

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: D
DATE OF MEETING:	24 July 2025	
REPORT TITLE:	Chief Executive's Report	
REPORT AUTHOR:	Jonathan Higman, Chief Executive	
EXECUTIVE SPONSOR:	Jonathan Higman, Chief Executive	
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)	<input type="checkbox"/>
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	<input type="checkbox"/>
Discuss	To discuss, in depth, a report noting its implications	<input checked="" type="checkbox"/>
Note	To note, without the need for discussion	<input checked="" type="checkbox"/>
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	<input type="checkbox"/>

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

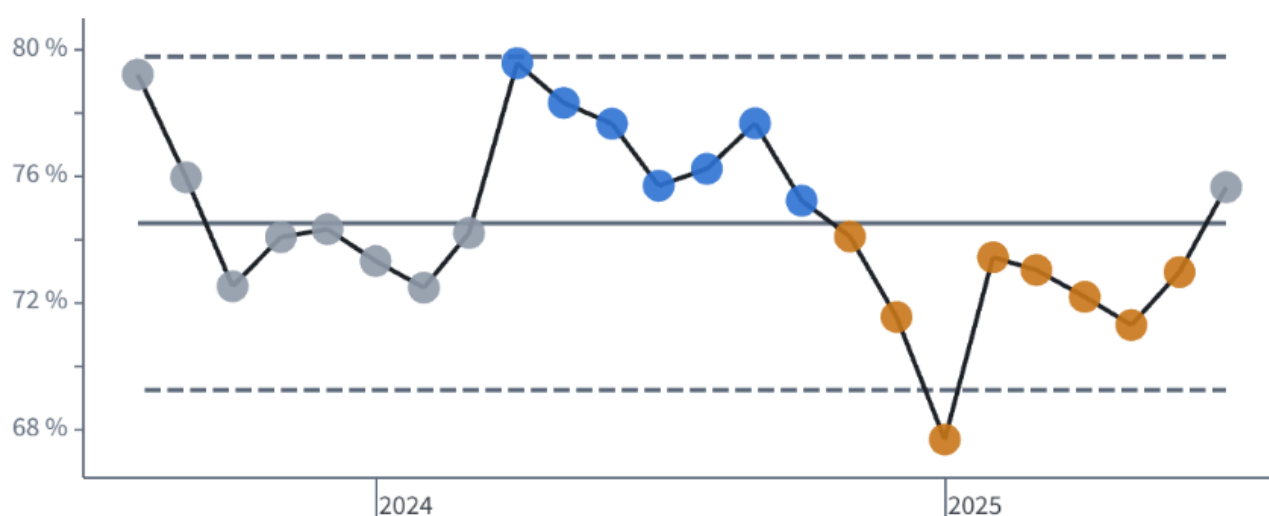
PREVIOUS CONSIDERATION / ENGAGEMENT
<p>This paper sets out key items for the Board to note and discuss, arising since the last meeting of Somerset Integrated Care Board (NHS Somerset) on 22 May 2025. It focuses on relevant changes in the National and Regional context and highlights key issues to note pertaining to the Somerset Integrated Care System.</p> <p>The paper also provides a commentary on current system operational pressures and performance which should be read in conjunction with the full Integrated Performance Report.</p>

REPORT TO COMMITTEE / BOARD
<p>1. SYSTEM PERFORMANCE OVERVIEW AND KEY ISSUES</p> <p>1.1 During the most recent period there has been a further improvement against all of the key system operational urgent and emergency care targets. This recovery is demonstrated by the run charts below which have been updated to reflect the priority areas for 2025/26. It should be noted that the most recent points in the data presented below are unvalidated.</p>

- 1.2 Both 30-minute ambulance handover and A&E 4-hour performance have continued to improve across the period. In the week to 10 July 2025 84% of patients were handed over by the ambulance service within 30 minutes of arrival at hospital. This compares to mean performance of 60% earlier in the year. 4-hour performance has also sustained at above 76%, with performance in the last reporting week (to 10 July) exceeding 79%.
- 1.3 Work is underway across the Somerset system on the plans for the coming Winter. This is subject to a separate item on the agenda.

