REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **F**
DATE OF MEETING:	**25 September 2025**	
REPORT TITLE:	**Transformation Programme Update**	
REPORT AUTHOR:	**Leanne Field, Deputy Director, Strategy and Transformation**	
EXECUTIVE SPONSOR:	**David McClay, Chief Officer for Strategy, Digital and Integration**	
PRESENTED BY:	**David McClay, Chief Officer for Strategy, Digital and Integration and Leanne Field, Deputy Director, Strategy and Transformation**	

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

This report has previously been considered and discussed by the Somerset Collaboration Forum on 4 September 2025.

REPORT TO COMMITTEE / BOARD

The purpose of this paper is to provide members of the Board with an update on the transformation priority programmes (PP) as outlined within the Somerset Joint Forward Plan. The paper specifically covers:

- PP1 – Clinical Services Redesign
- PP3 – System Flow
- PP4 – Neighbourhoods
- PP5 – Population Health

Please note that a decision was taken by the Collaboration Forum on 4 September 2025 that PP2 (workforce) would no longer report as a priority programme, but instead all workstreams

related to this area will be picked up by the People Board moving forward, with escalations to Collaboration Forum/Board as appropriate. It was deemed this is an appropriate course of action whilst the wider workforce transformation work takes place within the ICB.

KEY POINTS OF NOTE FOR REPORTING:

Bed Escalation Capacity

- To date, no escalation beds have been stood up, however no-criteria to reside (NCTR) figures are off plan, and unless bought closer to trajectory this poses a risk to winter planning and subsequent finances as escalation beds may need to be stood up.

Community Hospitals

- Programme is taking place to reimagine the use of Somerset's Community Hospitals so that they meet the needs of the local population, as well as improving access to services in the community in line with the recently published 10 Year Health Plan. This will be informed by robust population health data and Quality and Equality Impact Assessments (QEIA) which are being undertaken across all sites.
- After several months of planning, a community hospital test and learn went live on 11 August 2025. This test and learn will trial a reduction in beds at Frome hospital, West Mendip Hospital and Bridgwater Hospital. Outcomes from the test and learn will be reported back through the board in due course.

As well as these programmes seeking to improve outcomes for the population of Somerset; financially, the work being undertaken is seeking to support gaps in the wider system savings programme. However, it is worth noting that all programmes may not support in year savings and instead support our medium to long terms plans.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	No EIA has been completed in conjunction with the development of this report. However individual EIAs are completed as and where required within each programme of work.
Quality	No quality assessment has been completed in developing this report; however, quality assessments are undertaken as appropriate with the priority programmes
Safeguarding	No specific safeguarding assessment has been undertaken with the development of this paper; however, safeguarding is considered under each programme of work as required
Financial/Resource/ Value for Money	Oversight of the plan priority programmes are currently supported by dedicated strategic priority resource under the TMO. Specific financial implications are outlined in the detail of the report to committee within this cover sheet.
Sustainability	n/a
Governance/Legal/ Privacy	The priority programmes highlighted within this paper each make up a constituent part of the Somerset Joint Forward Plan, which in line with the Health and Care Act (2022) is a statutory requirement on the ICB and its partners.
Confidentiality	This report is not considered to be confidential
Risk Description	Full and robust risk registers are in place for each programme of work. These are regularly reviewed, and escalated to the corporate risk register as and where appropriate.

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SUMMARY PRIORITY PROGRAMME UPDATES

Reporting Period: June to July 2025

Summary and Performance Scorecards

	Alert, Assure, Advise Summary	
PP1	Alert	• Weight Management – Limited progress has been made; completion of scoping remains the priority area of focus.
	Assure	• Clinical Pathways Redesign Programme Group - The first meeting took place on 3rd July 2025. Further to the meeting the Programme Initiation Document (PID) and Terms of Reference have been formally approved, and Leads have been confirmed for each of the identified Clinical Pathways. • Clinical Pathways - Meetings have taken place with all pathway leads to develop and confirm the scope for each area (except Weight Management). Timelines are in development with key deliverables/milestones identified. Work is also underway to define the expected benefits and measures across each pathway. • Ophthalmology: Current Local Enhance Services (LESs) – Work is continuing to complete the Clinical Reviews. The Working Group is meeting regularly to discuss progress.
	Advise	• Measures – Discussions are continuing to identify appropriate data sources to determine baseline data for each pathway, which will enable ongoing monitoring of progress and outcomes across the programme. • Paediatrics: Focus on UEC and Primary Care Models – Work is continuing to obtain information on pilots that have previously been undertaken in Somerset. • Women's Health: Development of Women's Health Services – The Women's Health Oversight Group will be relaunched in August 2025. This group will maintain high interest in this work and will be kept informed of progress. • ADHD: Adults Service Redesign – A pilot of the proposed ADHD Adults Service Model will be taking place in Central Mendip PCN during August & September. Insights from the pilot will inform further development and potential wider implementation.
PP3	Alert	• NCTR in Somerset has fallen in the last reporting period from 204 (23.1%) to 184 (21.7%) The target for end of July was 136 or 16.2% • PP3 and PP4 financial savings are dependent upon NCTR in Somerset falling to 13% by September 2025. Improvement to date has been slower than anticipated.
	Assure	• Hospital process delays have fallen in the last reporting period from 63 to 44. The target is 30 by September. • The next phase of the system flow programme (the supply of up to 28 pathway 3 spot purchase beds) goes live on 11th August 2025. It is anticipated that P2 and P3 capacity delays will fall in the weeks after this date. • Further work is planned to improve the utilisation of the newly expanded pathway 1 service. It is anticipated that pathway 1 capacity delays will fall in the next reporting period. • A review meeting with the national Discharge Action Group (DAG) team was held w/c 28/7/25. Despite a slower than expected improvement rate, they were assured by the content of the programme plan.
	Advise	• All urgent and emergency care plans agreed as part of the 2025/26 Operational Plan are underpinned by delivery of the No Criteria to Reside (NCTR) Plan; the System ambition is to reduce NCTR occupied beds to a maximum of 13% (national average) by the end of September 2025. • Other UEC schemes will need to be progressed to offset the slower than expected delivery of the NCTR improvement.

