REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **G**
DATE OF MEETING:	**25 September 2025**	
REPORT TITLE:	**Community Services**	
REPORT AUTHOR:	**Alison Rowswell, Director of Localities and Strategic Commissioning**	
EXECUTIVE SPONSOR:	**David McClay, Chief Officer for Strategy, Digital & Integration**	
PRESENTED BY:	**David McClay, Chief Officer for Strategy, Digital & Integration and Charlotte Callen, Director of Communications and Engagement**	

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

A development session was held with ICB Board members on 19 June 2025. A paper on Community Hospital Services was presented to the Somerset Council Scrutiny Committee – Adults and Health for discussion on 21 August 2025.

Engagement activities have commenced with the public and briefings have been held with local MPs.

REPORT TO COMMITTEE / BOARD

1 Page Executive Summary

The **10-Year Health Plan (2025)** sets out a long-term vision to transform the NHS by shifting care closer to home, strengthening community-based services, and focusing on prevention. In Somerset, public engagement has strongly supported this shift, recognising the need to modernise services while retaining and growing the value of community assets.

Key National Shifts

- National move from acute hospital treatment to community prevention, support and treatment through **Neighbourhood Health Centres (NHCs)** — integrated hubs open 12 hours a day, 6 days a week, co-locating NHS, local authority, and voluntary sector services.
- Reduce reliance on hospital outpatient model by 2035.
- Deliver urgent care, diagnostics, rehabilitation, and wellbeing services locally.
- Promote independence, self-management, and faster recovery at home.

Local Drivers of Change

- Ageing population with increasing demand.
- Risks of prolonged bed-based care for older people.
- Advances in technology (remote monitoring, virtual wards) offering alternatives to bed-based care.
- 'Mixed' condition of existing physical estate within the county.
- Need for resources to shift toward home-based and community care.

Local Initial Programmes of Work

1. **Intermediate Care Test and Learn** – Reduce reliance on bed-based care, increase reablement at home, expand Care Home capacity, and reconfigure some Community Hospital beds.
2. **Burnham-on-Sea & Crewkerne Engagement** – Explore reducing bed capacity to expand outpatient and specialist services (e.g., chemotherapy, cardiology, midwifery).
3. **Future Provision in Shepton Mallet, Chard, and Wellington** – Explore reimagining hospitals as modern NHCs; Shepton work already underway with strong community engagement.

Engagement and Co-Design

- Extensive **engagement** since 2017 through roadshows, surveys, local forums, and stakeholder groups.
- Commitment to **co-production** with local people, carers, and voluntary groups.
- Legal duty to **involve** communities under NHS Act 2006, supported by national best practice.
- Ongoing "You Said, We Did" reporting to ensure **transparency**.

Risks and Challenges

- Nuanced public and colleague messaging around increasing local services whilst also considering reducing reliance on bedded care.
- Ensuring integration across NHS, social care, and voluntary services.
- The need to adequately engage local people and stakeholders, with legal challenge a potential risk.
- Capital and revenue funding constraints.
- Balancing short-term pressures with long-term transformation.

The 10 Year Health Plan and Shifting Care Closer to Home

The 10 Year Health Plan, published in July 2025 sets out ambitions for the NHS and provides a fantastic opportunity to reshape the way care is provided in local communities. Nationally, 270,000 people took part in the 10 Year Health Plan engagement and people in Somerset backed the shift to care at home. It is our responsibility to implement the plan as best we can for our local population.

Moving care from acute hospitals to communities is among the three key shifts at the centre of the plan.

The national plan outlines the establishment of Neighbourhood Health Centres offering integrated local services, delivering more urgent care in the community, in people's homes or through neighbourhood health centres to end hospital outpatients as we know it by 2035:

"Our aim is to establish a Neighbourhood Health Centre (NHC) in every community… NHCs will be a 'one stop shop' for patient care and the place from which multi-disciplinary teams operate. NHCs will be open at least 12 hours a day and 6 days a week providing access to coordinated services locally, removing the need to go to hospital for urgent care.

NHCs will co-locate NHS, local authority and voluntary sector services, to help create an offer that meets population need holistically. That will mean NHCs will not only bring historically hospital-based services such as diagnostics, post-operative care and rehabilitation into the community, but they will also offer services like debt advice, employment support and smoking cessation or weight management services."

