REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **D**
DATE OF MEETING:	**22 May 2025**	
REPORT TITLE:	**Annual Report of the Somerset Clinical, Care and Support Professional Leadership Programme and the Principles Charter**	
REPORT AUTHOR:	**Dr Bernie Marden, Chief Medical Officer and Shelagh Meldrum, Chief Nursing Officer and Director of Operations, NHS Somerset**	
EXECUTIVE SPONSOR:	**Dr Bernie Marden, Chief Medical Officer**	
PRESENTED BY:	**Dr Bernie Marden, Chief Medical Officer**	

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

The Annual Report of the Somerset Clinical, Care and Support Professional Leadership Programme (Appendix A) and the Principles Charter (Appendix B) have recently been presented to the Collaboration Forum. The Principles Charter was also used as a tool at the Somerset Clinical, Care and Support Professional Reference Group where feedback was gathered to form the final version presented today.

REPORT TO COMMITTEE / BOARD

The report outlines progress in embedding Clinical and Care Professional Leadership (CCPL) across Somerset's Integrated Care System (ICS), aligned with national priorities.

It highlights the creation of the GP Provider Support Unit (GPSU) as a key enabler of system-wide collaboration and equity in primary care leadership.

Key Messages:

The Clinical and Care Professional Leadership (CCPL) programme has strengthened cross-sector collaboration, embedding leadership at all levels and supporting integrated care delivery. This supports the three strategic shifts of Hospital to Home, Treatment to Prevention, and Analogue to Digital.

It is vital that key workstreams such as workforce strategy, quality and safety, health inequalities, and innovation and research have clinical care and professional involvement and leadership from across the system, and that this is equitable and representative from all parts and providers.

Recommendations:

- Continue support for developing CCPL in Somerset.
- Ensure active involvement of clinical and care professionals in all aspects of the work we do.
- Integrate CCPL progress into future strategic planning and assurance frameworks.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	Health inequalities in Somerset will be reduced through by investment in developing multiprofessional leadership.
Quality	Quality and safety of our services depends on high quality clinical and care professional leadership at a strategic and operational level.
Safeguarding	ICB CCPL is vital to this function.
Financial/Resource/ Value for Money	CCPL can contribute significantly to value-based conversations about service design and overarching strategy. High quality leadership and talent management will require investment over time.
Sustainability	N/A
Governance/Legal/ Privacy	N/A
Confidentiality	N/A
Risk Description	N/A

APPENDIX A

NHS Somerset

Proud to be part of our SOMERSET Together we care

Annual Report of the Somerset Clinical, Care and Support Professional Leadership Programme

2024 - 2025

Foreword from the Chief Medical Officer and Chief Nursing Officer

In the ever-evolving landscape of healthcare, the importance of professional leadership cannot be overstated. Our journey has been one of transformation, focusing on creating the right conditions for meaningful change. This involves the nurturing and development of high quality relationships between health and care professional leaders who together model and promote a collaborative mindset and behaviours. This report highlights our commitment to fostering a culture where leaders are curious about each other's challenges and share opportunities for improvement.

Supporting the creation of the GP Provider Support Unit (GPSU) exemplifies our approach to preparing the environment for change. This initiative has been pivotal in creating the right conditions in Somerset, that enable and empower primary care colleagues to have a presence in our system as equitable partners and contribute effectively to the broader system.

We remain focused on three critical shifts:

- **Hospital to Home:** Transitioning care from hospital settings to home-based care, ensuring patients receive the right care in the right place.
- **Treatment to Prevention**: Emphasising preventive measures to reduce the incidence of illness and promote overall health and wellbeing.
- **Analogue to Digital**: Leveraging digital innovations to enhance the efficiency and effectiveness of healthcare delivery.

These shifts are not merely operational changes but represent a fundamental transformation in how we approach healthcare. By fostering a collaborative environment and aligning our efforts with these strategic priorities, we are better positioned to meet the evolving needs of our community.

As we continue this journey, it is essential to recognise the value of our collective efforts. The work we do together in facilitating change, driving innovation, and transforming care is at the heart of our mission. This report serves as a testament to our progress and a roadmap for the future. It sites and showcases many of the most prominent areas of work but is not intended to be an exhaustive list. Clinical and care professional leadership is vital to every part of our system and the good work of colleagues permeates everything that we do.

Thank you to all colleagues for their invaluable contributions and unwavering commitment to this vital work.

Dr Bernie Marden Chief Medical Officer, NHS Somerset

Shelagh Meldrum Chief Nursing Officer and Director of Operations, NHS Somerset

The Clinical and Care Professional Leadership (CCPL) programme

"The Clinical and Care Professional Leadership programme is designed to integrate clinical and care professionals into decision making at every level of the Integrated Care Systems (ICSs). This approach fosters a culture of shared learning, collaboration, and innovation, ensuring that diverse leadership is at the heart of our health and care systems"

NHS England and NHS Improvement team

The Clinical and Care Professional Leadership (CCPL) programme is a national initiative aimed at empowering clinical and care professionals to drive quality improvement, service development, and transformation within integrated care systems (ICSs). The programme focuses on ensuring that a diverse range of clinical and care leaders are involved in decision making at every level of the system. By fostering a culture of shared learning, collaboration, and innovation, the CCPL programme aims to tackle health inequalities and enhance the overall quality of care. It supports the development of leaders within the healthcare system, helping them to become effective system leaders who can contribute to the delivery of high quality, integrated care.

How this is organised in Somerset

Somerset Clinical, Care and Support Professionals Leadership Cabinet

The Leadership Cabinet, as part of the Somerset Integrated Care System, ensures the implementation of the Improving Lives and Integrated Health and Care strategies and is dedicated to enhancing the health and wellbeing of Somerset's population. We provide professional leadership and expert guidance to support the strategic priorities of our integrated health and care system as set out in the statutory strategies mentioned above.

Our mission is to identify and prioritise clinical and care opportunities, bridging health and social care. Through our positive influence, we aim to improve health outcomes, reduce inequalities, achieve system savings, and enhance patient safety. We are committed to driving change and inspiring innovation across the system.

The Somerset Clinical, Care and Support Professionals Leadership Cabinet is accountable to the ICB Board via the Collaboration Forum.