	Alert, Assure, Advise Summary	
PP4	Alert	• There currently remains a risk to the timelines for the delivery of Objective 1 by December 25 as this is dependant on the PCN/INW adoption of the governance and development of the operating model which will be linked to National Neighbourhood Health Implementation (NNHIP) delivery from Sep 25. **Recommendation for a delay to OKR 1 to Q4.** • Should we be successful in our NNHIP application there will be an implication on resources which needs to be considered.
	Assure	**Objective 1 – To establish a strong foundation for Integrated Neighbourhood Working (INW) in Somerset.** • Development of the System National Neighbourhood Health Implementation EOI (confirmation of EOI on 5 Sep) should provide an incentive to the development of INW governance and structures for 13 Neighbourhood operating models – delivery currently due by Q3. • The System INW Steering Group will convene on 9 Sep 25 to continue to develop INW OKRs and to provide direction for the NNHIP EOI. • Team Coaching (Affina Org Dev) for 2 neighbourhood teams (North Sedgemoor and SSW PCNs) starts delivery from Sep 25. Outputs focussed on OKR1 for delivery by Q4. Long term development of Team Coaching delivery as a 'key enabler' for OKR 1 is being developed. **Objective 2 – To build intelligence and capability for Population Health Management and Risk Stratification at Neighbourhood level.** • The development of a Population Health Management approach in neighbourhoods is underway within the Population Health Transformation Programme, with both programmes designed to influence each other and create Population Health/Neighbourhood data. The Optum Pilot projects will provide the initial foundations for future risk stratification capability. Discussion ongoing regarding delivery timelines. **Objective 3 - 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 4 potential operating models for the frailty service pilot. Work ongoing with the Frailty Steering Group to develop the frailty model pilot (Sep 25) for delivery within INW. Work is ongoing to develop the frailty metrics which may align under the National Neighbourhood Health Implementation Programme once developed.
	Advise	**Financial Savings/Realisation** • Post the June Collaboration Forum, financial savings (£5M) have been forecast against PP4 in 25/26. Further work is being conducted with SFT/ICB to identify and realise the savings – see Finance Scorecard slide.

	Alert, Assure, Advise Summary	
PP5	Alert	• The Population Health Transformation programme has exhausted available funds, preventing further development. Over 50% of the budget has been spent on recurring, unrelated services and projects which proved successful and should now transition to BAU, leaving limited resource for programme growth. Current activity is therefore focusing on maintaining existing workstreams, capturing impact to date, and supporting transitional arrangements until new funding is secured. • Capacity has been identified to support this programme however it is temporary until March 2026. • The Data Sharing Agreement, The Joint Controller Agreement and the DPIA is in the process of being signed by 7 system partners (SFT, Somerset Council, ICB, St Margaret's Hospice, Symphony Health Services, North Sedgemoor PCN and Frome PCN). • The commissioning of a system data integration tool is currently paused whilst the cluster ICB model is developed. This decision will need to be reconsidered with a vision for the whole Cluster in due course. • The Maldaba Project is not fully rolled out and therefore not meeting expected outcomes to date. The transformation programme will continue to follow this up with the project team with a view to bring this project back on track.
	Assure	• Work is underway to review the programme, re-align the priorities and focus on the development of specific projects. • The Programme has completed a self-assessment against the NHSE Population Health Maturity Matrix; the findings of this self assessment have been used to inform the priorities of the programme going forward. • 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

2025/26 Priority Programme Performance Scorecard

Programme	Objective	Measure/ Description	Target / Trend %	2025/26												
				Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Yr to date
PP1	Paediatrics: Focus on UEC and Primary Care Models	No. of 111 Calls for Paediatrics received	Plan	-												
			Actual	2350												
	Paediatrics: Focus on UEC and Primary Care Models	No. of 111 Calls for Paediatrics received that resulted in an ED attendance	Plan	-												
			Actual	800												
	ADHD: Adults Service Redesign	Total No. of people on the Waiting List	Plan	-	-											
			Actual	2240	2213											
	ADHD: Adults Service Redesign	Triage Waiting List – No. of people on the Waiting List for 18+ wks	Plan	-	-											
			Actual	62	69											
	ADHD: Adults Service Redesign	Assessment Waiting List – No. of people on the Waiting List for 52+ wks	Plan	-	-											
			Actual	1360	1401											
PP2	No measures		Plan													
			Actual													
PP3	**Reduce NCTR (%)**	End of Month position (last census date of month)	Plan	24.8	22.0	18.9	16.2	14.2	13.0	12.7	12.5	12.6	12.5	12.6	12.6	24.8
			Actual	23.1	23.1	23.1	21.7									23.1
	Reduce acute length of stay (days)	SUS data only available till June at time of reporting	Plan	7.8	7.4	7.1	7.1	7.0	7.0	7.0	7.0	7.0	7.1	7.0	7.0	7.8
			Actual	8.2	8.2	8.4										8.2
	A&E waits to 78%	SUS data only available till June at time of reporting	Plan	71.7	73.2	75.3	76.0	75.6	75.5	76.8	76.5	75.2	76.2	77.0	78.7	71.7
			Actual	70.8	73.1	75.7	77.4									70.8
	Average length of discharge delay (days)	SUS data only available till June at time of reporting	Plan	7.4	7.1	6.8	6.6	6.4	6.1	6.1	6.1	6.4	6.9	6.4	6.1	7.4
			Actual	8.3	8.5	8.6										8.3

