REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: I
DATE OF MEETING:	27 March 2025	
REPORT TITLE:	NHS Somerset ICB Commissioning Intentions 2025/26	
REPORT AUTHOR:	Carmen Chadwick-Cox, Deputy Director of Commissioning	
EXECUTIVE SPONSOR:	David McClay, Chief Officer for Strategy, Digital & Integration	
PRESENTED BY:	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 enclosed Commissioning Intentions have been developed following a period of engagement with partners on the Somerset Collaboration Forum. They are intended to provide greater visibility on the full range of planned changes across the areas covered by the ICB in 2025/26 and are aligned with the ICB's Operational Plan.

In most subject areas the intention has been co-developed through partner groups and our plans are merely being reflected in this document. In other areas the ICB is setting out the required change as a result of changes in national policy and requirements.

REPORT TO COMMITTEE / BOARD

The Board is asked to review and approve the enclosed Commissioning Intentions. The Intentions are designed to reflect the key service changes through the commissioning lens that the ICB and partners intend to deliver next year. Some ICBs have sought to publish high level Intentions for 25/26 whereas the more traditional approach would give granular detail on activity

and financial changes. The ICB has sought to strike a balance in identifying the service changes and in many cases working with partners to agree implementation detail in-year.

The purpose of the Intentions is to provide visibility and transparency to key service developments for the year ahead.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	EIA are undertaken as part of specific proposed changes to service.
Quality	The Commissioning Intentions – and ongoing revision- are informed by quality assessments and risks.
Safeguarding	N/A
Financial/Resource/ Value for Money	The Intentions are aligned with the outputs from the Operational Plan round for 2025/26. In areas such as Planned Care,
Sustainability	Outline how you have considered the underlying objectives of the Somerset ICS Green Plan 2022-2025.
Governance/Legal/ Privacy	N/A
Confidentiality	Open
Risk Description	N//A

RE: NHS Somerset ICB Commissioning Intentions 2025/26

Following publication of the NHS Operational Planning Guidance for 25/26 and other key pieces of NHS policy (including the Elective Reform Plan), NHS Somerset would like to set out its key commissioning intentions for 2025/26.

Common purpose:

- During 2024/25 it was agreed with partners that the core mission within Somerset is to improve the healthy life expectancy of residents. Through 2024/25 Q4 we will define the progress we want to make in reducing the time people live in poor health and this will serve as the long-term measure for our strategy and our core mission moving forward.

- Maintaining people in good health will have a clear personal benefit to residents, enabling them to lead fulfilling lives, contribute to their local community and where appropriate, remain in active employment. Through 2025/26 we will undertake an assessment of the wider economic value of maintaining people in good health to inform our plans moving forward.

- To balance operational priorities with the funding available, while continuing to lay foundations for future reforms - including shifting our money to deliver more care in communities and supporting people to live well - the NHS will need to reduce or stop spending on some services and functions and achieve unprecedented productivity growth in others. We are committed to having open and honest conversations about actions to reduce waste and duplication and tackle unwarranted variation. This will mean taking difficult decisions, making sure they are clearly rooted in the needs of our population making the best use of available staff, and where all reasonable steps have been taken to maximise resources available for clinical services. We must spend within our means, and we are committed to achieving a balanced budget delivering financial value and the best possible outcomes for the people of Somerset.

Throughout 2025/26, NHS Somerset intends to develop its approach both to Strategic Commissioning and Neighbourhood working. This will be underpinned by the following key commissioning areas: -

1. Clinical Models of Care:

In 2025/26 the ICB will launch a clinically led programme that will systematically review and redesign priority pathways using the draft principles set out in Appendix 1. It will adopt a Model System/GIRFT approach to clinical engagement, seeking to streamline and reduce unwarranted variation and improve the working lives of colleagues. Over coming weeks we'll work through how these dovetails with provider plans.

Integrated Primary Care:

We have an ambitious transformation agenda which we will deliver across all four primary care services in 25/26: GP, Pharmacy, Dental and Optometry.

As part of our continued commitment to strengthening primary care, we are focusing on supporting provider maturity across the portfolio. We will be working

collaboratively with all primary care providers within the system to enhance and develop a provider-led approach to transformation. Our aim is to enable providers to take a leading role in shaping and delivering sustainable improvements, ensuring high-quality care for our communities.

General Practice:

For GP services, our highest priority is to establish capable and credible provider leadership through the development of the GPSU to ensure that General Practice can function as an active and ambitious system partner, delivering a step change in efficiency, effectiveness and reduction in unwarranted variation. We will support the GPSU to develop its capability and capacity, particularly on practice resilience and transformation.