To realise the benefits of the 10 Year Health Plan we need to transform our services that will guarantee its sustainability for generations to come, and we cannot just keep doing more of the same. There needs to be new ways of thinking and working to realise the benefits of the three shifts, with local partnerships central to the vision. These partnerships will be particularly important for helping people to stay well, tackling the wider determinants of ill-health and reshaping community services. At the same time, the enhancement of neighbourhood services will enable those patients to get back home more quickly and recover more quickly.

NHS Somerset Integrated Care Board (ICB) will be focusing on delivery of the 10 Year Health Plan, engaging and listening to our local population, on how we can implement the plan and bring services to people as close to home as possible; working across health and social care and with our Voluntary Services to make the most of the valuable skills that we have in our staff and with our community assets. This will be a long-term transition focusing on outcomes and underpinned by innovative model of prevention, planning and care delivery. It's therefore proposed to break this transition into stages:

Stage 1

Programme 1 and 2 focuses on the engagement and delivery of operational and tactical changes to existing community hospital sites that fulfils goals to improve the effectiveness of care delivery in the listed sites (12 months [2025/26]).

Programme 3 focusing on engagement with listed communities over the future of community services in their area (12-18 months [2026/27]).

During this period, continued wider engagement with the public over their priorities alongside the strategic planning of clinical and care services to support population and neighbourhood health.

Stage 2

The development of a long term vision and plan for neighbourhood health and wellbeing that incorporates key enables (such as Workforce, Digital and Estates), to include the provision of Neighbourhood Health Centres.

Stage 1 has started by launching a public engagement programme to help shape how Somerset NHS shifts care to neighbourhoods for better health outcomes and have less pressure on our main hospitals. This includes:

- *Outpatient clinics* – where patients received medical consultations, assessments, treatments or follow up care without being admitted to hospital overnight, typically run by consultants, nurses or other health care professionals
- *Inpatient care* – where patients receive care that requires them to be admitted to a hospital bed
- *Therapy services* – covering mental and physical health, from talking therapies to physiotherapy and reablement
- *Dementia services*
- *Children's services*

There are several drivers that are influencing changes to how services are delivered in the county from a community services perspective:

- **Shifting patient needs** – most people using inpatient community beds are an older population and, in many cases, people are living with dementia or other cognitive impairment. The unfamiliar inpatient environment can make delivery of reablement difficult compared to a person's own home

- **A better understanding of the risks associated with bed-based care for older people** – previous models of care associated with bed rest and recuperation have given way to new models of care for older people as we have come to better understand the risks associated with immobilising older people. Whilst bed-based care remains the only option for some of our most frail patients, for others the risks posed by muscle wasting and a higher risk of falls and infection outweigh the potential benefits. Modern approaches to the care of older people centre upon restoring mobility and independent living with appropriate support, as rapidly as possible

- **Resource allocation** – there has been a shift in required resource with more resource currently being needed to deliver services in people's own homes. There are aspirations to shift existing resources and deliver a wider range of services either at home, or within the Community Hospital sites

- **Technological advances** – medical innovation and advances mean that there are more same-day procedures, and this has reduced the need for overnight stays and onward inpatient recovery needs. There are growing capability in remote patient monitoring and virtual ward technology which enable patient's health and wellbeing to assessed virtually with a different level of support available in their own home.

- **Estate** – some of the Community Hospital buildings are in poor repair. This means that some parts of them are becoming unsafe for patients to stay in or staff to work in. This raises questions as to whether funding gets invested in bedded care in Community Hospitals or whether the funding could be used to deliver more care in people's homes

- **Focus on delivery of services closer to home** – there is a move towards providing more care closer to home, or in a person's own home. This may involve moving outpatient and diagnostic services that are currently delivered in the larger acute hospitals to Community Hospitals, closer to where people live. We already deliver specialist services in our Community Hospitals, and we want to continue to build on this and deliver more services where possible. It also involves delivering services that were once delivered in a hospital setting into a person's own home

In response to the Ten Year Plan, local engagement and the factors outlined above, we have started to outline programmes or work that aim to deliver more personalised care within

community settings, have less reliance on bedded care options and seek to design future services through local engagement.