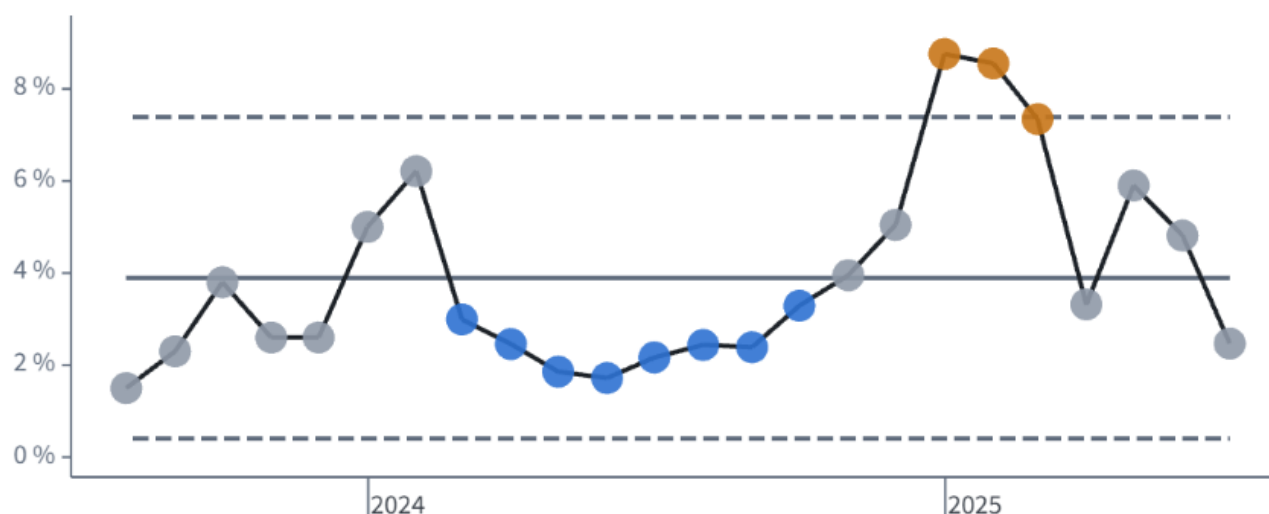
% 4 hour performance SPC Chart

NHS Somerset Integrated Care Board



% 12 hour performance (type 1 and 2) SPC Chart

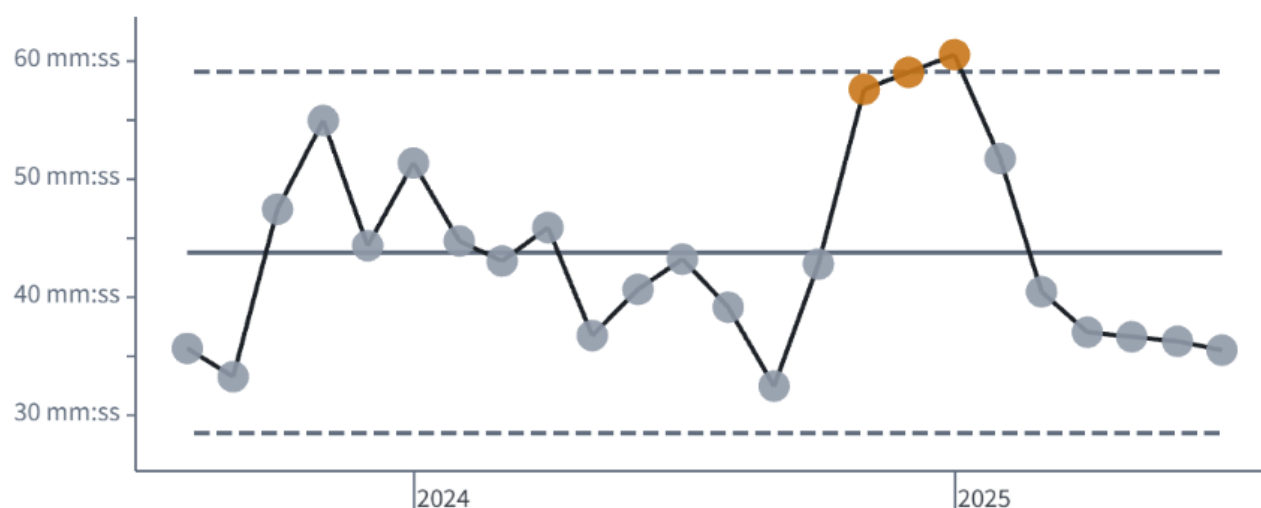
NHS Somerset Integrated Care Board



- 1.4 Across the South West Region the number of ambulance incidents has stabilised to a 7-day rolling average of circa 1,320 a day (down from a peak of 1,542 per day for the week to 31 December 2024). There has been a continued improvement in category 2 ambulance response times to approximately 31 minutes which is in line with the national target.

