finance Officer and Director of Performance and Contracting	Alison Henly	M(V)	M(V)	A			M(V)	M(V)
Chief Nursing Officer/Director of Operations	Shelagh Meldrum	M(V)	M(V)			M(V)	M(V)	M(NV)
Chief Medical Officer	Dr Bernie Marden	M(V)	M(V)			M(V)	M(V)	M(NV)
Executive Director of Communications, Engagement and Marketing	Charlotte Callen	P	M(V)					
Executive Director of Corporate Services and Affairs	Jade Renville	P	M(V)					
Chief People Officer	Dr Victoria Downing-Burn (until 31/8/24)/Graham Atkins (from 30/9/24)	P	M(V)					
Chief Officer for Strategy, Digital and Integration	David McClay	P	M(V)					
Executive Director of Public and Population Health, Somerset Council/NHS Somerset	Professor Trudi Grant (until Dec 24)	M(V)	M(V)					
Non-Executive Members								
Chair	Paul von der Heyde	M(V)			M(V)			M(V)
Non-Executive Director and Deputy Chair (Deputy Chair until 30/4/24)	Grahame Paine	M(V)		M(V)	M(V)	M(V)		M(NV)
Non-Executive Director and Deputy Chair (Deputy Chair from 1/5/24)	Dr Caroline Gamlin	M(V)		M(V)	M(V)	M(V)	M(V)	
Non-Executive Director	Suresh Ariaratnam	M(V)			M(V)	M(V)	M(V)	
Non-Executive Director and Senior Independent Member	Christopher Foster	M(V)		M(V)	M(V)		M(V)	M(V)
Partner Members								
NHS and Foundation Trusts	Peter Lewis	M(V)						
Local Authority	Duncan Sharkey	M(V)						
Primary Medical Services	Dr Berge Balian	M(V)					P	
Participants								
Healthwatch	Judtih Goodchild	P					P	
VCFSE sector	Katherine Nolan	P						
Public Health Expert	Alison Bell (from Jan 25)	P						

Role	Name	ICS System Group Membership (hosted by the ICB Board) M(V) = (Voting) Member A = Attendee, (P) = (Non-Voting) Participant M(NV) = (Non-Voting) Member			
		Somerset People Board	Somerset Assurance Forum (SAF)	Somerset System Quality Group	Population Health Transformation Board
ICB Executive Leadership					
Chief Executive	Jonathan Higman	M(V)	M(V)		
Chief Finance Officer and Director of Performance and Contracting	Alison Henly		M(V)		M(V)
Chief Nursing Officer/Director of Operations	Shelagh Meldrum		M(V)	M(V)	M(V)
Chief Medical Officer	Dr Bernie Marden		M(V)	M(V)	M(V)
Executive Director of Communications, Engagement and Marketing	Charlotte Callen				M(V)
Executive Director of Corporate Affairs	Jade Renville				
Chief People Officer	Dr Victoria Downing-Burn (until 31/8/24)/Graham Atkins (from 30/9/24)	M(V)	M(V)		M(V)
Chief Officer for Strategy, Digital and Integration	David McClay	M(NV)	M(V)		M(V)
Executive Director of Public and Population Health, Somerset Council/NHS Somerset	Professor Trudi Grant (until Dec 24)		M(V)		M(V)
Non-Executive Leadership					
Chair	Paul von der Heyde				
Non-Executive Director and Deputy Chair (Deputy Chair until 30/4/24)	Grahame Paine		M(V)		
Non-Executive Director and Deputy Chair (Deputy Chair from 1/5/24)	Dr Caroline Gamlin				
Non-Executive Director	Suresh Ariaratnam	M(V)			
Non-Executive Director and Senior Independent Member	Christopher Foster	M(V)			
Partner Members					
NHS and Foundation Trusts	Peter Lewis	M(V)	M(V)		
Local Authority	Duncan Sharkey	M(V)	M(V)		
Primary Medical Services	Dr Berge Balian				
Participants					
Healthwatch	Judtih Goodchild				
VCFSE sector	Katherine Nolan	M(V)			M(V)
Public Health Expert	Alison Bell (from Jan 25)		M(V)		M(V)

The key roles undertaken by NHS Somerset ICB Board non-executive leadership, as at 31 March 2025, are set out in the table below:

Name	Board Appointment	Board Lead Roles
Paul von der Heyde	Chair	Board Chair
Dr Caroline Gamlin	Non-Executive Director and Deputy Chair	Deputy Chair Quality Committee Chair
Christopher Foster	Non-Executive Director and Senior Non-Executive Member	Remuneration Committee Chair Finance Committee Chair People Board Chair
Grahame Paine	Non-Executive Director	Audit Committee Chair
Suresh Ariaratnam	Non-Executive Director	Primary Care Commissioning Committee Chair

Register of Interests

Our ICB register of interests, which includes details of company directorships and other significant interests held by senior ICB leaders, is available on our NHS Somerset ICB website at: Lists and Registers - NHS Somerset.

Personal Data Related Incidents

There were no personal data related incidents which met the threshold for formally reporting to the Information Commissioner's Office (ICO) during the year.

Modern Slavery Act

NHS Somerset ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31 March 2025 is published on our website at Modern Slavery and Human Trafficking Statement.

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Somerset ICB and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive to be the Accountable Officer of NHS Somerset ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS Somerset ICB's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Somerset ICB's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Jonathan Higman
Accountable Officer
NHS Somerset Integrated Care Board

XX Month 2025

Governance Statement

Introduction and Context

NHS Somerset ICB is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended). NHS Somerset ICB's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2024 and 31 March 2025 the ICB was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Somerset ICB's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS Somerset ICB's Accountable Officer Appointment Letter.

I am responsible for ensuring that the NHS Somerset ICB is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.

Governance Arrangements and Effectiveness

The main function of NHS Somerset ICB Board is to ensure appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically, and complies with such generally accepted principles of good governance as are relevant to it.

The organisational landscape in Somerset is of low complexity when compared to other systems: NHS Somerset ICB, one unitary Somerset Council and one statutory NHS Foundation Trust, Somerset NHS Foundation Trust. There are 62 GP practices within 13 primary care networks (PCNs), and a Memorandum of Understanding with the voluntary, community, faith and social enterprise (VCFSE) sector. South Western

Ambulance Service NHS Foundation Trust provides ambulance services to Somerset as well as eight other ICB areas in the South West.

NHS Somerset ICB has established a properly constituted Board with the appropriate clinical, professional, executive and non-executive skill-mix. Details of the membership and the attendance of those members are set out in Annex 1 to the Governance Statement.

Our organisational structure and accountabilities are clear and well defined. Where capacity and/or capability gaps have been identified, actions are put in place with expected outcomes and timescales. NHS Somerset ICB clearly articulates its values to stakeholders through Our Integrated Health and Care Strategy for Somerset, Somerset Five Year Joint Forward Plan Refresh 2025-2030, operating model and associated strategies and plans. The organisational development plan includes undertaking a staff survey, implementing an organisational development programme and developing actions to address issues for development.

The following assurance and statutory committees have been established by the Board, chaired by a non-executive director:

- Audit Committee
- Remuneration Committee
- Primary Care Commissioning Committee
- Quality Committee
- Finance Committee

Executive Groups

The purpose of the ICB **Management Board** (as described within its terms of reference) is to:

- Be responsible for operational delivery of the organisation.
- Support of delivery the organisation's objectives.
- Provide a forum to discuss, understand and agree approaches to key issues impacting the delivery of the organisation's objectives.
- Be the key decision-making forum in respect of operational delivery that impacts across the organisation and cannot be managed within individual services.

In addition, there a range of '**ICS system groups**' that have been convened as a way of facilitating collaboration between the constituent organisations within the Somerset ICS, e.g., the Planned Care Delivery Group, Urgent and Emergency Care Delivery Group etc. These are overseen by a 'system executive function', known as the Collaboration Forum, which is responsible for driving the delivery of the overall Our Integrated Health and Care Strategy for Somerset that is established by the Integrated Care Partnership.

Individuals that form part of these groups are able to act within the level of authority and the powers granted to them by way of their constituent bodies' policies and make decisions only on that basis. Organisational governance arrangements and financial limits and decision-making still apply. Updates are provided via executive reports into the Board.

The remit of each assurance committee is as follows:

COMMITTEES - KEY ROLES AND RESPONSIBILITIES
Audit Committee
Non-Executive Chair: Grahame Paine **Executive Lead: Alison Henly** To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB. The duties of the Committee will be driven by the organisation's objectives and the associated risks. To provide assurance to the ICB Board about the appropriateness and effectiveness of the ICB's risk assurance framework and of the processes for its implementation. To assure the Board on the appropriateness and effectiveness of the external audit, internal audit and counter fraud services, its fees, findings and co-ordination with audit providers. This will include overseeing the procurement for external, internal and counter fraud service provision.
Remuneration Committee
Non-Executive Chair: Christopher Foster **(executive leads only attend upon invitation)** To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board that the ICB is discharging its statutory responsibilities in relation to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary: • confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) but excluding Non-Executive Directors[1] and the Chair. The Board has also delegated the following functions to the Committee:

[1] Non-executive Board member remuneration will be determined by the national framework with the Chair exercising limited discretion for any additional allowances.

- oversight of the nominations and appointments process for Board members
- oversight of executive board member performance

For the Chief Executive, Executive Directors and other Very Senior Managers:

- Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, pensions and cars.
- Determine arrangements for termination of employment and other contractual terms and non-contractual terms.

For all staff:

- Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change).
- Oversee any exceptional contractual arrangements.
- Determine the arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

Primary Care Commissioning Committee

Non-Executive Chair: Suresh Ariaratnam
Executive Lead: Bernie Marden

To carry out the functions relating to the commissioning of primary medical services in Somerset, securing the provision of comprehensive and high quality primary medical services, making recommendations to the Board as appropriate. Since July 2023, the committee has now been fully delegated the commissioning responsibility for the provision of pharmaceutical, ophthalmic, and dental services from NHSE.

The Committee is responsible for leading the development and implementation of the Primary Care Strategy, making recommendations for its approval to the Integrated Care Board.

Finance Committee

Non-Executive Chair: Christopher Foster
Executive Lead: Alison Henly

To provide assurance on the ICS financial position, as well as the ICB financial position. The Committee will look at the overall position of Somerset system financial performance, linking with the Finance Committee for Somerset NHS Foundation Trust (SFT) where necessary. As an assurance Committee of the Board, it will hold to account the ICB executive team for delivery of the ICB's financial plan and recommend further areas for financial scrutiny. This will be done through:

- Reviewing the financial performance of the ICB against statutory financial targets, financial control targets and the annual commissioning plan.

- Reviewing the ICB's financial position and improving value schemes (QIPP) agenda and providing assurance to the Board relating to delivery against annual plans.
- Reviewing financial performance improvement plans, identifying areas for further improvement or commissioner actions and monitors trajectories towards improvement.
- Supporting the development and onward monitoring of the overall process of financial planning across the system and reviewing through the 5-year financial plan.
- Where finance issues are raised then these will be highlighted to the ICB Management Board and relevant delivery boards to agree actions and mitigations (via the ICB's Chief Executive) to rectify the issue.
- Ensuring that the Committee agenda and papers take into account the risks on the Board Assurance Framework (BAF) and risk registers. The Committee will wish to be assured that matters of risk, with a financial impact, are being effectively managed.

Quality Committee

Non-Executive Chair: Dr Caroline Gamlin
Executive Lead: Shelagh Meldrum

To provide the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the NHSE (2021) Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the outcomes of care and improving access to health care in an inclusive way.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, effective, safe high-quality care. With regards to safety and quality improvement, the Committee will:

- Promote a culture within Somerset Integrated Care System that focuses on Safety, Experience, Safeguarding and Quality Improvement and clinical effectiveness and outcomes.
- Provide assurance on all NHS Provider services governance arrangements, patient safety and performance, through the receipt of timely insight and intelligence reports.
- Report areas of risk, concerns, mitigations and opportunities for improvement to the NHS Somerset Integrated Care Board.
- Have strong links with the Somerset System Quality Group and onwards to the Regional System Quality Group.

NHS Somerset ICB's performance of effectiveness and capability is subject to continuous assessment including regular checkpoint assessments with NHS England.

The internal audit work programme has been reviewed via the Audit Committee and supports our review of internal control processes such as risk management procedures, conflicts of interest and hospitality reporting procedures, data security and business continuity. The audit programme, together with the subsequent work to improve

systems where appropriate, and scrutiny by our committees, supports my assurance that we have a sound system of governance and internal control in place.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance and therefore, NHS Somerset ICB is not required to comply with the UK Code of Corporate Governance. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the ICB. For the financial year ended 31 March 2025, and up to the date of signing this statement, we complied with the provisions set out in the Code and applied the principles of the Code.

Discharge of Statutory Functions

NHS Somerset ICB has reviewed all of the statutory duties and powers conferred on it during 2024/25 by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability to undertake the ICB's statutory duties, this has been further strengthened by restructuring the organisation to meet our Operating Model.

Risk Management Arrangements and Effectiveness

NHS Somerset ICB is committed to corporate governance, with risk management being an integral part of the organisation's operations. Risk assessments, along with equality impact assessments, are a key element of our decision-making, service changes, and assurance processes. These assessments are consistently reflected in the reports that are presented to committees and the Board.

The Risk Management Strategy of NHS Somerset ICB, which is being updated at the time of writing, outlines the framework for managing risk. This strategy encourages a proactive risk management culture, where individuals are empowered to address risks, ensuring that the ICB and the services it commissions are protected from events that could have a negative impact on the achievement of its objectives. The strategy also outlines:

- The responsibilities of governance forums within NHS Somerset ICB.
- Key definitions and terminology.
- The process for identifying, reporting and managing risks.
- Procedures for monitoring risks.
- Compliance expectations.

Risk management is embedded in the core activities of NHS Somerset ICB, with a strong emphasis on proactive risk identification and mitigation. Equality impact assessments are consistently integrated into decision-making processes, ensuring that service changes and new initiatives align with our commitment to fairness and inclusivity. Additionally, incident reporting is actively encouraged across the organisation, with a transparent and supportive approach to handling and investigating incidents reported. This open culture enables continuous learning, ensuring that risks are effectively managed, lessons are learned, and improvements are made to enhance the quality and safety of services delivered to people in our communities.

Over the past year, we have worked with stakeholders to develop a system-oriented board assurance framework. From 2025/26, this framework will offer the Board clearer insight into the risks we face in achieving our strategic objectives.

NHS Somerset ICB acknowledges the importance of defining and maintaining a 'risk appetite.' This refers to the amount and type of risk that an organisation is prepared to pursue, retain or take, against an optimal and tolerable risk position. Throughout the year, we engaged with the Board and committees to align on our risk appetite, which will be used to inform our risk registers and the board assurance framework. This is a vital tool for decision-making, risk assurance, and achieving our strategic aims and objectives. The risk appetite will be reviewed regularly to ensure it remains aligned with the organisation's evolving needs.

Capacity to Handle Risk

NHS Somerset ICB has a strong commitment to managing risk, with a clear focus on both risk capability and risk capacity to ensure effective handling of risks.

Leadership in risk management is provided through a robust governance structure, with directors, assurance committees, and subcommittees holding defined responsibilities to oversee, assess and mitigate risks. The corporate affairs team offers central support, providing training on risk management to all staff and ensuring that teams are equipped with the necessary skills and knowledge to in a manner that aligns with their roles and responsibilities. This includes comprehensive risk management training, with additional guidance provided through clear policies and procedures. The ICB encourages a culture of continuous learning, actively seeking to incorporate best practices and lessons from external sources and internal experiences to improve risk management processes. By learning from good practice, we ensure that staff remain informed and capable of responding to risks in a proactive and effective way.

