REPORT TO:	NHS Somerset Integrated Care Board ICB Board Part A	ENCLOSURE:
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DATE OF MEETING:	27 November 2025	
REPORT TITLE:	ICB Priority Programme Report and Board Assurance Framework 2025/26 – Quarter 2	
REPORT AUTHOR:	Priority Programme Leads 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 David McClay, Chief Officer for Strategy, Digital & Integration	

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 Somerset System Board Assurance Framework (BAF) and priority programme reporting provides strategic oversight of progress toward meeting ICS strategic aims. The last update to the ICB Board was in July 2025. This report provides the quarter 2, 2025/26 update.

REPORT TO COMMITTEE / BOARD

Key changes and progress

This report provides the Board with strategic oversight of progress towards meeting the ICS' strategic aims, including an update on the priority programmes which underpin the aims and the key risks and mitigations. Since the previous update to the Board priority programme 2 relating to workforce has been reset to take account of the transition and Somerset's clustering arrangements with Bath, North East Somerset, Swindon and Wiltshire (BSW) and Dorset. It is no

longer included as a priority programme report for the ICB Board. The system People Board continue to monitor workforce development and programmes for the ICS.

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: 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

Each strategic risk 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 58 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	No change
20	17	+1
16	23	-2
15	16	-1

<u>Links to thematic overview of corporate risks</u>

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. Although the net risk position of the system has reduced since quarter 1, risk remains. It is noted there is deterioration across the system in the underlying position during the last quarter.

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)
748 – Somerset ICB – Risk that workforce disengagement during transition may impact delivery of 2025/26 financial position (12)
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. Risks to neonatal and maternity services remain the most significant.

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 (15 – reduced from 20 in Q1)
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)

715 – Som ICB – Risk to care quality, safety, outcomes and experience for pregnant people and babies born in Somerset (20)
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 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. In the last quarter new risks have been added in relation to ICB transition which reflects the challenges for delivery of ICB functions while reshaping the workforce in the context of ICB clustering.

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)
R2191 – SFT – Reduced colleague resilience due to workplace pressures (SHS) – (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 (16)
607 – Somerset ICB – Risk of poor outcomes for children and young people presenting with medically unexplained symptoms (12)
R1620 – SFT – Failure to achieve objecting of reducing healthcare inequalities (10)

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

The planned change programme for the NHS continues to carry risk for Somerset and the strategic aims it holds. The strategic ICS transition risk articulates the risk to delivery of strategic aims across the ICS due to the planned ICB clustering and cost reductions required. ICB corporate transition risks have been identified during the last quarter and added to the ICB risk register.

749 – Somerset ICB – There is a risk of significant business impacts on Somerset ICB as a result of the transitioning to cluster arrangements (20)
748 – Somerset ICB – Risk that workforce disengagement during transition may impact delivery of 2025/26 financial position (12)

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 Q2	Trend
1	BM/SM	Clinical Pathways	Clinical Pathways Redesign Programme Group	🟧	→
3	PL	System Flow	Urgent and Emergency Care Delivery Group	🟥	↓
4	DM	Neighbourhoods	Collaboration Forum	🟧	→
5	BM	Population Health	Population Health Transformation Board	🟩	↑
Ref	Exec Sponsor	Key Enabler	Overseeing Committee	Assessment at Q2	Trend
6	AH	Finance	Finance	🟧	→

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	
	Lack of co-design and service user involvement due to pace of change	-	12	Within optimal appetite	
	Challenges in obtaining baseline data for clinical pathways	-	16	Within tolerable appetite	
Corporate risk	A summary of ICS organisational risks impacting this programme is outlined in the covering report				

Narrative Overview:

Reporting period:	Q2 (July – September 2025)
Alert:	**Paediatrics; Focus on UEC and Primary Care Models** • To consider what is required to make a greater impact in this area • **Weight management** • During August notification was received of an opportunity to bid for funding available from the Obesity Pathway Innovation Programme (OPIP).
Assure:	**Paediatrics; Focus on UEC and Primary Care Models** • Further work has taken place to confirm the scope for this work • Discussion has taken place with colleagues from the ICB Urgent & Emergency Care team regarding the development of a comms campaign, aligned with the winter comms plan, to promote the use of HandiApp, MiDos, NHS Quicker and the NHS 111 website. **Women's Health – Development of Women's Health Services** • Work has been undertaken to plan and organise a Women's Health & Wellbeing event, which has now been confirmed to take place in Glastonbury on 5th November 2025. **Ophthalmology – Current Local Enhanced Services (LESs)** • A paper is being drafted for sharing with the relevant ICB governance committees, providing an overview of the clinical reviews along with recommendations for their consideration. **Weight management** • Work is progressing on structuring the OPIP bid and identifying how potential funding could be utilised to strengthen and improve weight management services in Somerset. **ADHD; Adults Service Redesign;** • A Pilot of the proposed service model has taken place in Central Mendip PCN during August/early September. • A Proposal has been developed for wider implementation of the Adult ADHD Service Model. Discussion taking place at Collaboration Forum on 22/10/25.
Advise:	**Measures** • Progress has been made with identifying appropriate data sources to determine baseline data for each pathway, but there continues to be challenges in some areas.

Key metrics:

Metric	Current risk RAG	Change from previous reporting
No. of 111 calls for paediatrics received that resulted in an ED attendance	-	-
No. of 111 calls for the 7 most prevalent paediatric symptom groups that resulted in an ED attendance	-	-
No. of attendances at ED and UTCs for the 7 most prevalent paediatric symptom groups	-	-
No. of direct secondary care to optometry follow-up referrals	Awaiting data	
No. of direct new referrals optometry to secondary care		
% Reduction in GP referrals to secondary care (Ophthalmology Service)		
% Children diagnosed as obese		
% Adults diagnosed as obese		
ADHD - Total No. of people on the waiting list	-	-
ADHD – No. of people on the triage waiting list for 18+ wks	-	-
ADHD – No. of people on the assessment waiting list for 52+ wks	-	-
ADHD – Right to Choose Cost for ADHD Providers	Awaiting data	

Overall assessment of progress toward achieving priority programme measures for 25/26	
The current assessment of progress is rated Amber as some projects are still at early stages of development and a couple require further scoping and definition. Until these are fully scoped and progressed, a degree of uncertainty remains around delivery timelines and outcomes.	

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

Priority Programme:	3 – System Flow	**Programme SRO:**		Peter Lewis (SFT)	
Overseeing Committee:	UEC 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 (risk scores 12 and above only)	**Title**	**Owner**		**Score/ Change**	**Appetite**
	If pathway 3 NCTR duration remains high, **then** NCTR and 21-day LOS trajectories will not be achieved, resulting in increased risk of deconditioning and harm to patients	Strategic Leads for Older People Commissioning & Operations, Somerset Council		12	
	If hospital process delays do not fall to the target level of 30 **then** NCTR trajectories will not be achieved, **resulting in** high acute bed occupancy, possible use of escalation beds & extended length of stay for inpatients.	Patient Flow Service Group Director, SFT		12	
	If the newly expanded pathway 1 resource is neither delivered or fully utilised, **then** NCTR trajectories will not be achieved, **resulting in** high acute bed occupancy, possible use of escalation beds and extended length of stay for inpatients.	Strategic Lead for Older People Commissioning, Somerset Council and Pathway 1 Manager, SFT		12	

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

Narrative Overview:

Reporting period:	**Q2** (up to and including 06/11/2025)
Alert:	Acute NCTR on 06/11/25 was 21.9% against a target of 12.5%. This is an improvement of 1.3% since the last BAF report. The high NCTR is driven largely by hospital process and capacity delays. Clear deliverables have been set against these areas of delay for this next reporting period.
Assure:	Community NCTR on 06/11/25 was 64 a reduction from 94 in the last BAF report, and the lowest figure held on NCTR reports.
Advise:	The national Discharge Advisory Group met with the programme team on 10th November 2025. They acknowledged that Somerset's NCTR is off plan and fed back that the programme delivery plan appeared to be targeting the necessary areas of improvement.

Key metrics:

Metric	Current risk RAG	Change from previous reporting
Reduce NCTR (06/11/25)	**182 (21.8%) against a target of 108 (12.5%)**	Improvement
Reduce acute LOS (end Sept-25 data)	**8.0 against a target of 7.0**	Improvement
Reduce community hospital LOS (Oct-25)	**35.6 days against a target of 30 days**	Static
A&E waits to 78% by March 2026 (Oct-25 data, and provisional)	**70.5% against a target of 76.8%**	Decline
Average length of discharge delay (Oct-25)	**9 against a target of 6.1**	Decline
Overall assessment of progress toward achieving priority programme measures for 25/26	■■■■■■	
No criteria to reside position remains off plan with slower than anticipated improvement.		