Cat 2 mean response SPC Chart

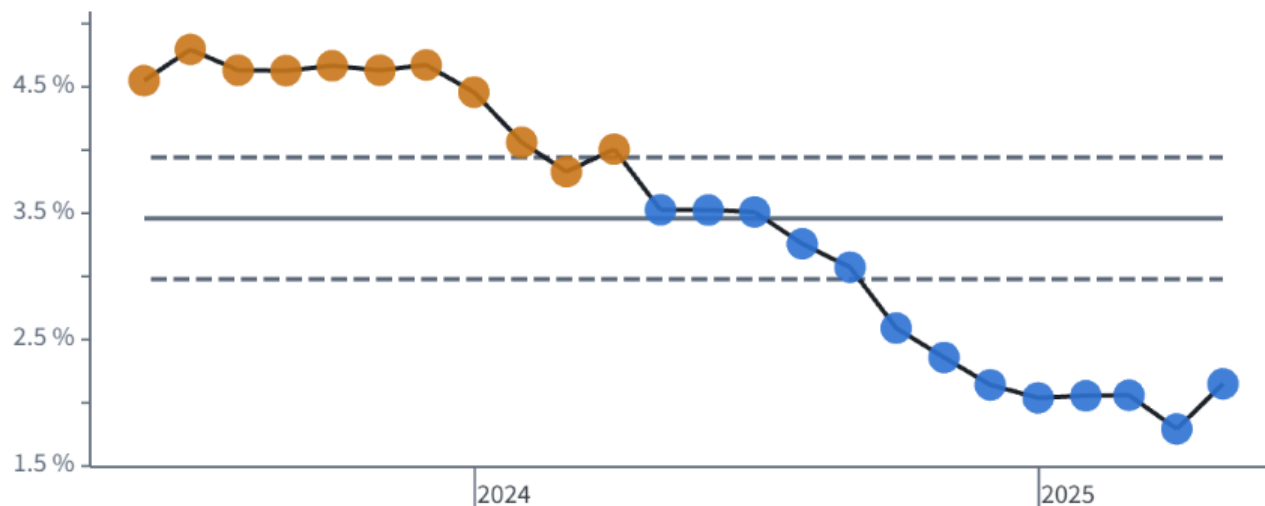
South West



- 1.5 As part of the 2025/26 operational planning process the (planned) elective care priorities have reverted back to improving delivery against the 18-week referral to treatment target and reducing the proportion of people on the waiting list waiting over 52 weeks for treatment. At the end of June 2025 there were 57,533 Somerset resident waiting for elective treatment. This represents a reduction of 3,833 from the position at the peak waiting list size at the beginning of April 2025.
- 1.6 The most recent available data, covering the period to the 29 June 2025, demonstrates a statistically significant improvement in performance to 64.9% which is ahead of the operational planning trajectory. The system has also seen a consistent, month on month, reduction in the proportion of patients on the waiting list waiting in excess of 52 weeks. On 29 June 2.9% of people on the Somerset waiting list had waited over 52 weeks.

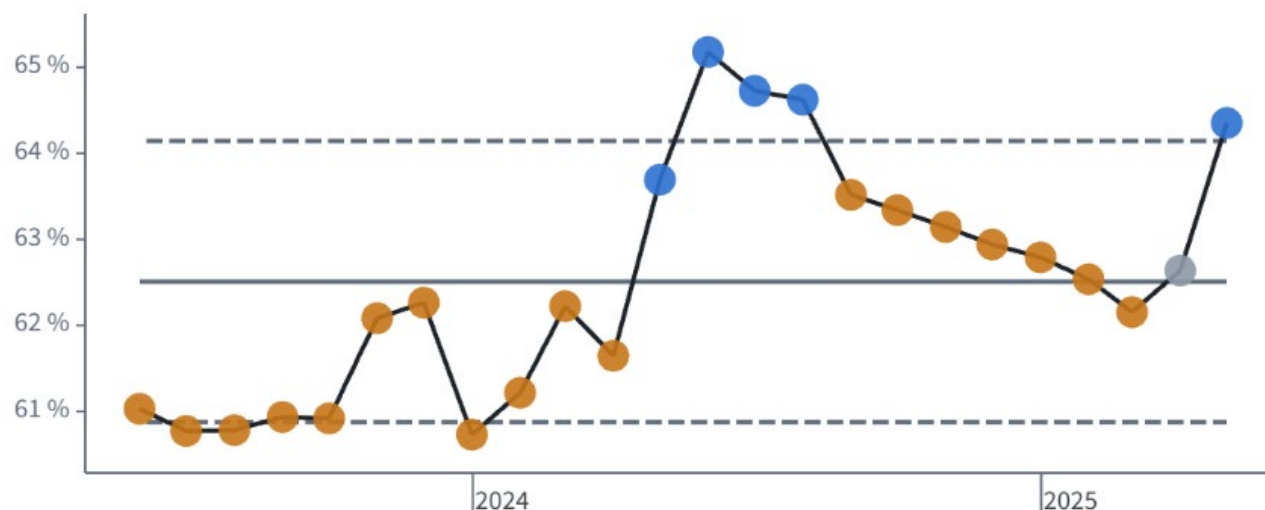
% of patients waiting over 52 weeks from referral SPC Chart

NHS Somerset Integrated Care Board



% of patients that have been waiting less than 18 weeks from referral SPC Chart

NHS Somerset Integrated Care Board



2. NATIONAL DEVELOPMENTS/POLICY

The 10-year Health plan

- 2.1 The 10 Year Health Plan is part of the government's strategy to build a health service fit for the future. It was published on 3 July 2025 and sets out how the government will reinvent the NHS through three radical shifts:

- hospital to community

- analogue to digital
- sickness to prevention

- 2.2 To support the scale of change need the government has committed to ensure the whole NHS is ready to deliver these three shifts at pace:
- through a new operating model
 - by ushering in a new era of transparency
 - by creating a new workforce model with staff genuinely aligned with the future direction of reform
 - through a reshaped innovation strategy
 - by taking a different approach to NHS finances
- 2.3 The government committed to co-developing the plan with members of the public, health and care staff and partner organisations. To do this, Change NHS was launched on 21 October 2024 - the biggest ever conversation on the future of the NHS. Through Change NHS, the government received over a quarter of a million contributions from the public, health and care staff, health system leaders and organisations with an interest in health and care.
- 2.4 A full summary of the 10-year health plan is covered as a separate agenda item at this Board meeting.