Risk capacity is assessed through available resources – financial, human, equipment, and estate – allowing the ICB to manage both materialised and potential risks. The ICB's risk management process is supported by clear reporting lines, ensuring timely and accurate information is submitted to assess compliance with statutory obligations. The Board maintains rigorous oversight over the ICB's performance, regularly

monitoring risk exposure and ensuring that risks are appropriately managed through statutory and non-statutory forums. This comprehensive approach ensures that the ICB has the capacity and capability to handle risks while striving to meet its objectives.

Risk Assessment

Risk assessment within the ICB is a continuous process of identification of possible events that if they were to occur may impact achievement of the ICBs strategic aims and objectives. Each team and functional area is responsible for regular review of their risk profile and horizon scanning to ensure the portfolio of risk they are managing is reflective of the potential events that could impact delivery of their service areas. Executive directors receive a regular summary of their risk portfolio to ensure they have oversight of the profile of risks their teams are managing.

The corporate affairs team manage risks related to governance, risk management and internal control.

The corporate affairs team leads management and mitigation of these risks. As part of the ICB restructure completed in 2024/25, roles in the corporate affairs team were strengthened. This ensured clear responsibility for managing and mitigating these risks through delivery of associated work programmes. Progress is measured by the team through the risk cycle of treating, monitoring and reporting, alongside the internal and external audit programmes. Reporting and oversight of this activity is made to assurance committees where outcomes are assessed.

Other Sources of Assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the NHS Somerset ICB, to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

To strengthen internal control and to ensure the effectiveness of risk management, the ICB has encompassed the 'three lines of defence' model, being:

- First line of defence: The ICB Management Board, chaired by the ICB Chief Executive and membership of directors and senior managers which includes internal risk scrutiny within its terms of reference

- Second line of defence: ICB statutory and non-statutory committees that specialise in risk management for clinical and/non-clinical functions in the overseeing and monitoring of risk and/or compliance
- Third line of defence: The ICB Audit Committee and Board, internal and external audit providers, and external assurance providers.

All reports presented to the ICB Board include identified risks. All strategic documents are reviewed to ensure risks to delivery are considered.

The effectiveness of our governance structure is subject to review and best practice learning. We commissioned an internal audit review of the ICB governance arrangements, including a self-assessment. This identified a number of areas of strength in our arrangements although it was acknowledged that improvements could be made, in particular to improving strategic focus and monitoring of strategic objectives. An action plan was created following this review and assessment to address the findings and recommendations.

The Board's performance, effectiveness and capability is subject to continuous assessment. During the year, we reviewed our governance structure and committee arrangements, to ensure they are fit for purpose and help us achieve both our statutory requirement and strategic objectives. In year, governance handbook was fully reviewed and updated, and more information on our constitution and governance can be found here: Our Constitution and Governance - NHS Somerset ICB

During 2024/25, the ICB Board has continued to oversee and monitor the delivery of the Somerset ICS Health and Care strategic aims and is currently developing a range of outcome measures for greater scrutiny and oversight.

Attendance at the Board is recorded in the minutes and full membership of the Board has been present at the majority of the Board meetings and seminars during 2024/25.

Regular reports are presented to the Board on ICB business and include:

- Strategic planning/priorities
- Financial management
- Patient safety and quality of clinical care
- Performance management and the achievement of national and local NHS targets
- Emergency planning
- Compliance with the NHS constitution
- Identified risks and actions to address or mitigate the risks.

NHS Somerset ICB meets regularly with NHS England to provide assurance and the Chief Executive has had regular meetings with the NHS England Regional Director.

Conflicts of Interest Management

While the Health and Care Act 2022 places responsibility on ICBs to manage conflicts of interest and publish their own policy, which should be included in ICB's governance handbook, NHS England's engagement with local stakeholders recognised that nationally-commissioned basic training is of value to avoid unnecessary duplication across systems. NHS England therefore provided national e-learning modules on managing conflicts of interest in the context of ICB arrangements; this included introducing additional guidance on conflicts of interest for ICB Chairs.

Data Quality

NHS Somerset ICB recognises the fundamental importance of reliable information and meets its responsibility in ensuring that good quality data is collated and appropriately used. All decisions, need to be based on information which is of the highest quality. During the financial year we have continued to focus upon data quality in conjunction with our principal business analytics partner, South Central and West Commissioning Support Unit (SCW CSU). The data used by the Board and delegated committees is obtained through various sources, the majority of which are national systems and official NHS data sets. The provider data is quality assured through contract and performance monitoring and against the secondary user service (SUS).

There is collaborative agreement across the ICS that data collected is appropriately sought and recorded, complete, accurate, timely and accessible, and that appropriate mechanisms are in place to support service delivery and continuity. Any identified data quality issues are addressed and resolved through the operational or contractual routes to ensure the accuracy of the performance reports provided to the ICB Board and its delegated committees and the Somerset System Assurance Forum (SAF).

Information Governance

The NHS information governance framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The framework is supported by a data security and protection toolkit (DSPT) toolkit and the annual submission process provides assurances to the NHS Somerset ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The latest submission of the DSPT was required in June 2024. Somerset ICB published a DSPT at a level of 'standards met'.

For 2024/25, the DSPT has changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and information governance assurance. The ICB is working toward publication by the end of June 2025 and anticipating meeting the required standards for 2024/25.

NHS Somerset ICB places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have information governance processes and procedures in line with the DSPT.

NHS Somerset ICB staff are required to undertake annual information governance training relevant to their role and we have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities. There are processes in place for incident reporting and investigation of serious incidents.

We have a strong focus on information security and cyber risk management with a people, process and technology approach in identification of risk and its mitigation.

Business Critical Models

Within NHS Somerset ICB there is an appropriate framework and environment in place to provide quality assurance of business-critical models, in line with the recommendations of the 2013 MacPherson review into the quality assurance of such models.

Third Party Assurances

NHS Somerset ICB contracts with a range of third-party providers in order to deliver healthcare services to the population of Somerset and to support the corporate functions of the ICB, for example, through SCW CSU and external payroll services: further details can be found in the Delegation of ICB functions section.

An assessment of control issues associated with third party providers is detailed below. No further control weaknesses have been identified.

Control Issues

The NHS Somerset ICB Board and its committees retain oversight of all risks, including those deemed to be systematic, and are responsible for ensuring that relevant mitigating actions are undertaken. No significant internal control failures have been identified throughout the financial year 2024/25. However, Internal Audit have identified a number of recommendations for improvement, particularly regarding contract and procurement pipeline management, with the ICB needing to focus on having strategic plans and commissioning intentions which inform the procurement route and pipeline. Further details of these audit recommendations are provided within the Head of Internal Audit Opinion section.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

NHS Somerset ICB has standing financial instructions and a scheme of reservation and delegation which ensures that financial controls are in place across the organisation.

The Audit Committee is responsible for seeking assurance and overseeing internal and external audit and counter fraud services, reviewing financial and information systems and monitoring the integrity of the financial statements, and reviewing significant financial reporting judgements. The Committee reviews the system of governance, risk management and internal control, across the whole of the ICB's activities.

Fraud against the NHS will not be tolerated. Suspicions of fraud are investigated and if proven, the strongest sanctions are sought against the perpetrators.

NHS Somerset ICB has a Whistleblowing Policy and has adopted the National Freedom to Speak Up (FTSU) policy reporting processes which are well publicised to staff, alongside a FTSU guardian and two FTSU champions to support speaking up and colleague wellbeing. NHS Somerset ICB is confident these processes are effective. Nine cases have been reported in 2024/2025, all managed and supported without the need to proceed to a formal HR process.

In 2024/25 efficiency savings were delivered in-year in relation to continuing healthcare Services (CHC), GP prescribing and ICB running costs. Through ICS meetings, local leaders continue to discuss quality, innovation and prevention programme/cost improvement programme (QIPP/CIP) assumptions to inform future planning decisions and ensure that a robust peer challenge is in place across Somerset using benchmarking information, which also confirm that clear assumptions and monitoring are in place to ensure no double-counting across organisations.

NHS Somerset ICB looks at all opportunities for cost savings through demand management schemes and agree these with system partners.

To support this, our Finance Committee, which looks at the financial position and the system savings programme, ensure a framework for contract reviews to happen in a timely manner and identify and ensure delivery of QIPP/CIP across the range of services commissioned. This Committee meets monthly and has an active work programme.

As part of the developing and continued working towards a single system of finance, activity and workforce, the individual operational and financial, workforce and performance plans of the Somerset health partners are developed, cross-checked and triangulated as one, through established joint working and strengthened governance, as a collective partnership including Somerset Council. This is part of the Somerset system's ongoing open book approach to managing itself, through planning and delivery. This approach continues to be developed to ensure alignment and delivery of the aims for the system as a whole. This forward strategy will build on and refresh the

already approved estates programme, capital plans, and digital plans. Future plans will continue to focus on managing demand and reducing cost across the system.

Commissioning of delegated specialised services

This section is not applicable to NHS Somerset ICB.

Delegation of ICB Functions

It is implicit through the work of the NHS Somerset ICB Board and its committees that members have responsibility for ensuring appropriate use of resources. Where there are concerns about budget management, these are documented in our risk register.

Through our committee structure, regular reports are received about the performance of contracted service providers. Areas of under and over performance are addressed through contract meetings and reported through finance, performance and quality papers presented to ICB groups and committees.

The Audit Committee monitors the financial stewardship of the organisation and is responsible for scrutinising and signing off the financial accounts.

NHS Somerset ICB commissions support services from the South, Central and West Commissioning Support Unit (SCW CSU), as described here. The contract form provides the framework under which assurance about their performance can be monitored and managed. In addition, to deliver assurance about the procedures operated by all CSUs, NHS England engages a reporting accountant to prepare a report on internal controls. The objective of this is to provide assurance in a cost effective manner for the NHS, through reducing the duplication which would likely arise from multiple ICB internal and external auditors separately assessing CSU controls. The scope of the Service Auditor Report (SAR) covers payroll, financial ledger, accounts payable, accounts receivable, financial reporting, Treasury and cash management and non-Clinical procurement. Of these services, NHS Somerset ICB only commissions the non-clinical procurement service through the SCW CSU. No control exceptions were identified within the SAR for the non-clinical Procurement service for 2024/25.

Type II ISAE 3000/3402 service auditor reports, which assess the state of the control environment for the period 1 April 2024 to 31 March 2025 have been received and reviewed for the following services commissioned in the ICB:

NHS Shared Business Services Limited provide finance and accounting services to NHS Somerset ICB. The 2024/25 SAR presented a qualified opinion with exceptions identified relating to three control objectives during the period. This exception resulted in the non-achievement of the following control objective:

- Controls exist to provide reasonable assurance that new supplier master data and changes to supplier master data are approved by appropriate individuals,

- Controls exist to provide reasonable assurance that Sales Ledger transactions processed by NHS SBS are authorised by the appropriate client user on the approved user hierarchy,
- Controls exist to provide reasonable assurance that there is segregation of duties for System Administration of FMIS.

No significant impacts have been identified as a result of these exceptions in respect of the service provided to the ICB.

Capita Primary Care Support England (PCSE) provide administrative and support services as part of the delegated commissioning function for primary care medical services. The 2024/25 SAR presented a qualified opinion for the payments and pensions administration services provided by Capita PCSE, with exceptions identified relating to one out of 15 control objectives during the period. This exception resulted in the non-achievement of the following control objective;

- Controls provide reasonable assurance that logical access by internal Capita staff and GPs to NHAIS, Demographic Spine Allocation and PCSE Online is restricted to authorised individuals.

This is the same reported position as 2023/24 and Capita PCSE continue to work to assure the control measures in place are applied consistently by the operational teams and to address the improvement actions identified.

No significant impacts have been identified as a result of these exceptions in respect of the service provided to the ICB.

NHS Business Services Authority provide and maintain the electronic staff record system (ESR system) and the prescriptions and dental payment processes on behalf of NHS Somerset ICB.

The 2024/25 SAR covering the ESR system presented an opinion that reasonable assurance could be given that the controls tested, relating to delivery of the control objectives, were operated effectively throughout the period 1 April 2024 to 31 March 2025.

The 2024/25 SAR covering the prescriptions payment system presented an opinion that reasonable assurance could be given that the controls tested, relating to delivery of the control objectives, were operated effectively throughout the period 1 April 2024 to 31 March 2025.

The 2024/25 SAR covering the dental payment system presented an opinion that reasonable assurance could be given that the controls tested, relating to delivery of the control objectives, were operated effectively throughout the period 1 April 2024 to 31 March 2025.

The Better Care Fund

The Better Care Fund (BCF) was established by the Government to encourage the integration of health and social care and to achieve specific national conditions and local objectives. These relate to supporting people to live as independently as possible in their own homes and avoid unnecessary admissions to hospital, long-term care placements or avoidably long stays in a treatment or care setting.

It was a requirement of the BCF that NHS Somerset ICB and Somerset Council establish a pooled fund for this purpose. This is in place covered by a signed agreement under Section 75 of the National Health Service Act 2006.

The BCF has evolved since its inception and now incorporates three budgetary components:

- The disabled facilities grant
- Mandated NHS (ICB) contributions
- The improved better care fund (contributions via Somerset Council).

There is a two-year BCF framework for 2023-25. Each year, local systems are required to provide a plan and progress reports on the use of the BCF. BCF plans are required to have oversight and sign-off by Health and Wellbeing Boards and this is the case for Somerset.

During 2024/25 the Somerset BCF continued to help drive forward our person-centred integration agenda and the 2024/25 plan secured and stabilised investment in:

- Social prescribing and community-based support.
- Carers support services.
- Core social care services.
- Intermediate care services (including rapid response and home first).
- Adult social care discharge fund.
- ICB discharge fund.

Counter Fraud Arrangements

NHS Somerset ICB has well-established counter fraud arrangements to achieve the standards set out by the NHS Counter Fraud Authority (CFA). We engage an Accredited Counter Fraud Specialist to implement an ongoing programme of anti-fraud, bribery and corruption work. During 2024/25 work has involved the delivery of an annual work plan which follows the NHS Counter Fraud Authority standards to ensure our resources are protected from fraud, bribery and corruption, as well as addressing all four key areas of the national counter fraud strategy: namely, strategic governance; inform and involve; prevent and deter; and hold to account.

NHS Somerset ICB's Counter Fraud Strategy and Annual Plan for 2024/25 aligns with the Government Functional Standard GovS013 for Counter Fraud. These have been introduced to ensure a consistent approach across the public sector to protecting services against the risk of fraud, bribery, and corruption. The 2024/25 strategy and work plan was produced taking into account:

- Discussions with the Chief Finance Officer and members of the Audit Committee.
- Local proactive work, risk measurement exercises and evaluation of previous work conducted by the Local Counter Fraud Specialist (LCFS) and staff within the organisation.
- Risks identified from referrals received and investigations conducted at the ICB by the LCFS.
- Risks identified at other clients either locally or nationally by the NHS Counter Fraud Authority (NHSCFA).
- Any national programme of proactive work by the NHSCFA.
- The NHSCFA's strategic aims, including implementation of the functional standards and increasing engagement with NHS organisations.

The counter fraud service is provided by BDO LLP, which includes a local accredited counter fraud specialist who ensures that the annual work plan is delivered. Regular progress reports are provided at each Audit Committee meeting detailing progress against the work plan and highlighting any emerging fraud risks or allegations as they arise. In addition, an annual report is produced showing an assessment against the functional standards, including any actions which need to be taken to ensure the standards are achieved.

