REPORT TO:	NHS Somerset Integrated Care Board ICB Board Part A	ENCLOSURE:
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DATE OF MEETING:	24 July 2025	
REPORT TITLE:	ICB Priority Programme Report and Board Assurance Framework 2025/26	
REPORT AUTHOR:	Leanne Field, Deputy Director of Strategy and Transformation Kevin Caldwell, Head of Information Governance and Risk	
EXECUTIVE SPONSOR:	Jade Renville, Director of Corporate Services and Affairs David McClay, Chief Officer for Strategy, Digital & Integration	
PRESENTED BY:	Jade Renville, Director of Corporate Services and Affairs	

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 development of the Somerset System Board Assurance Framework (BAF) and priority programme reporting has been an iterative process. Following previous consideration at Board, we have refreshed and updated this report in response to feedback.

REPORT TO COMMITTEE / BOARD

A 'layered' approach has been developed to bring greater clarity to the BAF as a tool for the Board to oversee the activity (priority programmes) and risk mitigations towards meeting the Somerset Integrated Care System's (ICS) strategic aims. In effect this newly formatted version brings together in one place the components of a BAF with reporting on the priority programmes.

Top Layer / Overview:

- Focuses on the five main ICS programmes.
- Finance is highlighted as a key enabler for success.

- Each programme is rated using a traffic light system (RAG):

  - Green = On track, within optimal risk appetite.
  - Amber = Partial assurance. Highest risk outside of optimal appetite, but within tolerable appetite overall. Some elements behind schedule.
  - Red = incomplete assurance. Highest risk outside of tolerable appetite. All elements of programme behind schedule and not expected to deliver within timescales.

The Second Layer:

- Gives a summary of progress for each priority programme and includes:

  - A description of the highest programme risks.
  - A set of metrics, which in time will be RAG rated.
  - Narrative notes with updates or alerts.

Final Layer:

The final layer is contained within this covering paper and provides some analysis of the strategic and corporate risk profile and how these align and may impact upon progress with our delivery of the priority programmes and ultimately the ICS strategic aims.

Pan-ICS Strategic Risks

Strategic risks provide a top-down view of the key high-level risks at a pan-ICS level that may impact on progress to meeting the ICS strategic aims. The current set of strategic risks are:

Workforce – If we do not have a workforce with the right skills and diversity available in the right places, at the right time, then we will be unable to effectively meet the health and care needs of our population. Current risk score: 20

Financial Achievement - If we do not improve and maintain the financial health of the Somerset system, then we will be subject to restrictions which will impact on our ability to deliver sustainable, continually improving services, resulting in worse outcomes for the people of Somerset. Current risk score: 20

Culture/Partnership Working - If system partners lack a set of shared values and behaviours, then the agreed operating model and ways of working will not prove effective, resulting in limited delivery of strategic aims and poorer outcomes for the people of Somerset.
Current risk score: 12

Innovation - If we fail to identify and maximise the opportunities presented through innovation, then we may miss chances to improve services, resulting in poorer outcomes for the people of Somerset. Current risk score: 12

Population Health - If we fail to improve the health and wellbeing of the people of Somerset, then existing service delivery models will be further stretched, resulting in exacerbating inequalities and worsening of healthy life expectancy. Current risk score: 16

Outcomes - If the Somerset system fails to transform delivery of health and care services, then current models of care will become unsustainable, resulting in poorer outcomes for the people of Somerset. Current risk score: 16

Population Demographics - If service transformation does not meet the future needs of the population of Somerset, then there is a risk of exacerbating inequalities, resulting in poorer outcomes for the people of Somerset. Current risk score: 12

Reducing Inequalities - If we fail to reduce inequalities for the population of Somerset, then there will be a worsening of healthy life chances and outcomes for disadvantaged groups among the people of Somerset. Current risk score: 15

Transition (NEW RISK): There is a risk that the national ICB cost reduction programme and transition to ICB cluster arrangements will adversely impact the delivery of Somerset ICS strategic aims resulting in limited progress and a failure to deliver improvements in health and care for the population of Somerset. Current risk score: 16

Following feedback, and so the strategic risks better reflect a system wide perspective, each is allocated an executive 'owner' and overseeing committee to take responsibility for leading a system wide review and assessment of each allocated risk.