Dash Review into the regulatory landscape of the NHS in England

- 2.5 The report following Dr Penny Dash's review of the regulatory landscape of the NHS was published on 7 July 2025. The review was commissioned by the Secretary of State for Health and Social Care, following a [review into the operational effectiveness of the Care Quality Commission \(CQC\)](#) in summer 2024.
- 2.6 The review was asked to look at 6 specific organisations that were established to either assure - or contribute to improving - the safety of care, while also making reference to the wider landscape of organisations influencing quality of care. The six organisations that were covered by the review are:
- Care Quality Commission (CQC)
 - Health Services Safety Investigations Body (HSSIB)
 - Patient Safety Commissioner
 - National Guardian's Office
 - Healthwatch England and Local Healthwatch
 - the patient safety learning aspects of NHS Resolution
- 2.7 The review was asked to consider whether there are overlaps and gaps in functions across organisations and make recommendations as to the future roles of the six organisations.
- 2.8 A full copy of the report can be accessed via the following link [Review of patient safety across the health and care landscape - GOV.UK](#)
- 2.9 The key recommendations resulting from the report are as follows:

Recommendation 1: revamp, revitalise and significantly enhance the role of the National Quality Board

A revamped, revitalised and reinforced NQB should be responsible for developing a comprehensive strategy to improve quality of care that is in line with the aims of DHSC and the NHS in England. This should build on data and analysis about current quality of care, evidence and examples of high-quality care and, where appropriate, recommendations from previous reviews and inquiries.

Recommendation 2: continue to rebuild the Care Quality Commission with a clear remit and responsibility

CQC should remain the independent regulator and oversight body across the health and care system. However, it needs to adopt tailored approaches to assessments by sector and within sectors, taking into account the structure of commissioners (including private health insurers) and providers.

Recommendation 3: continue the Health Services Safety Investigations Body's (HSSIB) role as a centre of excellence for investigations and clarify the remit of any future investigations

HSSIB should operate as a dedicated, expertise-led investigation facility that can be used in a responsive way to minimise the number of externally commissioned reviews and inquiries that might otherwise be required. The functions of HSSIB should be transferred to CQC. It should continue to operate as a discrete branch within CQC and retain its independence for providers.

Recommendation 4: transfer the hosting arrangement of the Patient Safety Commissioner to the Medicines and Healthcare products Regulatory Agency (MHRA), and broader patient safety work to a new directorate for patient experience within NHS England, transferring to the new proposed structure within DHSC

This should be reflected in a significantly enhanced profile for the patient voice through a new director of patient experience within the new DHSC structure. This will be supported by a new directorate within the DHSC which will:

- take responsibility for significantly improving the complaints function across the NHS
- seek to improve wider patient voice and engagement work
- take responsibility for advocacy support for people wishing to complain, which is currently carried out in local authorities

Recommendation 5: bring together the work of Local Healthwatch, and the engagement functions of integrated care boards (ICBs) and providers, to ensure patient and wider community input into the planning and design of services

The statutory functions of Local Healthwatch relating to healthcare should be combined with the involvement and engagement functions of ICBs to listen to and promote the needs of service users. This should incorporate patient participation groups (PPGs) and patient or user engagement teams in provider organisations.

The statutory functions of Local Healthwatch relating to social care (a very small proportion of the work of Local Healthwatch) should be transferred to local authorities in order to improve the commissioning of social care.

The strategic functions of Healthwatch England should be transferred to the new directorate for patient experience at DHSC.

Recommendation 6: streamline functions relating to staff voice

Staff should be supported and encouraged to share concerns - with a clear role for Freedom to Speak Up Guardians in commissioner and provider organisations.

The functions of the National Guardian's Office should be aligned with those in commissioner and provider organisations. This means the distinct role of National Guardian is no longer required.

Recommendation 7: reinforce the responsibility for and accountability of commissioners and providers in the delivery and assurance of high-quality care

Ultimately, it is only the providers of care and commissioners (including NHS England and DHSC) who can improve quality of care. Relative roles of different organisations and accountability structures within NHS England are being considered as part of the revised operating model described in the 10 Year Health Plan, and through the integration of NHS England into DHSC.

Recommendation 8: technology, data and analytics should be playing a far more significant role in supporting the quality of health and social care

Technology - in particular the use of AI - has the potential to significantly improve the safety, effectiveness and responsiveness of care delivery, and the use of resources. This will potentially result in major gains in safety and wider quality of care, including user experience and wider patient outcomes.

Recommendation 9: there should be a national strategy for quality in adult social care, underpinned by clear evidence

While recognising the fundamental differences of adult social care to healthcare, greater consideration should be given to developing a strategy for improving the quality of social care.

- 2.10 The recommendations will be progressed as part of the move to the new NHS operating model set out to support delivery of the NHS10 year plan.