We see Symphony Healthcare Services (SHS) playing its part in wider system development, working alongside all general practice providers and the GPSU to ensure alignment, avoid duplication, and maximise system-wide benefits. This is particularly important in the form of SHS-led services that support wider general practice. We welcomed the recent opportunity to feedback on the newly developed SHS strategy which underpins its intentions to hold general practice contracts, provide system provision of primary care services and enable transformation within general practice. As this strategy work progresses, we expect SHS to develop a plan for how it will realise these opportunities, in collaboration with the ICB.

Over the past year, SHS has made notable progress as part of its transformation programme and the ICB will continue its commitment to supporting SHS with this programme over the coming year.

Other important commissioning priorities for GP services include the negotiation of a transformative local contract which builds on our development in 24/25 of a New Funding Framework. This explicitly addresses health inequality and population health priorities. We will also press forward at pace with digital innovation, working across the system to deploy new technology to drive efficiency and effectiveness at practice and PCN level. Planned procurements include TeamNet, Ardens, EMIS Local Services, AccuRx, WeQuas and INR Star.

The ICB will also continue to work closely with the two PCNs in the National PCN Pilot Programme, to ensure that the PCNs are supported to generate insights to inform the future national approach to commissioning of GP services.

Ensuring that GP service is orientated towards neighbourhoods will continue to be a strong focus. We will procure a new long-term provider for Minehead Medical Centre using an approach which ensures the new provider is fully aligned to the development of neighbourhood working in West Somerset.

There are also planned procurements for the Special Allocation Scheme which provides care for violent patients, and an at-scale prescribing function for Covid medication, which is likely to provide the foundation for a future ‘once for all 62 practices’ approach to at-scale primary care service delivery.

Access, continuity of care and population health continue to be our key priorities as set out in our system primary care strategy. With the current national access programme coming to an end in March, we are exploring options for a local

approach to continuing to improve access beyond the current achievement, which is an increase in GP appointment activity beyond pre-Covid levels.

***Community Pharmacy*:**

Our key priority will be to develop community pharmacy productivity monitoring programme to enable benchmarking, gap analysis and proactive management of resilience challenges, promoting improved sector durability.

We will increase utilisation of Discharge Medicines Service (DMS), working closely with our hospitals to embed this innovation.

We will also increase utilisation of NHS Community Pharmacy New Medicine Service to increase volume of services delivered, improve public awareness of service, develop data sharing between community pharmacy and general practice to reduce duplication and improve patient outcomes, and improve commissioner data sharing. We will increase omnichannel utilisation of NHS Pharmacy First, across Walk-In, GP Referral, UTC/A&E Referral, NHS 111/999 Telephony Referrals, and NHS 111 App/Online Referrals.

In support of our system-wide population health priority programme, we will Increase utilisation of NHS Community Pharmacy Blood Pressure Check Service to increase opportunistic identification of hypertension, significantly increase proportion of opportunistic hypertension case-finding that results in community pharmacy ambulatory blood pressure monitoring (ABPM), and progress the development of hypertension cohort management pathway between general practice and community pharmacy.

The ICB will also Increase utilisation of NHS Community Pharmacy Contraception Service by increasing public awareness of service, increasing community pharmacy engagement with the service and progressing the development of Contraception cohort management pathway between general practice and community pharmacy.

We will review our local Pharmacy First service.

We will review and implement the findings of ICS Community Pharmacy Emergency Hormonal Contraception Service (combined approach between NHS Somerset ICB and Somerset Council). We will also undertake an ICS review of Community Pharmacy Opioid Substitution Therapy Service specification and contract management arrangements.

We will push forward with Pharmacy Independent Prescribing and maintain our successful approach to delivery of vaccination services through pharmacies.

Provider leadership will be critical, and we will continue our successful approach to ensuring pharmacy is a key partner in integrated neighbourhood working.

Optometry:

We will support further development of optometry provider leadership to unlock the transformational efficiency and effectiveness benefits of greater integration of optometry in urgent and planned care pathways. To this end we will undertake a collaborative clinical review of Acute Community Eyecare Scheme (ACES) and

undertake clinical review of Ocular Hypertension Monitoring Service (OHT), as well as a clinical review of Intraocular Pressure Referral and Refinement Service (IOP-RRS).

We will review all Ophthalmology pathways between Primary and Secondary Care services to optimise delivery and patient choice and identify development of Optometry Independent Prescribing Service.

We will also complete development of digital referral mechanisms between primary care optometrists and secondary care teams.