Corporate Risk Profile Across Statutory Organisations

Each system partner organisation within the ICS manages its own portfolio of risk. Although there are varying approaches to risk management across the system, the following summarises the latest available data aligned to priority programmes and strategic aims.

It should be noted that this data is publicly available in the respective organisation's reports.

There are currently 66 open active corporate level risks (rated at 15 or above) across Somerset NHS Foundation Trust, Somerset Council and Somerset Integrated Care Board.

Risks are currently rated:

Risk rating	Number of corporate risks at this level	Change since last quarter
25	2	+1
20	16	No change
16	25	-3
15	17	-4

Links to thematic overview of corporate risks

Finance

Financial risks form a significant component of the risk portfolio, with the single highest risk at organisation level being rated at 25. All organisations continue to carry significant financial risk, further amplified by the national requirement to significantly reduce running costs within NHS organisations during 2025/26.

Risks include:

ORG009 – Somerset Council – Medium term financial sustainability (25)
698 – Somerset ICB – NHS Somerset financial position for 2025/26 delivers a deficit position (16)
R2192 – SFT – SHS not becoming self-sustaining (20)
R3058 – SFT – Delivery of CIP 2025/26 (20)
R3059 – SFT – Failure to deliver financial plan (20)

There is risk for all priority programmes and strategic aims to be impacted due to the financial risks seen across the ICS.

Most relevant strategic aims:

- Enable broader social and economic development
- Enhance productivity and value for money

Outcomes

There remains significant risk across the ICS in relation to improving patient outcomes. Risk factors identified include increasing demand for services, waiting and referral times above prescribed targets and inability to meet statutory responsibilities.

Priority programmes impacted by these risks include redesign of clinical pathways due to lack of capacity to focus on transformation, system flow, impacted by risks of increasing demand and failure to manage 'no criteria to reside' activity within community settings.

ORG002 – Somerset Council – Statutory responsibilities for Social Care (16)
R3110 – SFT – Inability to delivery safe, effective and sustainable neonatal service (YDH) (25)
R0004 – SFT – Demand for services (20)
R0012 – SFT – Waiting times (20)
R0007 – SFT – Referral to treatment times (16)
542 – Som ICB – Patients facing delayed discharge whilst waiting for out of hospital care (20)
704 – Som ICB – Reduction of GP appointment capacity due to BMA guidance (16)
718 – Som ICB – Risk of reputational harm and loss of confidence in health services due to the closure of perinatal services at YDH (16)

Most relevant strategic aims:

- Improve the health and wellbeing of the population
- Provide the best care and support to children and adults
- Respond well to complex needs
- Improve the health and wellbeing of the population
- Reduce inequalities
- Strengthen care and support in local communities

Workforce

Workforce risk is a further significant area of risk documented at corporate level across ICS system partners. A particular focus of risk is in relation to clinical workforce and retention and turnover of staff. As with financial risk, workforce risk is likely to impact across all priority programmes and strategic aims.

222 – Somerset ICB - GP workforce is insufficient to meet the needs of the population (20)
691 – Somerset ICB – There is a risk that the reduction in staff within the Local Maternity and Neonatal system could impact assurance function (16)
ORG001 – Somerset Council – Health, Safety and Wellbeing (15)
R2044 – SFT – Vacancies rates within senior doctor workforce (16)
R2306 – SFT – Vacancies rates within trainee doctor workforce as a result of national shortage of trainees, Deanery allocations, and the structure of run throughs (16)

Most relevant strategic aims:

- Strengthen care and support in local communities
- Enable broader social and economic development
- Enhance productivity and value for money

Inequalities

Linked to improving health and wellbeing of the population, failing to make impact on reducing inequalities across the Somerset population remains a significant risk. It should be noted that there are fewer defined risks at a corporate level which specifically focus on reduction of inequalities, which in itself could be a risk for delivery of the priority programmes.

285 – Somerset ICB – Patients will wait longer than the access waiting time required by the specific cancer standards
559 – Somerset ICB – Children and young people with a learning disability will not have their needs assessed and met
607 – Somerset ICB – Risk of poor outcomes for children and young people presenting with medically unexplained symptoms

Most relevant strategic aims:

- Reduce inequalities
- Provide the best care and support to children and adults
- Strengthen care and support in local communities
- Respond well to complex needs

Other thematic areas of risk

Currently the focus of corporate risk across all organisations in the ICS tends to be on reactive operational activity rather than on some of the more proactive measures which need to be taken as a system to progress towards risks relating to population health, population demographics, culture/partnership working and innovation. These areas align across all seven ICS strategic aims.