Maternity and Neonatal Care – Letter from Sir Jim Mackey and Duncan Burton

- 2.11 In June, the Secretary of State for Health and Social Care announced an urgent independent investigation into maternity and neonatal services, alongside a new taskforce and immediate improvement actions.
- 2.12 This follows serious and repeated failings in maternity care across parts of the NHS and an urgent need to understand and address the systemic reasons why too many women, babies, and families are still experiencing poor care.
- 2.13 Too often, women and families aren't listened to when they raise concerns. Stark inequalities persist—particularly for Black and Asian women and those in deprived areas. The NHS also continues to face serious challenges with safety, culture, and behaviour within maternity services. While most births in England are safe and many teams provide excellent care, the variation across the NHS shows why we cannot accept the status quo.
- 2.14 Next steps remain to be confirmed but in the meantime, local NHS provider Boards with responsibilities relating to maternity and neonatal care, are asked to take a series of actions to assure themselves as to the quality and safety of the services that they deliver.

3. SOMERSET SYSTEM

Public Health Assurance Visit

- 3.1 We were pleased to welcome Justin Varney-Bennett, Regional Director of Public Health South West for a recent visit to review the strength of our public health relationships, system-wide working and the use of the public health grant. The feedback following the review was very positive.
- 3.2 The review acknowledged the proactive planning under way to manage the transition to the new ICB cluster model, with six local authorities and shared leadership structures. Our

early engagement across Directors of Public Health and focus on protecting Place-based relationships were noted as good practice.

- 3.3 The visit concluded with strong assurance of our current approach and leadership. Continued collaboration, clear communication, and commitment to integration at Place and Neighbourhood levels will be key to navigating the upcoming changes successfully.

- 3.4 The full letter is enclosed at **Appendix A**.

Temporary Closure of the special care baby unit and change to inpatient maternity services at Yeovil District Hospital (YDH)

- 3.5 The temporary closure of the Special Care Baby Unit and inpatient maternity services at Yeovil District Hospital due to fragility in the consultant paediatrician rota continues. Whilst services have been relocated to Musgrove Park Hospital; Dorchester and the Royal United Hospital in Bath all are seeing a larger than anticipated increase in activity and as an ICB we are monitoring this closely.

- 3.6 The ICB continues to lead on a dynamic quality and equality assessment process and are monitoring the services using a set of key performance metrics focusing on capacity, experience and outcomes. NHS Somerset ICB has issued a contract performance notice to Somerset Foundation Trust regarding failure to provide service continuity and a remedial action plan has been agreed focussing on actions required to safely re-open the Special Care Baby Unit and inpatient maternity services, which will feed in to a formal three month review in August 2025.

Somerset NHS Foundation Trust Care Quality Commission (CQC) Inspection of Services for Children & Young People

- 3.7 The inspection reports for both Musgrove Park Hospital (MPH) and Yeovil District Hospital (YDH) were published on the 27 June 2025 following an inspection by the Care Quality Commission (CQC) which took place from 13 January to the 11 February 2025.

- 3.8 The inspection was an announced inspection and assessed three domains; safe, effective and well led. Prior to the publication of the report the CQC issued the trust with a Section 29a Warning Notice under the Health and Social Care Act 2008. While MPH was rated as good, YDH was rated Inadequate. The ICB Quality Team are working closely with the Trust on the areas identified for improvement by the CQC. Progress will be assured via the Quality Committee.

Achievement of the Children & Young People Mental Health Access Commitment

- 3.9 Integrated Care Boards received a letter in June from Claire Murdoch CBE, the NHS England National Director for Mental Health, stating that in England the NHS achieved the Children and Young People's Mental Health access commitment. 842,333 children and young people have accessed NHS funded mental health services since 2019, an increase of 64%. Improving access remains a priority within the 25/26 Operational Planning guidance.

- 3.10 Somerset ranked 12th out of 42 systems finishing above target.

4. COMMUNICATION AND ENGAGEMENT UPDATE

- 4.1 The Communications and Engagement Spotlight is attached as **Appendix B**.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	The report highlights publication of the 10-year health plan, which provides an ambition to reform the NHS to focus on improving the health of the population and reduce inequalities
Quality	<p>The report highlights the recently published National review of the NHS regulatory landscape by Dr Penny Dash, Chair of NHS England.</p> <p>It also highlights the ICBs work to support and assure the improvements necessary as a result of the recent inspection of Paediatric services at Somerset NHS Foundation Trust and the commissioning response to the recent closure of inpatient maternity service at Yeovil District Hospital.</p>
Safeguarding	No direct implications
Financial/Resource/ Value for Money	No direct implications
Sustainability	No direct implications
Governance/Legal/ Privacy	The report highlights the outcome of the recent public health assurance visit undertaken by the Regional Director of Public Health.
Confidentiality	None- this is a public report
Risk Description	



Office for Health
Improvement
& Disparities



Justin Varney-Bennett
Regional Director of Public Health
South West OHID DHSC and NHSE
Office for Health Improvement &
Disparities (OHID)
Department of Health and Social Care
2 Rivergate
Redcliffe
Bristol
BS1 6EH

19th June 2025

Sent via email:

- Jonathan Higman, ICB CEX
- Alison Bell, Director of Public Health
- Bernie Madden, ICB CMO

Dear Jonathan, Alison and Bernie,

Thank you for your time meeting with me as part of the Public Health Assurance visits to discuss the public health relationships with the ICB. I appreciate the effort and resource that has gone into preparing for the visit and it was a good reflection of the commitment of the ICB to its public health responsibilities and the strength of the partnership working between you.