The LCFS has developed key relationships with the key ICB teams/directorates. These relationships, coupled with the significant work done by the LCFS to develop an anti-fraud culture, provides the foundation to enable good quality referrals being made to the LCFS and National Counter Fraud Specialist (NCFS), if needed. This in turn has resulted in a good proportion of cases concluding in civil, criminal and/or disciplinary sanctions.

The LCFS shares briefings with all staff through the ICB staff bulletin, '60 seconds', which covers key areas of learning from within the sector. The 2024/25 Counter Fraud Strategy and Annual Plan was developed to support NHS Somerset ICB in implementing appropriate measures to counter fraud, bribery and corruption. Having appropriate measures in place helps to protect NHS resources against fraud and ensures they are used for their intended purpose, the delivery of patient care.

The executive lead for counter fraud is Alison Henly, Chief Finance Officer and Director of Performance and Contracting, who is responsible for proactively tackling fraud, bribery, and corruption.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2024 to 31 March 2025 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

The role of internal audit is to provide an opinion to the Board, through the Audit Committee, on the adequacy and effectiveness of the internal control system to ensure the achievement of the ICB's objectives in the areas reviewed. The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the ICB's risk management, control and governance processes, within the scope of work undertaken by our firm as outsourced providers of the internal audit service. It also summarises the activities of internal audit for the period.

The basis for forming my opinion is as follows:

- An assessment of the design and operation of the underpinning Board Assurance Framework and supporting processes.

- An assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year, taking account of the relative materiality of these areas and management's progress in addressing control weaknesses.

- Any reliance that is being placed upon third party assurances.

Overall, we provide **Moderate Assurance** that there is a sound system of internal controls, designed to meet the ICB objectives, that controls are being applied consistently across various services. In forming our view we have taken into account that:

- So far, we have completed a total of four assurance reviews, the remaining three audits are work in progress.

- For the assurance audits, one was rated substantial, two moderate and one limited in the design of the controls. This is similar to the prior year. (Further comparison will be provided in the final version of this Annual Report). The limited opinion related to the design of the processes for the contract and procurement pipeline arrangements.

- One was rated substantial and three moderate in their operational effectiveness. This is similar to the prior year. (Further comparison will be provided in the final version of this Annual Report).

- Our four reports for the year resulted in a total of 12 recommendations (High: 1, Medium: 8 and Low: 3), compared to 22 recommendations the year before (High: 22, Medium: 2 and Low: 2). (Further comparison will be provided in the final version of this Annual Report).

- The ICB has displayed strong controls in relation to its financial processes.

- The ICB has performed satisfactorily in implementing our audit recommendations within the specified timeframes. As at the end of February 2025, there are 7 recommendations in progress (High: 1, Medium: 6), 1 medium rated recommendation is overdue and 7 recommendations have not fallen due (High:1, Medium:6).

- As is the case across the NHS, the ICB has faced financial challenges during the year. However, the ICB plans to deliver (subject to external audit) a break-even income and expenditure financial position for the year April 2024 to March 2025.

- We have considered the results of the service auditor reports that had been provided in May 2024. There were no matters which required us to undertake additional testing or change the scope of our work.

Internal audit services are provided to NHS Somerset ICB by BDO LLP. A risk-based approach is taken to the development of internal audit planning, using the ICBs own risk management processes and risk register.

During the period 1 April 2024 to 31 March 2025, internal audit carried out its planned audit programme for NHS Somerset ICB and the table below sets out a summary of the audit reports completed and the level of assurance provided:

Area of Audit	Level of Assurance Given
Key Financial Systems	**Design – Substantial** **Operational Effectiveness – Substantial** The purpose of the audit was to provide assurance over the financial controls, general ledger access controls, control account reconciliations, journal preparation and entry, budget management and controls for Ready to Pay files. Overall, the ICB has effective controls in place to supports its management of key financial systems. We tested procedures including journal processing, month-end financial reporting, control account reconciliations and forecasting and confirm the controls are consistently applied.

Area of Audit	Level of Assurance Given
	Therefore, we have provided substantial assurance over control design and operational effectiveness of the systems.
Data Security and Protection Toolkit 2023/24	**Design – Moderate** **Operational Effectiveness – Moderate** The purpose of the audit was to provide an independent review of the assertions and evidence items in the ICB's DSP Toolkit self-assessment return as at the time of the audit and, where necessary, to identify how compliance could be improved for the year-end return. Based on our review of the assertions included in our sample and using the risk and confidence evaluation methodology provided in NHS England's strengthening assurance guides, we conclude moderate assurance over the design and operational effectiveness of the ICB's data security and protection controls. We rated confidence in the ICB's DSP toolkit return as high because we noted that the work completed on the DSP Toolkit has been in line with the requirements of the DSP Toolkit, with some exceptions, and the ICB's latest self-assessment was 'Standards Met'. To comply with the DSP Toolkit, the ICB is required to meet all mandatory sub-assertions, therefore further work will be required ahead of the final year-end submission to address the areas of non-compliance identified as part of this audit.
Data Security & Protection Toolkit - follow up	**Design – N/A** **Operational Effectiveness – N/A** During our review we found sufficient evidence to demonstrate that the following areas of good practice are currently in place and documented in line with the requirements of the DSPT toolkit: • The ICB has conducted a data quality review to assess and improve its data quality controls and procedures.

Area of Audit	Level of Assurance Given
	• The ICB has a change management process in place that prevents changes to its IT environment from being implemented without appropriate approval and end user devices are built from a consistent and approved base image. • The ICB's firewall rules are reviewed on a regular basis and personal firewalls are configured and enabled for the ICB's desktop and laptop computers.
Primary Care Commissioning – dental	**Design – Substantial** **Operational Effectiveness – Moderate** The purpose of this review aimed to assess whether the ICB has the appropriate structure, governance arrangement, information and degree of oversight over the dental services, to ensure strategic planning, information flow, and decisions making process are transparent and undertaken by the authorised party. We concluded that the ICB has a substantial design of controls and moderate effectiveness of controls in place for Dental Primary Care Commissioning. **Control Design** The control design was substantial as there was a sound system of internal control designed to achieve system objectives. This was supported by the establishment of clear roles and responsibilities, comprehensive progress reporting arrangements and robust financial oversight mechanisms. **Control Effectiveness** The control effectiveness was moderate as there was evidence of non-compliance with some controls, that may put some of the system objectives at risk. This was principally in relation to improvements that could be made around data access and flow and increased clarity that should be provided on programme evaluation. This moderate opinion on control effectiveness was also influenced by the ICB's low attainment against UDAs, with the percentage of UDAs delivered by month reported

Area of Audit	Level of Assurance Given
	at 44% in March 2025. However, we have recognised the work undertaken to improve this position and this is reflected in the good practice section above.
HR & Payroll Processes	**Design – Moderate** **Operational Effectiveness – Moderate** The purpose of the audit is to provide assurance that the ICB has robust procedures in operation for the management of its employee HR and payroll processes relating to new starters and leavers & timely amendment to staff changes of circumstances/level of pay. We conclude that the ICB has a Moderate design of controls and effectiveness of controls in relation to HR and payroll processes. The control design is Moderate because in the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective. The control effectiveness is Moderate as some processes require strengthening.
Contract & Procurement Pipeline Management	**Design – Limited** **Operational Effectiveness – Moderate** The purpose of the audit was to provide assurance on the procurement and contract management processes in place at the ICB, in readiness for implementation of the Procurement Act Regulations and application of the Provider Selection Regime. The control design is limited as the ICB has established a governance structure in place to oversee contract management but the link with work with the commissioners, isn't clear. Standing Financial Instructions, procedures and framework documents which detail how contract management and procurement should be carried and what is expected from the relevant individuals, are in place. However, we did note the following areas for improvement, which will strengthen controls:

Area of Audit	Level of Assurance Given

	• The ICB does not have strategic plans for each service area the directs the commissioning intentions which would inform the procurement route and pipeline. The procurement pipeline is currently driven from the contract renewal dates.
	
	• The SFI's state that contracts over £1m require Board approval, benchmarked against some other ICBs, we consider that the delegated level of £1m in the SFIs is low and this presents a risk that the Board becomes too operationally focused, if they approved every contract over this value.
	
	• The ICB did not have an up-to-date Procurement policy in place, which expands on the information in the SFIs and provides relevant staff clear guidance on how procurement should be carried out at the organisation. This document is currently being updated to reflect changes with the introduction of the PSR and Procurement Act.
	
	• Further work is required to implement Atamis in full. This includes the requirement to ensure that appropriate roles and responsibilities have been identified and additional training provided. We have concluded a moderate assurance for the effectiveness of the controls implemented by the ICB. This is opinion is principally driven by the following findings:
	
	  • We identified that two contracts which had a value greater than £1,000,000 had not been presented to the ICB Board as required, per the SFIs. These were for existing services that had been scrutinised and approved by the Finance Committee.
	
	  • Six out of the eight contracts in our sample were signed off after their start date. We were provided additional information for the root cause, which was often outside of the control of the contracting team.

Specialist Commissioning – due diligence (advisory only)	This advisory review aims to support the ICB in ensuring that it has appropriate processes in place to progress with the delegated commissioning arrangements.

Area of Audit	Level of Assurance Given
	The audit did not include the arrangements under the Principal Commissioner model. The audit did not identify any areas of concern in the arrangements established for NHS Somerset ICB to be able to discharge its responsibilities for delegated specialised commissioning. The audit recommended that the ICB should assess its risks as a Principal Commissioner, impact of the cluster arrangements on hosting arrangements of the CCH and whether there are service provision / access issues for Somerset patients. These should be documented in the corporate risk register.
Better Care Fund	**Audit work in progress and expected to conclude in June 2025**

Review of the Effectiveness of Governance, Risk Management and Internal Control

My review of the effectiveness of the system of internal control and its implications is informed by the work of the internal auditors, executive managers and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed.

The corporate and strategic risk registers have been designed to provide me, as Accountable Officer, with sources of assurance which are evidence that the effectiveness of controls that manage risks to the ICB are achieving their principal objectives and are reviewed on an ongoing basis as described earlier in this chapter.

The executive directors within NHS Somerset ICB who have responsibility for the development and maintenance of the system of internal control provide me, as Accountable Officer, with assurance.

As Accountable Officer, I have received assurance of the effectiveness of the ICB's internal controls as discharged through the committees described in the Governance Arrangements and Effectiveness section.

We have also described the process that has been applied in maintaining and reviewing the effectiveness of the system of internal control, including the role and outputs of the:

- NHS Somerset ICB Board
- Audit Committee
- Finance Committee
- Quality Committee
- Remuneration Committee
- Primary Care Commissioning Committee
- Management Board

Conclusion

I can confirm that no significant internal control issues have been identified.

Jonathan Higman
Accountable Officer
NHS Somerset Integrated Care Board

XX Month 2025

ANNEX 1 (GOVERNANCE STATEMENT)

NHS SOMERSET: ICB BOARD Attendance Record 2024/25								
Name and Role **(V) = Voting Member** **(P) = Non-Voting Participant**	**✓ = Present** **X = Apologies Given**							
	25/04/24	**23/05/24**	**27/06/24**	**25/07/24**	**26/09/24**	**28/11/24**	**30/01/25**	**27/03/25**
Paul von der Heyde, Chair (V)	✓	✓	✓	✓	✓	✓	✓	✓
Suresh Ariaratnam, Non-Executive Director (Chair of Primary Care Commissioning Committee) (V)	✓	✓	X	X	✓	✓	✓	✓
Dr Berge Balian, Primary Care Partner Member (V)	✓	✓	✓	X	✓	✓	✓	✓
Charlotte Callen, Executive Director of Communications, Engagement and Marketing (P)	✓	✓	✓	✓	✓	✓	X	✓
Victoria Downing-Burn, Chief People Officer (P) (until 31/8/24)	✓	✓	X	X				
Graham Atkins, Chief People Officer (P) (from 30/9/24)					✓*	✓	✓	✓
Christopher Foster, Non-Executive Director and Senior Indepdendent Member (Chair of Remuneration Committee, Finance Committee and Somerset People Board) (V)	✓	✓	✓	✓	✓	✓	✓	✓
Dr Caroline Gamlin, Non-Executive Director and Deputy Chair (Deputy Chair from 1/5/24) (Chair of Quality Committee) (V)	✓	✓	✓	✓	✓	✓	✓	✓
Judith Goodchild, Healthwatch (Participant) (P)	✓	✓	✓	X	✓	✓	✓	✓
Professor Trudi Grant, Executive Director of Public and Population Health, Somerset Council & NHS Somerset (V)	✓**	✓**	✓	✓	✓	✓		
Alison Bell, Interim Director of Public Health, Somerset Council (P)							✓	✓
Alison Henly, Chief Finance Officer and Director of Performance and Contracting (V)	✓	✓	✓	X	✓	✓	✓	✓
Jonathan Higman, Chief Executive (V)	✓	✓	✓	✓	✓	✓	✓	✓
Peter Lewis, Chief Executive, Somerset Foundation Trust (Trust Partner Member) (V)	✓	✓	✓	✓	✓	✓	✓	✓
Dr Bernie Marden, Chief Medical Officer (V)	✓	✓	✓	✓	X	✓	✓	✓
David McClay, Chief Officer for Strategy, Digital and Integration (P)	✓	✓	X	X	✓	✓	✓	✓
Shelagh Meldrum, Chief Nursing Officer/Director of Operations (V)	✓	✓	✓	✓	✓	✓	✓	✓
Katherine Nolan, SPARK Somerset, VCFSE sector (Participant) (P)	X	✓	✓	✓	✓	✓	✓	✓
Grahame Paine, Non-Executive Director and Deputy Chair (Deputy Chair until 30/4/24) (Chair of Audit Committee) (V)	X	X	✓	✓	✓	✓	✓	✓
Jade Renville, Executive Director of Corporate Services and Affairs (P)	✓	✓	✓	✓	✓	✓	✓	✓
Duncan Sharkey, Chief Executive, Somerset County Council (Local Authority Partner Member) (V)	✓	✓	✓	✓	✓	✓	✓	X

* Designate

** Lou Woolway, Deputy Director of Public Health in attendance

NHS SOMERSET: AUDIT COMMITTEE Attendance Record 2024/25				
Name and Role **(V) = Voting Member** **(NV) = Non-Voting Member**	**✓ = Present** **X = Apologies Given**			
	20/06/24	**18/09/24**	**11/12/24**	**05/03/25**
Grahame Paine (V) Non-Executive Director and Chair of Audit Committee	✓	✓	✓	✓
Christopher Foster (V) Non-Executive Director	✓	✓	✓	✓
Caroline Gamlin (V) Non-Executive Director	✓	✓	✓	**X**
Alison Henly (Attendee) Chief Finance Officer and Director of Performance and Contracting	✓	✓	✓	✓

(The Chief Executive is also invited to attend the meeting at least annually)