Transition

Following the national announcements in March 2025, the planned change programme for the NHS carries a risk for Somerset and the strategic aims it holds. A new strategic ICS risk has been drafted (above) for consideration by the Board which aims to articulate the risk to delivery of strategic aims across the ICS due to the planned ICB clustering and cost reductions required.

It is anticipated over the coming weeks existing corporate risks will be updated to reflect the transition as greater clarity emerges on the potential impacts of the change programme.

Summary

This report presents a high-level overview of progress with priority programmes which are in place to support delivery of ICS strategic aims, and the risks and mitigations.
The Board are asked to review and discuss:

- Where there may be any gaps in assurance?
- What are the key areas of concern to the Board?
- What actions can the Board take to support?

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	There are no proposals or matters which affect any individuals with protected characteristics directly within this paper. Each priority programme is responsible for assessment of potential impacts on any people with protected characteristics.
Quality	Impacts to quality of service are considered and covered as part of priority programme development.
Safeguarding	N/A
Financial/Resource/ Value for Money	N/A
Sustainability	N/A
Governance/Legal/ Privacy	N/A
Confidentiality	N/A
Risk Description	N/A

ICB Priority Programme Report and Board Assurance Framework 2025/26

Summary

Ref	Exec Sponsor	Priority Programme	Overseeing Committee	Assessment at Q1	Trend
1	BM/SM	Clinical Pathways	Clinical Pathways Redesign Programme Group		New
2	GA	Workforce	People Board		New
3	PL	System Flow	Urgent and Emergency Care Delivery Group		New
4	DM	Neighbourhoods	Collaboration Forum		New
5	BM	Population Health	Population Health Transformation Board		New
Ref	Exec Sponsor	Key Enabler	Overseeing Committee	Assessment at Q1	Trend
6	AH	Finance	Finance		New

ICB – Priority Programme and Board Assurance Framework report, 2025/26

Priority Programme:	1 – Clinical Pathways Redesign	Programme SROs:	Bernie Marden Shelagh Meldrum		
Overseeing Committee:	Clinical Pathways Redesign Programme Group				
Strategic Aims:	(Please indicate which aim/s this programme supports) ☒ Aim 1: Improve the health and wellbeing of the population ☒ Aim 2: Reduce inequalities ☒ Aim 3: Provide the best care and support to children and adults ☒ Aim 4: Strengthen care and support in local communities ☒ Aim 5: Respond well to complex needs ☒ Aim 6: Enable broader social and economic development ☒ Aim 7: Enhance productivity and value for money				
Programme risk	Title		Owner	Score/ Change	Appetite
	Impact of ICB restructuring		-	16	Within tolerable appetite
	Changes required to contractual/financial arrangements		-	12	Within optimal appetite
	Capacity of operational staff to engage and implement		-	16	Within tolerable appetite
	Change fatigue across the system		-	12	Within optimal appetite
	Lack of meaningful service user involvement		-	12	Within optimal appetite
Corporate risk	A summary of ICS organisational risks impacting this programme is outlined in the covering report				

Narrative Overview:

Reporting period:	Q1 (April – June 2025)
Alert:	The current assessment of progress is rated Amber due to the time it has taken to develop a shortlist of clinical pathway reviews from the initial long list. The shortlist has been co-produced with input from a group of senior clinicians from across the system.

Assure:	Long list of potential Clinical Pathways was developed that has been shortlisted to the following areas with programme scope being worked through: • Paediatrics – same day urgent care utilising primary care – meeting planned with GP Providers Support Unit to identify lead • Ophthalmology – referral pathways including those between optometry and secondary care – lead identified • Women's Health – women's health hubs – review of current virtual condition specific hubs – lead identified • Weight Management – all pathways, all ages now added – lead identified • ADHD – This has been added to the priority list following discussion with colleagues from SFT as work in progress – lead identified
Advise:	• Clinical Pathways – Clinical Pathways in identified areas under review • High-Level Scoping – Discussions are continuing with identified leads to define the scope, opportunities and anticipated benefits for each pathway • Governance structure in place

Key metrics:

Metric	Current risk RAG	Change from previous reporting
% reduction in paediatric attendance at ED and UTCs (for 4 symptom sets)		
% of GP Practice achieving paediatric same day urgent care (for 4 symptom sets)		
No. of direct secondary care to optometry follow-up referrals		
No. of direct new referrals optometry to secondary care	Awaiting data	
% Reduction in GP referrals to secondary care		
% Children diagnosed as obese		
% Adults diagnosed as obese		
ADHD – Triage waiting times		
ADHD – Assessment waiting times		
ADHD – Reduction in Right to Choose costs		

Overall assessment of progress toward achieving priority programme measures for 25/26	

ICB – Priority Programme and Board Assurance Framework report, 2025/26

Priority Programme:	2 – Workforce		Programme SRO:	Graham Atkins		
Overseeing Committee:	People Board					
Strategic Aims:	(Please indicate which aim/s this programme supports) ☒ Aim 1: Improve the health and wellbeing of the population ☒ Aim 2: Reduce inequalities ☒ Aim 3: Provide the best care and support to children and adults ☒ Aim 4: Strengthen care and support in local communities ☐ Aim 5: Respond well to complex needs ☒ Aim 6: Enable broader social and economic development ☒ Aim 7: Enhance productivity and value for money					
Programme risk	Title			Owner	Score/ Change	Appetite
	This programme has been refocused to ensure delivery of a smaller number of significant projects in light of the work required to meet the 50% cost reduction as outlined by government, and lack of dedicated programme management resource. Despite these constraints work is progressing at pace to deliver the refreshed portfolio with a reduced level of risk.			-	-	-
Corporate risk	A summary of ICS organisational risks impacting this aim is outlined in the covering report.					

Narrative Overview:

Reporting period:	Q1 (April – June 2025)
Alert:	There remains no dedicated programme management capacity to take the workforce priority programme forward, however, in light of this the programme has become more focused on delivery of high priority areas identified in the key metrics below.

	There remain significant vacancies in delivery team.
Assure:	A transitions team is in place to start addressing the 50% cost reduction programme required, that would support ICS workforce numbers as identified in the operational plan. Each programme has own governance and oversight.
Advise:	There has been good progress on delivery at pace of programmes identified in the key metrics section below. It is noted the ICS Engagement and Wellbeing programme commenced recently with progress not as advanced as others.

Key metrics:

Metric	Current risk RAG	Change from previous reporting
ICS Operational Workforce Plan WTE numbers delivery	🟩	New
Workwell Programme	🟩	New
ICS Engagement and Wellbeing	🟧	New
Somerset Health and Care Academy	🟩	New

Overall assessment of progress toward achieving priority programme measures for 25/26	🟧

ICB – Priority Programme and Board Assurance Framework report, 2025/26

Priority Programme:	3 – System Flow	Programme SRO:		Peter Lewis (SFT)
Overseeing Committee:	Urgent and Emergency Care Delivery Group			
Strategic Aims:	(Please indicate which aim/s this programme supports) ☒ Aim 1: Improve the health and wellbeing of the population ☐ Aim 2: Reduce inequalities ☒ Aim 3: Provide the best care and support to children and adults ☒ Aim 4: Strengthen care and support in local communities ☒ Aim 5: Respond well to complex needs ☐ Aim 6: Enable broader social and economic development ☒ Aim 7: Enhance productivity and value for money			

Programme risk (only risks rated 12 and above included)	Title	Owner	Score/ Change	Appetite
	If the pathway 3 spot purchased model start date is delayed then the volume and duration of pathway 3 patients waiting in acute hospitals will increase, resulting in high pathway 3 hospital delays.	I Brimson & L. Stephens	12	Within optimal appetite
	If the pathway 3 spot purchased model operates with an av. length of stay greater than 28 days then there will be insufficient pathway 3 bed capacity, resulting in high volume pathway 3 NCTR in acute hospitals.	I Brimson & L. Stephens	12	Within tolerable appetite
	If the community NCTR doesn't fall to <70 by end September then this will undermine the sustainability of managing on the community bed base, resulting in continued high levels of NCTR in Somerset.	K. Smith	12	Within tolerable appetite
Corporate risk	A summary of ICS organisational risks impacting this aim is outlined in the covering report.			