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

Priority Programme:	4 - Integrated Neighbourhood Working (INW)	Programme SRO:		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
Corporate risk	A summary of ICS organisational risks impacting this aim is outlined in the covering report.				

Narrative Overview:

Reporting period:	Q2
Alert:	**Objective 1 – Establish a strong foundation for Integrated Neighbourhood working with strong local leadership and governance** • National Neighbourhood Health Implementation Programme (NNHIP) EOI (Sep 25) was unsuccessful and linked to the strategic realignment of system neighbourhood working there will be a delay to Objective 1 to Q1 26. • Delays 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 across the system.
Assure:	**Objective 1 – Establish a strong foundation for Integrated Neighbourhood working with strong local leadership and governance** • Team Coaching (Affina Org Dev) for 2 neighbourhood teams (North Sedgemoor and SSW PCNs) started delivery Oct 25. Outputs focussed on delivery for Q4. Sustainable programming of Team Coaching as a 'key enabler' is being developed. Additional system thinking/leadership development is being explored through the NNHIP. • CEO-level partnership discussions has commenced on re-setting the vision and underlying principles for INTs. **Objective 2 – Strengthen proactive, population-based approaches to care through enhanced Population Health Management (PHM) and risk stratification** • The development of a Population Health Management approach in neighbourhoods is underway within the Population Health Transformation Programme. The Optum pilot projects will provide the initial foundations for future risk stratification capability. Discussion ongoing regarding delivery timelines - 2026. **Frailty Model and System Delivery.** To co-design, develop and implement the Somerset response to frailty and complex multimorbidity for adults delivered through INW.

	• Further development of the frailty offer through the Frailty Steering Group based on the outputs from the regional visit in Oct 25. A frailty model and System delivery for frailty with revised outcomes and metrics is being developed for Q4. This work will inform the commissioning intentions for frailty services for INW for 2026/27.
Advise:	**Governance** • Governance processes through the proposed Neighbourhood Steering Group (ICB, Somerset NHS FT, Somerset Council, VCFSE, GP Support Unit) will be confirmed once the strategic realignment of INW is confirmed.

Key metrics:

Metric	Current risk RAG	Change from previous reporting
Emergency admissions for people aged 65		No change
Admissions due to falls for people aged 65+	**Requires clarification against Plan**	Decline. Frailty model in development which will include review of existing falls prevention services.
Unplanned admissions for chronic ambulatory care	**Requires clarification against Plan**	Improvement
Long term admissions to residential care homes and nursing homes for people aged 65+		Improvement

Overall assessment of progress toward achieving priority programme measures for 25/26	
The Neighbourhood programme is currently assessed as Amber. The immediate focus for neighbourhoods will be the development of the frailty model and System delivery of frailty aligned to commissioning intentions for 2026/27. Discussions have	

commenced on establishing greater collaboration over the model for INTs for 26/27 that supports delivery of the new frailty model.

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:	Q2 (July – September 2025)
Alert:	Current efforts are focused on sustaining existing activity, capturing impact to date, and supporting transitional arrangements until new funding is secured. Recurrent funding has not yet been identified for the Homeless Health Inclusion Service, creating uncertainty around the sustainability of this provision. An options paper outlining potential funding and delivery models is still awaited for consideration by the Board. Capacity has been identified to support the Population Health Transformation Programme however it is temporary until March 2026. A Health Inequalities Audit is being planned under the Population Health Programme for Somerset ICB. This audit will provide a system-wide assessment of inequalities within projects focusing on access, outcomes, and experience of care, informing future priorities and targeted interventions once new funding becomes available.
Assure:	The Data Sharing Agreement, Joint Controller Agreement, and DPIA have been signed by seven system partners (SFT, Somerset Council, ICB, St Margaret's Hospice, Symphony Health Services, Axbridge and Wedmore GP, and Frome Medical Practice). This has been removed from the Programme Issue log. The success metric for this project will now be updated to reflect the next phase, following discussions with the relevant stakeholders. Work is underway with the performance team to create a CORE20PLUS5 compendium to consolidate current system data, identify gaps in reporting, and provide a single source of truth for population health inequalities metrics. The Maldaba project is making great progress now that the information governance issues it faced are being resolved Hypertension Project: The maternity post has been successfully recruited to support community case finding, and the project is making strong progress, as reflected in the data, highlighting the project's importance to the local population. Coastal Navigators Network (CNN) project: Somerset ICB was represented at the National Coastal Navigators Network Conference,