Somerset Clinical, Care and Support Professionals Leadership Cabinet Membership

Bernie Marden	Chief Medical Officer (Chair)	NHS Somerset
Shelagh Meldrum	Chief Nursing Officer and Director of Operations	NHS Somerset
Berge Balian	Primary Care Partner Member	NHS Somerset
Melanie Iles	Chief Medical Officer	Somerset Foundation Trust
Hayley Peters	Chief Nurse	Somerset Foundation Trust
Alison Bell	Director of Public Health	Somerset Council
Mel Lock	Executive Director Adult Services and Lead Commissioner for Adult Health	Somerset Council
Claire Winter	Executive Director Children, Families & Education	Somerset Council
Carolyn Smith	Principle Social Worker for Adults	Somerset Council
Ruth Taylor	CEO	GP Provider Support Unit (GPSU)
Jon Dolman	Clinical Lead Somerset Training Hub Interim Chair of GPSU	GP Provider Support Unit (GPSU)
Clare Barton	Clinical Director	St Margaret's Hospice
Katherine Nolan	Chief Executive	Spark Somerset
Michelle Allen	CEO Community Pharmacy Somerset	
Sarah Farrant	Managing Director and Optometrist	

Somerset Clinical, Care and Support Professionals Reference Group – Autumn 2024

November 2024 saw the launch of the CCPL Reference Group. The meeting was held virtually and bought together system leaders and professionals from all corners of Somerset. The group heard from three programmes of work who are leading the way with innovative thinking and a changed mindset in how to deliver their services to benefit the patients and families they care for.

The delegates were asked to work in small groups and discuss the Government's three shifts:

- Treatment to Prevention
- Hospital to Home
- Analogue to Digital.

We also had a fourth group who analysed 'What can we do as a system to support professionals to be better equipped for integrated neighbourhood working'.

The result of the conversations revealed some behaviours, values and enablers required to drive change; these are detailed on page 6.

The Spring 2025 Event

This event was held on 2 April 2025 and following feedback from the autumn event, we hosted the system wide collaboration at Taunton Rugby Club as delegates had expressed their preference to meet in person.

The Leadership Cabinet decided the theme of the event would focus on loneliness and social isolation. This is a recurring theme that can present at different life phases and is known to contribute to poorer health outcomes. We heard from service providers for both adults and children, what they experience on the front line of care and how the data and intelligence is providing insight for service development.

We engaged in group work to explore how our community in Somerset could be better supported through a system wide approach and integrated multi-disciplinary team collaboration. We dedicated time to discussing case studies and refining the behaviours, values, and enablers established from the initial event. Additionally, we utilised the Principles Charter developed by our system colleagues to enrich our conversations.

Supporting clinical and care leadership in the system

In July 2024 Kate Murray was appointed as Business Lead to support the work of the Chief Medical Officer and this has accelerated the maturity of the systemic approach that we now take to this important work.

We have focused on working with system partners to identify the key enablers for high functioning relationships to thrive so that the work we need to do around pathway and service redesign is set against a context of collaboration. There follows the principles charter and the associated behaviours, values and enablers that have been developed from the work above.

Principles Charter

Principles for teams across commissioning, health, social care, and VCFSE

1. Person Centred Care
- Design support around the individual, not the service. Take time to understand the whole individual.
- Ensure individuals don't have to repeat their story.
- Respect dignity, choice, and individual needs in all interactions.

2. Collaborative Decision Making
- Involve individuals, and those who support them, in decisions about their care and support.
- Collaborate across teams and organisations for joined-up support.
- Communicate clearly and in ways that people understand.

3. Evidence Based Improvement
- Base decisions on the best available knowledge and experience.
- Measure outcomes to ensure effectiveness.
- Focus on effectiveness, reducing unnecessary steps and duplication. Value people's time.

4. Valuing Skills and Expertise
- Recognise skills and expertise over job titles.
- Ensure senior expertise is available at an early stage to support decision making.
- Invest in training and development across sectors.

5. Timely and Accessible Support
- Provide timely access to the right expertise, whether in health, care, or the community.
- Use digital tools effectively while ensuring alternatives are available.
- Make information accessible to people and teams who need it.

6. Prevention and Inclusivity
- Help people stay well and independent.
- Tackle inequalities by ensuring fair and inclusive access to services.
- Address factors affecting wellbeing before bigger challenges arise.

7. Continuous Learning and System Integration
- Challenge ourselves to improve outcomes and experiences.
- Break down silos and work across organisations for seamless support.
- Reduce unnecessary complexity to make things easier for those we support and those delivering care.

Our Commitment

We are dedicated to nurturing collaboration, trust, and adaptability in the ever evolving health and care landscape. By placing individuals at the heart of our work, we aim to create a system that is not only effective but also compassionate and sustainable.

This charter serves as a framework to guide our teams in delivering care and support, commissioning services, and working across organisational boundaries to ensure the best possible outcomes for individuals and communities.

Behaviours	
Collaboration:	• Work together as a cohesive system, recognising the system is complex, embracing the concept of 'One Workforce' to understand each other's roles, methods and language. • Focus on key issues to foster meaningful conversations and actions.
Empowerment:	• Empower leaders and individuals to take initiative and make changes.
Leadership:	• Exemplify transformative leadership to manage change and overcome challenges. • Provide strong leadership to guide teams and articulate a clear vision for system enhancement. • Encourage risk-taking and foster psychologically safe, blame free environments where creativity thrives, and person-centred solutions are developed without the need for prior approval.
Proactive Problem-Solving:	• Identify and resolve system inefficiencies and address obstacles and barriers to improvement. • Maintain a curious mindset and be receptive to learning, new ideas and change.
Resourcefulness:	• Leverage connections and support to drive projects forward without relying on additional resources.
Challenging the Status Quo:	• Embrace risk and not settling for the current state.
Listening and Feedback:	• Engage in discussions, gathering feedback, and working together to inform next steps.
Values	
Change Management:	• Acknowledge the necessity for a new approach and integration of change management principles.
System Thinking:	• Proactively engage with others to understand different perspectives.
Simplicity:	• Strive to simplify complex systems for better efficiency and effectiveness.
System Improvement:	• Believe in the ability to enhance current practices and systems. • Use meetings as a catalyst for innovation, doing things differently and improving the system. • Implement regular feedback loop mechanisms to gather insights, share learning and sense making. • Leverage data analytics to inform decisions and track progress.
Maximise Resources:	• Prioritise repurposing of current resources to address needs instead of seeking additional funding. • Embrace redefining and optimisation of resource distribution and utilisation.
Continuous Learning:	• Invest in ongoing training and professional development to promote continuous learning.
Celebrate Good Practice:	• Identify and acknowledge effective practices. • Share successful practices locally, guided by established principles.
Enablers	
Financial Flow:	• Ensure money flows easily between organisations, not restricted by budget silos.
Financial Flexibility:	• Repurpose funds and resources to better address current system needs.
Resource Allocation:	• Manage resources effectively, including the challenge of double running projects.
Technology Integration:	• Integrate advanced technologies to streamline processes and enhance efficiency.
Information Sharing:	• Improve systems for sharing information, address issues around Information Governance and data. Real time information is needed. • Foster collaboration across departments to share knowledge and best practices.
Unified Mechanisms:	• Create unified mechanisms to address common issues and barriers. • Think as a system – multi agency approach.
Clear Communication Channels:	• Establish transparent communication channels to ensure alignment and open dialogue. • Communicate outcomes quickly.
Connection and Support:	• Establish networks to advance project progress. • Engage Public Health to address root causes. • Focus on preventive measures to improve outcomes. • Shift focus to individual outcomes for better impact.