NHS SOMERSET: QUALITY COMMITTEE Attendance Record 2024/25						
Name and Role **(V) = Voting Member** **(NV) = Non-Voting Member**	**✓ = Present** **X = Apologies Given**					
	24/04/24	**03/07/24**	**04/09/24**	**16/10/24**	**11/12/24**	**26/02/24**
Caroline Gamlin, Non-executive Director and Chair of Quality Committee (V)	✓	✓	✓	✓	✓	✓
Suresh Ariaratnam, Non-executive Director (V)	✓	X	X	✓	✓	X
Grahame Paine, Non-executive Director (V)	X	✓	✓	✓	✓	✓
Shelagh Meldrum, Chief Nursing Officer and Director of Operations (V)	✓	✓	✓	✓	✓	✓
Bernie Marden, Chef Medical Officer (V)	✓	✓	✓	X	✓	✓
Bernice Cooke, Director of Nursing and Deputy Chief Nursing Officer (NV)	✓	✓	✓	✓	✓	X
Lynette Emsley, Associate Director of Continuing Health Services (NV)	✓	✓	X	X	✓	✓
Sarah Ashe, Associate Director of Safeguarding, Mental Health, Learning Disability and Autism (NV)	✓	✓	✓	X	X	✓
Shona Turnbull-Kirk, Associate Director for Health Equity Programmes and Resilience (NV)	X	✓	✓	✓	X	✓
Claire Dransfield, Patient Safety Partner (V)	✓	✓				
Glen Salisbury, Patient Safety Partner (V)			X	✓	X	X
Wendy Coward, Patient Safety Partner (V)			✓	✓	✓	✓

NHS SOMERSET: REMUNERATION COMMITTEE Attendance Record 2024/25									
Name and Role **(V) = Voting Member** **(NV) = Non-Voting Member**	**✓ = Present** **X = Apologies Given**								
	25/04/24	**23/05/24**	**27/06/24**	**05/08/24**	**29/08/24**	**26/09/24**	**14/11/24**	**19/12/24**	**19/03/25**
Paul von der Heyde, Chair (V)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suresh Ariaratnam, Non-Executive Director (Chair of Primary Care Commissioning Committee) (V)	X	✓	X	✓	✓	✓	X	✓	✓
Christopher Foster, Non-Executive Director (Chair of Remuneration Committee, Finance Committee and Somerset People Board) (V)	✓	✓	✓	✓	X	✓	✓	✓	✓
Dr Caroline Gamlin, Non-Executive Director (Chair of Quality Committee) (V)	✓	✓	✓	X	✓	✓	✓	✓	X
Grahame Paine, Non-Executive Director and Vice Chair (Chair of Audit Committee) (V)	X	X	✓	✓	✓	✓	✓	X	✓

NHS SOMERSET: PRIMARY CARE COMMISSIONING COMMITTEE
Attendance Record 2024/25

Name and Role (V) = Voting Member (NV) = Non-Voting Member	✓ = Present X = Apologies Given			
	04/06/2024	03/09/2024	03/12/2024	04/03/2025
Suresh Ariaratnam, Non-Executive Director (Chair) (V)	✓	✓	✓	✓
Caroline Gamlin, Non- Executive Director (Vice Chair) (V)	✓	✓	✓	X
Christopher Foster, Non-Executive Director (V)	X	X	X	✓
Alison Henly, Chief Finance Officer (V)	✓	X	✓	✓
Bernie Marden, Chief Medical Officer (V)	X	✓	✓	X
Bernice Cooke, Deputy Director Nursing and Inclusion, Patient Safety Specialist (V)	X	✓	X	✓
Dr Jeremy Imms, Clinical Lead for Primary Care (V)	✓			
Sukeina Kassam, Director of Primary Care (V)	✓	✓	✓	✓
Michael Bainbridge, Associate Director of Primary Care (V)	✓	✓	✓	X
Sandra Wilson, Patient Representative (PPG Chairs) (V)	✓	✓	✓	✓
Alison Bell, Representative for Public Health (V)	✓	✓	✓	✓
Tessa Fielding, NHS England representative (NV)	✓	✓	X	✓
Judith Goodchild, Somerset Healthwatch Representative (NV)	✓	✓	✓	✓
Dr Berge Balian, Somerset GP Provider Board (NV)	X	✓	✓	✓
Dr Tim Horlock, Local Medical Committee Somerset Local Representative Committee (NV)	✓	✓	✓	✓
Michael Lennox, Local Pharmacy Committee Somerset Local Representative Committee (NV)	✓			
Michelle Allen, Local Pharmacy Committee Somerset Local Representative Committee (NV)		✓	✓	✓
Charles Greenwood, Local Optometry Committee Somerset Local Representative Committee (NV)	✓	✓	X	✓
Andre Louw, Local Dental Committee Somerset Local Representative Committee (NV)	✓	✓	✓	✓

NHS SOMERSET: FINANCE COMMITTEE Attendance Record 2024/25												
Name and Role **(V) = Voting Member** **(NV) = Non-Voting Member**	**✓ = Present** **X = Apologies Given**											
	16/04/24	**15/05/24**	**18/06/24**	**17/07/24**	**22/08/24**	**17/09/24**	**15/10/24**	**20/11/24**	**10/12/24**	**21/01/25**	**19/02/25**	**19/03/25**
Paul von der Heyde (V) Chair	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓
Grahame Paine (NV) Non-Executive Director	X	X	✓	✓	X	✓	✓	X	✓	✓	✓	✓
Christopher Foster (V) Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Henly (V) Chief Finance Officer and Director of Performance and Contracting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jonathan Higman (V) Chief Executive	✓	X	✓	✓	X	X	✓	✓	X	✓	X	✓
Shelagh Meldrum (NV) Chief Nursing Officer	✓	✓	X	X	X	X	✓	X	X	✓	✓	X
Bernie Marden (NV) Chief Medical Officer	X	✓	✓	✓	X	X	X	✓	✓	X	✓	✓

NHS SOMERSET: MANAGEMENT BOARD Attendance Record 2024/25										
Name and Role **(V) = Voting Member** **(NV) = Non-Voting Member**	**✓ = Present** **X = Apologies Given**									
	13/05/24	**10/06/24**	**08/07/24**	**12/08/24**	**02/09/24**	**14/10/24**	**11/11/24**	**13/01/25**	**10/02/25**	**10/03/25**
Jonathan Higman, Chief Executive (Chair) (V)	✓	✓	✓	X	✓	✓	✓	✓	✓	X
Graham Atkins, Chief People Officer						✓	✓	✓	✓	X
Charlotte Callen, Executive Director of Communications, Engagement and Marketing (V)	✓	✓	✓	✓	✓	✓	✓	X	✓	✓
Bernice Cooke, Deputy Chief Nursing Officer (V)	✓	✓	✓	✓	✓	✓	✓	X	X	✓
Matthew Dolman, Chief Clinical Information Officer (V)	✓	✓	✓	✓						
Victoria Downing-Burn, Chief People Officer (V)	✓	✓	✓	✓						
Ben Edgar-Attwell, Deputy Director of Corporate Services (working across SFT and Somerset ICB)				✓	X	X	✓	✓	✓	X
Leanne Field, Deputy Director of Strategy and Transformation								✓	✓	✓
Trudi Grant, Chief Officer for Population and Public Health (V)	✓	✓	✓	X	✓	✓	✓			
Shaun Green, Chief Pharmacist (V)	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
Alison Henly, Chief Finance Officer and Director of Performance and Contracting (V)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sukeina Kassam, Director of Primary Care (V)	X	✓	X	✓	✓	✓	✓	X	X	✓
Lucie Laker, Chief Data Officer				✓	✓	✓	X	✓	✓	✓
Bernie Marden, Chief Medical Officer (Management Board Vice Chair) (V)	✓	✓	✓	X	✓	✓	✓	✓	✓	X
David McClay, Chief Officer for Strategy, Digital and Integration (V)	✓	✓	✓	✓	✓	✓	X	X	✓	✓
Dr Tom MacConnell, Deputy Chief Medical Officer						✓	✓	✓	✓	X
Shelagh Meldrum, Chief Nursing Officer/Chief Operating Officer (V)	✓	X	✓	✓	✓	✓	✓	✓	✓	✓
Jade Renville, Executive Director of Corporate Affairs (V)	✓	✓	✓	✓	✓	✓	✓	X	✓	X
Alison Rowswell, Director of Localities and Strategic Commissioning (V)	✓	✓	✓	✓	X	✓	✓	✓	✓	✓
Scott Sealey, Deputy Chief Finance Officer and Deputy Director of Performance and Contracting (V)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Rob Weaver, Deputy Chief Medical Officer						X	X	X	X	X

SOMERSET ICS PEOPLE BOARD Attendance Record 2024/25			
Name and Role **(V) = Voting Member** **(NV) = Non-Voting Member**	**✓ = Present** **X = Apologies Given**		
	23/04/24	**16/11/24**	**18/12/24**
Christopher Foster (Chair), Non-Executive Director, NHS Somerset (V)	✓	✓	X
Suresh Ariaratnam, Non-Executive Director, NHS Somerset (Vice Chair) (V)	✓	✓	✓
Graham Atkins, Chief People Officer (V)		✓	✓
Jonathan Higman, Chief Executive, NHS Somerset (V)	✓	✓	X
Peter Lewis, Chief Executive, Somerset NHS Foundation Trust (V)	✓	X	X
Duncan Sharkey, Chief Executive, Somerset Council (V)	X	X	X
Victoria Downing-Burn, Director of Workforce Strategy, NHS Somerset (V)	X		
Isobel Clements, Chief of People Officer, NHS Somerset FT (V)	✓	X	✓
Melissa Fairhurst, Strategic Manager HR Business – Children and Families and Resourcing, Somerset Council (V)	✓		
Jon Dolman, GP and Clinical Lead for Somerset Training Hub (V)	✓	✓	✓
Christiana Evans, Head of Area, South-West Region, Skills for Care (V)	✓	✓	✓
Cherry Russell, HR Business Partner Adult Social Care, Somerset Council (V)	X	X	✓
Jane Graham, Associate Director of Workforce Transformation and Innovation, NHS Somerset (NV)	✓	✓	✓
David McClay, Chief Officer of Digital, Strategy and Integration, NHS Somerset (NV)	X	✓	✓
Helen Stapleton, Associate Director Strategic Workforce Transformation, NHS Somerset (NV)	✓	✓	✓
Clare Melbourne, Assistant Director for People Strategy and Organisational Development SWAS (V)	X	X	✓
Katherine Nolan, Chief Executive, SPARK (V)	✓	X	✓
Jill Hellens, Local Medical Council, Somerset (V)	X	X	
Paul Coles, Service Director Commissioning ASC, Somerset Council (V)	X	X	X
Tom Rossiter, Head of Leadership and Talent, NHS England – South-West (V)	X	X	X
Angela Hayday, Senior Specialist Leadership & Talent, Workforce Training & Education Directorate, NHS England – Southwest (V)	✓	✓	X

SOMERSET ASSURANCE FORUM (SAF) Attendance Record 2024/25				
Name and Role **(V) = Voting Member** **(NV) = Non-Voting Member**	**✓ = Present** **X = Apologies Given**			
	26/06/24	**13/09/24**	**07/01/25**	**25/02/25**
Jonathan Higman, Chief Executive, NHS Somerset ICB (V)	✓	✓	✓	✓
Alison Henly, Chief Finance Officer, NHS Somerset ICB (V)	✓	X	✓	✓
Peter Lewis, Chief Executive SFT (V)	X	✓	✓	X
Duncan Sharkey, Chief Executive, Somerset Council (SC) (V)	X	X	X	X
Alison Bell, Acting Director of Public Health SC (from Jan 2025) (V)			✓	✓
Trudi Grant, Director of Population Health SC/ICB (until December 2024) (V)	X	X		
Shelagh Meldrum, Chief Nursing Officer, COO ICB (V)	X	X	✓	✓
Andy Heron, Chief Operating Officer, SFT (V)	✓	✓	✓	✓
David McClay, Chief Officer for Strategy, Digital & Transformation ICB (V)	✓	X	✓	✓
Graham Atkins, Chief People Officer (V) (From Sept 2024)			X	X
Victoria Downing-Burn, Chief People Officer (until Sept 2024) (V)	X			
Pippa Moger, Chief Finance Officer, SFT (V)	✓	✓	✓	✓
Claire Winter, Executive Director, Children, Families and Education, Somerset Council (NV)	X	X	X	✓
Richard Selwyn, Service Director, Commissioning & Performance, Somerset Council (NV)	X	✓	X	✓
Carmen Chadwick-Cox, Deputy Director of Commissioning, Planned Care, NHS Somerset (NV)		✓		✓
William Barnwell, Associate Director – Mental Health, Autism, and Learning Disabilities (Acting) (NV)	✓	✓	✓	✓
Lisa Manson, Director of Operational Delivery, NHSE (NV)	✓	X	✓	✓
Michelle Skillings, Head of Performance, NHS Somerset (NV)	X	✓	✓	X
Jo Langley-White, Head of Somerset System Coordination Centre, NHS Somerset (NV)	X	X	X	X
Alison Rowswell, Director of Localities and Strategic Commissioning NHS Somerset (NV)			✓	✓
Mel Lock, Executive Director, Adult Services, Somerset Council (NV)	X	X		
Kirsty Ash, Head of Urgent and Emergency Care, NHS Somerset (NV)	✓	✓	✓	✓
Grahame Paine, NED, ICB (V)	✓	X	✓	✓
Anthony Martin, NHSE (NV)			X	X
Xanthe Whittaker, Director of Elective Care, NHS Somerset FT (NV)	X			
Richard Schofield, Director of System Coordination & NHS Greener SW SRO (NV)	✓	✓	✓	✓
Hayley Peters, Chief Nurse, Somerset NHS FT (NV)	X	X	X	✓
Bernie Marden, Chief Medical Officer, ICB (V)	X	✓	X	✓
David Sealey, Transformation Manager – All Age Mental Health Commissioning ICB (NV)		✓		✓
Andrew Keefe, Deputy Directory MHALD ICB (NV)				✓
Abbie Furnival, Service Group Director for Clinical Support & Cancer Services, NHS Somerset FT (NV)	✓	✓		
Niki Shaw, Service Director, Adult Social Care, Somerset Council (on behalf of Mel Lock) (NV)	✓	✓	✓	✓
Helen Stapleton. Associate Director Strategic Workforce Transformation, NHS Somerset (NV)	✓	X	✓	✓
Stephen Rosser, Head of Commissioning for Planned Care, NHS Somerset ICB ((NV)	X	✓	✓	✓
Kevin Caldwell, Head of Risk Management ICB (NV)	X	✓	✓	✓
Kim Haratian, Risk Management ICB (NV)		✓		
Paul von der Heyde, Chair, ICB (NV)	X	X	✓	✓