Stage 1: Programmes of Work

There are currently three programmes, which are:

1. **The test and learn of the next phase of Intermediate Care** development as part of what has now been a long-standing partnership programme between the NHS and Adult Social Care in the county and designed to support more people to live independently for longer.

   This latest phase will test reducing reliance on bed-based care in Community Hospitals as additional investment is put into community alternatives. The design of this programme includes temporary bed reductions at Frome, West Mendip and Bridgwater Community Hospitals. Somerset NHS Foundation Trust are leading this work with oversight from the ICB.

2. Following preliminary conversations with the respective Leagues of Friends and staff, it is now planned to commence **engagement with local people and partners in the Burnham-on-Sea and Crewkerne areas** regarding how best to use these Community Hospitals for the benefit of local people in the future as part of a test and learn. In scope for discussion as part of the local engagement here will be the current healthcare needs of local people and consideration of what is the best future mix of bed-based care and new additional services that could be offered at the hospital sites in the future. Examples of possible additional services may include chemotherapy, cardiology, urology, community midwifery etc. Somerset NHS Foundation Trust are leading this work which will be overseen by NHS Somerset ICB.

3. Looking at **future service provision in Shepton Mallet, Chard and Wellington Community Hospitals** and reviewing the temporary arrangements in place. NHS Somerset ICB are leading this work.

It is recognised how important Community Hospitals are to their local communities. They are valued as important community assets and partners are committed to working with local communities to understanding the role Community Hospitals can play in serving the Somerset population.

We anticipate there being waves of improvement to the range and scope of services available locally as work on the implementation of the Ten-Year Plan takes greater shape through the development of Clinical Service strategy for the area. It is important to consider the wider range of assets within communities and not dwell solely on the community hospital estate.

It will be the responsibility for the ICB as the commissioner for health services to ultimately assess the test and learns that SFT are leading on, and any learning from the reshaping of services due to temporary bed closures, as it is the ICB who will make decisions on any permanent changes; and only in the light of full engagement with patients, the public and other stakeholders in line with legal duties.

Further detail on Stage 1 programmes

1. Intermediate Care Test and Learn

An example of where Somerset is embracing the ethos of more care being delivered at home is through the **test and learn for Intermediate Care** where we are changing the way that services are delivered. People have told us that when they are recovering from illness, they would prefer to be at home, provided there is appropriate support available. By moving staff from inpatient settings, we can not only deliver what patients tell us they want, but we can look after so many more people for the same investment.

Intermediate Care services in Somerset were created in 2016 to help people recover after a hospital stay for up to six weeks. It means that more people can return home from hospital

sooner and remain at home longer, with decisions about a person's long term care needs made outside of an acute hospital at a more optimum point in their recovery.

Discharge follows different pathways depending on the level of care needed and these are outlined by the 'Hospital Discharge and Community Support Guidance' most recently updated in January 2025:

- Pathway 1 – a person's own home, if possible, supported by a team of support workers, nurses, social workers and therapists

- Pathway 2 – a short-term inpatient stay, in a Local Authority-commissioned Care Home or NHS Community Hospital

- Pathway 3 – a Care Home with 24-hour support for patients with complex needs who are unlikely to be able to return to their usual place of residence

Recent data shows that less than one in three Community Hospital beds are occupied by someone from the local area. Insights from Somerset Council's 'My Life, My Future' programme found that practitioners believe more people currently receiving treatment in beds can be supported in their homes by changing the way we offer care in Somerset.

Due to these findings, rising demand, and because outcomes show that independence is best achieved in a person's own home, Somerset has invested £1.6m over the next 12 months to provide more reablement at home, as an alternative to bed based support. This trial will be evaluated and will inform the procurement of a new Pathway 1 reablement model in 2026 which is being led by Somerset Council.

Additional Pathway 3 Care Home beds will be resourced to allow those people who likely require long-term placement to have their assessments carried out closer to home. Currently in Somerset these people are moving unnecessarily from hospital into a Community Hospital before making a second move to their long-term Care Home. The supply of these additional Pathway 3 beds will ensure the right people utilise the right bed in Somerset.

