

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: J
DATE OF MEETING:	27 March 2025	
REPORT TITLE:	Joint Forward Plan	
REPORT AUTHOR:	Leanne Field, Deputy Director Strategy and Transformation	
EXECUTIVE SPONSOR:	David McClay, Chief Officer for Strategy, Digital & Integration	
PRESENTED BY:	Alison Rowswell, Director of Localities and Strategic Commissioning	

PURPOSE	DESCRIPTION	SELECT
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	<input checked="" type="checkbox"/>
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	<input type="checkbox"/>
Discuss	To discuss, in depth, a report noting its implications	<input type="checkbox"/>
Note	To note, without the need for discussion	<input type="checkbox"/>
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	<input type="checkbox"/>

LINKS TO STRATEGIC OBJECTIVES (Please select any which are impacted on / relevant to this paper)	
<input checked="" type="checkbox"/>	Objective 1: Improve the health and wellbeing of the population
<input checked="" type="checkbox"/>	Objective 2: Reduce inequalities
<input checked="" type="checkbox"/>	Objective 3: Provide the best care and support to children and adults
<input checked="" type="checkbox"/>	Objective 4: Strengthen care and support in local communities
<input checked="" type="checkbox"/>	Objective 5: Respond well to complex needs
<input checked="" type="checkbox"/>	Objective 6: Enable broader social and economic development
<input checked="" type="checkbox"/>	Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT
<p>Please include the names of any committees/groups that have previously discussed/agreed the report, together with outcomes. Indicate any consultations and/or staff, stakeholder, clinical, patient and public engagement which has informed the recommendations.</p> <p>14 February – Somerset Collaboration Forum, for discussion and assurance 10 March - ICB Management Meeting, for discussion and assurance 11 March - Somerset Board, for oversight and assurance</p> <p>System stakeholders/key partner have been engaged with and given the opportunity to review the draft plan and submit comments for consideration.</p>

REPORT TO COMMITTEE / BOARD
The purpose of this paper is to provide members of the Board with an overview of the final Joint Forward Plan (JFP), for the Somerset NHS system for 2025/26.

The plan has previously been reviewed by several boards/groups, with system stakeholders being given the opportunity to provide comment and feedback. The plan has now been graphically designed and is coming to Board for formal approval prior to sharing on the NHS Somerset website.

ICBs and their partner trusts are required to publish a JFP before the start of each financial year, setting out how they intend to exercise their functions in the next five years (Health and Care Act, 2022). Whilst our original plan was developed and signed off in 2023, on advice from NHSE (considering the national conversations taking place around the 10-year plan) we have undertaken a high-level, light-touch refresh looking at 2025-2030.

The plan has been developed with regard to the Integrated Care Strategy, our Operating Plan and other system partnership key plans particularly the Joint Local Health and Wellbeing Strategy.

The purpose of the plan is:

- To set out how the ICB will meet its population's health needs
- To describe how the ICB and partners will arrange and provide services to meet physical and mental health needs including the ICS core purposes and ICB legal requirements

The refresh is also being used to support meeting the requirements of the ICB Annual Assessment and is reviewed by NHSE.

The plan takes a reflective stance of what has been achieved in the last 12 months, with some key headlines as follows, further details of which can be found in the appendices:

- Our focus has been on ICB running cost reduction and capability building within the ICB itself
- We established the 5 priority programmes and have good progress in some areas however, in others it has taken longer than expected
- We have tightened our programme and change management - focusing on digital enablement
- Digital strategy has been published and 3 missions developed
- Workforce programme reset has now been picked up
- Strong diagnostic work with regards to system flow, however people still experiencing undue delays in transitioning out of acute care
- A framework has been developed for neighbourhood working but this needs to be applied through the lens of Frailty.

Moving into 2025/26 we have outlined out five key priority programmes (PP) as follows:

- Clinical pathways (PP1)
- Workforce (PP2)
- System Flow (PP3)
- Neighbourhoods (PP4)
- Population Health (PP5)

These priorities have been set against a backdrop which we know sees the system facing a significant financial challenge for 2025/26, which sits as a key driver across all five priority areas.