It was great to spend time discussing with you the approach the ICB currently has to working collaboratively with Public Health in the Local Authority and explore some of the opportunities and challenges as we move to the Cluster ICB model.

Throughout our discussions it was good to see the strategic understanding of Public Health within the ICB at a senior level and feel the commitment to addressing health inequalities and improving healthy life span in partnership at the multiple layers of communities of identity, experience and geography, especially in a time of significant organisational churn in many parts of civic society and reflects well on the ICB and its leadership.

I want to commend some of the good practice that was shared during our discussion, especially the collaborative approach to use of data and intelligence to form interconnecting strategies to improve outcomes for patients and citizens. The approach to the JSNA underpinning strategic commissioning is commendable and some of the unique challenges that the area faces from festivals to boarding schools and the significant MoD footprint are being considered and addressed together which is good to see.

It was also reassuring to understand the clear visibility of the Director of Public Health within the ICB governance and there are some good examples where this senior level engagement has supported the approach to clinical governance and risk as well as some of the positive framing of the evolution of Neighbourhood systems and integrated data utilisation.

Somerset's Public Health Nursing creation of a 'single view of the child' with integrated data from in-house child services and Power BI tool. This demonstrates an area of best practice, allowing granular insights into the location and situation of children living with disadvantage and additional needs and I would encourage continued sharing and celebration of this approach with other areas as it is a really powerful example of collaborative use of data.

We discussed some of the examples of how the ICB has benefited from Public Health insight and intelligence to mobilise change and the link between some of the regional work on mortality underpinning local deep dives that have driven focused conversations on suicide prevention as one example. There was also good evidence of joint working around individual funding reviews and utilisation of the pharmacy needs assessment building beyond the national frameworks to a product that is more tailored to local needs and local strategic commissioning.

Recent announcements over the clustering of the ICB in Somerset with neighbouring ICBs will result in six local authorities sharing one ICB cluster. Plans were already underway to ensure proactive communication and planning between the six DsPH affected, to best respond to the upcoming support required by the ICB cluster, and to address challenges presented by changes in ICB leadership roles, and potential imbalances or duplication in NHS advice provision between each local authority team. It was good to hear the strong level of engagement and understanding of the risks and opportunities of the changing NHS landscape and the clear recognition of the importance of Place relationships within the emerging model ICB cluster arrangements.

In terms of the future approach to these relationships I hope that you will continue to maintain the high standards that you have for collaboration in Somerset and that as the ICB cluster forms this is something that is merged coherently with other areas to build on the good examples that are coming together to maximise the efficiencies but also gain from the shared learning to anchor driving integration and better outcomes at Place and in Neighbourhoods.

Finally I want to acknowledge the significant work in preparing the packs for me ahead of the visit and in the presentations, these were really insightful and strengthened my sense of assurance in the ICB's approach and Alison's leadership.

I look forward to returning to visit the ICB and some of the providers in the area for an informal visit in the future to see more of the brilliant work, and look forward to our continued collaboration.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Justin Varney-Bennett', with a long horizontal line extending to the right.

Dr Justin Varney-Bennett (He/Him/His)
MBBS FFPH MBA CMgr MCMI
Regional Director of Public Health South West
OHID DHSC and NHSE

E: Justin.VarneyBennett@dhsc.gov.uk

Communications, Marketing and Engagement Spotlight

1 May - 30 June
2025

Welcome to our spotlight report for May and June 2025, highlighting our activity over the past two months. The focus for the team during this period has been on launching our summer engagement roadshow, Somerset's Big Conversation 2025. The team have worked with partners across the system to develop an appealing and informative approach, enabling us to hear from as many people across the county as possible. A number of engaging activities have been developed so we can gather meaningful public insight that will help shape local health priorities and inform Somerset's health strategy, particularly with reference to community services.

Our campaign activity continues to build with the What's your Why - Smokefree Somerset focused storytelling approach gaining positive feedback. The next phase will include a pledge for smokers and their friends/family and further targeted outreach.

To raise the profile of Our Somerset - our integrated care system newsletter, we have created a positive news approach on social channels, which is getting good engagement.

Campaign highlights

Smokefree Somerset campaign

To achieve the national target for a Smokefree 2030 with only 5% of the population smoking, Somerset needs to do more.

With a target of around 45,000 people needing to quit smoking we need to have a better understanding of not only what motivates people to quit smoking but also what makes them start.

Over the past two months, the Smokefree Somerset campaign has continued to build momentum through powerful storytelling and targeted communications, helping to raise awareness and engagement across the county.

You can read more about the campaign on [Somerset Council's website](#).



Communications, Marketing and Engagement Spotlight

1 May - 30 June
2025

Campaign highlights

What's your Why – The Smokefree campaign continued

Cliff's Story – A life transformed

Our latest case study film featuring Cliff Hopkins was filmed during a group session at West Mendip Hospital, Glastonbury.

Cliff's story ["Life totally changed for me when I woke up and I didn't have my leg anymore"](#) has resonated deeply with audiences. His honesty, humour, and resilience have made this one of our most compelling stories so far. The film has been shared widely across our channels and is being used to inspire others to seek support through the Smokefree service.