SOMERSET SYSTEM QUALITY GROUP
Attendance Record 2024/25

Name and Role (V) = Voting Member (NV) = Non-Voting Member	✓ = Present X = Apologies Given					
	10/04/24	22/05/24	23/07/24	30/10/24	28/01/25	18/03/25
Shelagh Meldrum, Chief Nurse (NV)	✓	✓	X	✓	✓	✓
Bernie Marden, Chief Medical Officer ICB (NV)	X	X	X	X	✓	✓
Vicki Chipchase, Service Manager ASC (NV)	✓	✓	✓	✓	X	✓
Melanie Iles, CMO, SFT (NV)	✓	✓	✓	✓	✓	✓
Neal Cleaver, Deputy Clinical Quality Director NHSE (NV)	✓	✓	✓	✓	X	✓
Bernice Cooke, Deputy Director Nursing and Inclusion ICB (NV)	✓	X	✓	X	✓	✓
Gillian Kenniston-Goble, Health Watch Manager, Healthwatch Somerset (NV)	✓	✓	✓	✓	✓	✓
Fiona Boyd, Head of Quality, Direct Commissioning NHSE (NV)	✓	X	✓	X	X	X
Rachael Parker, Head of Public Operations SCC (NV)	✓	X	✓	X	✓	X
Roslynn Azzam, Registered Social Worker, Safeguarding NHSE (NV)	X	X	X	✓	X	X
Hayley Peters, CNO SFT (NV)	X	X	✓	✓	✓	✓
Sally Bryant, Director of Midwifery SFT (NV)	X	✓	✓	X	X	X
Kheelna Bavalia, Medical Director NHSE (NV)	X	X	X	X	X	X
Kim Jones, Assistant Clinical Quality Director NHS(NV)	✓	✓	✓	✓	✓	X
Sue Slocombe, Inspector Hospitals and Acute CQC (NV)	✓	✓	✓	✓	✓	✓
Tiffany Joby, CQC Inspection Manager Primary Medical Services CQC (NV) (NV)	X	X	X	X		
Claire Winter, Acting Director Childrens Services SCC (NV)	X	X	X	X		
Alison Bell, Consultant in Public Health SCC (NV)	X	X	X	✓	✓	✓
Helen Waters, Associate in Quality HEE (NV)	✓	X	✓	X	X	✓
Emily Fulbrook, Deputy Director Adults and MH SCC (NV)	✓	✓	X	X		
Glenys Salisbury, Patient Voice (NV)	✓	✓	✓	✓	✓	✓
Vanessa Williams, Head of Clinical Governance , SWAST (NV)	X	✓	✓	✓	✓	✓
Richard Selwyn, SCC (NV)					✓	X
Ilana Langdon, Associate Dean for Quality, Workforce training, NHSE (NV)					✓	X
Charotte Ives, System transformation Lead CYP (NV)					✓	X

POPULATION HEALTH TRANSFORMATION BOARD Attendance Record 2024/25					
Name and Role **(V) = Voting Member** **(NV) = Non-Voting Member**	**✓ = Present** **X = Apologies Given**				
	23/08/24	**20/09/24**	**29/10/24**	**29/11/24**	**14/02/25**
Trudi Grant (**V**) Executive Director of Public and Population Health, Somerset Council & NHS Somerset	✓	✓	✓	✓	X
Shelagh Meldrum (**V**) Chief Nursing Officer, NHS Somerset	X	X	X	X	X
Alison Henly (**V**) Chief Finance Officer and Director of Performance and Contracting, NHS Somerset	✓	X	✓	X	X
David Shannon (**V**) Director of Strategy and Digital Development, Somerset NHS Foundation Trust	✓	✓	✓	X	X
Greg Cobb (**V**) Associate Director of Improvement, Research and Development, Somerset NHS Foundation Trust	X	X	X	✓	✓
Melanie Iles(**V**) Chief Medical Officer, Somerset NHS Foundation Trust	✓	✓	✓	X	✓
Bernie Marden (**V**) Chief Medical Officer, NHS Somerset	✓	✓	✓	✓	✓
Victoria Downing-Burn, Graham Atkins (**V**) Chief People Officer, NHS Somerset	X	X	X	X	X
Charlotte Callen (**V**) Director of Communications, Engagement and Marketing, NHS Somerset	X	X	X	✓	✓
David McClay (**V**) Chief Officer of Strategy, Digital and Integration, NHS Somerset	✓	X	X	✓	✓
Katherine Nolan (**V**) Chief Executive, Spark Somerset	X	X	X	X	X
Sadie Male, Lucy Danes (NV) Programme Manager for Population Health	✓	✓	✓	✓	✓

Remuneration and Staff Report

Remuneration Report

This section of the report contains details of remuneration and pension entitlements for senior managers of NHS Somerset ICB in line with Chapter 5 of Part 15 of the Companies Act 2006.

Senior managers are defined as those persons in senior positions having authority or responsibility for directing or controlling the major activities of the ICB. This means those who influence the decisions of the ICB as a whole, rather than the decisions of individual directorates or departments. Such persons will include advisory and lay members. In defining this, the scope the ICB has used is to include members of the decision-making groups within the ICB, which the ICB has defined as the ICB Board, excluding those members not directly employed by the ICB. Senior managers (excluding Lay Members) are generally employed on permanent contracts with a six month period of notice.

The remuneration report and other disclosures referenced as 'subject to audit' in the Accountability Report will be audited by Grant Thornton UK LLP, NHS Somerset ICB's external auditors.

- single total figure of remuneration for each director
- CETV disclosures for each director
- payments to past directors
- payments for loss of office
- fair pay disclosures
- pay ratio information
- exit packages

Remuneration Committee

Details regarding the Remuneration Committee membership can be found here.

Fair Pay Disclosure (subject to audit)

Reporting bodies are required to disclose separately, for salary and allowances, and performance pay and bonuses;

- the percentage change from the previous financial year in respect of the highest paid director, and
- the average percentage change from the previous financial year in respect of employees of the entity, taken as a whole.

Percentage Change in Remuneration of Highest Paid Director (subject to audit)

	Salary and allowances Increase / (Decrease) (24-25) %	Performance pay and bonuses Increase / (Decrease) (24-25) %	Salary and allowances Increase / (Decrease) (23-24) %	Performance pay and bonuses Increase / (Decrease) (23-24) %
The percentage change from the previous financial year in respect of the highest paid director	4.82%	0%	5.0%	0%
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole (excluding the highest paid director)	5.88%	0%	2.7%	0%

Staff remuneration increases for the period include Agenda for Change pay uplifts awarded for 2024/25. Agenda for Change guidelines also are taken into consideration when assessing inflationary increase awarded to Directors.

There have also been changes to staffing structures during 2024/25 with NHS Somerset ICB finalising its organisational restructure, with a view to delivering a required reduction in running costs from 2024/25.

Pay Ratio Information (subject to audit)

NHS Somerset ICB is required to disclose;

- the 25th percentile, median and 75th percentile of remuneration of the ICB's staff (based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) as at the reporting date)
- the 25th percentile, median and 75th percentile of the salary component of remuneration of the ICB's staff (based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) as at the reporting date)
- the range of staff remuneration
- the relationship between the remuneration of the highest-paid director / member in the organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The table below illustrates;

- remuneration of NHS Somerset ICB staff

- the ratios of staff remuneration against the mid-point of the banded remuneration of the highest paid director
- the ratios of the salary component of staff remuneration against the mid-point of the banded remuneration of the highest paid director.

2024/25	25th percentile	Median	75th percentile
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	36,483	48,526	62,215
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	36,483	48,526	62,215
Ratio of remuneration of all staff to the mid-point of the banded remuneration of the highest paid director	5.96 : 1	4.48 : 1	3.5 : 1
Ratio of the salary component of remuneration of all staff to the mid-point of the banded salary of the highest paid director	5.96 : 1	4.48 : 1	3.5 : 1
2023/24	**25th percentile**	**Median**	**75th percentile**
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	34,581	45,996	58,972
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	34,581	45,996	58,972
Ratio of remuneration of all staff to the mid-point of the banded remuneration of the highest paid director	6.00 : 1	4.51 : 1	3.52 : 1
Ratio of the salary component of remuneration of all staff to the mid-point of the banded salary of the highest paid director	6.00 : 1	4.51 : 1	3.52 : 1

The banded remuneration of the highest paid director / member in NHS Somerset ICB in the reporting period 1 April 2024 to 31 March 2025 was £215,000 to £220,000 (2023/24: £205,000 to £210,000 for 1 April 2023 to 31 March 2024)

During the reporting period from 1 April 2024 to 31 March 2025, no employees received remuneration in excess of the highest-paid director/member (2023/24: zero from 1 April 2023 to 31 March 2024). Remuneration ranged from £17,500 to £217,500 (2023/24: £7,200 to £207,500 from 1 April 2023 to 31 March 2024) based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Policy on the Remuneration of Senior Managers

The remuneration of the Chief Executive and Directors within NHS Somerset ICB is the responsibility of the Remuneration Committee. It is the Remuneration Committee that determines the reward packages of Executive Directors, whilst taking account of the Pay Framework for Very Senior Managers (VSM) published by the Department of Health.

NHS Somerset ICB also has an established committee to oversee the appointments and remuneration for non-executive directors. This Committee makes determinations about the appointment, pay and remuneration for non-executive directors of the ICB Board and Committees.

National guidance was followed with regards to the remuneration of mandatory senior manager posts within NHS Somerset ICB; Chief Medical Officer, Chief Nursing Officer and Chief Finance Officer, along with the Chief Executive Officer. With other senior manager posts remuneration levels were agreed at the NHS Somerset ICB Remuneration Committee. Benchmarking was carried out to establish that rates of pay were comparable across the South West and are reviewed to ensure that pay scales remain competitive, but take into consideration the financial position of the organisation.

Agenda for Change guidelines are taken into consideration when assessing whether to award an inflationary increase to directors.

Remuneration of Very Senior Managers (VSMs)

NHS Somerset ICB has four VSMs in post with remuneration levels that exceed £150,000 per annum. For one post, national guidance was followed for the level of remuneration awarded and this was approved regionally and centrally. For the other VSM posts the approvals process was followed centrally with NHS England. The NHS Somerset ICB Remuneration Committee have approved the levels awarded to each post.

Senior Manager Remuneration (Including Salary and Pension Entitlements) (subject to audit)

The table below details the remuneration levels for all senior managers in NHS Somerset ICB.

		Total 1 April 2024 to 31 March 2025					
		Salary (a)	Expense payments (taxable) (b)	Performance Pay and Bonuses (c)	Long Term Performance Pay and Bonuses (d)	All Pension Related Benefits (e)	Total (a to e)
Name	Title	(bands of £5,000)	(rounded to the nearest £100*)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£'000	£	£'000	£'000	£'000	£'000
Jonathan Higman	Chief Executive	195-200	0	0	0	105-107.5	300-305
Alison Henly	Chief Finance Officer and Director of Performance and Contracting	150-155	0	0	0	130-132.5	280-285
David McClay	Chief Officer of Strategy, Digital and Integration	125-130	0	0	0	27.5-30	155-160
Shelagh Meldrum	Chief Nursing Officer and Director of Operations	155-160	0	0	0	0	155-160
Paul von der Heyde	Chair	55-60	0	0	0	0	55-60
Bernie Marden	Chief Medical Officer	215-220	0	0	0	0	215-220
Victoria Downing-Burn	Chief People Officer (to 31/08/2024)	50-55	0	0	0	25-27.5	75-80
Graham Atkins	Chief People Officer (from 30/09/2024)	70-75	0	0	0	15-17.5	85-90
Charlotte Callen	Director of Communications, Engagement and Marketing	110-115	0	0	0	27.5-30	140-145
Jade Renville	Director of Corporate Affairs	65-70	0	0	0	55-57.5	125-130
Trudi Grant	Executive Director of Public and Population Health	50-55	0	0	0	0	50-55
Caroline Gamlin	Non-Executive Director	15-20	0	0	0	0	15-20
Suresh Ariaratnam	Non-Executive Director	15-20	0	0	0	0	15-20
Grahame Paine	Non-Executive Director	15-20	0	0	0	0	15-20
Christopher Foster	Non-Executive Director	15-20	0	0	0	0	15-20

*Note: Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.

Accrued pension benefits included in this table for any individual affected by the Public Service Pensions Remedy have been calculated based on their inclusion in the legacy scheme for the period between 1 April 2015 and 31 March 2022, following the McCloud judgment. The Public Service Pensions Remedy applies to individuals that were members, or eligible to be members, of a public service pension scheme on 31 March 2012 and were members of a public service pension scheme between 1 April 2015 and 31 March 2022. The basis for the calculation reflects the legal position that impacted members have been rolled back into the relevant legacy scheme for the remedy period and that this will apply unless the member actively exercises their entitlement on retirement to decide instead to receive benefits calculated under the terms of the Alpha scheme for the period from 1 April 2015 to 31 March 2022.

Officer Holder Changes notes:

Jade Renville was seconded to a Joint Executive Director of Corporate Affairs post across both NHS Somerset ICB and Somerset NHS Foundation Trust on 6 July 2024. From this date, only 50% on her salary was charged to NHS Somerset ICB, which is reflected in the above table.

Victoria Downing-Burn resigned from the Chief People Officer post on 31 August 2024.

Graham Atkins was appointed as Chief People Officer on 30 September 2024.

Trudi Grant resigned as Executive Director of Public and Population Health on 31 December 2024. Trudi Grant was awarded an honorary appointment with NHS Somerset ICB as Executive Director of Public and Population Health, Somerset Council & NHS Somerset from 1 April 2023. Her contract of employment was held by Somerset Council and NHS Somerset ICB make a 50% contribution to her salary cost. Trudi Grant's total salary for the 9 months to 31 December 2024 across both Somerset Council and NHS Somerset ICB was £100,000 - £110,000.

Other Notes:

- No senior manager waived his/her remuneration.
- No annual or long-term performance related bonus payments were made to any senior managers during the reporting period 1 April 2024 to 31 March 2025.
- Peter Lewis, Dr. Berge Balian and Duncan Sharkey are Partner Members of the ICB Board. Partner Members are not seconded to the ICB and, whilst regular Board members, are not considered Senior Managers of the ICB.

Prior Year Comparator		Total 1 April 2023 to 31 March 2024					
		Salary	Expense payment (taxable)	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension Related Benefits	Total
Name	Title	(bands of £5,000)	(rounded to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£'000	£	£'000	£'000	£'000	£'000
Jonathan Higman	Chief Executive	185-190	0	0	0	0	185-190
Alison Henly	Chief Finance Officer and Director of Performance and Contracting	140-145	0	0	0	0	140-145
David McClay	Chief Officer of Strategy, Digital and Integration (from 24/04/2023)	110-115	0	0	0	107.5-110	220-225
Shelagh Meldrum	Chief Nursing Officer and Director of Operations	150-155	0	0	0	0	150-155
Paul von der Heyde	Chair	55-60	0	0	0	0	55-60
Bernie Marden	Chief Medical Officer	205-210	0	0	0	0	205-210
Victoria Downing-Burn	Chief People Officer	120-125	0	0	0	0	120-125
Charlotte Callen	Director of Communications, Engagement and Marketing	100-105	0	0	0	22.5-25	125-130
Jade Renville	Director of Corporate Affairs	95-100	0	0	0	27.5-30	125-130
Trudi Grant	Executive Director of Public and Population Health	65-70	0	0	0	0	65-70
Caroline Gamlin	Non-Executive Director	10-15	0	0	0	0	10-15
Suresh Ariaratnam	Non-Executive Director	10-15	0	0	0	0	10-15
Grahame Paine	Non-Executive Director	10-15	0	0	0	0	10-15
Christopher Foster	Non-Executive Director	10-15	0	0	0	0	10-15

Officer Holder Changes notes:

David McClay was appointed as Chief Officer of Strategy, Digital and Integration on 24 April 2023.

Trudi Grant was awarded an honorary appointment with NHS Somerset ICB as Executive Director of Public and Population Health, Somerset Council & NHS Somerset from 1 April 2023. Her contract of employment is held by Somerset Council and NHS Somerset ICB make a 50% contribution to her salary cost. Trudi Grant's total salary for 2023/24 across both Somerset Council and NHS Somerset ICB was £138,600.

An organisational change process took place in 2023 to reconsider the form and function of NHS Somerset ICB's leadership structure. As a result the posts of Acting Director of Operations and

Commissioning and Programme Director of 'Fit for My Future' were not continued as senior leadership posts.

Other Notes:

- No senior manager waived his/her remuneration.
- No annual or long-term performance related bonus payments were made to any senior managers during the reporting period 1 April 2023 to 31 March 2024.
- Jonathan Higman, Alison Henly, Bernie Marden and Victoria Downing-Burn are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995 to 2008 Scheme on 1 October 2023. Negative values are not disclosed under All Pension Related Benefits in this table but are substituted with a zero.