Interface Group

The Somerset Interface Group is a collaborative team that unites representatives from various parts of the healthcare system to enhance communication, coordination, and efficiency. The group's primary goal is to address challenges, streamline processes, and develop sustainable solutions through regular meetings and shared expertise.

We have gathered representatives from primary and secondary care, our Integrated Care Board (ICB), and our Local Medical Committee (LMC) to foster collaboration. The Interface Group has identified key areas for projects to tackle the most pressing challenges. By meeting monthly, we leverage each other's expertise and experience to develop long-term, robust, and sustainable action plans.

Current projects include:

- **Onward Referral Project:** Ensuring that patient referrals are made by the right person at the right time.
- **Shared Prescribing:** Exploring ways to improve shared prescribing practices.

Challenges and Aims of the Interface Group

Identified Challenges:

1. **Potential Lack of Understanding:** There may be a lack of understanding between Somerset Foundation Trust (SFT) and General Practice regarding each other's operations.
2. **Impactful Practices and Pathways:** Administrative and clinical practices and pathways in both general practice and SFT can negatively affect each other.
3. **Difficulty in Co-design:** Co-designing pathways and service development can be challenging.

Our Aims:

1. **Knowledge Sharing:** Gather and share knowledge to enhance understanding across different parts of the system.
2. **Improving Practices:** Address and simplify unhelpful administrative and clinical practices and pathways.
3. **Inclusive Pathway Design:** Ensure all pathway design work includes colleagues from across the system.

Desired Outcome: To achieve safer, better, and more efficient working in line with GIRFT (Getting It Right First Time) principles.

Themes Identified:

- Knowledge sharing and influencing
- Building relationships
- Identifying issues
- Developing pathway co-design
- Addressing workforce issues such as skill set, time, and funding required for co-design to succeed

I**mproving Communications:** We are enhancing our communications by collaborating with communications teams within our system and further developing our current networks, including:

- Monthly Connecting the Dots Teams meetings
- Connecting the Dots newsletter and podcasts
- ClarityTeamNet

Feedback Mechanism: We have developed a feedback form to capture issues related to the interface between General Practice and SFT, including referral issues. This form helps us identify recurring themes and types of issues, allowing us to focus our improvement efforts effectively.

GP Provider Support Unit (GPSU)

The GPSU has been established to provide strategic and operational support to general practice in Somerset, ensuring it remains resilient and able to deliver high quality care. The GPSU acknowledges the increasing pressures on primary care and responds with a collective model that strengthens leadership, supports workforce sustainability, and enables practices to focus on patient care.

By offering shared infrastructure and consistent support, the GPSU aims to reduce variation, build operational resilience, and ensure general practice has a strong, unified voice within system discussions. It works in partnership with Integrated Care Board priorities, aligning its activity with wider system transformation.

Progress in 2025
Over the last year, the GPSU has made significant strides in establishing its role and function.

Notable developments include:

- **Strategic Investment:** Securing recurrent funding from the Integrated Care Board will enable long-term infrastructure planning and development.
- **Leadership Transition:** Following the departure of interim CEO Dr Andy Brooks, Ruth Taylor has been appointed as interim CEO for 2025/26. Ruth brings a strong track record of system leadership, having led One Care in BNSSG and co-founded the National Association of GP Federations.
- **Operational Development:** Work has progressed across workforce planning, HR support, and neighbourhood integration, with an emphasis on supporting practice resilience and improving access to shared services.
- **System Role:** The GPSU has featured in local commissioning intentions and is seen as a key partner in shaping primary care transformation.

Looking Ahead
As the GPSU moves into its next phase, key areas of focus include:

Substantive Board Recruitment: Interviews for the new GPSU Board will take place in late April and early May 2025. The Board will guide strategic direction, with five remunerated director roles and two independent non-executive positions.

Clinical Reference Group (CRG): A new CRG will launch in mid-April, bringing together general practice professionals to work with system colleagues to help shape care pathways and influence system design.

Practice Engagement: Strengthening shareholder collaboration remains a priority, with a renewed focus on co-designing services that meet local needs.

The GPSU continues to evolve as a central enabler for general practice in Somerset, promoting a collaborative, forward-looking approach to ensure primary care remains strong and sustainable in a changing healthcare environment.

Examples of the contribution of Clinical and Care Professionals in our system

Quality Team

In Somerset we want people to live healthy, independent lives, supported by thriving communities, with timely and easy access to high quality and efficient public services when they need them. The National Quality Board (NQB)'s position statement for ICSs outlines two key requirements for quality oversight in an ICS: to ensure the fundamental standards of quality are delivered, including managing quality risks, patient safety risks, and addressing inequalities and variation; and to continually improve the quality of services, in a way that makes a real difference to the people using them. The care our patients receive should be safe, effective, equitable, well led, sustainably resourced and should result in a positive experience.

The Quality team discuss new emerging insight and quality concerns weekly at the insights meeting where intelligence is able to be triangulated, and decisions are made regarding any required action. Focussed quality reports for each service area are produced bi-monthly and align with the NQB's routine, enhanced, and intensive structure. The Quality Committee receives these reports and provides oversight and assurance to the Board that the ICB is delivering its statutory responsibilities and functions. The Committee has strong links with the Somerset System Quality Group where partners from across health and social care meet to systematically share and triangulate intelligence, insight, and learning on quality matters across the ICS and agree action to enable improvement. The ICB also works with system and regional partners to recognise, share and learn from areas of good practice where things have gone well, as well as where things could have gone better.

Over the next 12 months the Quality team has a number of focussed priorities. The team aims to raise awareness of the need for quality and patient safety engagement and involvement in all aspects of ICB service, design, development and delivery. The role of the Quality Lead is to be standardised to ensure consistency and to develop resilience within the team. The ICB Statutory quality functions are to be reviewed so that resource within the team can be prioritised to sustain the needs of the statutory duties and support improvement where required. A Quality Assurance Framework and resource suite is in development to support the understanding of quality metrics and better inform outcome reporting. Quality governance and risk management processes are being strengthened to ensure consistency in reporting, escalation and decision making.

In addition to these priorities, the Quality team has also set quality ambitions for the next two years, with five focussed commitments for each service area; safety, experience, governance, safeguarding, acute and independent services, the care sector, children and young people, infection prevention, integrated and intermediate care, learning disabilities and autism, maternity and neonatal services, mental health, primary care, and women's services. Each of the commitments have been agreed following engagement from the Quality team and align with nationally set quality functions and areas that have been identified as requiring improvement. The full list of commitments are detailed in the ICB's Quality Assurance and Improvement Framework 2025-2027 that is currently in development alongside an accompanying strategy.