	engaging with national stakeholders and networking with the 16 other coastal area SROs. As part of this project, a Primary Care Health Improvement Officer role has been successfully recruited within General Practice and is due to start in December, strengthening delivery and engagement within the project.
Advise:	The Population Health Ambassadors programme has proven extremely popular across the system, completing its first introductory meeting with 27 attendees. A plan is in place to grow and engage this group over the next 12 months, supporting wider system awareness and participation in population health initiatives. The Population Health Programme Board has successfully met, providing a formal forum for oversight, decision-making, and programme coordination. Somerset Foundation Trust continues to pursue creation of a Population Health and Inequalities Strategy for the Trust. The programme team will continue to work closely with partners to provide oversight and guidance, reducing the risk of duplication. Health Inequalities Projects Group: In light of preparations for the Health Inequalities Audit and the discovery of this work across the system, the programme will be reconsidering the structure of the Health Inequalities Projects Group (a sub-group of the Population Health Board) to better coordinate and prioritise activity.

Key metrics:

Metric	Current risk RAG	Change from previous reporting
M1 - Hypertension		**The issues the programme had previously with regards to the data have been resolved and we now have what is needed to measure progress**
M2 - Smoking cessation		**The programme is currently in discussion with the Public Health team regarding data provided for this metric**
M3 - Maldaba		**The issues the programme had previously with regards to reporting into the programme has been resolved and we now have what is needed to monitor**

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		Now over 45 ambassadors in Somerset
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		Now signed – discussions to take place at board to decide new metric for success measure

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

Progress across all priority programme measures is now on track for the 25/26 period. Earlier challenges have been effectively addressed, largely due to the programme's strong leadership and clear strategic direction, which has ensured consistent focus and the rapid resolution of emerging issues. The programme is confident that any remaining challenges will be resolved. Current resource levels are sufficient, mitigation actions for minor risks are embedded, and forecast projections indicate that the programme will achieve its intended outcomes within agreed timeframes.

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:	Q2 (July – Sept 2025)
Alert:	Nothing to note currently.

Assure:	• Detailed and appropriately challenging focus through ICB Finance Committee, including deep dives into:
	    o ICB financial health
	    o System savings programme, including Somerset NHS Foundation Trust Financial Recovery Plan

	○ CHC ○ Primary Care Prescribing and High-Cost Drugs & Devices • Weekly Finance Assurance Group (system level) • Audit Committee oversight of process and internal control • ICS Estates Group, System Performance Group
Advise:	The net risk position of the system has reduced since Q1, partially being mitigated, however risk remains with delivering the financial position. We are hoping to reduce the risk score as we move into Q3. System deterioration in ULP due to higher delivery of non-recurrent savings in year than planned. This will mean the ULP deficit starting point for 2026/27 will be higher than planned.

Key metrics:

Metric	Current risk RAG	Change from previous reporting
System forecasting to deliver balanced FOT		
Reduce system deficit ULP		
Workforce wte in line with workforce plan		
Deliver 30% reduction against the 2024/25 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 Q3 financial performance.	

**REPORT OF THE SYSTEM PEOPLE BOARD MEETING HELD ON
15 OCTOBER 2025**

1   ITEMS DISCUSSED

1.1
- Board priority programmes review (1)
- Community solution seekers (2)
- Health and Social Care Academy update (3)
- ICS leadership development
- ICS workforce planning

2   NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1   None

3   DECISIONS TAKEN BY THE SYSTEM BOARD UNDER DELEGATED AUTHORITY

3.1   None

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   1.   The board undertook its regular review of the seven priority programmes: Somerset Academy, Work and Health, Volunteering for Health, Housing Hub, Strategic Workforce Risk Analysis, ED&I, Future Workforce (Workforce 35)

           2.   The board was updated on this programme to foster community leadership to generate self-sustaining improvements to health and wellbeing. It is funded jointly by Health Education England, Somerset Council and NHS Somerset.

           3.   The committee welcomed news of the appointment of the Academy Director.

Chair: Christopher Foster
Date: 17 November 2025