We will increase the resilience of low vision services, including any necessary procurement, alongside a review and potential extension of the EES contract for management of local services.

We will support the development of role of optometry/ophthalmology services in integrated neighbourhood teams.

Dentistry:

As part of our commissioning approach, we are actively supporting the development of our Local Dental Committee (LDC) and working closely on Somerset's dental transformation opportunities. We are committed to fostering a collaborative and provider-led approach to dental service development, ensuring that commissioning decisions align with system-wide priorities and drive sustainable improvements in access, quality, and patient outcomes.

We have invested in transformation capacity with a new highly skilled strategy implementation team embedded via the provider sector. This will support us to achieve the following objectives:

- Implementation of UDA rebasing strategy
- Increasing provision of access to urgent care services
- Increasing access to mandatory dental services (Routine care)
- Reviewing service delivery against population health needs identified in OHNA
- Mobilisation of dental service procurements
- Procurement of Community Dental Services
- Development of the regional DERS (Dental Electronic Referral Service)
- Further support the training of Foundation Dentists
- Recruitment incentivisation
- Development of novel models of care
- Review and extend Supervised Teeth Brushing service
- Development of system-wide oral health improvement/population health management service to expand prevention education and interventions
- Re-procurement of Dental Helpline
- Whole dental workforce support and development

Dental recovery is a multi-year programme, but 25/26 will be a foundational year in delivering visible improvements for the population.

Neighbourhoods and Personalised Care:

NHS Somerset will continue to develop its approach to personalised care and support planning and requires system partners to engage with this through personalised conversation training, embedded through all our workstreams. This work will include enabling a joined-up approach to end-of-life care as well as proactive/complex care. Clarity on the Frailty Model, the proposal for which will be jointly developed by a multi-organisational group of stakeholders from across health, social care and voluntary sector in Q1 of 25/26. It is anticipated that the required resource shift and implementation process to achieve this change will be informed by the design process and available in Q2 of 25/26.

In line with the recently published national guidance the ICB is committed to working with system partners to enable a person-centred neighbourhood health approach (aligned to the 6 components) working with a wide range of services and organisations to improve the health and wellbeing of our local communities. We will work with existing partners to build upon, evaluate and learn from existing integrated approaches across the county, moving towards delivering consistency in our integrated community offer.

Prescribing:

Whilst the ongoing development of innovative medicines will inevitably drive cost, the ICB is keen to shift resource from medicines spend to support the fantastic early progress in social prescribing. In 2025/26 we will explore devolved responsibility for the GP prescribing spend to General Practice with a requirement that 1% of the total sum is invested in social prescribing activities. We will ensure this is enveloped within a governance framework that assures public access to medicines when needed and shares risk and opportunity between general practice and commissioners. The ICB will work with system partners to understand the impact of NICE guidance.

Planned Care, Cancer & Diagnostics:

The ICB notes the requirements contained within the Elective Reform Plan and will work with providers to develop our response to this alongside developing our Elective Care Strategy for Somerset (details of which will be shared shortly).

As an ICB, we intend to focus on driving performance improvement by looking at clinical pathways from referral to treatment, as well as supporting trusts with the focus on non-admitted pathways and meeting the significant productivity challenge. The ICB will continue to lead on the relationship with the independent sector and as part of the elective care strategy, will set out the balance between NHS services and the provision brought by the independent sector.

Through the planning process for 25/26, the ICB will work with the trust to set affordable levels of activity plans to meet performance improvements recognising the challenge with reduced elective recovery funding for 25/26.

The ICB will work with the Elective Care Board for Somerset to support identified priority pieces of work for 25/26 such as advice and refer and MSK redesign.

The ICB expect all providers to provide a full digital experience for patients through integration with the NHS App, development of a single waiting list, and to develop the capability during 2025/26 to book patients according to health inequity in addition to time spent waiting on the list. It will work with providers to confirm when the public can benefit from these technologies.

The future model of Planned Care will be developed through the Clinical Reference Group and delivered through the Elective Care Board for Somerset, with minor amendment to the terms of that group to ensure it reflects a whole system remit.