Utilisation of existing Community Hospital beds is variable across the county. Some sites operating with staffed but empty, unoccupied beds, whilst other beds are occupied by patients whose care and support would be better delivered away from a Community Hospital setting. It is anticipated that with more people accessing reablement at home, and more people able to access a Care Home directly from hospital this will result in the right people accessing the right type of bed in Somerset. If this can be achieved, it is anticipated that the wait time for those requiring a Community Hospital bed will reduce and staff working in Community Hospitals will have more time to dedicate specifically for the delivery of reablement.

The test and learn involves changing the way clinical teams operate. Delivery of reablement in a person's own home gives greater control to the person receiving the support whilst in the familiarity of their own home as their bed is the best bed to help them recover.

The test and learn will:

- **Increase reablement at home**: Short term additional investment for 2025/2026 to increase capacity in Pathway 1 to support 83 new people a week, up from 67

- **Resource Care Homes close to home**: 28 Care Home beds that are resourced close to a person's home, with a view that they can stay long term if they are assessed as requiring that level of care. There are some changes to the commissioning of Care Home beds to support the spot purchase model, and the Council are leading on this

- **Review the distribution and configuration of Community Hospital beds which are not currently evenly distributed across the county**: A temporary test of reduction of beds at Bridgwater Community Hospital from 30 to 24 beds; Frome Community Hospital from 24 to

16 beds; West Mendip Community Hospital from 30 to 16 beds. SFT launched a consultation with their staff on 12 June 2025 regarding job roles at Frome, West Mendip and Bridgwater Community Hospitals, asking if colleagues would prefer to stay in their current role or volunteer for redeployment. Colleagues will be able to seek alternative roles if redeployment is unsuccessful and return to their previous roles if the test and learn is unsuccessful and the beds reopen

Somerset NHS Foundation Trust have commenced engagement, detailed operational planning and implementation on the test of change at Frome, West Mendip and Bridgwater. It is the ICB view that their plans do not constitute major service change provided there is evidence that:

- The entirety of the bed stock is not removed from a single site
- There is local engagement in the change
- That robust capacity planning has been undertaken and the reprovision of the bedded care is explicit
- That a Quality Equality Impact Assessment has been undertaken
- Any proposed changes are temporary and must be fully reversible and subject to clear success criteria and transparency around review

2. Engagement with local people and partners in Burnham-on-Sea and Crewkerne areas

Somerset NHS Foundation Trust have also commenced exploratory engagement with **Burnham-on-Sea and Crewkerne** Hospital League of Friends over potentially reducing bedded capacity at those hospitals in order to create more physical space for additional services such as outpatients, chemotherapy, cardiology, urology, community midwifery etc as part of a test and learn. Central to these conversations with the Leagues of Friends have been questions about how best to use the Community Hospital in future for the benefit of local people and with this what is likely to be the best possible mix of new additional services and traditional bed-based services for the local community.

Crewkerne Community Hospital and Burnham-On-Sea War Memorial Hospitals are two of the oldest Community Hospitals in the county. Whilst Somerset NHS Foundation Trust remains committed to their future use and continues to spend significant sums of money to maintain and improve the condition of these buildings, it is proving increasingly challenging to maintain compliance with the very latest health and safety regulations pertaining to healthcare buildings. In response to recent fire inspections, both hospitals now have in place restrictions on the kinds of patients that they can admit for bed-based care and as such they are no longer suitable for all local, frail older people.

3. Future service provision in Shepton Mallet, Chard and Wellington Community Hospitals

Considerable collaborative work has taken place in **Shepton Mallet** looking at future service provision. Since 2023, building on previous strong local involvement, a collaboration of system partners and community representatives have worked together to develop a Vision Proposal for the future use and model of health services in the town. The vision was to:

- Enable the wider community to access a wide variety of local integrated services, clinical, health and social care, and wellbeing, based on individual needs
- Develop a Community Hub that works alongside the five GP practices and neighbouring Primary Care Networks to support healthy connected communities
- Work to plan a more integrated care service driven by community and population health needs and move our service into a future ready position for high quality community-based care

- Ensure that statutory and charitable services can work together in the most effective manner.