Pension Benefits as at 31 March 2025 (subject to audit)

The following table details the pension entitlements for each of the senior managers who received pensionable remuneration through the NHS pension scheme.

Name	Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at Pension age at 31 March 2025	Lump sum at pension age related to accrued pension at 31 March 2025	Cash equivalent transfer value at 1 April 2024	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2025	Employer's contribution to partnership pension
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Jonathan Higman	Chief Executive	5-7.5	5-7.5	75-80	190-195	1,486	113	1,723	0
Alison Henly	Chief Finance Officer and Director of Performance and Contracting	5-7.5	10-12.5	65-70	165-170	1,250	142	1,495	0
David McClay	Chief Officer of Strategy, Digital and Integration (from 24/04/2023)	0-2.5	0	30-35	80-85	579	22	656	0
Charlotte Callen	Director of Communications, Engagement and Marketing	0-2.5	0	5-10	0	38	14	69	0
Jade Renville	Director of Corporate Affairs	2.5-5	0	30-35	0	342	36	415	0
Graham Atkins	Chief People Officer (from 30/09/2024)	0-2.5	0	0-5	0	0	10	19	0

Victoria Downing-Burn	Chief People Officer (to 31/08/2024)	0-2.5	0-2.5	35-40	90-95	687	26	810	0

Notes:

1. Non-Executive Directors do not receive pensionable remuneration.
2. Pensionable contributions may include more than just those from ICB employment. Where a GP is under a contract of service with the ICB and pays pension contributions then they are classed as 'NHS staff (Officer)' for pension purposes. The figures provided by NHS Pensions cover only the 'Officer' element of the GP's pension entitlement.
3. Cash Equivalent Transfer Value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2025.
4. Bernie Marden and Shelagh Meldrum chose not to be covered by the pension arrangements during the reporting year.
5. Trudi Grant is not part of the NHS Pension Scheme and therefore is not included in the Pension Benefits Table
6. Accrued pension benefits included in this table for any individual affected by the Public Service Pensions Remedy have been calculated based on their inclusion in the legacy scheme for the period between 1 April 2015 and 31 March 2022, following the McCloud judgment. The Public Service Pensions Remedy applies to individuals that were members, or eligible to be members, of a public service pension scheme on 31 March 2012 and were members of a public service pension scheme between 1 April 2015 and 31 March 2022. The basis for the calculation reflects the legal position that impacted members have been rolled back into the relevant legacy scheme for the remedy period and that this will apply unless the member actively exercises their entitlement on retirement to decide instead to receive benefits calculated under the terms of the Alpha scheme for the period from 1 April 2015 to 31 March 2022.

Cash Equivalent Transfer Values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on Early Retirement or for Loss of Office (subject to audit)

NHS England has set restrictions on the payment of any compensation within NHS Somerset ICB. There have been no compensation terms agreed for 2024/25.

Payments to Past Directors (subject to audit)

NHS Somerset ICB has made no payments to past directors during the period 1 April 2024 to 31 March 2025.

Explanation of Key Terms used in Remuneration and Pension Reports

Term	Definition
Annual Performance Related Bonuses	Money or other assets received or receivable for the financial year as a result of achieving performance measures and targets for the period.
Cash Equivalent Transfer Value (CETV)	A CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations.
Employer's contribution to stakeholder pension	The amount that the ICB has contributed to individual's stakeholder pension schemes.
Lump sum at pension age related to real increase in pension	The amount by which the lump sum to which an individual will be entitled on retirement has increased during the year
Lump sum at pension age related to accrued pension at 31 March 2025	The amount of lump sum pension to which an individual will be entitled on retirement at pension age as a result of their membership of the pension scheme to 31 March 2025
Real increase in CETV	This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or

Term	Definition
	arrangement) and uses common market valuation factors for the start and end of the period.
Real increase in pensions at pension age	The amount by which the pension to which an individual will be entitled at pension age has increased during the year
Total accrued pension at pension age at 31 March 2025	The amount of annual pension to which an individual will be entitled on retirement at pension age as a result of their membership of the pension scheme to 31 March 2025

Staff Report

Number of Senior Managers

The number of senior managers within NHS Somerset ICB is set out below in the 'Staff composition' table below.

Staff Numbers and Costs (subject to audit)

NHS Somerset ICB's total staff costs for the period 1 April 2024 to 31 March 2025 are summarised in the following table. These figures are consistent with information provided within the financial statements:

	Total		
	Permanent Employees	Other	Total
	£'000	£'000	£'000
	N4G	N4H	N4I
Salaries and wages	15,042	1,132	16,174
Social security costs	1,911	47	1,958
Employer contributions to the NHS Pension Scheme	3,589	62	3,651
Other pension costs	1	0	1
Apprenticeship levy	68	0	68
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	1,336	0	1,336
Gross Employee Benefits Expenditure	**21,949**	**1,241**	**23,189**
Less: Recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Net employee benefits expenditure incl. capitalised costs	**21,949**	**1,241**	**23,189**
Less: Employee costs capitalised	-	-	-
Net employee benefits expenditure excl. capitalised costs	**21,949**	**1,241**	**23,189**

Average Number of Persons Employed (subject to audit)

The average number of ICB staff employed by staff grouping is as follows:

Average number of people employed	2024/25 figures cover 1st April 2024 to 31st March 2025			2023/24
	Permanently employed Number	Other Number	Total Number	Total Number
Medical and dental	4	0	4	6
Administration and estates	235	15	251	243
Healthcare assistants and other support staff	1	0	1	0
Nursing, midwifery and health visiting staff	52	0	52	53
Scientific, therapeutic and technical staff	11	0	11	11
Social Care Staff	2	2	0	2
Total	**305**	**15**	**320**	**315**
Of the above:				
Number of whole time equivalent people engaged on capital projects	-	-	-	-

The majority of employees are members of the NHS defined benefit pension scheme. Details of the scheme and its accounting treatment may be found within the accounting policies disclosed in the full audited annual accounts.

Staff Composition

The breakdown of the gender profile for NHS Somerset ICB as at 31 March 2025 is set out below:

Category	% Male	% Female	Total Number
Board Voting Members	66.7%	33.3%	9
Executive Directors	50.0%	50.0%	8
All substantive ICB Staff	16.8%	83%	351

Sickness Absence Data

The absence FTE % for NHS Somerset ICB was 4.01%. This is based on data available for the period 1 January 2024 to 31 December 2024.

The ICB has a clear and robust Management of Sickness Absence Policy.

Sickness absence data for NHS Somerset ICB is available via the following link: NHS Sickness Absence Rates - NHS Digital

One health retirement was supported during the period 1 April 2024 to 31 March 2025.

Staff Turnover Percentages

Staff turnover for NHS Somerset ICB during the period 1 April 2024 to 31 March 2025 was 18.18%, which is an increase from the previous year by 2.59%.

Staff turnover information for NHS Somerset ICB is captured as part of NHS Digital's NHS workforce statistics and is available via the following link:
NHS workforce statistics - NHS Digital

This data series is an official statistics publication complying with the UK Statistics Authority's Code of Practice.

Staff Engagement Percentages

In the NHS National Staff Survey, staff engagement is measured across three themes:

Theme	NHS Somerset ICB Staff Engagement Scores
Advocacy	6.55
Motivation	6.89
Involvement	6.90
Overall staff engagement	**6.78**

The themes are summary scores for groups of questions, which taken together give more information about each area of interest. They are worked out by assigning values to responses (on a scale from 0 to 10) and calculating their average. All values reported relate to an average (mean) score, where a higher score indicates a more favourable outcome for the given indicator.

Staff engagement levels demonstrate the health of the workforce within NHS Somerset ICB. Staff Survey questionnaires were sent to 341 colleagues in NHS Somerset, 251 were returned which gave a 73.6% response rate which is aligned with the average response rate for ICBs.

The themes of motivation and staff engagement remain key performance indicators. Staff Engagement is significantly better however motivation and advocacy have declined slightly.

At question level, 27 scores are in the top (20%) range of ICBs. There are 68 scores that are in the intermediate range (60%) and 12 in the bottom range (20%).

Where comparing to 2023, 6 question-level scores have declined and there have been 2 improvements. The declines include issues with line Managers, and organisational action on health & wellbeing.

Organisationally we have identified the following 3 focus areas.

- Appraisals
- Health & Wellbeing (to include)
    - Flexible working and working unpaid additional hours
    - Harassment, bullying and abuse in the workplace
- Compassionate Leadership

Engagement sessions will now be held at the end of April 2025 early May 2025, to further understand the survey results and ensure NHS Somerset continues to be a responsive and inclusive organisation, engaging with colleagues, fostering good relationships, and nurturing a culture of compassion and learning.

A review of our appraisal offer is an action that we are also taking following the results and is in progress and therefore this work will not form part of the engagement sessions. However, we will be asking colleagues for their feedback during Mary 2025 to help support with this. Results at a local / directorate level will be shared with the leadership teams via their HR & OD Business Partner, to identify next steps and create an action plan.

Staff Policies

NHS Somerset ICB applied the following new or updated staff policies in the period 1 April 2024 to 31 March 2025:

- Flexible Working Organisational
- Learning & Development
- Freedom to Speak Up
- Sexual Safety
- Pregnancy & Baby Loss
- Volunteer policy

Staff Diversity and Inclusion Policy, Initiatives and Longer-Term Ambitions

Whilst NHS Somerset ICB does not hold a staff facing Diversity and Inclusion Policy, there are a number of programmes within the organisation which support our aims.

These include:

Measure	Detail
Disability Confident Scheme	NHS Somerset ICB is a member of the Disability Confident Employer Scheme level 2, ensuring we respond to the potential needs of new applicants and current workforce needs. Details of the scheme can be found here - Disability Confident employer scheme - GOV.UK (www.gov.uk)
Recruitment practices	NHS Somerset ICB continues to make progress in the area of embedding Equality, Diversity & Inclusion Representatives into the recruitment and retention program. These individuals would offer expertise to professionals involved in the onboarding process from a legal and ethical perspective to help drive a wider diverse pool of staff, whilst supporting Anti racism practices and encouraging allyship. This is a system-wide program, which already has many of our partners ready to take the program on in their organisations.
Equality training	NHS Somerset ICB has an ambition to embed lived experiences in the training delivered to staff, as this offers a more impactful learning experience. This will be done through various formats including lunch & learns, workshops and delivery on specific awareness days.

NHS Somerset ICB has a long-term ambition to embed Inclusion and equity into the core processes and policies which impact staff experience and will work closely with the Integrated Care System (ICS) to develop, implement, and measure programmes and projects that are designed to improve staff experience across Somerset.

We have not identified any barriers to improving the diversity and inclusiveness of our workforce.

As described within the other employee matters section, NHS Somerset has operated an organisational restructuring process from November 2023 to November 2024. This involved a 30% reduction in running costs. Full Equality Impact Assessment considerations were made in respect of these changes, including potential impact on

diversity of the workforce where job losses were seen. We are assured through subsequent and ongoing assessments, that we have not seen a negative impact on the diversity of our workforce.

There are no specific key performance indicators (KPIs) set in respect of inclusion and diversity, however plans in respect of specific points can be seen in their appropriate documentation, i.e. the Gender Pay Gap action plan and the Workforce Race Equality Standard action plan.

Trade Union Facility Time Reporting Requirements

The trade union (facility time publication requirements) regulations 2017 came into force on 1 April 2017. In line with these regulations, all organisations employing more than 49 staff, must publish information on facility time, which is agreed time off from an individual's job to carry out a trade union role.

Our organisation

NHS Somerset ICB
1 April 2024 to 31 March 2025

Employees in Our Organisation

50 to 1,500 employees

Trade Union Representatives and Full-Time Equivalents

Trade union representatives: 1
FTE trade union representatives: 0.40

Percentage of Working Hours Spent on Facility Time

0% of working hours: 0 representatives
1 to 50% of working hours: 1 representative
51 to 99% of working hours: 0 representatives
100% of working hours: 0 representatives

Total Pay Bill and Facility Time Costs

Total pay bill: £23,189,382
Total cost of facility time: £16,548.26
Percentage of pay spent on facility time: 0.07%

Paid Trade Union Activities

Hours spent on paid facility time: 487
Hours spent on paid trade union activities: 7
Percentage of total paid facility time hours spent on paid TU activities: 1.44%

Other Employee Matters

Organisational Change

In November 2023, NHS Somerset commenced an organisational change process which enables the organisation to align its form to the new operating model, whilst also meeting the challenge of reducing running costs by 30% by 2025/26. This has required consultation with the NHS Somerset workforce on the changes to the business structure.

Phase one of the consultation commenced in November 2023 and concluded in December 2023, with Phase two commencing in March 2024 and concluding in November 2024.

Trade Union Relationships

Following the success of the local Trade Union Partnership Forum, in January 2024 NHS Somerset ICB reviewed and revised their Trade Union Recognition agreement with the continuation of supporting the Trade Union Partnership Forum. This is with the aim of increasing partnering with recognised trade unions and strengthening employee voice within the organisation.

Pay Policy

In September 2024, NHS Somerset ICB undertook a review of localised pay rates agreed for medical colleagues on sessional pay rates. As part of this review, a commitment was made to award clinical colleagues with an annual award in line with the Doctors and Dentists Pay Review Body.

Expenditure on Consultancy

The ICB consultancy expenditure in the period 1 April 2024 to 31 March 2025 was £3,025, as per note 5 in the annual accounts. This related to services such as strategic advice, organisational and change management consultancy, technical consultancy and marketing and communications consultancy.

Off-Payroll Engagements

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as at 31 March 2025, for more than £245* per day:

	Number
Number of existing engagements as of 31 March 2025	2
Of which, the number that have existed:	
for less than one year at the time of reporting	-
for between one and two years at the time of reporting	2
for between 2 and 3 years at the time of reporting	-
for between 3 and 4 years at the time of reporting	-
for 4 or more years at the time of reporting	-

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

All existing off-payroll engagements, outlined above, have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2024 to 31 March 2025, for more than £245(1) per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2024 to 31 March 2025	12
Of which:	
No. not subject to off-payroll legislation(2)	0
No. subject to off-payroll legislation and determined as in-scope of IR35(2)	0
No. subject to off-payroll legislation and determined as out of scope of IR35(2)	12
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

(1) The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.
(2) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2024 to 31 March 2025:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period(1)	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements. (2)	10

During the period there have been no incidences where a senior officer position has been held by an off-payroll member of staff.

Exit Packages, Including Special (Non-Contractual) Payments (subject to audit)

Table 1: Exit Packages

Exit package cost band (inc. any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	4	20,928	13	57,958	17	78,887	-	-
£10,000 - £25,000	2	27,609	11	179,079	13	206,688	-	-
£25,001 - £50,000	2	86,667	3	98,135	5	184,802	-	-
£50,001 - £100,000	1	80,000	5	283,642	6	363,642	-	-
£100,001 - £150,000	1	106,667	2	241,560	3	348,227	-	-
£150,001 – £200,000	-	-	1	154,221	1	154,221	-	-
>£200,000	-	-	-	-	-	-	-	-
TOTALS	**10**	**321,871**	**35**	**1,014,595**	**45**	**1,336,466**	**-**	**-**

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms and Conditions of Service and are in line with statutory requirements. Exit costs in this note are accounted for in full in the year of departure. Where NHS Somerset ICB has agreed early retirements, the additional costs are met by NHS Somerset ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	13	799,069
Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice	22	215,527
Exit payments following Employment Tribunals or court orders	-	-
Non-contractual payments requiring HMT approval	-	-
TOTAL	**35**	**1,014,595**

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Table 1 which will be the number of individuals.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Parliamentary Accountability and Audit Report

NHS Somerset ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report at Appendix 1. An audit report is also included in this Annual Report. An Audit Certificate will be published separately on the NHS Somerset ICB website.