Programme	Objective	Measure/ Description	Target / Trend %	2025/26												
				Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Yr to date
PP4	Emergency admissions to hospital for people aged 65+ (per 100,000 population)		Plan	2356	2416											
			Actual	1836.9	1933.3											
	Emergency admissions due to falls in people aged 65+ (per 100,000 population)		Plan													
			Actual	201.9	250.7											
	Unplanned admissions for chronic ambulatory care 65+ (per 100,000 population)		Plan													
			Actual	108.9	118.8											
	Long term admissions to residential care home and nursing home for people aged 65+		Plan		218											
			Actual		242											
PP5	Key metric 1 – Hypertension Net increase in diagnosed Hypertensive patients	Total Number of Net Cases 24/25 – 4478 (overall totals)	Plan	5000	5000	5000	5000									
			Actual	85	520	880	1017									
	Key metric 1 – Hypertension National Target of 80% TTT (Treatment to Target)	TTT will report monthly once available	Plan	80%	80%	80%	80%									
			Actual	n/a	n/a	n/a	n/a									
	Key metric 2 – Smoking Cessation	Referrals Quarterly data only	Plan													
			Actual	973												
	Key metric 2 – Smoking Cessation	Setting Quit Date Referrals Quarterly data only	Plan													
			Actual	519												
	Key metric 2 – Smoking Cessation	4 week Quit Referrals Quarterly data only	Plan													
			Actual	370												
	Key metric 3 – Maldaba	Patients using the AHC digital tool and want a HAP, have one generated	Plan	TBC – will likely be a percentage of eligible patients in Somerset (3,453 aged 14+ on Somerset LD register)												
			Actual	0	0	0	0									
	Key metric 4 - Support and Enable the Workforce to Improve Health and Tackle Inequality	No. of staff received MORE training – 547 (overall totals)	Plan	350	350	350	350	350								
			Actual	60	122	122	122	129								
	Key metric 5 - Governance and agreements in place to Expose Data	Data Sharing Agreement Signed (RAG)	Plan													
			Actual													

System Flow Metrics (as of 4th September)

Whilst this report covers the reporting period June to July 2025, to support Winter Plan conversations we have provided recent figures linked to system flow (PP3) – which detail the position as of 4th September:

- Overall NCTR – 199 patients, equating to 23.7%

- Proportion of beds in escalation
    - MPH – 3 beds equating to 0.5%
    - YDH – 1 bed equating to 0.3%

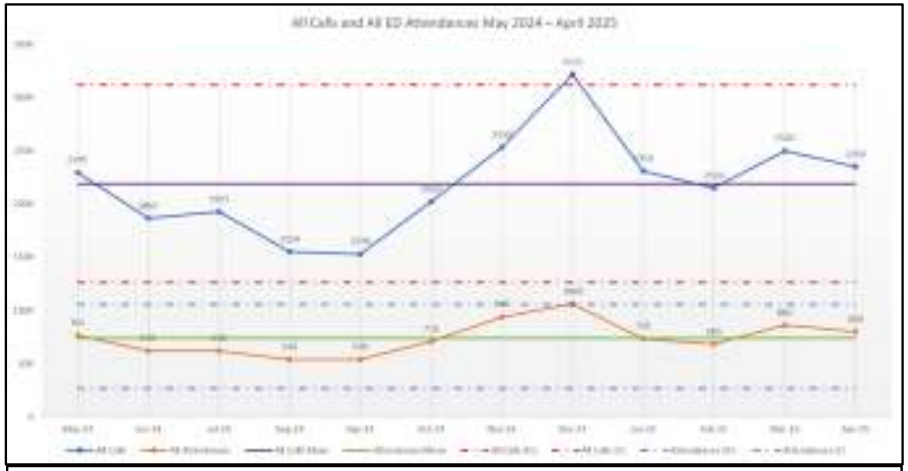
- % of patients occupying beds over 21 days
    - MPH - 18.1%
    - YDH - 21.5%

- Proportion of Dorset patients delayed at YDH
    - 24.2% of total NCTR (increased by 4% in last 4 weeks)

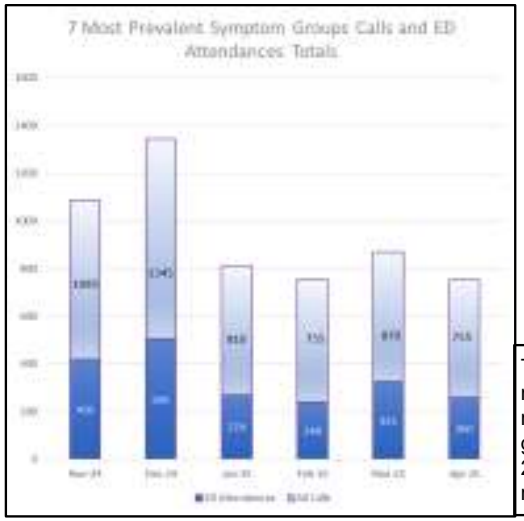
SPC charts and narratives

PP1: Clinical Pathways Redesign - Key Metrics (Page 1 of 2)

Paediatrics: Focus on UEC and Primary Care Models

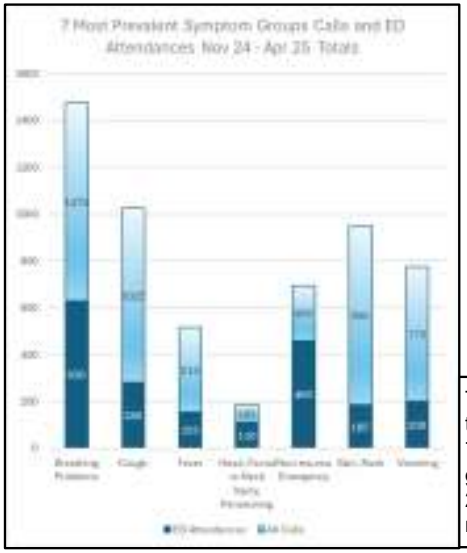


The above SPC Chart shows the monthly totals of 111 Calls for Paediatrics received between May 2024 – April 2025 and the number of these calls that resulted in an ED attendance.



This Stacked Column Chart shows the monthly totals of 111 Calls for the 7 most prevalent Paediatric symptom groups from November 2024 – April 2025 and the number of these calls that resulted in an ED attendance.