A Steering Group was established with representation from health organisations (NHS Somerset ICB, Somerset NHS Foundation Trust and the local Primary Care Network (PCN)), the League of Friends, a local town Councillor and Somerset Council. As part of the development of a case for change, the Steering Group has been working to build upon the Vision Proposal and enable discussions about the direction of future services in the town with a range of local stakeholders which has developed into a strong engagement model for the locality work in Shepton. The following key areas have been highlighted from this:

- Representatives from the League of Friends for Shepton Mallet Community Hospital and Shepton Town Council are active, engaged members of the Steering Group, alongside operational staff from Shepton Mallet Community Hospital. This means that planning and design of services has been collaboratively co-designed

- A Patient Participation Group for Mendip PCN has received briefings and updates on the development of the vision for local health services. This has resulted in members from this group volunteering to join the Steering Group to provide additional patient membership, further strengthening the engagement approach

- A meeting of the Town Council in August 2024, also attended by the majority of members of the League of Friends where they stated that 'We [the League of Friends] have been kept informed throughout and are fully in favour of what is being talked about here. Shepton can often feel like a no-man's land in terms of services due to rurality. There is a once in a generation opportunity to use Shape, which we should take.' Additionally, Councillors were supportive of the vision described and to be part of engagement going forward and MP Tessa Munt has also expressed support

- Shepton Town Council meeting in September 2024 endorsed the recommendation that the Council support the vision for future healthcare developed by the Shepton Health Steering Group and continue to engage with representation through Cllr. Nicklin and stated that 'The health and wellbeing of our community is fundamental, and we should be working to represent the needs of the people of Shepton Mallet and the surrounds. This is an opportunity to influence retention and improvement of health services in this town.'

Further work is now taking place to support the estates options of moving services from Shepton Community Hospital to another location within Shepton Mallet of which the Shape building is being explored. The Steering Group has been looking at the services needed by the local community to ensure their delivery, particularly those that are best delivered within a community setting. As part of this consideration, the vision for local services does not include a requirement for inpatient beds in Shepton Mallet and therefore the beds that have been temporarily closed for an extended period of time, would not need to be reopened. There will however be a range of services going into the new location with teams being co-located (primary and community) and this includes retention of the Urgent Treatment Centre.

Building on the strong engagement model that is in place for Shepton, we want to have similar conversations over coming months elsewhere around how best to realise the shift from hospital to community. Work is commencing to look at future services in **Chard and Wellington Community Hospitals**. A Case for Change is being developed to reimagine Community Hospitals as modern, integrated Neighbourhood Health Centres for health and wellbeing — places that bring together health, social care, and voluntary services to serve local populations in a more effective, person-centred, and sustainable way. By transforming these spaces into flexible, digitally enabled, and locally integrated Neighbourhood Health Centres, we can improve access, support workforce resilience, and deliver care that truly reflects the needs and aspirations of the community. The Case for Change will provide the vision, rationale, and next steps needed to begin the transformation journey in partnership with patients, staff, and communities.

Engagement Undertaken

Engagement has commenced for the work taking place described above and consists of the following:

- Pre-engagement is taking place as part of NHS Somerset's annual public engagement roadshow, Somerset's Big Conversation, with activities and surveys asking local people about their preferences on:
    - How to prioritise NHS spending among acute care, community services, mental health, primary care and prevention
    - How and where to provide community reablement care for a patient after an acute hospital stay
- We will deliver inclusive and place-based engagement activities across 2025/2026. These will include:
    - Local engagement events and listening sessions
    - Stakeholder Reference Groups (county-wide and neighbourhood-based)
    - Thematic focus groups and surveys
    - 'Test and Learn' trials in community reablement services
    - Transparent feedback via 'You Said, We Did' reporting
- Briefings for Anna Sabine MP (LibDem, Frome and East Somerset) and Sarah Dyke MP (LibDem, Glastonbury and Somerton) on 30 May with leaders at Somerset NHS Foundation Trust who outlined future intentions for community services across the county
- NHS Somerset ICB leaders held a productive meeting with Anna Sabine MP on 6 June to discuss the issue
- Focus session for members of Somerset Council's Adults and Health Scrutiny Committee on Intermediate Care and the proposed test and learn on 12 June attended by Somerset NHS Foundation Trust, Somerset Council and NHS Somerset
- Joint briefing for all Somerset MPs on 18 June, attended by Somerset Council, Somerset NHS Foundation Trust and NHS Somerset
- NHS Somerset Board Development Session on 19 June
- Ongoing discussions with League of Friends in Burnham-on-Sea and Crewkerne which SFT are leading on