The plan outlines how we will seek to meet our challenges in the coming 12 months and beyond; and we specifically highlight:

- Build clinical leadership of care model/redesign to improve outcomes and effectiveness (PP1)
- Develop new model of intermediate care and reducing internal delays for people in hospital.
- Gain greater understanding the right-size of bedded care need, opening conversations on virtual ward and remote monitoring tech use
- Complement our work around system flow by developing a model of MDT support in neighbourhoods for people - starting with those that are frail

- Seek to reduce our reliance on our temporary workforce and looking further into the future to agree what roles we need 5-10 years hence
- Expand our prevention programme on hypertension cardio-vascular disease

To support the plan, the appendices also outline how Somerset will achieve each of the 17 legislative duties.

Board members are asked to review and formally approve the Joint Forward Plan for publication.

To note, at the time of finalising and publishing the plan (March 2025), the Government has announced the abolition of NHS England and the requirement for Integrated Care Boards to reduce their running cost by 50%. The impact of these changes is being assessed and will be reflected in future iterations of this plan.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED
(please enter 'N/A' where not applicable)

Reducing Inequalities/Equality & Diversity	No EQIA has been completed in developing the Implementation plan, however EQIAs will be developed as appropriate for relevant schemes indicated within the plan. The JFP does however cover the 17 legal requirements of the ICB, one of which is to our 'Duty to Reduce Inequalities,' which will be covered within appendix 2 of the document.
Quality	No quality assessment has been completed in developing the Implementation plan; however, these will be developed as appropriate for relevant schemes indicated within the plan.
Safeguarding	Confirm that safeguarding has been considered and illustrate how any proposal will protect vulnerable people.
Financial/Resource/ Value for Money	There has been an extensive process throughout planning to align and triangulate the workforce, activity, performance and aspects of the plan provided through operational planning. Oversight of the plan and its priority programmes are currently supported by dedicated strategic priority resource under the TMO.
Sustainability	The JFP covers the 17 legal requirements of the ICB, one of which is to our 'Duty to Climate Change,' as is covered within appendix 2 of the document
Governance/Legal/ Privacy	In line with the Health and Care Act (2022), The ICB and its partners have a statutory duty to publish a JFP setting out how they intend to exercise their functions in the next five years. The JFP aligns to the delivery of our Operating Plan and will support the ICB and wider system partners in delivering the three national priorities for the NHS which are: <ul style="list-style-type: none"> • Recovering our core services and improving productivity • Make progress in delivering the key NHS Long Term Plan ambitions • Continue transforming the NHS for the future
Confidentiality	This report is not considered to be confidential
Risk Description	This paper relates to several key risks on our corporate risk register and our board assurance, as it sets our approach to delivering our strategic objectives

Somerset
Five year
Joint Forward
Plan refresh
2025 - 2030



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Appendices

Appendix 1: Our achievements over the last 12 months

Appendix 2: Delivering our Statutory Functions

Appendix 3: Glossary and Abbreviations



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or format please contact us: Tel: 01935 384000
or email: somicb.enquiries@nhs.net



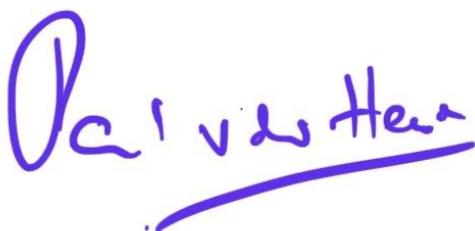
Foreword

Partners across Our Somerset – our Integrated Care System – have made significant progress in the way they work together to improve health and care services in our wonderful county. In Somerset, we want everyone who lives and works here to have healthy and fulfilling lives. We believe that by working together to harness our collective resources and expertise, we can provide earlier support to keep people well and deliver excellent, joined-up health and care services when they are injured or mentally or physically unwell.