Paediatrics: Focus on UEC and Primary Care Models (cont.)



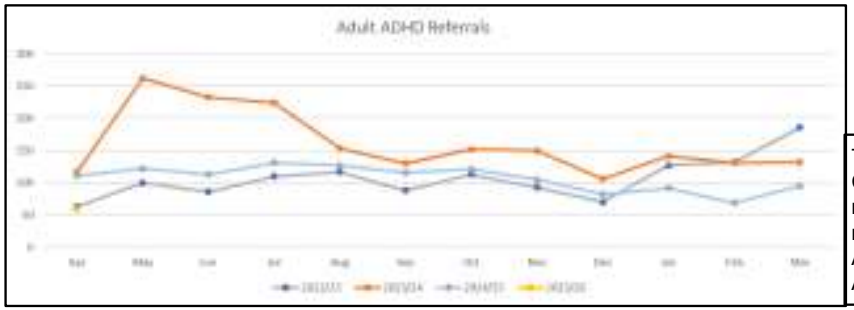
This Clustered Column Chart shows the total number of 111 Calls for each of the 7 most prevalent Paediatric symptom groups from November 2024 – April 2025 and the number of these calls that resulted in an ED attendance.

Ophthalmology: Clinical Review of Local Enhanced Services (LESs) & Pathways between Primary and Secondary Care

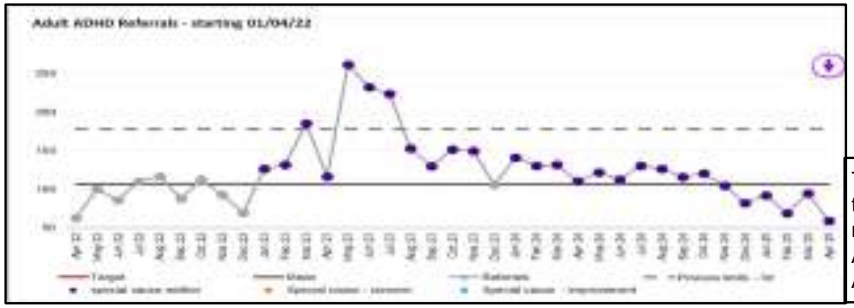
- Awaiting Data

PP1: Clinical Pathways Redesign - Key Metrics (Page 2 of 2)

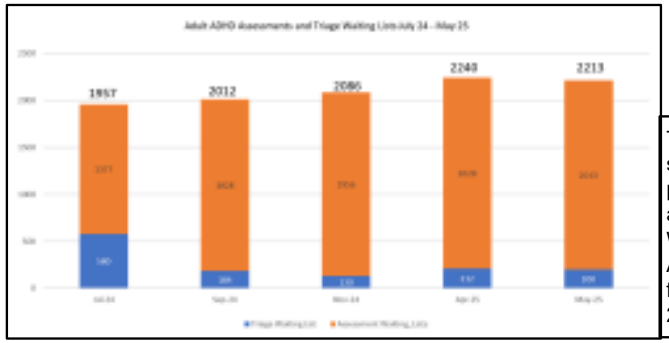
ADHD: Adults Service Redesign



This Multi-series Line Chart shows the monthly referral numbers to the Adult ADHD Service from April 2022 – April 2025.



This SPC Chart shows the monthly referral numbers to the Adult ADHD Service from April 2022 – April 2025.



This Stacked Bar Chart shows the number of people on the Triage and Assessment Waiting Lists for the Adult ADHD Service from July 2024 – May 2025.

ADHD: Adults Service Redesign (cont.)

The above Clustered Bar Chart shows the breakdown of the Adult ADHD Service Assessment Waiting List by wait-time bands from July 2024 – May 2025.

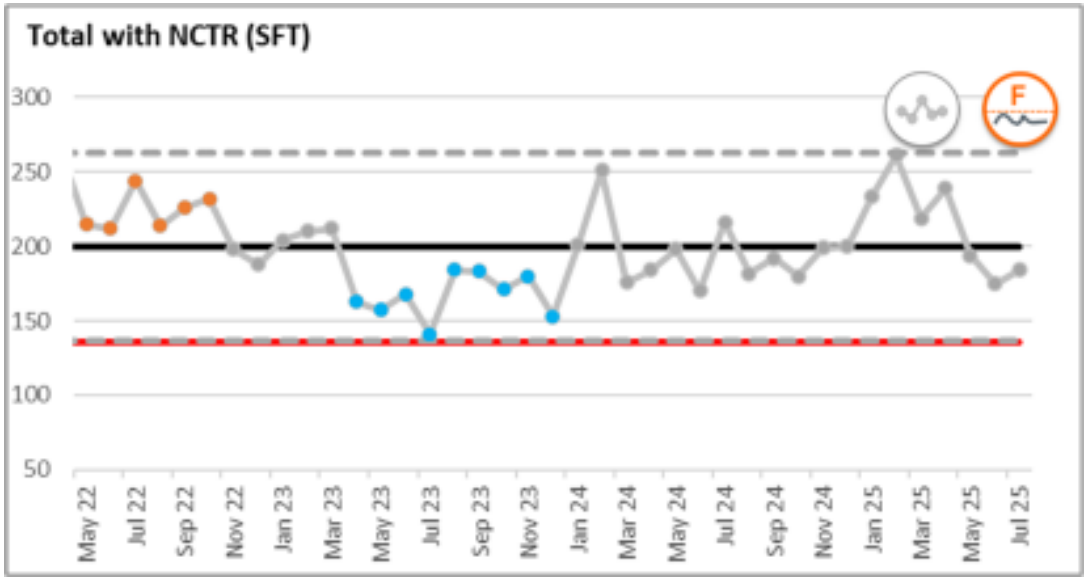
Women's Health: Development of Women's Health Services

- Awaiting Data

Weight Management

- Awaiting Data

PP3 – System Flow Statistical Process chart and supporting narrative



Reasons For Delay	10/07/25	17/07/25	24/07/25	31/07/25
Capacity	91	79	87	94
Care Transfer Hub	5	5	4	9
Hospital Process	53	67	60	44
Interface Process	40	42	29	33
Wellbeing Concern	6	6	4	4
Other	0	0	0	0
	195	**199**	**184**	**184**

Narrative/key points to note

The NCTR position at the end of this reporting period (31st July 2025) was 184 which equated to 21.7%. The end of July target was 136 at 16.2%. This target reduces further again to 13% by end of September 2025.