The ICB is collaborating with local stakeholders and partners to let them know about the plans and is currently recruiting local people to work with them on a Stakeholder Reference Group to ensure the views of Somerset people shape the future strategic transformation of Community Hospitals. There will also be local Stakeholder Reference Groups established linked to specific communities. Staff members will also be invited to attend the Stakeholder Reference Groups so that we can listen, hear and involve them as part of the process. We will also build on the approach that has been used in Shepton Mallet of co-design and the aim is to replicate this across Somerset.

A Communications and Engagement Plan is being jointly produced by NHS Somerset and Somerset NHS Foundation Trust to support work to improve community services in Somerset. A summary of the Engagement process is described below.

Summary of Somerset Community Services Engagement

Purpose of the programme

NHS Somerset is working with people and communities across the county to shape the future of local health and care services. This work supports the shift from hospital-based care to more community-led, preventative, and integrated services — in line with the Government's 10-Year Health Plan and Somerset's Integrated Care Strategy.

Why this matters

People in Somerset have told us they want more care at or near home, better joined-up support, and services that help them stay well and independent. Community services need to evolve to meet rising demand, complex needs, and workforce challenges. This is not about closing community hospitals — it is about using them differently to better meet local needs.

Legal duty to involve

As part of our commitment to fulfilling the legal duty to involve and consult the public in the planning and development of services, under Section 242 of the NHS Act 2006, NHS Somerset has worked with both NHS England and Olovus (formerly via the Consultation Institute) to ensure our consultation and engagement processes meet nationally recognised best practice standards. We have drawn on expert advice and guidance from Olovus, alongside colleagues from NHS England, to help shape our approach to planning, delivering and evaluating engagement activity. This collaboration has supported the development of transparent, proportionate and legally sound processes for both formal consultation and wider engagement around community services.

Community Services Engagement in Somerset (2017–2025)

Our current engagement plans around community services have been shaped by the rich insight gathered through previous engagement activity across Somerset. Since 2017, NHS Somerset, Somerset NHS Foundation Trust and Healthwatch Somerset have worked closely with local people, staff, and partners to explore the future of care delivered closer to home. Each phase of engagement has helped us build a clearer picture of what matters most to our communities, particularly in relation to Community Hospitals, neighbourhood teams, access to local services, and support for people at home. This insight has provided a strong foundation for our current approach and continues to inform how we involve people in shaping local health and care services.

- 2017–2019 NHS Somerset – Fit for My Future: Early Community Services Engagement
  Involved: Somerset residents, carers, NHS staff, local VCFSE groups
- Jan–Apr 2020 NHS Somerset – Fit for My Future: Improving Community Health and Care Services
  Involved: Public via 64 events, 837 survey respondents, rural and underserved groups
- 2018–2021 NHS Somerset – Shepton Mallet Community Hospital Local Engagement
  Involved: Local residents, councillors, carers, community partners
- Pre–2021 NHS Somerset – Acute to Community Discharge & Step-down Pathways Engagement
  Involved: Patients, carers, clinicians, discharge planners, community teams
- 2021–2023 Somerset NHS Foundation Trust – Virtual Wards & Neighbourhood Care Pilots
  Involved: Patients, carers, clinicians, trust staff in pilot sites
- April 2023 Healthwatch Somerset – Enter & View Visit: West Mendip Community Hospital
  Involved: Inpatients, families, hospital staff (matron, therapists, nurses)
- May–Sept 2024 NHS Somerset – Somerset's Big Conversation 2024
  Involved: 2,021 residents, VCFSE partners, event organisers, blood pressure participants
- Nov 2024 – Mar 2025 NHS Somerset – 10-Year Health Plan Somerset Engagement
  Involved: 4,541 residents, NHS staff, rural groups, young people, veterans