The success stories included in the Our Achievements section of this plan stand as testimony to what can be achieved when we work together to break down organisational boundaries and focus on delivering responsive services that meet the needs of local people.

We know there remain significant challenges to overcome. We need to improve access to GP services and dentistry, continue to reduce waiting times for planned treatments and improve ambulance response times, while creating a health and care system that is financially sustainable with the workforce required to meet the care needs of our population. We also know that not everyone has the same experience, and those living in our most disadvantaged communities are least likely to receive the support they need to thrive.

It is important to be clear that in the years covered by this plan, local partners will face difficult choices as a result of challenging financial positions, but we are committed to doing everything we can to deliver on the three key shifts set out in the Government's emerging 10-Year Health Plan:



Moving more care from hospitals to communities



Making better use of technology



Preventing sickness, not just treating it.

None of our achievements, nor our aspirations for the future, would be possible without the dedication, talent and compassion of the inspirational people who work in our local health and care services – from across the statutory and the voluntary, community, faith and social enterprise (VCFSE) sectors – and I would like to thank them wholeheartedly for everything they do.

This updated Joint Forward Plan, covering 2025 to 2030, sets out the actions we will take to build on the solid foundations already laid and rise to the challenges we face. At the time of finalising and publishing this, in March 2025, the Government has announced the abolition of NHS England and the requirement for integrated care boards to reduce their size by 50%. The impact of these changes is being assessed and will be reflected in future iterations of this plan.

Paul Von der Heyde

Chair: NHS Somerset
Deputy Chair: Somerset Board



Introduction

This is the third Joint Forward Plan published by Somerset Integrated Care Board (ICB) and is written in collaboration with partners in recognition of both our shared legal responsibilities and our desire to come together to create a delivery plan which delivers the entirety of our Integrated Care Strategy. For this reason, in Somerset, we have agreed to incorporate our local authority adult and children's social care partners.



It describes the priorities for the NHS in Somerset and articulates the steps that we will take over the next five years to deliver the actions required to achieve our vision for Somerset.

Due to the current national work taking place to establish a ten-year NHS Plan during 2025, and that the previous refresh of the Joint Forward Plan was published in the summer of 2024, this iteration is a more limited refresh. The focus is on the system's priority programmes, progress made in establishing these, and plans for further progress in the next year.

This JFP Refresh document should be read in conjunction with the context and drivers-for-change set out in the [Integrated Care Strategy](#) [Integrated Care Strategy: our ambition for a healthier future in Somerset \(2023-28\)](#) and the original [Somerset Five Year Joint Forward Plan 2023 to 2028](#).



Improving Lives (2019 to 2028) Health and Wellbeing Strategy

Improving Lives is the Somerset Health and Wellbeing strategy. The strategy is owned by the Somerset Board and sets out how we will work to deliver improvements for our population. We take the Somerset Joint Strategic Needs Assessment (JSNA) into account when defining strategy and delivery of that strategy through our JFP.

The Improving Lives strategy has four strategic priorities. Our Integrated Care Strategy and Joint Forward Plan seek to deliver priority four of our county's strategic priorities.

4 Priorities



A county infrastructure that drives productivity, supports economic prosperity and sustainable public services

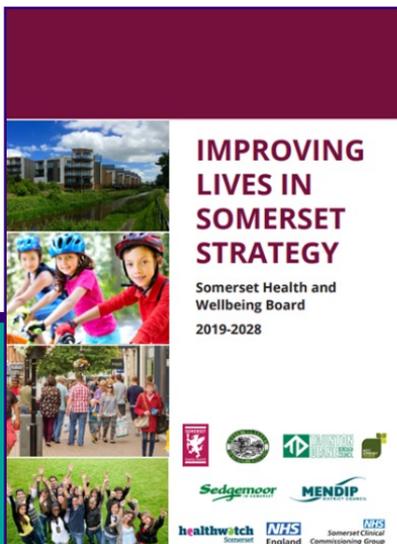


Fairer life chances and opportunity for all

Improved health and wellbeing and people living healthy and independent lives for longer.