The early detection and treatment of cancer remains a significant priority for Somerset ICB. NHS Somerset will continue to work with the Somerset, Wilshire, Avon and Gloucester Cancer Alliance to focus on performance against the cancer waiting time standards, driving further improvement by:

- maximising care for low-risk patients in non-cancer settings, including maintaining the faecal immunochemical test (FIT) in lower GI pathways, low-risk pathways for post-HRT bleeding, and breast pain only pathways
- improving the productivity in cancer pathways including teledermatology in urgent suspected skin cancer and nurse or allied health professional (AHP)-led local anaesthetic biopsy in the prostate cancer pathway

Through the Somerset Cancer Board we will continue to oversee performance against the key planning metrics for Cancer, including a programme of work to improve against these:

- Improve performance against the headline 62-day cancer standard to 75% by March 2026
- Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026

The ICB recognises the importance of diagnostics in the provision of elective and cancer services. In respect of diagnostic provision, the ICB will seek to further drive benefit from the two county diagnostic centres and as part of our response to the elective reform plan, will support the requirements for CDCs to:-

- be open 12 hours a day, 7 days a week
- deliver the optimal standards of tests per hour – such as 4 CT scans per hour – to use diagnostic capacity productively
- remove low value test referrals to maximise capacity
- develop and deliver at least 10 straight-to-test pathways by March 2026, focusing on the diagnostic tests patients are waiting the longest for locally
- identify local opportunities to improve performance against the Faster Diagnosis Standard to reduce the number of patients waiting too long for a confirmed diagnosis of cancer

The ICB will also work with the West of England Pathology and Imaging Networks to align commissioning intentions and workplans.

Urgent and Emergency Care:

The future model of Urgent Care will be developed through the Clinical Reference Group and delivered through the Urgent and Emergency Care Delivery Board.

NHS Somerset

NHSE benchmarking indicate opportunities to improve length of stay for residents. Although this data needs to be contextualised, we are keen to work with system partners to establish the optimum level of bed provision within the county. There's a need to ensure that the benefit of tighter processes and new technologies such as remote monitoring and virtual ward is realised.

As indicated during 24/25, the ICB will work with partners to confirm the scope of re-procuring the front end of the urgent care pathway and, will be extending the Care Co service for a further 12-month period, to enable further development and evaluation prior to determining the optimal future model. A greater focus on the data and benefits will be needed to enable this.

A 'Call before convey' model will be implemented during 25/26, using the Care Co-ordination Hub as the focus for this. To enable success, direct pathways into core UEC pathways will be reviewed ensuring appropriate access is provided for crews and where possible these are supported with simple pathways back into the community through the Care Co Hub. The role of community in-reach into hospital to support front door flow should be considered alongside this.

The ICB will in addition focus on reviewing funding and developments for services such as MiDos Licence, Somerset Ambulance Doctor Car and High Intensity Users programme.

We will also agree the vision for Same Day Emergency Care services including reviewing NHSE national SDEC service specification. We will work with providers to ensure the capacity for Hospital at Home is utilised and model is refocused where appropriate – e.g. for the respiratory arm to support acute respiratory hubs. We will continue to work with providers to further expand the referrals to UCR in line with the revised national targets. We will also continue to work with providers on initiatives such as timely handover processes that are aimed at improving our key UEC performance targets.

Women's and Children's:

We have several priority areas relating to children's health that we want to develop our strategic commissioning approach to in 2025/26 including access, long term conditions and transition for CYP. Alongside these programmes, we will continue to drive elective recovery for CYP to ensure visibility within overall elective recovery plans. We will also be recommissioning child sexual abuse services.

Maternity and paediatrics improvement remain priorities as we move into 25/26. It's imperative that within the current financial climate all efforts are made to continue to focus time, energy and whatever resource may be identified on improving outcomes, experience and reducing risk in these critical services.

For women's health the focus will be on the endometriosis pathway and the development of Women's Health hubs.

Adult mental health and dementia:

Our priorities for 2025/26 will focus on dementia pathway redesign (including medications) and ongoing improvement work against the dementia diagnosis register. This work will be undertaken with stakeholders from across the system;

shaping any required transformation together. The ICB will focus on employment support for people with mental health needs, including expansion of individual placement support and links with the Council-led employment programme. We will also continue to focus on mental health crisis support including delivery of the shared assertive outreach action plan and continuation of the Mental Health Ambulance. In line with the national planning guidance, we will explore further opportunities around length-of-stay reduction for people in an inpatient setting.

We will ask for provider support with NHSE reporting requirements, a potential 24/7 crisis line, and other outcomes data across mental health services.

CYP mental health:

Priorities for children and young people's mental health will centre around implementation of the procurement for Community Wellbeing Service and Procurement for Child Sexual Abuse Services and associated implementation. We will also continue to develop our VCFSE alliance work.

Learning Disabilities and Autism:

The focus for 25/26 will be enabling partners to improve our approach to ADHD/autism assessments, including links with the national ADHD taskforce, and to deliver improvements in waiting times for assessments and wider advice and support. We will ask system partners to come together to shape this work.