Narrative Overview:

Reporting period:	Q1 (April – June 2025)
Alert:	Acute NCTR on 10/7/25 is 23% against a target of 16.2%. Community NCTR remains high (89 or 34%). The sustainability of the redesigned pathways is dependent upon these community delays falling, and length of stay in pathway 2 units being < 30 days.
Assure:	Delays within the transfer of care hub no longer feature a significant part of the NCTR figure. Improved decision-making has led to SFT achieving the 4% pathway 2 'discharge by pathway' target during some weeks of Q2. The pathway 1 expansion is on target to be fully operational this month. Pathway wait times have fallen from an average of 6 days in March 2025, to 3 days on 03/07/25. The target is 2 days by 31/07/25. Despite completed length of stay in pathway 2 beds being off target it has fallen since Q1.
Advise:	A test and learn trial of temporary community hospital bed reductions at Frome, Bridgwater and West Mendip are on target to go live in August 2025, subject to the outcome of staff consultation. In view of Somerset's NCTR position, a follow up meeting with the Discharge Action Group, chaired by Leslie Watts will take place on 1st August 2025

Key metrics:

Metric	Current risk RAG	Change from previous reporting
Reduce NCTR	195 (23.0%) against a target of 136 (16.2%)	Improvement
Reduce acute LOS	8.3 against a target of 7.4	Decline
Reduce community hospital LOS	37 days against a target of 30 days	Improvement

A&E waits to 78% by March 2026	75.7% against a target of 75.3%	Improvement
Average length of discharge delay	7.7 against a target of 7.2	Improvement

Overall assessment of progress toward achieving priority programme measures for 25/26	

ICB – Priority Programme and Board Assurance Framework report, 2025/26

Priority Programme:	4 - Integrated Neighbourhood Working (INW)	Programme SRO:		Jonathan Higman David McClay
Overseeing Committee:	Collaboration Forum			
Strategic Aims:	(Please indicate which aim/s this programme supports) ☒ Aim 1: Improve the health and wellbeing of the population ☒ Aim 2: Reduce inequalities ☒ Aim 3: Provide the best care and support to children and adults ☒ Aim 4: Strengthen care and support in local communities ☒ Aim 5: Respond well to complex needs ☒ Aim 6: Enable broader social and economic development ☒ Aim 7: Enhance productivity and value for money			

Programme risk	Title	Owner	Score/ Change	Appetite
	There is a risk to pace of delivery following the ICB and council restructures while portfolios change within teams, as the programme is reliant on matrix working.	D.McClay	9	Within optimal appetite
	If development of training opportunities for neighbourhood staff is delayed and/or under-resourced there is a risk that strong joint leadership and culture will not be develop, resulting in continued fragmentation across organisational boundaries.	G.Atkins	8	Within optimal appetite
	If population health digital development is not aligned with neighbourhood development, then there is a risk that resource will be allocated inappropriately resulting in failure to achieve outcomes.	L.Laker	6	Within optimal appetite
	INW and Neighbourhood working often get used interchangeably. There is a risk of scope creep or uncertainty over which stream is delivering what outcome.	Emma Blake	6	Within optimal appetite

Corporate risk	A summary of ICS organisational risks impacting this aim is outlined in the covering report.

Narrative Overview:

Reporting period:	Q1 (up to and including 16/05/2025)
Alert:	Objective 1 – To establish a strong foundation for Integrated Neighbourhood Working (INW) in Somerset. • Any delay to the governance, development of local Neighbourhood Groups and the Neighbourhood Leadership Development (including Team Coaching) is likely to impact on the longer-term establishment and foundation for INW in Somerset. • Governance structure (Neighbourhood Delivery Group July 2025) and development of the agreed operating models for the 13 Neighbourhoods (PCNs) is due to deliver from Q3. • There remains a risk to the timelines for the delivery of objective 1 by December '25 as this is dependent on the INW (PCN) adoption or the leadership teams, governance and development of their operating model. Objective 2 – To build intelligence and capability for Population Health Management and Risk Stratification at Neighbourhood level. • The rollout of the PHM data dashboard and agreed local priority health outcomes in Neighbourhoods is dependent on the development of a strong foundation for INW under Objective 1. This remains a risk for delivery by Q4 2025/26. Objective 3 – To co-design, develop and implement the Somerset response to frailty and complex multi-morbidity for adults delivered through INW. • Frailty workshops and outputs are complete. Next steps will be the 'operationalising' of frailty models with INW teams. There is some risk to the proposed full scale service mobilisation from October 2025 due to the risks associated with Objective 1.
Assure:	Frailty and Complex Multimorbidity Service Development - Objective – To co-design, develop and implement the Somerset response to frailty and complex multimorbidity for adults delivered through INW.