Safe, vibrant and well-balanced communities



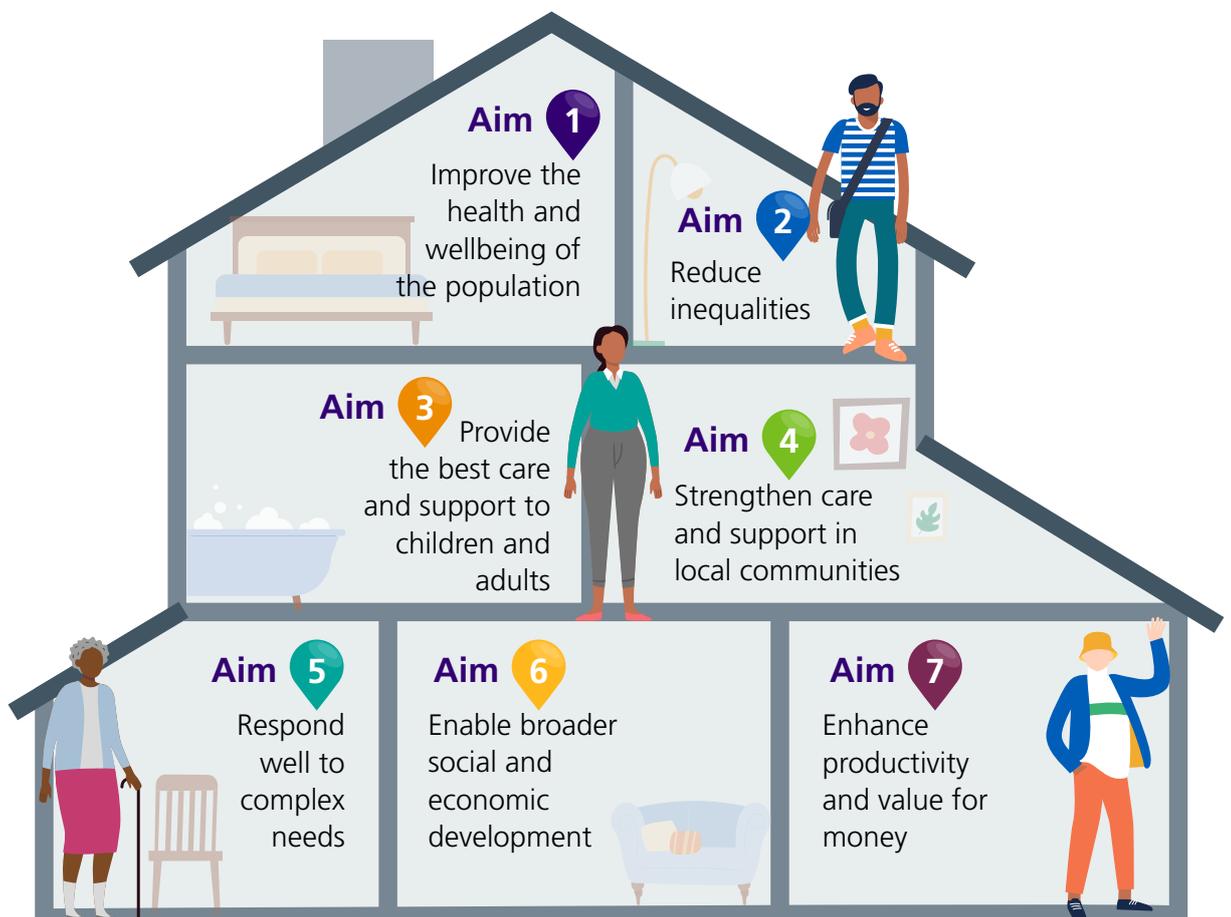
In Somerset, we have one Health and Wellbeing Board, which operates as a 'committee in common' with the Somerset Integrated Care Partnership (ICP), collectively known as the 'Somerset Board'.