Throughout the reporting period transfer of care hub delays have remained low.

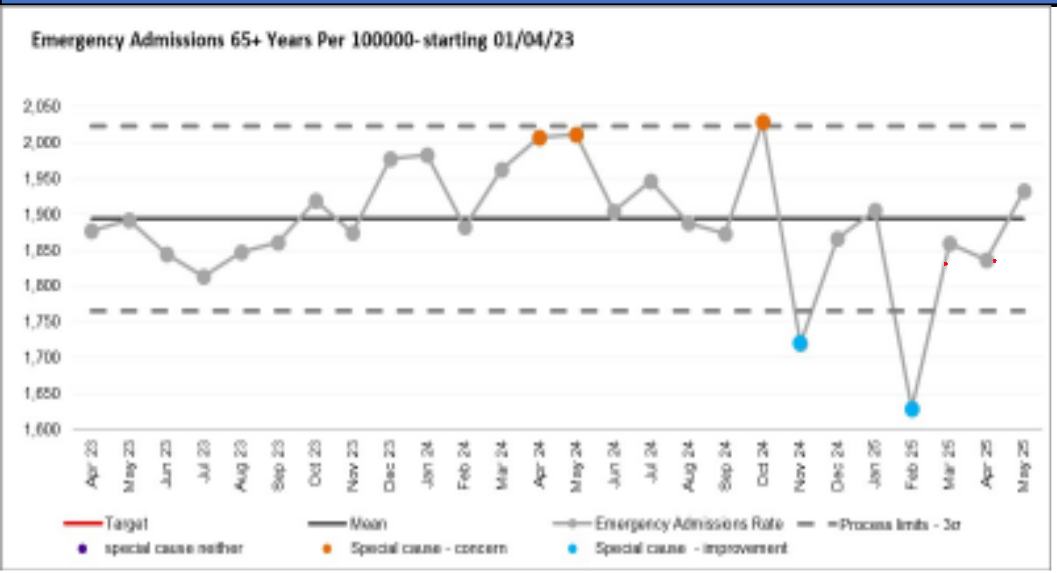
Hospital process delays fell.

Capacity delays remain high. The supply of pathway 3 beds in August and continued use of the expanded pathway 1 resource is anticipated to result in fewer capacity delays in the next reporting period.

Dorset delays have risen during the reporting period and equated to 24.6% of the NCTR at YDH on 31st July 2025.

PP4 – Neighbourhoods Statistical Process chart and supporting narrative

Notes



1. SPC Charts (per 100k population)

Emergency Admissions 65+ Years:

Mean: **1,890.6** per 100k

Trend: **Increasing** in the latest months, with some points nearing the upper control limit (UCL), suggesting possible special cause variation.

ACSC Emergency Admissions 65+ Years:

Mean: **127.2** per 100k

Trend: **Decreasing** slightly in recent months, indicating possible improvement in ambulatory care-sensitive condition management.

Falls Emergency Admissions 65+ Years:

Mean: **209.4** per 100k

Trend: **Increasing** towards the latest months, which could signal rising fall risk among older adults.

2. Insights in line with BCF Objectives

Reducing Avoidable Admissions:

The slight decline in ACSC admissions suggests improved community/primary care intervention, but more focus could further reduce avoidable hospitalisations.

Falls Prevention:

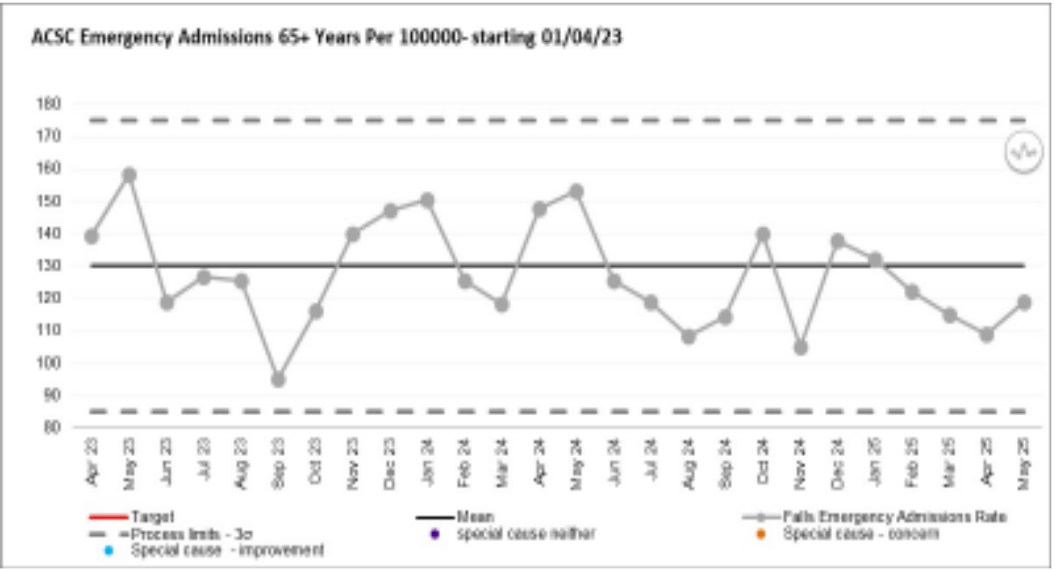
Increasing trend in falls admissions points to a need for enhanced falls prevention programmes, home safety assessments, and strength/balance training.