Quality Improvement Work

As part of our wider quality improvement function, we are addressing the barriers that people with learning disabilities face in accessing essential Personal, Social, Health and Economic Education (PHSE). This includes promoting healthy living and covers vital topics such as online safety, personal hygiene, healthy relationships, and sexual health. These topics are often not taught to people with learning disabilities, thereby increasing the risk of exploitation, abuse, and bullying. In collaboration with Green Days Day Care, a local care provider, we are developing and introducing 'Lifestyle Workshops' to provide these important lessons. The pilot project, which runs until 31 March 2025, will lead to the development of accessible training materials for all care providers in Somerset in 2025/26.

- In response to the national alert regarding measles outbreaks across England the Somerset system came together to work collaboratively to develop and launch the post-exposure prophylaxis pathway. This ensured that the population of Somerset had immediate response and timely access to immunoglobulin therapy for those individuals identified as vulnerable requiring treatment after exposure to measles.

- The Infection Prevention Management (IPM) team has led the implementation of the "Gloves Off" campaign at Glastonbury Care Home, in collaboration with NHS Somerset's Sustainability Manager. As a quality improvement project, the campaign aims to reduce unnecessary glove usage, improve infection control, protect staff skin health, and promote environmental sustainability. The initiative encourages staff to assess when gloves are truly necessary versus when hand hygiene alone is sufficient, fostering more responsible PPE practices. We have provided training, educational materials, and visual resources to support staff in applying the campaign's principles. Data collection has tracked reductions in glove usage, improvements in staff skin health, and hand hygiene audit results. Early outcomes at Glastonbury have been promising, with strong staff engagement and notable improvements. The progress at Glastonbury will serve as a model for expanding the initiative across other care homes and healthcare settings within Somerset, driving long-term improvements in infection prevention, cost savings, and sustainability.

- The paediatric audiology service in Somerset NHS Foundation Trust (SFT) is rated as high assurance, and low risk. This is a very positive picture regionally and nationally and the service will be working towards Improving Quality in Physiological Services (IQIPS) accreditation, with the aim of achieving this by 2026.

- 2024/25 saw the introduction of our Somerset Integrated Care System Patient Safety Oversight Group. This is a well-attended shared learning forum, facilitated by the ICB, which brings system partners from across the county together to share insights, good practice, improvements, and challenges in relation to quality and patient safety.

- The dysphagia and at-risk-of-choking group concluded in December 2024, ensuring that training on dysphagia essentials is available system-wide with adherence captured via the Quality Assurance Framework for care providers. Methods for demonstrating levels of choking incidents occurring in care sector and acute settings for Somerset have been established, to support joined up working with the ICB and SFT for care sector response to choking incidents. The Southwest Dysphagia knowledge and skills guidance for paid carers has been developed and shared. Somerset's commitment to addressing gaps in assessing choking incidents and risk mitigation efforts have successfully lowered the risk score from 16 to nine.

- The Quality team led the development of the Standard Operating Procedure to capture the learning from the Medical Examiner Service in line with the National Quality Board (NQB) guidance on routine, enhanced and intensive concerns. The Quality team supported the development of the Medical Examiner Service roll out and addressed issues relating to barriers in primary care impacting roll out efforts. Relationships were built with the Medical Examiner Service and the team supported coordination of actions where concerns have been realised with individual providers, supporting improvement, family experience and response for the system.

- Positive assurance visits at Yeovil District Hospital and Musgrove Park Hospital mortuaries were completed to ensure the recommendations from the Phase 1 Mortuary Fuller Inquiry were implemented. Assurance was also sought from an independent hospice provider for their cold room provisions.

- Complete service redesign of the listening and responding to care homes service within SFT was supported, including engagement with multiple stakeholders and the use of available data to understand the current and future needs of the care sector to design a service that supports the identified areas. This resulted in an improved offer to support national objectives as set in the enhanced health in care homes, clinical skills to support quality and timeliness of interventions, increased remit to support domiciliary care services in recognition of rising demand for good quality domiciliary care and leading and contributing to improvement initiatives that will impact patient wellbeing and system flow.

- Agreed the local quality requirements for HUC 111 services for implementation for 2025/26 contract period for more effective quality outcomes from the service interventions.