ANNUAL ACCOUNTS

JONATHAN HIGMAN
Accountable Officer
NHS Somerset Integrated Care Board

XX Month 2025

Appendix 1

NHS Somerset Integrated Care Board
Annual Accounts 2024/25 DRAFT

CONTENTS

Statement of Comprehensive Net Expenditure for the year ended 31 March 2025

	Note	**2024-25 £'000**	2023-24 £'000
Income from sale of goods and services	2	(13,216)	(13,147)
Other operating income	2	(2,422)	(2,655)
Total operating income		**(15,638)**	(15,802)
Staff costs	4	23,189	21,122
Purchase of goods and services	5	1,460,563	1,307,074
Depreciation and impairment charges	5	508	493
Provision expense	5	556	1,568
Other operating expenditure	5	269	156
Total operating expenditure		**1,485,085**	1,330,413
Net Operating Expenditure		**1,469,447**	1,314,611
Finance expense	7	6	10
Comprehensive Expenditure for the year		**1,469,453**	1,314,621

The notes on pages 1 to 24 form part of this statement

Statement of Financial Position as at 31 March 2025

	Note	**2024-25** **£'000**	2023-24 £'000
Non-current assets:			
Property, plant and equipment	8	262	252
Right-of-use assets	9	362	795
Total non-current assets		**624**	1,047
Current assets:			
Trade and other receivables	10	15,387	13,701
Cash and cash equivalents	11	73	46
Total current assets		**15,460**	13,747
Total assets		**16,084**	14,794
Current liabilities			
Trade and other payables	12	(61,880)	(67,877)
Lease liabilities	9	(422)	(418)
Provisions	13	(609)	(1,573)
Total current liabilities		**(62,911)**	(69,868)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(46,827)**	(55,074)
Non-current liabilities			
Lease liabilities	9	0	(421)
Total non-current liabilities		**0**	(421)
Assets less Liabilities		**(46,827)**	(55,495)
Financed by Taxpayers' Equity			
General fund		(46,827)	(55,495)
Total taxpayers' equity:		**(46,827)**	(55,495)

The notes on pages 1 to 24 form part of this statement

The financial statements on pages 1 to 4 were approved by the Board on [date] and signed on its behalf by:

Jonathan Higman
Chief Executive
NHS Somerset ICB

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2025

	General fund £'000	**Total reserves £'000**
Changes in taxpayers' equity for 2024-25		
Balance at 01 April 2024	**(55,495)**	**(55,495)**
Net operating expenditure for the financial year	(1,469,453)	**(1,469,453)**
Net funding	1,478,121	**1,478,121**
Balance at 31 March 2025	**(46,827)**	**(46,827)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2023-24		
Balance at 01 April 2023	(58,397)	(58,397)
Net operating costs for the financial year	(1,314,621)	(1,314,621)
Net funding	1,317,523	1,317,523
Balance at 31 March 2024	(55,495)	(55,495)

The notes on pages 1 to 24 form part of this statement

Statement of Cash Flows for the year ended 31 March 2025

	Note	**2024-25 £'000**	2023-24 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(1,469,453)	(1,314,621)
Depreciation and amortisation	5	508	493
Interest paid / received		6	10
(Increase)/decrease in inventories		0	2
(Increase)/decrease in trade & other receivables	10	(1,686)	(10,241)
Increase/(decrease) in trade & other payables	12	(5,997)	6,146
Provisions utilised	13	(1,520)	(337)
Increase/(decrease) in provisions	13	556	1,568
Net Cash Inflow (Outflow) from Operating Activities		**(1,477,586)**	(1,316,980)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		(85)	(116)
Net Cash Inflow (Outflow) from Investing Activities		**(85)**	(116)
Net Cash Inflow (Outflow) before Financing		**(1,477,671)**	(1,317,096)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		1,478,121	1,317,523
Repayment of lease liabilities		(423)	(424)
Net Cash Inflow (Outflow) from Financing Activities		**1,477,698**	1,317,099
Net Increase (Decrease) in Cash & Cash Equivalents	11	**27**	3
Cash & Cash Equivalents at the Beginning of the Financial Year		**46**	43
Cash & Cash Equivalents at the End of the Financial Year		**73**	46

The notes on pages 1 to 24 form part of this statement

Notes to the financial statements

1. Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBS) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2024-25 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Going Concern

These accounts have been prepared on a going concern basis.
On 13 March 2025 the government announced NHS England and the Department for Health and Social Care will increasingly merge functions, ultimately leading to NHS England being fully integrated into the Department. The legal status of ICBs is currently unchanged.
Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated. If services will continue to be provided in the public sector the financial statements should be prepared on the going concern basis.

1.2. Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3. Joint Arrangements

Joint operations are arrangements in which the ICB has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The ICB includes within its financial statements its share of the assets, liabilities, income and expenses.
The pooled budget agreements that NHS Somerset ICB holds with Somerset Council (as mentioned in Note 1.4) are joint operations, with the exception of the Better Care Fund.

1.4. Pooled Budgets

The ICB has entered into a pooled budget arrangement with Somerset Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for learning disability services, community equipment and wheelchair provision, carers services and the Better Care Fund and a memorandum note to the accounts provides details of the income and expenditure.
The pool is hosted by Somerset Council. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.5. Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB.

1.6. Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:
• As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less.
• The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles. Payment terms are within fourteen days of invoice date.
The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7. **Employee Benefits**

1.7.1. **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.
The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2. **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.
For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.
The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8. **Other Expenses**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.9. **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10. **Property, Plant & Equipment**

1.10.1. **Recognition**

Property, plant and equipment is capitalised if:
• It is held for use in delivering services or for administrative purposes;
• It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
• It is expected to be used for more than one financial year;
• The cost of the item can be measured reliably; and,
• The item has a cost of at least £5,000; or,
• Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,

• Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.
Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.10.2. **Measurement**
All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.
Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.
Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:
• Land and non-specialised buildings – market value for existing use; and,
• Specialised buildings – depreciated replacement cost.
IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.
An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.10.3. **Subsequent Expenditure**
Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.11. **Government grant funded assets**
Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.12. **Leases**
A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.
The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.12.1. **The ICB as Lessee**
A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.
The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments .
The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.
The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.
Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.
Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.
Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.
For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.
Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.13. **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.14. **Provisions**

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:
All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
• A nominal short-term rate of 4.03% (2023-24: 4.26%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
• A nominal medium-term rate of 4.07% (2023-24: 4.03%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
• A nominal long-term rate of 4.81% (2023-24: 4.72%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
• A nominal very long-term rate of 4.55% (2023-24: 4.40%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.
When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.
A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.15. **Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.16. **Non-clinical Risk Pooling**

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.17. **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.18. **Financial Assets**

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.18.1. **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.18.2. **Impairment of financial assets**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets or assets measured at fair value through other comprehensive income, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.19. **Financial Liabilities**
Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.20. **Value Added Tax**
Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21. **Foreign Currencies**
The ICB's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. NHS Somerset ICB does not have any exposure to foreign currencies.

1.22. **Losses & Special Payments**
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.23. **Critical accounting judgements and key sources of estimation uncertainty**
In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed. For 2024–25, the ICB has not made any critical accounting judgements or identified any material estimation uncertainties.

1.24. **Critical accounting judgements in applying accounting policies**
No critical judgments with a significant effect on the amounts recognised in the financial statements were required.

1.25. **Gifts**
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.26. **New and revised IFRS Standards in issue but not yet effective**
● IFRS 17 Insurance Contracts – This accounting standard is being applied by FReM from April 2025. NHS Somerset ICB has undertaken a review of contracts and is not currently expecting any impact from the implementation of this accounting standard.
● IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.
● IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

2. Other operating revenue

	2024-25 Total £'000	2023-24 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	418	690
Non-patient care services to other bodies	1,200	844
Prescription fees and charges	6,171	6,061
Dental fees and charges	5,007	5,448
Other Contract income	420	104
Total Income from sale of goods and services	**13,216**	13,147
Other operating income		
Non cash apprenticeship training grants revenue	51	49
Other non contract revenue	2,371	2,606
Total Other operating income	**2,422**	2,655
Total Operating Income	**15,638**	15,802

3. Disaggregation of revenue

2024-25	Education, training and research £'000	Non-patient care services to other bodies £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Other Contract income £'000
Source of Revenue					
NHS	418	562	0	0	240
Non NHS	0	638	6,171	5,007	180
Total	**418**	**1,200**	**6,171**	**5,007**	**420**
Timing of Revenue					
Point in time	418	1,200	6,171	5,007	420
Over time	0	0	0	0	0
Total	**418**	**1,200**	**6,171**	**5,007**	**420**

2023-24	Education, training and research £'000	Non-patient care services to other bodies £'000	Prescription fees and charges £'000	Dental fees and charges £'000	Other Contract income £'000
Source of Revenue					
NHS	688	0	0	0	8
Non NHS	2	844	6,061	5,448	96
Total	690	844	6,061	5,448	104
Timing of Revenue					
Point in time	690	844	6,061	5,448	104
Over time	0	0	0	0	0
Total	690	844	6,061	5,448	104

4. Employee benefits and staff numbers

4.1. Employee benefits

	Total 2024-25		
	Permanent Employees £'000	**Other £'000**	**Total £'000**
Employee Benefits			
Salaries and wages	15,043	1,132	**16,175**
Social security costs	1,911	47	**1,958**
Employer Contributions to NHS Pension scheme	3,589	62	**3,651**
Other pension costs	1	0	**1**
Apprenticeship Levy	68	0	**68**
Other post-employment benefits	0	0	**0**
Other employment benefits	0	0	**0**
Termination benefits	1,336	0	**1,336**
Gross employee benefits expenditure	**21,948**	**1,241**	**23,189**

	Total 2023-24		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	15,155	1,063	16,218
Social security costs	1,699	51	1,750
Employer Contributions to NHS Pension scheme	2,932	56	2,988
Other pension costs	1	0	1
Apprenticeship Levy	63	0	63
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	102	0	102
Gross employee benefits expenditure	19,952	1,170	21,122

4.2. Average number of people employed

	2024-25			2023-24		
	Permanently employed Number	**Other Number**	**Total Number**	Permanently employed Number	Other Number	Total Number
Total	**305**	**15**	**320**	304	11	315

4.3. Exit packages agreed in the financial year

	2024-25 Compulsory redundancies		2024-25 Other agreed departures		2024-25 Total	
	Number	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	4	20,928	13	57,958	17	78,886
£10,001 to £25,000	2	27,609	11	179,079	13	206,688
£25,001 to £50,000	2	86,667	3	98,135	5	184,802
£50,001 to £100,000	1	80,000	5	283,642	6	363,642
£100,001 to £150,000	1	106,667	2	241,560	3	348,227
£150,001 to £200,000	-	-	1	154,221	1	154,221
Over £200,001	-	-	-	-	-	-
Total	**10**	**321,871**	**35**	**1,014,595**	**45**	**1,336,466**

	2023-24 Compulsory redundancies		2023-24 Other agreed departures		2023-24 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	1	14,991	2	38,014	3	53,005
£25,001 to £50,000	-	-	1	49,010	1	49,010
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**1**	**14,991**	**3**	**87,024**	4	102,015

Analysis of Other Agreed Departures

	2024-25 Other agreed departures		2023-24 Other agreed	
	Number	**£**	Number	£
Voluntary redundancies including early retirement contractual costs	13	799,069	1	49,010
Mutually agreed resignations (MARS) contractual costs	-	-	1	23,676
Contractual payments in lieu of notice	22	215,526	1	14,338
Total	**35**	**1,014,595**	3	87,024

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms and Conditions of Service Handbook and are in line with statutory requirements.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

4.4. Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

An outline of these follows:

4.4.1. Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2. Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

4.4.3. Defined Contribution Pension Scheme (NEST)

NHS Somerset ICB also participates in the National Employment Savings Trust (NEST), a defined contribution pension scheme which was open to retired members of the NHS Pension scheme who were previously not allowed to rejoin the NHS Payment Scheme. The rules have now been changed and previously retired NHS Pension Scheme members are now allowed to rejoin the NHS Pension Scheme under the 2015 Membership Scheme.

Under the NEST scheme, NHS Somerset ICB pays 3% employer contributions to the Nest Scheme Administrators and has no legal or constructive obligation to pay further amounts beyond these contributions. The assets of the scheme are held by the NEST Scheme administrators in an independently administered fund.

For the year ended 31st March 2025, the total employer contributions payable by NHS Somerset ICB in relation to NEST Pension Scheme members amounted to £1,238.31. These contributions are recognised as an expense in period in which they have been incurred.

5. Operating expenses

	2024-25 Total £'000	2023-24 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	4,158	4,235
Services from foundation trusts	953,828	867,957
Services from other NHS trusts	13,395	17,020
Services from Other WGA bodies	25	31
Purchase of healthcare from non-NHS bodies	150,016	87,562
Purchase of social care	52,669	47,402
General Dental services and personal dental services	17,461	19,673
Prescribing costs	102,202	103,836
Pharmaceutical services	18,223	17,618
General Ophthalmic services	6,307	5,830
GPMS/APMS and PCTMS	131,575	124,421
Supplies and services – clinical	56	45
Supplies and services – general	712	643
Consultancy services	3	269
Establishment	1,929	2,589
Transport	5,503	4,940
Premises	841	714
Audit fees	234	228
Other non statutory audit expenditure - Other Services	47	84
Other professional fees	403	815
Legal fees	191	199
Education, training and conferences	734	914
Non cash apprenticeship training grants	51	49
Total Purchase of goods and services	**1,460,563**	1,307,074
Depreciation and impairment charges		
Depreciation	508	493
Total Depreciation and impairment charges	**508**	493
Provision expense		
Provisions	556	1,568
Total Provision expense	**556**	1,568
Other Operating Expenditure		
Chair and Non Executive Members	134	122
Clinical negligence	5	7
Research and development (excluding staff costs)	129	25
Inventories consumed	0	2
Other expenditure	1	0
Total Other Operating Expenditure	**269**	156
Total operating expenditure, excluding staff costs	**1,461,896**	1,309,291

1. External Audit Fees net of VAT total £194,600 for the period 1 April 2024 to 31 March 2025.
2. The auditor's liability for external audit work carried out for the financial year 2024/25 is limited to £1,000,000.
3. Internal Audit - As Internal Audit is carried out by a different organisation to our Statutory Audit, the Department of Health guidance is to show Internal Audit costs in 'Other professional fees'.
4. The £46,800 included for other non-statutory audit expenditure includes fees of £44,400 (including VAT), of which £42,000 was accrued in 23/24, paid for the 2023/24 Mental Health Investment Standard (MHIS) review work completed and paid in 2024/25, and an accrual of £44,400 (including VAT) for the 2024/25 MHIS review work, for which an engagement letter has not yet been signed.