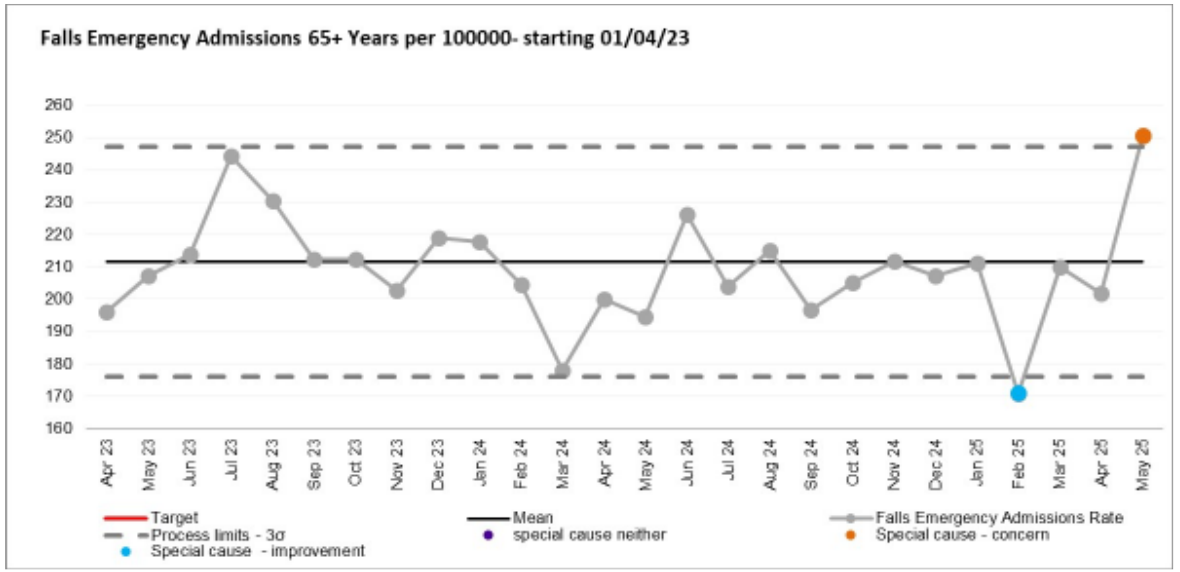
Population Health Management:

Overall emergency admissions have risen slightly above the mean, highlighting the importance of proactive frailty management, earlier intervention, and integration of health and social care.

System Integration:

Linking fall prevention, chronic disease management, and rapid community response teams could help align with BCF targets for reducing long-term care dependency and emergency admissions.





Risks and Issues

Priority Programmes Risks

New or amended Programme risks above the score of 12

	Top Programme Risks (that MAY impact current plans/deliverables)										
Programme	**Risk Ref**	**Date Risk Logged**	**Objective**	**Risk Owner**	**Risk Domain**	**Risk Description**	**Risk Impact**	**Mitigation / Action**	**Impact (1-5)**	**Lik. (1-5)**	**RS**
PP1	CPR-PRO-R001	26/06/25	Programme Risk	CEO	F. Business objectives / projects	**Impact of ICB Restructuring** – **IF** ongoing or anticipated restructuring within the Integrated Care Board (ICB) leads to changes in leadership, priorities, or decision-making processes	**THEN** strategic support, funding approvals, or commissioning decisions may be delayed or deprioritised **RESULTING IN** implementation setbacks, uncertainty for stakeholders, and potential loss of momentum.	• Maintain proactive engagement with multiple levels of ICB leadership to reduce reliance on specific individuals. • Establish a cross-organisational steering group to ensure continuity during structural changes. • Monitor ICB governance changes to anticipate and adapt quickly to decision-making shifts.	4	4	**16**
PP1	CPR-PRO-R002	26/06/25	Programme Risk	CEO	F. Business objectives / projects	**Changes required to Contractual/ Financial Arrangements** - **IF** existing contractual or financial arrangements are not fit for purpose or require significant changes to support the redesigned clinical pathway	**THEN** there may be delays in implementation, disputes over service delivery models, or uncertainty around provider responsibilities and funding flows, **RESULTING IN** compromised service continuity, reduced provider engagement, and risk to delivery timelines or outcomes.	• Conduct an early review of existing contracts and funding mechanisms to identify required changes. • Engage procurement, contracting, and finance teams early in the redesign process. • Develop interim agreements or Memorandum of Understanding (MOU) to bridge gaps during transition periods. • Communicate transparently with providers to build consensus around new models and financial flows.	4	3	**12**
PP1	CPR-PRO-R003	26/06/25	Programme Risk	SRO	F. Business objectives / projects	Capacity of Operational Staff to Engage and Implement - **IF** operational staff (e.g. service managers, clinicians, admin teams) do not have sufficient capacity or protected time to engage in pathway redesign and implement changes	**THEN** co-design efforts may be compromised, and implementation could be delayed or poorly adopted, **RESULTING IN** a lack of frontline ownership, inconsistent delivery of new pathways, and failure to realise intended improvements in care quality and efficiency.	• Secure leadership support to prioritise redesign activity and allocated protected time for key staff. • Phase the redesign and implementation to align with operational pressures and seasonal demand. • Clearly communicate the long term operational benefits to incentivise participation.	4	4	**16**
PP1	CPR-PRO-R004	26/06/25	Programme Risk	CEO	F. Business objectives / projects	**Change Fatigue across the System - IF** staff and system partners are already experiencing multiple transformation initiatives,	**THEN** the redesign programme may face low engagement or resistance to further change, **RESULTING IN** stalled momentum, minimal adoption, and superficial implementation.	• Align timelines with other programmes, communicate a clear "why now", and focus on quick wins.	4	3	**12**
PP1	CPR-PRO-R005	26/06/25	Programme Risk	SRO	F. Business objectives / projects	**Lack of Meaningful Service User Involvement** - **IF** patients, carers, and lived experience representatives are not effectively involved,	**THEN** redesigned pathways may not reflect real-world needs, **RESULTING IN** lower uptake, equity issues, or service failure to meet population expectations.	• Involve service users in governance, co-design and testing from outset, and resource engagement work properly.	4	3	**12**