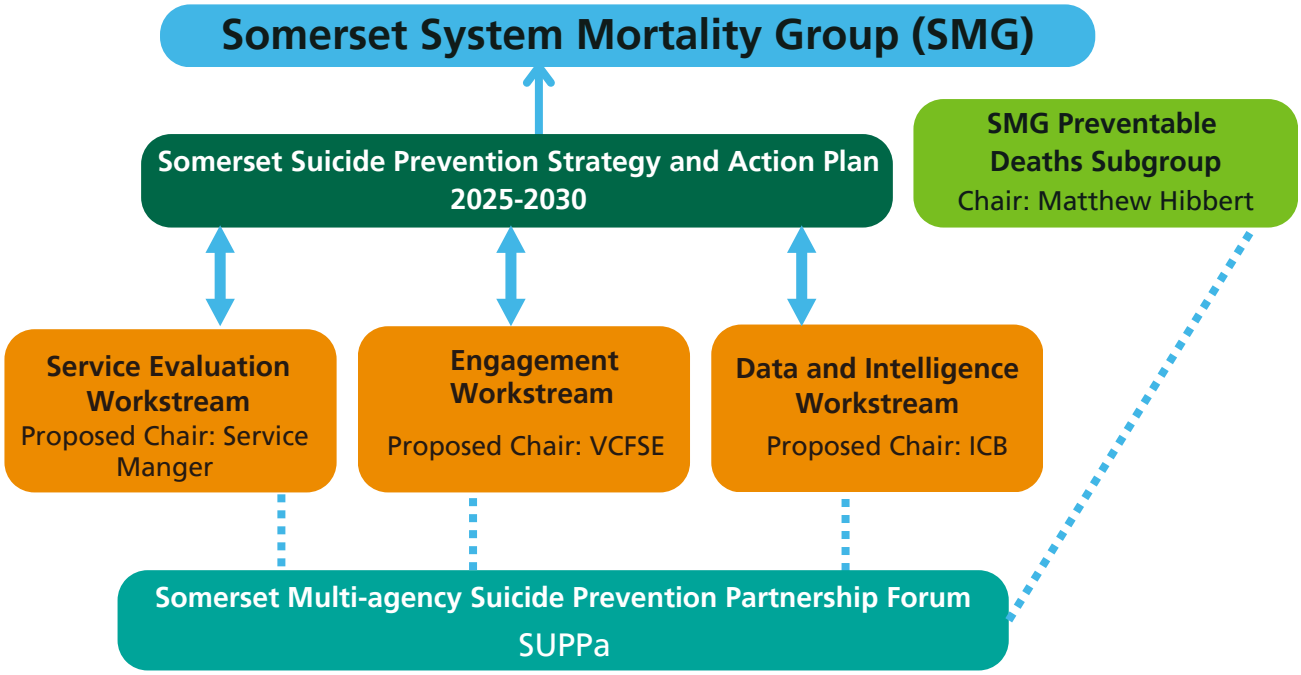
Somerset System Mortality Group

The Somerset System Mortality Group (SMG) works collaboratively across the system with colleagues from Somerset Foundation Trust, Somerset Council, Primary Care, Hospices, VCFSE, community programmes and more. The group monitors and supports development of the effectiveness of the mortality review processes across the system by bringing together representation from system partner organisations and those with specific areas of interest to review mortality trends, highlight morbidity indicators and share best practice with the ultimate outcome to reduce avoidable deaths. The group aims to collate, share and triangulate intelligence and thematic learning to identify trends in the data, gaps and opportunities for improvement with a particular focus on our population health intelligence, inequalities and variation.

Significant progress has been made with the Somerset Mortality Dashboard. The dashboard is created using the Civil Registration data, and while it has some limitations, it clearly identifies the top 10 causes of death and where any variance occurs across the county. The data is factually accurate, timely and enables the system to understand mortality across Somerset. The data will become a valuable resource for neighbourhood working and will provide evidence for targeted resources and workstreams.

The System Mortality Group proactively identifies local learning from and responses to Regulation 28 Prevention of Future Death reports and ensures mechanisms for cascading learning to influence system response.

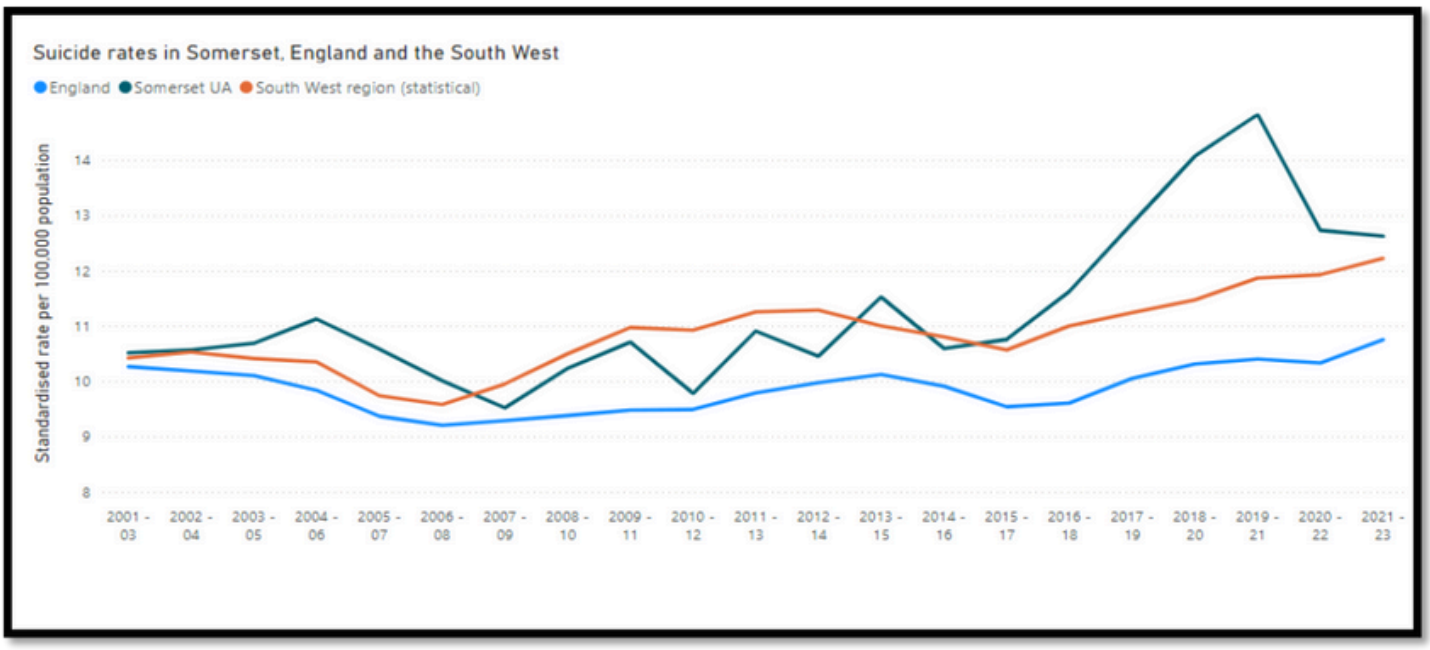
The Somerset System Mortality Group has endorsed Somerset Council's proposal for the governance of the system Suicide Prevention Strategy to be held by the SMG. This will include the Preventable Deaths subgroup which is being established to explore sudden and unexpected premature mortality including suicide, drug-related deaths, domestic homicides and homelessness (Deaths of Despair). This proposal aims to share the learning across the system.



60-65
people die by suicide every year in Somerset

The Somerset System Mortality Group agreed that the Suicide Prevention Strategy was a high priority as Somerset is sadly an outlier.

1:3
For every 1 female who dies by suicide there are 3 males who die by suicide



Population Health

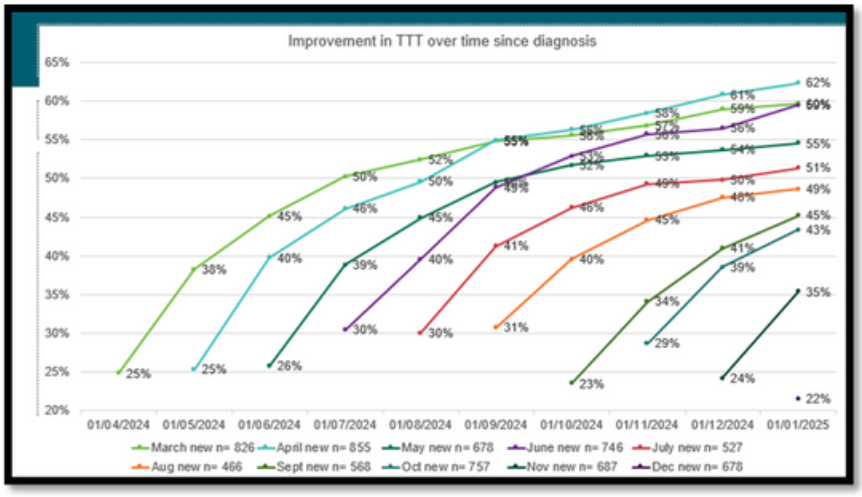
In 2024/25, Somerset's Population Health Transformation Programme made significant strides towards embedding a population health mindset across the system. The programme focuses on six core sub-programmes, with an overarching aim to improve health outcomes, reduce inequalities, and ensure that all services are aligned with the population health approach. This year, notable progress has been made in priority population health programmes, particularly around hypertension and smoking, which will continue into 2025/26. The hypertension programme, which has been running for a longer period, has seen an expansion of efforts to ensure better management and prevention across the county. The smoking cessation initiatives have also gained momentum, addressing a major risk factor in improving public health and reducing health inequalities across Somerset's diverse communities.