Specialised Commissioning Delegation:

Over 2025/26 the ICB will be taking delegated responsibility for Specialised Commissioned services from NHSE. We will be working with our providers to identify opportunities in these services for our population.

VCFSE:

The ICB commits to improving our commissioning processes for the VCFSE as we know that if we can get the commissioning right then this will energise the sector. We recognise the added value that small, local organisations bring to our system.

The ICB will explore greater involvement of the VCFSE in shaping our commissioning to inform future service models and in the review of existing arrangements.

In recognition of the challenging financial climate the Sector operated within – and acknowledging our limitations on new funding – the ICB will support the principle of multi-year agreements where feasible and improve timeliness of payments to VCFSE organisations.

We will ensure that there is a review of existing winter pressures mechanisms and engage with the VCFSE sector in future support.

2. Shift from Treatment to Prevention

- For 2025/26 we will build on the impressive start made this year with regards to identifying people with hypertension within the population to ensure they receive

follow-up and support where needed. This work will reduce the incidence of heart and strokes into the future.

- In Q2 2025/26 the ICB, with partners, will set out a full programme of similar initiatives aimed at reducing demand growth on services into the future, with ringfenced funding to progress.
- Our priority remains to improve our data and insight capability. Good foundations have been laid in 24/25 and the wider system should start to see the benefit of linked data during 25/26.

3. Alignment of Non-clinical (Corporate) services

The ICB will convene partners to explore whether the adoption of cloud capabilities can enable a more streamlined offer of non-clinical services across the system. Implemented correctly, this has the potential to improve the working lives of colleagues across the system whilst reducing time delays and repetitive steps.

Enabling streams:

A. Leadership, Workforce & OD

In line with the national guidance, we will work with providers to agree performance assumptions that enable them to achieve a 30% reduction in agency staffing. We fully appreciate compromises, and difficult decisions will be needed once we've collectively exhausted all efficiency and productivity opportunities.
Following agreement at the Somerset Board, we will explore the adoption of a common change method and way of working. This is likely to be a composite of systema and Quality Improvement methods. We will also bring greater insight and modelling capability to future planning to understand future roles, skill-mix and training support.

B. Digital

As a system we will use technology and data to re-imagine how we achieve better outcomes for the people of Somerset. Organisational boundaries will not stop us from creating holistic digital services to improve outcomes for our communities.

- We will focus on breaking down the technological and cultural barriers that silo us into our respective organisations.

- We will become a team of teams, building a single view of an individual through a digital lens. We will build common data platforms to enable data to flow safely and ethically across all ICS partners.

- We will place the people at the heart of the digital service development process, ensuring that the final product is tailored to meet their needs and preferences. We will offer an accessible, trusted set of digital services that help individuals find the right care and support for them.

C. Finance & Joint Commissioning

All the steps outlined above have a consequential impact on the cost of care. The commissioning intentions are set against a scenario where innovation and reform must be front and centre of our strategic plans and that in a very challenging financial environment, difficult decisions will have to be made. This means that we must double down on efforts to ensure that every Somerset pound spent on healthcare is used wisely; reducing duplication and waste; and improving efficiency and productivity in all areas, including support services. We also support the positive gearshift in advancing digital health services.

In response to the national framework, the ICB will develop its local Strategic Commissioning Framework. This will set out how it intends to utilise data on experience and outcomes to shape intentions moving forward.

It's imperative that the system maximises the utility that financial tools available such a joint, pooled, shared and personalised budgets. There is however a body of work to be progressed during 2025/26 that clarifies existing arrangements and delivers a solid foundation from which to build in future years.

From the BCF audit that is taking place, the ICB will review the opportunities that this presents to ensure that joint commissioning arrangements are fully integrated, achieve the maximum value and monitoring takes place through the Joint Commissioning Steering Group.

It will also review any joint funding arrangements ensuring that the system ensures value for money and delivers the best outcomes for our population. This work will start with the Learning Disability pooled budget arrangements.

In line with the forthcoming national changes in the BCF framework, the ICB will develop our BCF plan to ensure a joint system approach for meeting the objectives. It is critical it reflects our local learning and best practice focusing on re-designing our intermediate care pathways and a shift away from avoidable use of long term residential and nursing home care to onward care this is required for the individual.

Next Steps:

- A draft of these Commissioning Intentions was made available to system partners on the 5th February. Feedback has been received until the 28th February. A revised version will be issued following the March Board meeting.
- Concurrent discussions have been taking place regarding financial planning for 25/26.
- The Intentions are provided to ensure there is clarity and transparency of ICB plans for the forthcoming year. In many areas the final details of those plans will be worked up with system partners.