Priority Programmes Risks

New or amended Programme risks above the score of 12

	Top Programme Risks (that MAY impact current plans/deliverables)										
Programme	**Risk Ref**	**Date Risk Logged**	**Objective**	**Risk Owner**	**Risk Domain**	**Risk Description**	**Risk Impact**	**Mitigation / Action**	**Impact (1-5)**	**Lik. (1-5)**	**RS**
PP3	1.1	04/08/25	Right sizing pathway 1 capacity	P Coles I Brimson	Business objectives & projects	There is a risk that despite £1.6m investment, the pathway 1 service doesn't have agile enough provider capacity to cover all geographies in Somerset. **If** P1 demand can't be met by existing P1 care providers cross covering geographical areas	**Then** the P1 service will not have the agility to respond to changing demand, **leading to** higher volumes and higher durations of P1 NCTR.	• Local authority contract monitoring to ensure all providers are working to new/increased target P1 hours • Operational teams to continually ask providers to cross boundaries where operationally feasible • Local authority to explore either a roaming provider model, and/or incentivisation scheme for Winter.	4	4	**16**
PP5	PHT-R001	01/06/24	Lack of Strategic Priority for Population Health	Alison Henly	Business objectives & projects	If Population Health Transformation Programme is not given appropriate resourcing.	Then transformation may stall, resulting in deteriorating health outcomes and widening inequalities.	• Engage senior system leaders to ensure shared awareness and strategic alignment. • Explore alternative funding sources to safeguard delivery. • Maintain momentum through strong leadership and adaptive planning to minimise disruption and protect progress on reducing health inequalities.	4	4	16
PP5	PHT-R002	01/07/24	Capacity Constraints Undermining Prevention	Bernie Marden	Business objectives & projects	If Primary care capacity remains limited and misaligned, reactive urgent care taking precedence over preventative interventions, increasing long-term system demand.	Then the Population Health Transformation Programme activity will not be successful	• Work closely with primary care leaders to align programme goals and identify shared priorities, fostering long-term culture change and buy-in. Integrate preventative interventions into existing care pathways to minimise additional burden. • Leverage multidisciplinary teams and community assets, using workload shifting to extend capacity	4	4	16
PP5	PHT-R003	14/07/25	Resourcing Constraints	Alison Henly	Business objectives & projects	There is currently no mechanism within the system to transition funding into business-as-usual (BAU) support.	The Population Health Transformation Programme is at risk of exhausting its funding without achieving its intended purpose	• Programmes of work funded through the Inequalities funding need to be reviewed and BAU funding identified where appropriate, future use of the inequalities funding needs to be governed by the Population Health Transformation Board • Clear and robust process is required for successful projects that require BAU funding	4	5	20

Priority Programmes Issues

	Top Programme Issues (that ARE impacting current plans/deliverables)					
Programme	**Issue Ref**	**Objective**	**Issue Owner**	**Issue Description**	**Issue Impact**	**Mitigation / Action**
PP1	OPH-PPS-I001	Ophthalmology: Pathways between Primary and Secondary Care	-	**Use of NHS Mail for Referrals between Optometry and Secondary Care** - Referrals from community optometrists to secondary care are currently being made via NHS Mail, rather than through a structured, secure digital referral platform.	This process lacks standardisation and creates variability in data security, clinical completeness, and auditability.	• Transition to a structured referral solution such as the NHS e-Referral Service or local interoperable referral platforms. • Standard operating procedures (SOPs) to be created for NHS Mail use in the interim, including encryption of attachments, mandatory fields, and confirmation protocols. • Immediate review of current data protection practices and Data Sharing Agreements between optometry and secondary care. • Engage ICB IG and Digital leads to prioritise the implementation of a compliant, scalable referral system.
PP3	1.1	Reducing hospital process delays	M Carney	High number of hospital process delays that have not yet met the reduction target and fluctuate upwards during holiday periods	Failure to consistently achieve NCTR reduction will increase hospital length of stay and programme objectives will not be achieved.	• Closer PP3 programme manager oversight for this area of the programme. • Re-visit the processes in place
PP3	1.3	Pathway 2 improvements	K Smith	Community bed NCTR >70	Causing an increased LOS in community beds which increases the time patients spend away from home.	• Dedicated pathway 3 beds go live 11th August 2025 to reduce the sourcing timeframes within the delay part of a patients stay. • Re-visiting the SFT 'supporting discharge' policy • Re-visiting entry letter for community hospitals to set expectations earlier with family / relatives
PP4	PP4I01	Develop a common understanding of integrated neighbourhood working – financial case for change	S Sealy	There is a high degree of complexity involved in developing a financial case for change for integrated neighbourhood working due to the breadth of the programme.	Delay in financial case for change	• Propose financial case for change is undertaken incrementally, with the first case for change being undertaken as part of the frailty focus area (benefits identification planned for June 2025) • As an interim measure, where required, there is a vast and growing national evidence base for the financial and outcome benefits of integrated models of care.
PP5	PHT-I001	Develop Systems, Governance and Use of Integrated Data & Intelligence	L Laker	Fragmented data systems and the lack of full partner sign-off on data-sharing agreements have caused delays in integrating health information across providers, hindering coordinated care and programme evaluation.	This leads to gaps or duplication in care, slows progress due to schedule delays, and limits the ability to measure outcomes and secure ongoing funding.	Prioritise securing partner sign-off on data agreements. Develop interoperable data platforms with standard protocols. Enhance collaboration between IT teams and stakeholders. Provide staff training on data use. Implement phased rollouts to manage delays and demonstrate progress.
PP5	PHT-I002	Complete the Data Sharing Agreement (DSA) to enable programme progress	L Laker	The DSA has not yet been fully signed, causing the programme to fall behind the planned schedule. The outstanding signature is from Symphony Health Care delaying data sharing and integration activities.	Delays in finalising the DSA are hindering key programme milestones, restricting access to critical data, and potentially affecting decision-making, reporting, and downstream project activities.	The remaining signatories, including Symphony Healthcare, will be followed up with directly to expedite completion. Several ICB colleagues are actively chasing the outstanding signatures, and any support required to address queries or concerns preventing sign-off will be provided. If the signature is not obtained, the issue will be escalated to senior leadership to avoid further delays.