As an Integrated Care System (ICS) we have set out how we will achieve our vision through our initial [Integrated Care Strategy: our ambition for a healthier future in Somerset \(2023-28\)](#).

Our vision for the Somerset health and care system is as follows:

In Somerset we want people to live healthy independent lives, supported by thriving communities with timely and easy access to high quality and efficient public services when they need them.

Working together, Somerset has identified **seven key strategic aims**, focused on achieving the ambition of enabling people to live healthier lives. To achieve these aims we all need to take some action now. If we work together, take collective action, and support one another we can go much further than if we work alone.



The Future of Healthcare: Preparing for the workforce of tomorrow

During the last year, over 200 NHS and Social Care staff across the Somerset system have supported our (2035) scenario planning work which is helping us consider the kind of workforce we will need to meet our vision, set out above. This work has provided important context for this plan including the development of four workforce principles we will work to:

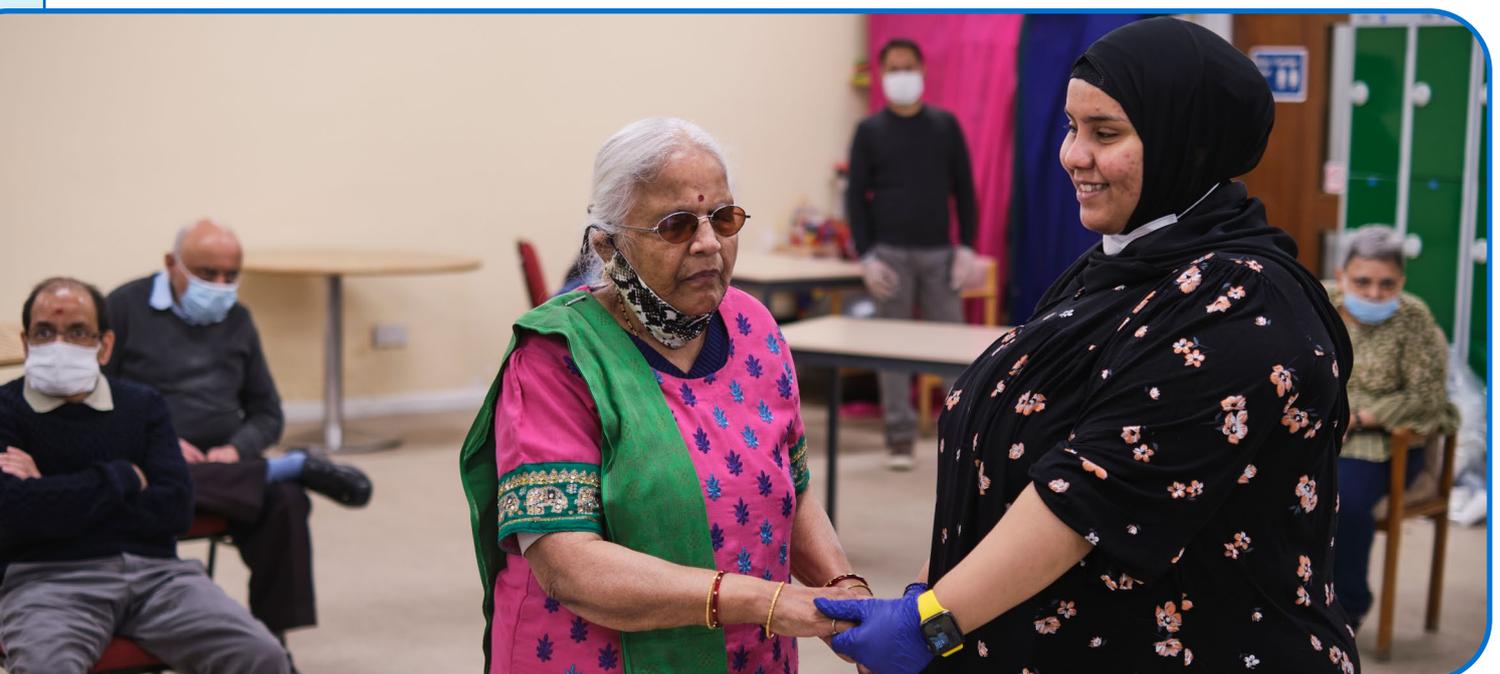
- Community and people focused
- Valuing our workforce
- Innovation
- Collaboration