A key element of the programme in 2024/25 has been the continued development and application of population health management approaches within integrated neighbourhood working. This includes fostering a culture of collaborative working between health, social care, and community services, ensuring that health and wellbeing interventions are tailored to local needs. The programme has also supported the development of a population health culture, with an emphasis on making data-driven decisions and promoting health as everyone's responsibility. This cultural shift aligns with Somerset's ongoing efforts to enhance neighbourhood-based care, as it is crucial that services are designed around the specific needs of local populations, reducing fragmentation and promoting prevention.

In addition, significant progress has been made in developing the use of data and intelligence to support population health initiatives. In Q4 2024 and Q1 2025, the Population Health Board facilitated the commissioning of an integrated population health platform, beginning with a discovery phase focused on frailty. This platform will be pivotal in providing the necessary data to track and measure health outcomes, inform decisions, and identify gaps in service delivery. The population health programme has also influenced the development of Somerset's Integrated Neighbourhood Working framework, particularly in its focus on healthy years of life and reducing health inequalities, ensuring that these goals are embedded into the governance and operational processes. Through this work, Somerset is positioning itself to make measurable improvements in health outcomes, particularly for its most vulnerable populations, over the coming years.

Hypertension

The CCPL programme has endorsed the hypertension initiative which has made significant progress within the Somerset population. The latest figures highlight that over 106,000 checks have been conducted, resulting in the identification of 6,788 cases of hypertension. This exceeds the initial targets set by the group. The treatment to target rate has plateaued at around 62%; the plateau effect observed in the data mirrors the optimisation seen in normal business case finding, suggesting a need to understand this better.



The data presented showed a high undiagnosed adult hypertension rate in Somerset, with an estimated 46,000 residents affected.

The Hypertension initiative will continue to be supported via the CCPL programme.

Major Conditions Group

Somerset's approach to long term conditions (LTCs) has been supported by the Major Conditions group which comprises a representative partnership of clinical and non-clinical professionals.

The group is responsible for the development and delivery of Somerset's Prevention and Long-Term Conditions Strategy, key aims include:

- Developing and implementing a prevention plan for long term conditions.
- Supporting the development and implementation of new and innovative models of care for people with long-term conditions.
- Developing efficient, effective and sustainable pathways, services, infrastructure, and associated workforce for long term delivery and prevention of disease.
- Working towards outstanding care by adopting a holistic and person-centred personalised care approach for people living with a long-term condition.
- Identifying and addressing health inequalities in access to treatment for long term conditions.
- Providing oversight of and accountability to NHSE of service development fund allocation.

The 2024-2025 LTC priority programmes have included:

- Respiratory – including chronic obstructive pulmonary disease (COPD) identification
- Cardiovascular disease – including proactive case finding and treatment optimisation of those with hypertension, atrial fibrillation and heart failure
- Lipids and cholesterol management
- National Diabetes Prevention Programme
- Type 2 Diabetes Remission Programme
- Supporting roll-out of self-dosing insulin pumps for eligible patients (Hybrid Closed Loop systems)

Population health and neighbourhood working are key strategic priorities for Somerset Integrated Care System. During 2025-2026, LTCs will be a key focus of both, shaped and driven by local population health need and multi-professional working at a neighbourhood level. This will continue to be supported by national implementation recommendations and funding. Somerset has a clear narrative about the importance of person-centred care, particularly for those with multiple LTCs, complex care or support needs to improve outcomes and reduce inequalities. The comprehensive model of personalised care underpins our approach to long term conditions and neighbourhood working.

The Major Conditions group has prioritised looking at weight management work commissioned in Somerset.

This has been a good test of some of our design principles such as thinking about all ages, no intervention without prevention, and using population data. This approach is vital if we are to make the best use of weight management injectable medicines as they become available.

Integrated Neighbourhood Working

In 2024/25, Somerset commenced the Integrated Neighbourhood Working (INW) programme, with a clear focus on delivery in the coming year and continuing into 2025/26. The programme will be structured around four key priorities to ensure integrated, community-based care in-line with operational planning guidance, local and national examples of best practice. The first priority is to develop a shared understanding and governance structure for INW. This is likely to include establishing Neighbourhood Leadership Teams with key partners, such as representatives from Primary Care Networks (PCNs), social care, voluntary, community, and social enterprise (VCFSE) organisations, and local NHS services. These teams will help create a cohesive approach to neighbourhood-level service delivery, guided by a neighbourhood maturity matrix based on the INW Trellis Concept, ensuring that all partners work collaboratively to address local needs and challenges.

The second priority focuses on delivering robust enabler programmes to remove barriers to integrated working. This includes the alignment of resources, digital systems, and workforce development to support multi-disciplinary, person-centred care. Efforts will be made to ensure that partners across health, social care, and community services are equipped with the tools, training, and coordination needed to work effectively together. These enablers will be crucial for fostering seamless service delivery across Somerset's diverse neighbourhoods, ensuring that the right care is provided at the right time and in the right place.

The third priority is to implement a test of change, initially focusing on frailty, which will include the development of a cross-county frailty model. This model will be designed to increase the consistency of care for frail individuals across Somerset, prioritising prevention and early intervention to manage demand more effectively.

Finally, the fourth priority will be to develop a comprehensive approach to measuring the success of the INW programme, using data to track outcomes, inform decisions, and continuously improve the integrated care system. These efforts will lay the foundation for continued delivery and expansion of integrated neighbourhood working throughout 2025/26 and beyond, ultimately creating a more connected, proactive, and effective healthcare system for Somerset's residents.

Integrated Neighbourhood Working for Frailty Programme

In Q1 of 2025/26, a collaborative programme of work is set to begin, focusing on developing an integrated service model for individuals over 65 with frailty and younger adults experiencing complex multimorbidity. The initiative, endorsed by the Clinical and Care Professionals Leadership Programme, aims to address existing gaps in service delivery and coordination across Somerset, where fragmentation, variability in services, and integration challenges persist. These issues, compounded by barriers such as digital system limitations and infrastructure gaps, hinder effective collaboration across the NHS, Social Care, and voluntary sectors. By working together over the next six months, the programme seeks to improve long-term

infrastructure and find short-term solutions that enhance service integration and reduce these barriers. The planned work will be delivered through integrated neighbourhood working, building collaborative partnerships across sectors to create a coordinated, person-centred service model. This approach will ensure individuals receive timely and appropriate care, regardless of their location or service provider. By fostering collaboration and considering key metrics like emergency admissions, medication usage, and frailty prevalence, the programme will take valuable learning to future population cohorts.