	• Frailty workshops (Apr/May '25) have co-designed four potential operating models for the frailty service pilot. Frailty Steering Group to endorse the proposals and agreed metrics – July '25. Next steps will be the 'socialising' of the frailty pilot with INW Steering Group (Jul '25) and INW leadership teams once formed. 'Options' and 'offer' to be proposed to Neighbourhoods/PCNs Jul '25.
Advise:	Governance • Proposed Neighbourhood Steering Group (ICB, Somerset NHS FT, Somerset Council, VCFSE, GP Support Unit) to convene initial meeting late Jul '25. Draft terms of reference developed for agreement. Financial Savings/Realisation • Financial savings aligned to community hospitals within PP4 is currently being scoped. Benefits realisation plan to be developed.

Key metrics:

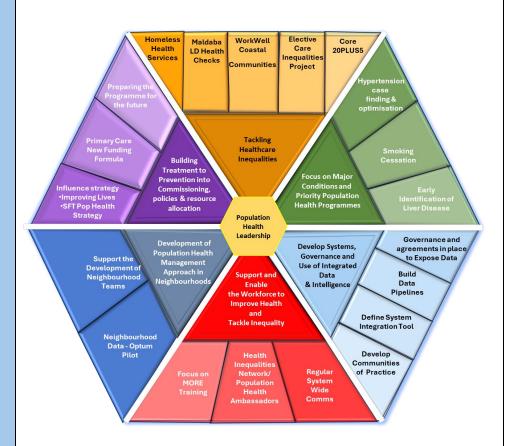| Metric	Current risk RAG	Change from previous reporting
Emergency admissions for people aged 65		
Long term admissions to residential care homes and nursing homes for people aged 65+	Awaiting data	
Admissions due to falls for people aged 65+		
Unplanned admissions for chronic ambulatory care		

Overall assessment of progress toward achieving priority programme measures for 25/26	
The Neighbourhood programme is current assessed as Amber due to the early development of a number of the workstreams including the recent National Neighbourhood Health Implementation Programme. As we move into Q3 2025/26 there is a higher level of confidence that the programme will be delivering and rated 'green'.	

ICB – Priority Programme and Board Assurance Framework report, 2025/26

Priority Programme:	5 – Population health	Programme SRO:		Bernie Marden
Overseeing Committee:	Population Health Transformation Board			
Strategic Aims:	(Please indicate which aim/s this programme supports) ☒ Aim 1: Improve the health and wellbeing of the population ☒ Aim 2: Reduce inequalities ☒ Aim 3: Provide the best care and support to children and adults ☒ Aim 4: Strengthen care and support in local communities ☒ Aim 5: Respond well to complex needs ☒ Aim 6: Enable broader social and economic development ☒ Aim 7: Enhance productivity and value for money			

Programme risk	Title	Owner	Score/ Change	Appetite
	If the Population Health Transformation Programme is not given appropriate resourcing then transformation may stall, resulting in deteriorating health and widening inequalities	Alison Henly	16	Within tolerable appetite
	Population Health Transformation Programme activity will not be successful if primary care capacity remains limited and misaligned, reactive urgent care may continue to take precedence over preventative interventions, increasing long-term system demand.	Bernie Marden	16	Within tolerable appetite
	The Population Health Transformation Programme is at risk of exhausting its funding without achieving its intended purpose, as there is currently no mechanism within the system to transition funding into business-as-usual (BAU) support.	Alison Henly	20	Outside tolerable appetite
Corporate risk	A summary of ICS organisational risks impacting this aim is outlined in the covering report.			

Narrative Overview:

Reporting period:	Q1 (April – June 2025)
Alert:	The Population Health Transformation programme has exhausted available funds, as highlighted in the programme risks this will prevent further development of the programme. Capacity has been identified to support this programme however it is temporary until March 2026. The development of Systems, Governance and Use of Integrated Data & Intelligence theme of the programme is currently behind schedule whilst negotiations are taking place with system partners. The Data Sharing Agreement, The Joint Controller Agreement and the DPIA will be sent out in July for signing by 7 system partners (SFT, Somerset Council, ICB, St Margaret's Hospice, Symphony Health Services, North Sedgemoor PCN and Frome PCN). There is currently discussion about the commissioning of a system integration tool for Somerset whilst the NHS moves into the cluster ICB.
Assure:	Capacity has now been appointed to support this transformation Programme and work is underway to review the programme, re-align the priorities and focus on the development of specific projects that will help to develop the robustness of the programme as we progress though NHS organisation. The Programme is currently in the process of undertaking a self-assessment against the NHSE Population Health Maturity Matrix, the findings of this self-assessment will be used to inform the priorities of the programme going forward.