- 2024–2025 NHS Somerset & Somerset NHS Foundation Trust – Stakeholder Engagement: Shepton Mallet Beds
  Involved: Local councillors, Health Partnership stakeholders, Somerset Council, Friends groups
- May–Sept 2025 NHS Somerset – Somerset's Big Conversation 2025
  Involved: General public, VCFSE outreach groups, public event attendees, survey participants
- Mid–2025 onward Somerset NHS Foundation Trust / NHS Somerset – Public & Media Scrutiny: Bed Proposals
  Involved: Shepton Mallet residents, media, community councils, scrutiny committees

How we will engage

We will deliver inclusive and place-based engagement activities across 2025–2026. These include:

- Local engagement events and listening sessions
- Stakeholder Reference Groups (county-wide and neighbourhood-based)
- Thematic focus groups and surveys
- 'Test and learn' trials in community reablement services
- Transparent feedback via "You Said, We Did" reporting

Putting co-production into practice

Local people, carers, VCFSE groups, and service users will shape every stage — from defining what 'good' looks like to co-developing and evaluating future models of care. We will support inclusive participation with tailored formats, translated materials, and accessibility support.

What can be influenced

- ✔ How services are designed around local needs
- ✔ What matters most to people in each community
- ✔ The evaluation criteria used to judge future options
- ✘ National legal duties or decisions already in process

Timeline

- Summer 2025: Test and learn phase; SRGs begin
- Autumn 2025: Stakeholder-led co-design of future models
- Winter/Spring 2025 – 2026: Wider engagement or consultation (if required)
- Spring 2026 onwards: Implementation with continued involvement

Our Commitment

We will evaluate progress using clinical outcomes, access data, and stakeholder feedback. At every step, we will share updates and involve people in shaping decisions that matter to them.

Risks and Challenges to the Programmes of Work going forwards

Designing and implementing major transformation to community services will be complex and will carry several risks and challenges. Some of these are described below:

Theme	Risk / Challenge / Mitigation
Managing patient expectations	Patients and carers see hospital care as the default or safest option for care. A cultural shift is needed to build trust in community and primary care services. Engaging with our public on the future model of care will be fundamental.
Integration across services	There is a risk of poor co-ordination between health, social care and the voluntary sector where patients may experience fragmented care despite the intention to improve continuity. Good communication will be vital.
Change management and resistance	There could be resistance from the staff and members of the public due to uncertainty, perceived loss of the status of a community hospital and workload pressures for staff. There is also a risk of potential legal challenge when any permanent changes are made. Strong leadership, communication and co-design with staff and patients will be essential.
Funding and resource allocation	Any changes will potentially need to be considered within existing financial arrangements which could be challenging if service provision is enhanced. There could also be multiple organisational budgets that would need to be reviewed. There could be additional costs in providing multiple services closer to home increasing staff and equipment. Use of existing Community Hospital buildings may require further refurbishment. There is however an opportunity to have neighbourhood budgets in the future which could then be managed by the neighbourhoods for the needs of the local population.
Short term vs long term improvements	Delivering transformational change can take time and there may be pressure from the public, local politicians and the Somerset system to demand short term improvements, while investing and transforming our community services in the longer term is needed.

The work programmes need to ensure that they are considering the resources, workforce, infrastructure and cultural change required. The challenge is to balance immediate pressures while building sustainable, integrated and equitable community service provision.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	Quality, Equality Impact Assessments (QEIAs) are being developed for each Community Hospital site and the QEIA for the Intermediate Care Test and Learn has been through the ICB QEIA panel for review and comment.
Quality	Quality of services has been picked up as part of the QEIAs.
Safeguarding	The Community Hospital Services programme of work aims to ensure safe patient care. If potential risks are identified then actions will be enacted to mitigate against these risks.
Financial/Resource/ Value for Money	Resource implications have been identified as part of the increase in Pathway 1 capacity required and this has been reviewed as part of the Intermediate Care Test and Learn.

Sustainability	The publication of the 10 Year Health Plan sets out a long-term vision to transform the NHS in England by shifting care closer to communities and therefore this will have a positive impact.
Governance/Legal/ Privacy	No legal or privacy concerns. Extensive engagement with the public has commenced to ensure their views are incorporated into plans.
Confidentiality	N/A
Risk Description	Risks and mitigating actions are being considered within the programmes of work.