REPORT OF THE SOMERSET COLLABORATION FORUM MEETING HELD ON 4 SEPTEMBER 2025

1 ITEMS DISCUSSED

1.1

- Terms of Reference
- Cluster transition update
- Priority Programme updates
- Digital, Data and Technology governance
- Somerset Stroke Service update
- Somerset Green Plan

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 It was noted that the current no-criteria to reside (NCTR) figures are off plan, and unless bought closer to trajectory this poses a risk to winter planning and subsequent finances as escalation beds may need to be stood up.

3 DECISIONS TAKEN BY THE SYSTEM GROUP UNDER DELEGATED AUTHORITY

3.1 The group agreed to having a development workshop to look at the future strategic direction of the Somerset place, and how this can be supported in future via the Collaboration Forum, whilst balancing key deliverables in year.

3.2 Future reporting of Priority Programme 2 (workforce) will go through the People Board, with any escalations being bought to the Collaboration Forum as required.

3.3 The group endorsed the proposed ICS governance structure for Digital, Data and Technology.

3.4 The group also endorsed the ICS green plan, which has been developed with full engagement from system partners. It was acknowledged that future iterations of this plan need to include consideration of dental, community pharmacy and optometry services. The Green Plan is on the agenda of this meeting for formal approval by the ICB Board.

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

4.1 No items for consideration

5 CHAIR'S SUMMARY

5.1 The Collaboration Forum reviewed the Terms of Reference, as part of the annual review cycle. It was agreed that a workshop will be established to consider how Somerset as a 'place' will function within the overall operating model for the new clustered ICB. As part of this the future purpose of the Collaboration Forum will be considered. It was agreed that the collaboration form will need to balance this strategic change in system working with achieving the key deliverables for 2025/26.

5.2 The group were given an update on the Cluster Transition programme. The cluster with Bath and Noth East Somerset, Swindon and Wiltshire and Dorset has now been confirmed and the Cluster Chair appointment has been confirmed. A formal announcement of the cluster CEO is expected shortly. Further announcements are expected in the coming weeks, including further detail on statutory services, funding of the cost of change and the model regional blueprint.

5.3 The group considered the updated position on our Priority Programmes, in particular current developments in both system flow and neighbourhoods.

5.4 The group also considered updates to the Somerset Green Plan, which has been developed in line with NHSE guidance and will cover a period of three years.

5.5 The group endorsed the proposed new governance structure for Digital, Data and Technology (DDaT).

Chair: Jonathan Higman

Date: 4 September 2025

REPORT OF THE POPULATION HEALTH TRANSFORMATION BOARD MEETING HELD ON 10 SEPTEMBER 2025

1 ITEMS DISCUSSED

- Review of Population Health Self-assessment against maturity matrix
- Programme Management and Theme Update
- Inclusion Health Options for Future Commissioning
- Proposal for Integrated Neighbourhood Health Data
- Review of Terms of Reference

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

The group reviewed and agreed the following risks and issues for the programme:

2.1 **Risk:** Lack of strategic priority or resourcing for Population Health could stall transformation, worsening outcomes and inequalities.
Mitigation: Engage leaders, explore funding alternatives, and maintain momentum through strong leadership and adaptive planning.
Update: Last discussed with Bernie, Kevin, and Trudi in July.

2.2 **Risk:** Limited primary care capacity could block prevention, with urgent care overshadowing long-term interventions.
Mitigation: Align with primary care, embed prevention in pathways, and use MDTs and community assets to extend capacity.
Update: Last discussed with Bernie, Kevin, and Trudi in July.

2.3 **Risk:** Programme may exhaust funding without BAU transition, jeopardising long-term sustainability.
Mitigation: Review inequalities-funded work, identify BAU funding, and strengthen governance via the Transformation Board.
Update: Created by Trudi and Pippa; last discussed with Bernie, Kevin, and Trudi in July.

2.4 **Issue:** Delays in integrating health data due to fragmented systems and incomplete data-sharing agreements hinder coordinated care and evaluation.
Impact: Care gaps/duplication, programme delays, limited outcome measurement, and funding risks
Action: Finalise agreements, improve interoperability, train staff, phase rollout.
Update: Draft agreements in progress; pilot data platform under development.

2.5 **Issue:** Data Sharing Agreement not yet signed by all practices as still in discovery phase of project

Impact: Somerset-wide data programme milestones delayed, restricted data access, risks to decision-making, reporting, and project activities.
Action: Approach remaining Practices, provide support for concerns, escalate to senior leadership if unresolved.
Update: Remaining Practices to be approached

3 DECISIONS TAKEN BY THE BOARD UNDER DELEGATED AUTHORITY

3.1 **Risk, Issues and Metrics:** All reviewed and agreed

Inclusion Health: Decision taken to proceed with a further review and development of options appraisal. To be brought back to next meeting with formal commissioning proposal

Neighbourhood Data: Optum Pilot agreed to proceed, pending finance discussion.

Terms of Reference: Approved by the board; updates made to membership as needed.

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

Items for Consideration/Decision

4.1 None

Reports for Information for Future Board Agendas

4.2 None

5 CHAIR'S SUMMARY

5.1 This was a productive and full meeting which reviewed progress to date and all themes of the programme. The group received a full programme management update and agreed all risks, issues and metrics associated with the programme.

Significant progress was noted against many aspects of the programme and decisions were taken to progress two important aspects; the options for recommissioning Inclusion Health Services and the initiation of a pilot Neighbourhood Population Health Data programme.

Chair: Professor Trudi Grant, Director of Population Health and Inequalities

Date: 10 September 2025