Ultimately, the vision is to create a seamless system that prioritises prevention, early intervention, and holistic wellbeing, enabling individuals with frailty and complex needs to live more independent, healthier, and longer lives with dignity and appropriate support.

Health Inequalities

In 2024/25, Somerset made notable progress in addressing health inequalities, focusing on three core priorities outlined by the Population Health Transformation Management Board. The first priority, building workforce knowledge of health inequalities, was advanced through the establishment of the Healthcare Inequalities Network. This network fosters a Community of Practice that shares best practices, emerging guidance, and quality improvement projects aimed at reducing healthcare inequalities. These efforts helped ensure that local staff are equipped to address the unique needs of vulnerable populations, including those with learning disabilities, mental health concerns, and individuals from socially deprived areas.

The second priority, improving data and evidence, has been crucial in targeting communities most impacted by health inequalities. By using comprehensive population health data, Somerset has been able to identify priority areas for intervention, including the expansion of the elective care recovery initiative. This program flagged vulnerable patients—such as those with learning disabilities or from deprived areas—for expedited treatment. Over 799 patients were upgraded to urgent status for outpatient appointments, significantly reducing wait times and improving access to care. Somerset also integrated children in care into vulnerable cohorts, further enhancing service delivery for these high-risk groups.

The third priority, providing direction and oversight of health inequalities projects, has seen the successful development of targeted services such as the Homeless Health and Inclusion Health Service. This service, which started in 2021, offers in-reach healthcare to individuals experiencing homelessness, with general nursing, mental health support, and peer assistance delivered in hostels, on the streets, and in the community. A countywide GP offer for homeless individuals was also implemented, ensuring more equitable access to healthcare. These projects, alongside the launch of the suicide prevention strategy, demonstrate Somerset's commitment to tackling health inequalities through a collaborative and data-driven approach, with a strong focus on providing targeted support to those most in need.

Medicines Management

National data shows Somerset has prescribing needs ~14% greater than national average while our current prescribing costs are ~13% less than national average. This makes Somerset the most cost-efficient medicines system in the country. However, it also identifies we have unmet prescribing needs which could be causing poorer health and social care outcomes for our patients.

The Medicines Optimisation strategy remains to support diagnosis and identification of these unmet needs via eclipse live and ensure patient centred medicines optimisation discussions take place so we prescribe more in those clinical areas and for patients who will get the greatest benefit. This can be summarised as Value-based prescribing.

Supporting improvements in prescribing for all aspects of cardiovascular disease remains a priority as does deprescribing medicines of low value or which might be causing harm, particularly in patients with frailty and multiple co-morbidities. Approximately 10% of hospital admissions are medicines related, and the team will continue to support greater use of our eclipse live IT system to help practices identify and carry out structured medication reviews in those patients.

The medicines management team will continue to be champions for improving outcomes for patients with long term conditions including diabetes, respiratory conditions and Osteoporosis. Somerset will aim to remain as one of the best performing systems against the nations suite of prescribing benchmarking metrics.

Finally, the antimicrobial stewardship work will continue as will the safer prescribing in women of childbearing age workstream.

Primary Care Network (PCN) Pilot

PCN Test Site Programme: driving system-wide transformation

Somerset's participation in the national PCN Test Site Programme presents a significant opportunity to shape the future of primary care and strengthen integration across the wider health and care system. Mendip and Frome PCNs are among 22 test sites working in partnership with NHS England, ICBs, and the Getting It Right First Time (GIRFT) team to better understand the gap between demand and capacity in general practice. This programme is not only about improving access and resilience within PCNs but also about fostering collaboration with partners such as Somerset NHS Foundation Trust and the Royal United Hospitals Bath to develop more joined-up, data-driven models of care. With intensive data collection, capacity investment, and quality improvement initiatives running until 2027, the learnings from this work will inform local and national policy, benefiting the entire system.

The programme aligns with the CCPL approach, embedding diverse professional perspectives into decision-making and service redesign. The involvement of the GIRFT team, alongside site visits from NHS leaders Dr Claire Fuller and Professor Tim Briggs, highlights the importance of cross-sector collaboration in tackling shared challenges. By testing and scaling innovative solutions, the programme creates opportunities for clinicians, care professionals, and system leaders to work together in shaping a more sustainable, high-quality model for primary care—one that ultimately supports better outcomes for patients and communities across Somerset.

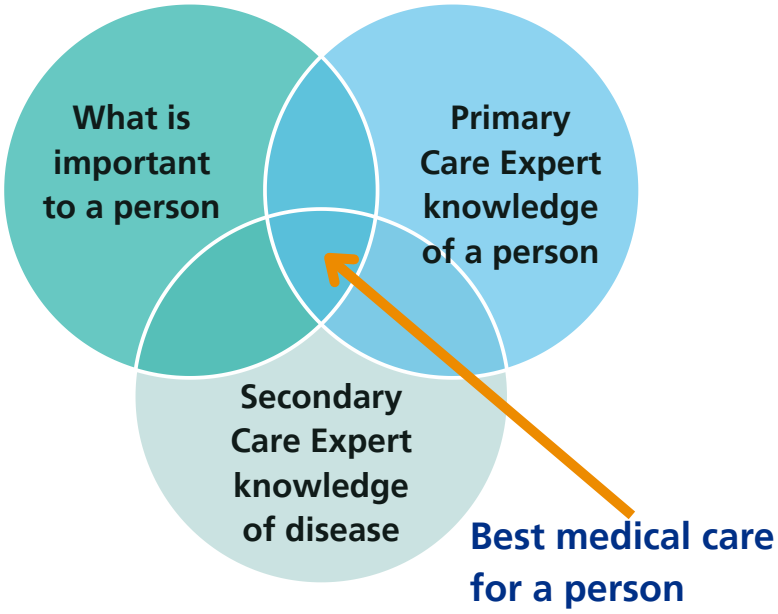
Advice and Refer

Imagine getting to the airport with the expectation of going to Paris, getting through security and boarding in record time but ending up on the wrong flight and arriving in Moscow, all because the travel agent and airport staff didn't listen to what was important to you. It was easier just to book you on a flight rather than on the flight that was best for you.