Service overview film – Bringing the offer to life

The partnership has created a new Smokefree Somerset service overview film, showcasing the breadth and warmth of the Smokefree Somerset offer - [What does our Smokefree Somerset service offer?](#) It includes real-life scenarios, practitioner insights, and a myth-busting FAQ segment - [Smokefree Somerset service FAQ's](#), that highlight the service's non-judgemental, flexible approach. All designed to reassure and encourage more people to engage with the service.

Engagement and next steps

The campaign continues to focus on deeper community engagement and storytelling. We've seen positive feedback from viewers and practitioners alike, and the next phase will include a pledge approach and further targeted outreach.

Bringing the offer to life will also be used internally to raise awareness among staff across the county.



Communications, Marketing and Engagement Spotlight

1 May - 30 June 2025

Campaign highlights

Armed Forces Week

Somerset's Armed Forces team have been busy in June attending events to mark Armed Forces Day.

Community Lead Teri Underwood joined with officials and members of the military to mark the official flag raising event at County Hall in Taunton.

The team also joined up with the engagement team for Somerset's Big Conversation to attend the Bridgwater Armed Forces Day on 28 June and the Somerset Armed Forces Day in Vivary Park, Taunton on 5 July.

The Armed Forces team at NHS Somerset support the entire military community whether people are currently serving; have ever served in the past; are a partner or under-18 child of a veteran or someone currently serving; or a reservist. This makes up approx. 9% of the population of the county.

The areas of advice on offer at our events include support with trauma, mental health, housing and access to military grants. These areas in particular affect the military community. It's often hard for people to know what help they are entitled to and also how to get it, so we try to make it as easy as possible.

Read more about Armed Forces Week here and find out more about the work of the team [on our website](#).



Communications, Marketing and Engagement Spotlight

1 May - 30 June
2025

Campaign highlights

The Big Brush Club tooth brushing

Somerset schools have been taking part in an initiative to promote oral health among young children by encouraging regular tooth brushing in primary schools and nurseries. The Big Brush Club is funded by the NHS Somerset and provided by At Home Dental.

The initiative supports daily in-class tooth brushing for children aged 3-5 in targeted settings as part of a wider two-year campaign spanning the south west. In Somerset, over 7,700 children are participating in the supervised toothbrushing programme, part of over 70,000 across the wider region.

As well as brushing in practice, the students had great fun taking part in the national [NHS singing and colouring competition](#); designed to work alongside the initiative to encourage as much involvement, inclusion and awareness as possible.

Pictured are the reception class at St Peter's Primary School in Williton, who have now been successfully brushing for well over a year (they began in March 2024) along with the Big Brush Club's mascot, Bob the Badger.

Read more [on our website](#).



Communications, Marketing and Engagement Spotlight

1 May - 30 June
2025

Engagement highlights

5 engagement events	264 responses to surveys
6 surveys	1 Citizen Hub meeting
3 engagement leads and network meeting	1 ICS engagement network meeting
2 stroke stakeholder reference groups	

Somerset's Big Conversation 2025

The Engagement team is now running our summer engagement roadshow, Somerset's Big Conversation 2025 (SBC 2025). The team have worked collaboratively to ensure that we have a vibrant, exciting, effective and impactful engagement roadshow planned, to hear from the people of Somerset to help inform key priorities on community services, health campaigns and our strategy for Somerset's future health services.

From May to September, we will be visiting over 30 local events across the county to speak with the residents of Somerset about their experiences, hear their views and listen to their ideas for the future of our healthcare services.



Communications, Marketing and Engagement Spotlight

1 May - 30 June
2025

Engagement highlights

Somerset's Big Conversation 2025

We have attended a range of community events over the past two months, including Home Farm Fest near Yeovil, a local health fair in Minehead and an Armed Forces event in Bridgwater and have held hundreds of conversations covering feedback on people's experiences of health services, the challenges they have faced and their views on improvements.

We have asked people to share their thoughts about spending priorities for the NHS and the development of neighbourhood, local community healthcare services.

Here's a quick round up of what we have heard so far:

- **Access to primary care** Strong concern about difficulty getting GP appointments, desire for more primary care funding, and praise for good GP practices
- **Mental health services** Calls for increased mental health funding, more beds, better community facilities, and prioritisation of children's mental health to prevent future issues.
- **Community care and prevention** Support for expanding community care, investing early to keep people well, social prescribing, and managing population health through data to prevent issues.



Communications, Marketing and Engagement Spotlight

1 May - 30 June
2025

Engagement highlights

Somerset's Big Conversation 2025 - what we've heard so far

- **Funding and resource allocation** Mixed views on NHS funding - many people are finding it hard to choose where we could spend a bit less to enable us to spend more in other areas.
- **Communication and system efficiency** Feedback highlighted the need for clearer communication across NHS services, better collaboration between acute and community staff, and efficiency savings (e.g. reduce paper letters, avoid duplication).



You can find out more on our SBC 2025 webpage, which will be updated throughout the summer with details about the events we will be attending across Somerset, see the number of conversations we have had already and find out why it is so important for us to hear from as many people as possible.