6. Better Payment Practice Code

Measure of compliance	2024-25 Number	2024-25 £'000	2023-24 Number	2023-24 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	19,947	378,451	20,757	347,770
Total Non-NHS Trade Invoices paid within target	19,937	378,384	20,750	347,458
Percentage of Non-NHS Trade invoices paid within target	**99.95%**	**99.98%**	99.97%	99.91%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	887	972,571	837	893,150
Total NHS Trade Invoices Paid within target	883	972,566	837	893,150
Percentage of NHS Trade Invoices paid within target	**99.55%**	**100.00%**	100.00%	100.00%

7. Finance costs

	2024-25 £'000	2023-24 £'000
Interest on lease liabilities	6	10
	6	10

8. Property, plant and equipment

2024-25	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2024	479	114	593
Additions purchased	85	0	85
Cost/Valuation at 31 March 2025	**564**	**114**	**678**
Depreciation 01 April 2024	231	110	341
Charged during the year	71	4	75
Depreciation at 31 March 2025	**302**	**114**	**416**
Net Book Value at 31 March 2025	**262**	**0**	**262**
Purchased	262	0	262
Total at 31 March 2025	**262**	**0**	**262**
Asset financing:			
Owned	262	0	262
Total at 31 March 2025	**262**	**0**	**262**

Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	5	7
Furniture & fittings	7	10

9. Leases

9.1. Right-of-use assets

2024-25	Buildings excluding dwellings £'000	Total £'000
Cost or valuation at 01 April 2024	1,663	1,663
Cost/Valuation at 31 March 2025	**1,663**	**1,663**
Depreciation 01 April 2024	868	868
Charged during the year	433	433
Depreciation at 31 March 2025	**1,301**	**1,301**
Net Book Value at 31 March 2025	**362**	**362**
Net Book Value by counterparty		
Leased from NHS Property Services	362	362
Net Book Value at 31 March 2025	**362**	**362**

9.2. Lease liabilities

2024-25	2024-25 £'000	2023-24 £'000
Lease liabilities at 01 April 2024	(839)	(1,253)
Interest expense relating to lease liabilities	(6)	(10)
Repayment of lease liabilities (including interest)	423	424
Lease liabilities at 31 March 2025	**(422)**	(839)

9.3. Lease liabilities - Maturity analysis of undiscounted future lease payments

	2024-25 £'000	2023-24 £'000
Within one year	(423)	(423)
Between one and five years	0	(423)

9.4. Amounts recognised in Statement of Comprehensive Net Expenditure

2024-25	2024-25 £'000	2023-24 £'000
Depreciation expense on right-of-use assets	433	434
Interest expense on lease liabilities	6	10

9.5. Amounts recognised in Statement of Cash Flows

	2024-25 £'000	2023-24 £'000
Total cash outflow on leases under IFRS 16	423	424

10.1. Trade and other receivables	Current 2024-25 £'000	Non-current 2024-25 £'000	Current 2023-24 £'000	Non-current 2023-24 £'000
NHS receivables: Revenue	2,080	0	875	0
NHS prepayments	0	0	70	0
NHS accrued income	2,237	0	2,206	0
Non-NHS and Other WGA receivables: Revenue	339	0	300	0
Non-NHS and Other WGA prepayments	655	0	338	0
Non-NHS and Other WGA accrued income	731	0	674	0
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	8,877	0	8,972	0
VAT	468	0	266	0
Total Trade & other receivables	**15,387**	**0**	13,701	0
Total current and non current	**15,387**		13,701	

10.2. Receivables past their due date but not impaired

	2024-25 DHSC Group Bodies £'000	2024-25 Non DHSC Group Bodies £'000	2023-24 DHSC Group Bodies £'000	2023-24 Non DHSC Group Bodies £'000
By up to three months	17	11	10	51
By three to six months	0	15	0	32
By more than six months	0	5	32	1
Total	**17**	**31**	42	84

11. Cash and cash equivalents

	2024-25 £'000	2023-24 £'000
Balance at 01 April 2024	46	43
Net change in year	27	3
Balance at 31 March 2025	**73**	46
Made up of:		
Cash with the Government Banking Service	73	46
Cash and cash equivalents as in statement of financial position	**73**	46
Balance at 31 March 2025	**73**	46

12. Trade and other payables	Current 2024-25 £'000	Non-current 2024-25 £'000	Current 2023-24 £'000	Non-current 2023-24 £'000
NHS payables: Revenue	885	0	1,096	0
NHS accruals	2,689	0	2,869	0
Non-NHS and Other WGA payables: Revenue	11,711	0	10,104	0
Non-NHS and Other WGA accruals	37,619	0	43,351	0
Social security costs	225	0	232	0
Tax	241	0	219	0
Other payables and accruals	8,510	0	10,006	0
Total Trade & Other Payables	**61,880**	**0**	67,877	0
Total current and non-current	**61,880**		67,877	

Other payables include £1,284,009 outstanding pension contributions at 31 March 2025.

13. Provisions

	Current 2024-25 £'000	**Non-current 2024-25 £'000**	Current 2023-24 £'000	Non-current 2023-24 £'000
Redundancy	0	0	1,064	0
Legal claims	0	0	15	0
Continuing care	609	0	494	0
Total	**609**	**0**	1,573	0
Total current and non-current	**609**		1,573	

	Redundancy £'000	**Legal Claims £'000**	**Continuing Care £'000**	**Total £'000**
Balance at 01 April 2024	**1,064**	**15**	**494**	**1,573**
Arising during the year	0	0	609	**609**
Utilised during the year	(1,064)	(6)	(450)	**(1,520)**
Reversed unused	0	(9)	(44)	**(53)**
Balance at 31 March 2025	**0**	**0**	**609**	**609**
Expected timing of cash flows:				
Within one year	0	0	609	**609**
Balance at 31 March 2025	**0**	**0**	**609**	**609**

The above is based on information currently held by NHS Somerset ICB.
The redundancy provision included in 23/24 was an assessment of potential cost commitments for ICB Staff at risk of redundancy as at 31st March 2024. The restructure was completed during 2024/25, fully utilising the provision.
The legal provision included in 23/24 was an assessment of potential cost commitments as at 31st March 2024 due to ongoing organisational restructure and staffing consultation process. The majority of the provision was utilised in 2024/25 with the remainder being reversed unused.
The 'Continuing Care' provision is an assessment of continuing care cases which are currently being reviewed by the Integrated Care Board's assessment panel. This has been based on the best professional judgement in line with IAS37. All of the cases awaiting panel have been provided for and the calculation has been based on estimated cost and the probability of success. The probability factor applied is based on success rates in the current financial year. A contingent liability in respect of this provision is shown in note 14.

14. Contingencies

	2024-25 £'000	2023-24 £'000
Contingent liabilities		
Continuing Healthcare	315	91
Net value of contingent liabilities	**315**	91

15. Financial instruments

15.1. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS Somerset Integrated Care Board is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. NHS Somerset Integrated Care Board has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing NHS Somerset Integrated Care Board in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS Somerset Integrated Care Board standing financial instructions and policies agreed by the ICB Board. Treasury activity is subject to review by the NHS Somerset Integrated Care Board and internal auditors.

15.1.1. Currency risk

NHS Somerset Integrated Care Board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. NHS Somerset Integrated Care Board has no overseas operations and therefore has low exposure to currency rate fluctuations.

15.1.2. Interest rate risk

NHS Somerset Integrated Care Board borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. NHS Somerset Integrated Care Board therefore has low exposure to interest rate fluctuations.

15.1.3. Credit risk

Because the majority of NHS Somerset Integrated Care Board revenue comes parliamentary funding, NHS Somerset Integrated Care Board has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

15.1.4. Liquidity risk

NHS Somerset Integrated Care Board is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. NHS Somerset Integrated Care Board draws down cash to cover expenditure, as the need arises. NHS Somerset Integrated Care Board, therefore, is not exposed to significant liquidity risks.

15.1.5. Financial Instruments

As the cash requirements of NHS Somerset Integrated Care Board are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS Somerset Integrated Care Board's expected purchase and usage requirements and NHS Somerset Integrated Care Board is therefore exposed to little credit, liquidity or market risk.

15. Financial instruments cont'd

15.2. Financial assets

	Financial Assets measured at amortised cost 2024-25 £'000	**Total 2024-25 £'000**
Trade and other receivables with NHSE bodies	4,296	**4,296**
Trade and other receivables with other DHSC group bodies	21	**21**
Trade and other receivables with external bodies	9,947	**9,947**
Cash and cash equivalents	73	**73**
Total at 31 March 2025	**14,337**	**14,337**

	Financial Assets measured at amortised cost 2023-24 £'000	Total 2023-24 £'000
Trade and other receivables with NHSE bodies	2,963	2,963
Trade and other receivables with other DHSC group bodies	605	605
Trade and other receivables with external bodies	9,459	9,459
Cash and cash equivalents	46	46
Total at 31 March 2024	13,073	13,073

15.3. Financial liabilities

	Financial Liabilities measured at amortised cost 2024-25 £'000	**Total 2024-25 £'000**
Trade and other payables with NHSE bodies	85	**85**
Trade and other payables with other DHSC group bodies	3,490	**3,490**
Trade and other payables with external bodies	57,839	**57,839**
Lease liabilities	422	**422**
Total at 31 March 2025	**61,836**	**61,836**

	Financial Liabilities measured at amortised cost 2023-24 £'000	Total 2023-24 £'000
Trade and other payables with NHSE bodies	1,056	1,056
Trade and other payables with other DHSC group bodies	2,914	2,914
Trade and other payables with external bodies	63,457	63,457
Lease liabilities	839	839
Total at 31 March 2024	68,266	68,266

16. Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
NHS Somerset ICB	1,485,091	(15,638)	**1,469,453**	16,084	(62,911)	**(46,827)**
Total	**1,485,091**	**(15,638)**	**1,469,453**	**16,084**	**(62,911)**	**(46,827)**

17. Joint arrangements - interests in joint operations

NHS Somerset Integrated Care Board is party to a number of pooled budget agreements with Somerset Council. Under these arrangements funds are pooled under S75 of the Health Act 2006 for the provision of the following services;

- Community Equipment and Wheelchair Services
- Carers Services
- Learning Disability Services
- The Better Care Fund (not treated as a Joint Operation)

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY 2024-25 Expenditure £'000	Amounts recognised in Entities books ONLY 2023-24 Expenditure £'000
Integrated Community Equipment and Wheelchair Service Pooled Fund	NHS Somerset Integrated Care Board and Somerset Council	Purchase healthcare equipment services	3,810	3,918
Carers Services Pooled Fund	NHS Somerset Integrated Care Board and Somerset Council	Purchase Carers services	249	249
Learning Disability Service Pooled Fund	NHS Somerset Integrated Care Board and Somerset Council	Purchase Learning Disability services	32,463	29,511
Better Care Fund	NHS Somerset Integrated Care Board and Somerset Council	Purchase health and social care services	55,866*	51,925*

* Better Care Fund excludes £203,500 which is included within Carers Pooled Budget

18. Related party transactions

Details of related party transactions with individuals are as follows:

2024/25 - 1 April 2024 to 31 March 2025	Payments to Related Party £ '000	Receipts from Related Party £ '000	Amounts owed to Related Party £ '000	Amounts due from Related Party £ '000
Berge Balian, Primary Care Partner Member is a member of Somerset Local Medical Committee representing the South Somerset Constituency (transactions disclosed for Somerset Local Medical Committee)	655	0	0	0
Berge Balian, Primary Care Partner Member is a Clinical Director (joint role) of South Somerset West Primary Care Network (transactions disclosed for South Somerset West Primary Care Network (PCN))	1,710	0	0	0
Berge Balian, Member of NHS Somerset Primary Care Commissioning Committee (transactions disclosed for Primary Care Comissioning CIC)	19	0	0	0
Jonathan Higman, ICB Chief Executive is a Non-Executive Director, South West Academic Health Science Network (transactions disclosed for South West Academic Health Science Network)	1,275	0	0	0
Grahame Paine, Non-Executive Director is Chair of Trustee Board, SPARK Somerset (transactions disclosed for SPARK Somerset) Katherine Nolan, Chief executive, SPARK Somerset, (transactions disclosed for SPARK Somerset)	456	0	(28)	0
Christopher Foster - Spouse is Chair of Trustees (transactions disclosed for OpenStoryTellers Ltd)	13	0	0	0

Note

In formulating this note the Integrated Care Board has considered all declarations of interest for Board Members.

Under IAS24, related party transactions have only been disclosed where they meet the following criteria:

(i) have control or joint control over the reporting entity;
(ii) have significant influence over the reporting entity; or
(iii) are a member of the key management personnel
The Register of Interests can be found on our website https://nhssomerset.nhs.uk/lists-and-registers/

Members of the board and/or key management personnel are considered related parties of the ICB. As disclosed in the table above, no material transactions were undertaken with these individuals during the reporting period.

To enhance transparency and uphold the integrity of related party reporting, the table also includes entities with which key individuals are associated, but which do not meet the definition of a related party to the ICB under IAS 24. These have been disclosed for information purposes only.

The Department of Health and Social Care is the parent department of NHS Somerset ICB. During the year the Integrated Care Board has had a significant number of material transactions with other entities for which the Department is regarded as the parent Department. For example:

NHS England
South, Central and West Commissioning Support Unit
NHS FOUNDATION TRUSTS
Dorset County Hospital NHS Foundation Trust
Royal Devon University Healthcare NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust, and its subsidiary Sulis Hospital Bath Ltd
Salisbury NHS Foundation Trust
Somerset NHS Foundation Trust, and its subsidiaries Symphony Healthcare Services Ltd & Simply Serve Ltd
South Western Ambulance Service NHS Foundation Trust
University Hospitals Bristol and Weston NHS Foundation Trust
NHS TRUSTS
North Bristol NHS Trust

In addition, the Integrated Care Board has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Somerset Council, NHS Property Services Limited, National Insurance Fund, NHS Pension Scheme and His Majesty's Revenue and Customs.

19. Events after the end of the reporting period

Delegation of Specialist Commissioning from NHS England
NHS Somerset ICB took on the role of Principal Commissioner for Specialist Commissioning for the South West, acting on behalf of the 7 South West ICBs including NHS Somerset ICB, from 1st April 2025. The indicative value of the revenue resource transfer for this delegate services is £1,580.830m This is a non-adjusting event in respect of the 2024/25 Year End Accounts of the ICB.

Reshaping the NHS landscape
On 13 March 2025 the government announced NHS England and the Department for Health and Social Care will increasingly merge functions, ultimately leading to NHS England being fully integrated into the Department. The legal status of ICBs is currently unchanged but they have been tasked with significant reductions in their cost base. Discussions are ongoing on the impact of these and the impact of staffing reductions, together with the costs and approvals of any exit arrangements. ICBs are currently being asked to implement any plans during quarter 3 of the 2025/26 financial year.

20. Financial performance targets

NHS Somerset Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).
NHS Somerset Integrated Care Board performance against those duties was as follows:

	2024-25 Target £'000	**2024-25 Performance £'000**	2023-24 Target £'000	2023-24 Performance £'000
Expenditure not to exceed income	1,485,198	1,485,176	1,330,539	1,330,539
Capital resource use does not exceed the amount specified in Directions	85	85	116	116
Revenue resource use does not exceed the amount specified in Directions	1,469,475	1,469,453	1,314,621	1,314,621
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
Revenue administration resource use does not exceed the amount specified in Directions	12,907	11,940	13,513	13,466

21. Losses and special payments

The total number of NHS Somerset Integrated Care Board losses and special payments cases, and their total value, was as

Losses

	Total Number of Cases 2024-25 Number	**Total Value of Cases 2024-25 £'000**	Total Number of Cases 2023-24 Number	Total Value of Cases 2023-24 £'000
Administrative write-offs	2	0	1	0
	2	**0**	1	0

Special payments

	Total Number of Cases 2024-25 Number	**Total Value of Cases 2024-25 £'000**	Total Number of Cases 2023-24 Number	Total Value of Cases 2023-24 £'000
Compensation payment	1	1	0	0
Total	**1**	**1**	0	0