The Programme continues to be delivered through six key themes as follows:

A review of all Programme risks and metrics has been conducted and we are in the process of setting up a regular reporting mechanism.

| Advise: | The Programme successfully applied to be one of 9 coastal areas to be included in the Coastal Navigators Network. The focus of this work will be to reduce the numbers of people who are out of work for health reasons in the Burham-on-Sea and Highbridge area.

Capacity has been identified to continue the successful Focus.on. MORE.training and is in the process of being linked to the development of the Population Health Ambassador Project. The evaluation of the Focus.on.MORE.training has been accepted as a poster for the British Society of Lifestyle Medicine conference and will be published in the Wiley BSLM Journal.

As part of their contribution to this transformation programme, Somerset Foundation Trust are in the process of developing a Population Health and Inequalities Strategy. |

	A new Population Health Transformation Reference Group has successfully met for the first time to widen involvement in the Programme and consider linkages with other System workstreams.

Key metrics:

Metric	Current risk RAG	Change from previous reporting
M1 - Hypertension		The are current issues with the analysis of data which is in the process of being resolved
M2 - Smoking cessation		N/A
M3 - Maldaba		Currently developing regular reporting into the programme
M4 - Homeless Health Services		Funding has been identified to continue to the Primary Care element of the Homeless Health Service for a further year
M5 - Population Health Ambassadors		In development
M6 - Focusing on MORE		Capacity has been identified to continue the programme. Project has been accepted to present at national conference
M7 - Governance and agreements in place to Expose Data		Behind schedule but progress now being made

Overall assessment of progress toward achieving priority programme measures for 25/26	

ICB – Priority Programme and Board Assurance Framework report, 2025/26

Key enabler:	6 – Finance	Programme SRO:	Alison Henly		
Overseeing Committee:	Finance Committee				
Strategic Aims:	(Please indicate which aim/s this key enabler supports) ☒ Aim 1: Improve the health and wellbeing of the population ☒ Aim 2: Reduce inequalities ☒ Aim 3: Provide the best care and support to children and adults ☒ Aim 4: Strengthen care and support in local communities ☒ Aim 5: Respond well to complex needs ☒ Aim 6: Enable broader social and economic development ☒ Aim 7: Enhance productivity and value for money				
Strategic risk	**Title**	**Owner**	**Score/ Change**	**Appetite**	
	Financial Achievement - If we do not improve and maintain the financial health of the Somerset system, then we will be subject to restrictions which will impact on our ability to deliver sustainable, continually improving services, resulting in worse outcomes for the people of Somerset	AH	20 No change	Outside tolerable appetite	
Corporate risk	A summary of ICS organisational risks linked to the finance key enabler is outlined in the covering report.				

Narrative Overview:

Reporting period:	Q1 (April – June 2025)
Alert:	Nothing to note at this time.

Assure:	• Detailed and appropriately challenging focus through ICB Finance Committee, including deep dives into:
	    o ICB financial health
	    o System savings programme
	    o CHC
	    o Primary care prescribing
	• Weekly Finance Assurance Group (system level)

	• Audit Committee oversight of process and internal control (including key financial control audit) • ICS Estates Group, System Performance Group
Advise:	Nothing to note at this time.

Key metrics:

Metric	Current risk RAG	Change from previous reporting
Reduce system deficit ULP		
Workforce reductions in line with workforce plan to deliver October 2023 level		
No off-framework agency use from July 2024	To be assessed following Q1 financial performance review	
Deliver more productivity to be in the top quartile productive benchmarking NHS E metrices		
Deliver 14.7% reduction against the 2023/24 agency spend		
Transformation Plan developed to deliver cost reductions		

Overall assessment of progress toward achieving priority programme measures for 25/26	
Progress is currently RAG rated amber pending further assessment of progress against Q1 financial performance.	