Visit: [Somerset's Big Conversation 2025 - NHS Somerset ICB](#)



Communications, Marketing and Engagement Spotlight

1 May - 30 June 2025

Newsletter update

You can find all editions of the newsletter on our websites: [Our Somerset](#) and [NHS Somerset](#)

May and June editions of Our Somerset newsletter

The May edition was introduced by Sharon Hale, Head of Voluntary Sector Development at Spark Somerset, and celebrated Volunteers Week and the vital role volunteers play in our communities. The May edition also included updates about borrowing blood pressure testing kits from local libraries, the publication of the Director of Public Health's annual report which focuses on tobacco, and the challenge of making Somerset Smokefree by 2030.

The June edition was led by Kat Tottle, NHS Somerset's Engagement and Insight Lead, who talked about this year's engagement roadshow, Somerset's Big Conversation 2025. We also shared information on improving outcomes for people with dementia, the 'move more and live longer better' campaign, and talked about a new countywide initiative aimed at making Somerset a beacon of inclusivity and equity for displaced communities.



We have been promoting Our Somerset on our digital channels, creating a bright and eye-catching 'positive news' approach.

These posts link back to the newsletter for more information. Our posts have had:

- 24,561 impressions
- 983 engagements
- 451 clicks to the newsletter page on our website.

And are performing well across all channels, but in particular Facebook, LinkedIn and Instagram for engagement, with the highest engagement rate being LinkedIn.

Communications, Marketing and Engagement Spotlight

1 May - 30 June 2025

Social media highlights

NHS Somerset total followers: 112,098



5,661



7,141



96,559



2,271



466

Our Somerset total Followers: 2,567



1,304

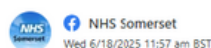


897



366

Posts which received the most engagement:

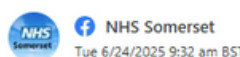


Yellow heat alert

The UK Health Security Agency has issued a Yellow Heat-health alert for the South West, in effect from midday...



- 141,462 people reached
- 7,869 engagements
- 375 reactions
- 207 comments
- 320 shares
- 6,967 clicks

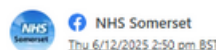


Useful advice for anyone heading to Glastonbury festival



Glastonbury poster with health advice

- 16,454 people reached
- 3,793 engagements
- 44 reactions
- 6 comments
- 18 shares
- 3,724 clicks

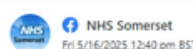


Did you know? Once you quit, your body starts healing. Within days, breathing, taste, and smell improve. L...



Smoking myths

- 16,242 reach
- 1,226 engagements
- 36 reactions
- 3 comments
- 16 shares
- 492 clicks



What's Your Why? Paul's story... "I don't want my children to weep because at the age of 60, I'm gone..."



Paul's story

- 13,233 reach
- 1,107 engagements
- 93 reactions
- 5 comments
- 119 shares
- 352 clicks

NHS Somerset website

- 21,000 active users
- Top pages: Homepage, Prescribing and Meds, Antimicrobial, Weight Management, Menopause

Our Somerset website

- 4,200 active users
- Top pages: Blood Pressure, Homepage, Pain Cafes

Communications, Marketing and Engagement Spotlight

1 May - 30 June 2025

In the news



Weight management and Tirzepatide (Mounjaro) advice

In June we shared information about Tirzepatide (Mounjaro) which became available on the NHS for a limited number of patients. We advised that the drug will not be accessible to everyone who wishes to use it. People with the highest health risks and who meet the clinical criteria specified will be prioritised.

[Read more](#)



Maternity Services at Yeovil Hospital

In May we issued a media statement about the temporary closure of maternity services at Yeovil District Hospital. We emphasised that, as commissioner of services, we are committed to safe, high quality and sustainable services for those who need them, we recognise the disruption caused by this change and we apologise to anyone who is affected by these changes, which were made by Somerset NHS Foundation Trust for safety reasons.

[Read more](#) [BBC News](#) [ITVX](#)

[Chard & Ilminster News](#) [Bridport News](#)

Communications, Marketing and Engagement Spotlight

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In the news



Spring COVID-19 vaccinations

In May, with just under six weeks left before the vaccination offer ended, we urged those at highest risk of serious illness from COVID-19 to come forward for their spring dose to help boost their protection. Weekly vaccination data shows NHS teams in the region have delivered 53,000 jabs since the rollout began on 1 April 2025, but there are growing concerns about low uptake among people with weakened immune systems.

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

[Somerset County Gazette](#) [Wellington Weekly News](#)



Celebrating International Clinical Trials Day

We joined forces with Somerset NHS Foundation Trust to celebrate [International Clinical Trials Day on Tuesday 20 May](#), recognising the vital role research plays in improving healthcare. We highlighted that there are lots of opportunities for people to get involved in research to help shape how healthcare services are provided.

[Read more](#)



Communications, Marketing and Engagement Spotlight

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In the news



Blood pressure testing kits from libraries

In May, we marked World Hypertension Day by encouraging local people to borrow a blood pressure testing kit to check whether they are in danger from hypertension - which is often known as the 'silent killer'. The testing kits are available all year round from each of the county's libraries.

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