Advice and Refer is fundament to how we care for our neighbours in Somerset in a timely, effective manner, which reflects what is important to them, within the resources available to us. It leads on from programmes such as Advice and Guidance. It is an opportunity to build relationships within the Somerset Health

Community and is an opportunity to build a mutually supportive environment. It is an iterative process of codesign that will involve commitment, honesty and a challenging timetable for the whole community.

Guidelines and pathways are designed to get diagnostics and treatments undertaken as effectively and efficiently from a disease or condition perspective. There is good evidence that a consistency of approach improves outcomes. However, what may be best for one person may not be best for another. A pathway may find that grey distinction difficult.



Advice and Refer aims to create an environment where, what is important to the person, the primary care expertise, and the secondary care knowledge of diseases are seamlessly integrated at the beginning of the diagnostic or treatment journey. This approach aims to ensure the journey is right first time.

Advice and Refer involves a process of codesign from primary and secondary care, optimising resource use in all settings using a digital platform called Cinapsis. This platform has tools which facilitate the common learning, support (risk sharing) and conversation to get the person on the medical care pathway that is best for them. Although this involves more initial thought and time, the evidence is that it will value what is important to the person and be more effective for the person, the health care profession and system resources.

Research and Innovation

NHS Somerset has established a Research and Innovation function to support the fulfilment of 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 Integrated Care Systems (ICSs) to incorporate research within their joint forward plans and annual reports.

A strategy group has been convened, comprising representatives from system partners, including the Voluntary, Community, Faith and Social Enterprise (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 an abstract for presentation at a conference in April.
- Embedding research and innovation within the Transformation Management Office processes, ensuring that research and innovation are integral from the outset.

- 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.
- 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.
- Strengthening partnerships beyond Somerset, including:
- Contributing to the delivery of the Peninsula Research and Innovation Partnership (PRIP), a collaboration involving Cornwall & Isles of Scilly, Devon and Somerset Integrated Care Boards (ICBs), the Universities of Exeter and Plymouth, PenARC, the National Institute for Health and Care Research (NIHR) Research Delivery Network (RDN), and Health Innovation Southwest.
- 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 Southwest to enhance research opportunities and collaborations.
- 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.

APPENDIX B

Principles Charter

Principles for Teams Across Commissioning, Health, Social Care, and VCFSE

1. **Person Centred Care**
   - Design support around the individual, not the service. Take time to understand the whole individual.
   - Ensure individuals don't have to repeat their story.
   - Respect dignity, choice, and individual needs in all interactions.
2. **Collaborative Decision Making**
   - Involve individuals, and those who support them, in decisions about their care and support.
   - Collaborate across teams and organisations for joined-up support.
   - Communicate clearly and in ways that people understand.
3. **Evidence Based Improvement**
   - Base decisions on the best available knowledge and experience.
   - Measure outcomes to ensure effectiveness.
   - Focus on effectiveness, reducing unnecessary steps and duplication. Value people's time.
4. **Valuing Skills and Expertise**
   - Recognise skills and expertise over job titles.
   - Ensure senior expertise is available at an early stage to support decision making.
   - Invest in training and development across sectors.
5. **Timely and Accessible Support**
   - Provide timely access to the right expertise, whether in health, care, or the community.
   - Use digital tools effectively while ensuring alternatives are available.
   - Make information accessible to people and teams who need it.
6. **Prevention and Inclusivity**
   - Help people stay well and independent.
   - Tackle inequalities by ensuring fair and inclusive access to services.
   - Address factors affecting wellbeing before bigger challenges arise.
7. **Continuous Learning and System Integration**
   - Challenge ourselves to improve outcomes and experiences.
   - Break down silos and work across organisations for seamless support.
   - Reduce unnecessary complexity to make things easier for those we support and those delivering care.

Our Commitment

We are dedicated to nurturing collaboration, trust, and adaptability in the ever evolving health and care landscape. By placing individuals at the heart of our work, we aim to create a system that is not only effective but also compassionate and sustainable.

This charter serves as a framework to guide our teams in delivering care and support, commissioning services, and working across organisational boundaries to ensure the best possible outcomes for individuals and communities.

Behaviours	
Collaboration:	• Work together as a cohesive system, recognising the system is complex, embracing the concept of 'One Workforce' to understand each other's roles, methods and language. • Focus on key issues to foster meaningful conversations and actions.
Empowerment:	• Empower leaders and individuals to take initiative and make changes.
Leadership:	• Exemplify transformative leadership to manage change and overcome challenges. • Provide strong leadership to guide teams and articulate a clear vision for system enhancement. • Encourage risk-taking and foster psychologically safe, blame free environments where creativity thrives, and person-centred solutions are developed without the need for prior approval.
Proactive Problem-Solving:	• Identify and resolve system inefficiencies and address obstacles and barriers to improvement. • Maintain a curious mindset and be receptive to learning, new ideas and change.
Resourcefulness:	• Leverage connections and support to drive projects forward without relying on additional resources.
Challenging the Status Quo:	• Embrace risk and not settling for the current state.
Listening and Feedback:	• Engage in discussions, gathering feedback, and working together to inform next steps.
Values	
Change Management:	• Acknowledge the necessity for a new approach and integration of change management principles.
System Thinking:	• Proactively engage with others to understand different perspectives.
Simplicity:	• Strive to simplify complex systems for better efficiency and effectiveness.
System Improvement:	• Believe in the ability to enhance current practices and systems. • Use meetings as a catalyst for innovation, doing things differently and improving the system. • Implement regular feedback loop mechanisms to gather insights, share learning and sense making. • Leverage data analytics to inform decisions and track progress.
Maximise Resources:	• Prioritise repurposing of current resources to address needs instead of seeking additional funding. • Embrace redefining and optimisation of resource distribution and utilisation.
Continuous Learning:	• Invest in ongoing training and professional development to promote continuous learning.
Celebrate Good Practice:	• Identify and acknowledge effective practices. • Share successful practices locally, guided by established principles.
Enablers	
Financial Flow:	• Ensure money flows easily between organisations, not restricted by budget silos.
Financial Flexibility:	• Repurpose funds and resources to better address current system needs.
Resource Allocation:	• Manage resources effectively, including the challenge of double running projects.
Technology Integration:	• Integrate advanced technologies to streamline processes and enhance efficiency.
Information Sharing:	• Improve systems for sharing information, address issues around Information Governance and data. Real time information is needed. • Foster collaboration across departments to share knowledge and best practices.
Unified Mechanisms:	• Create unified mechanisms to address common issues and barriers. • Think as a system – multi agency approach.
Clear Communication Channels:	• Establish transparent communication channels to ensure alignment and open dialogue. • Communicate outcomes quickly.
Connection and Support:	• Establish networks to advance project progress. • Engage Public Health to address root causes. • Focus on preventive measures to improve outcomes. • Shift focus to individual outcomes for better impact.