Year-on-year, our creative scenario planning approach will continue to help us test and assure this plan, ensuring we develop the skills and capabilities for Somerset's workforce of tomorrow.

How we have considered the views of people in Somerset

Public involvement is an essential part of making sure that effective and efficient health and care services are delivered with people and communities at the centre. By reaching, listening to, involving and empowering our people and communities, we can ensure that people and communities are at the heart of decision-making and that we are putting our population's needs at the heart of all we do.

Engagement work for previous versions of this strategy was done with the support of voluntary organisations, including Healthwatch, Spark Somerset, and health and care professionals. We are grateful for all the support. More recently, engagement work to inform our strategy and plans has been expanded in scope and scale – see below.



From May to October 2024, our Somerset's Big Conversation road-show engaged with people across Somerset.

Through Somerset's Big Conversation, which included marginalised groups, displaced people and refugees, we have gained a deeper understanding of the barriers to accessing healthcare, social services and community resources.

NHS Somerset's engagement team, working alongside other Our Somerset partners, held conversations with communities to discuss our strategy for health and care, posing broad questions to understand what matters most to them. We also used the events to take our public campaigns on the road, including our Take The Pressure Off hypertension initiative.

An online survey was developed and promoted, and an independent research specialist was commissioned to undertake analysis of insights gathered. These insights have also informed the development of this plan.

In total, we attended 26 community events, had 2021 conversations, carried out 982 blood pressure tests and 269 surveys were completed.

How we have engaged with local people

We have collated feedback from local people over the last 7 years (2018-2025) to help shape our ambition. This includes:



7,647

Number of survey responses



2,735

Number of people engaged with at F2F events



Number of F2F community events

685



316

Locations reached across Somerset



1,894

Pieces of feedback shared by stakeholder organisations



Online communication that has reached more than

368,465

people across our website and social media



94

Number of VCFSE organisations collaborated with

Change NHS – engaging communities on the 10-Year Health Plan

From November 2024 to February 2025, NHS Somerset led a major public and staff engagement project designed to make sure the views of people in Somerset inform the Government's new 10 Year Health Plan.

The initiative, the biggest conversation about the future of the NHS since its creation, was part of the Government's Change NHS programme, in partnership with the Department of Health and Social Care and NHS England (NHSE).

The focus for the programme was the three key shifts that are expected to underpin the plan:



Moving more care from hospitals to communities



Making better use of technology



Preventing sickness, not just treating it.



Locally, the shifts align with the Our Somerset strategy and engagement work, run in partnership with Healthwatch Somerset, Somerset NHS Foundation Trust, Spark Somerset and other VCFSE partners. Project work included:

- Raising awareness of the national and local online survey
- Social media and website updates
- Promoting the programme through established communications and engagement networks
- Holding workshops and engagement sessions in person and online with a wide range of people including Our Somerset leaders, local people at public libraries across Somerset and Talking Cafés run by Village Agents.
- Delivering engagement sessions with NHS Somerset teams
- Running drop-in 'Lunch and Learn' engagement sessions
- Providing communications resources to enable our colleagues to raise awareness of the national and Somerset engagement opportunities and our online survey

Working with other health systems in the Southwest to share the responsibility of engaging with a diverse range of groups experiencing health inequalities, Somerset agreed to carry out focussed engagement with the following groups: armed forces, rural communities, children and young people and our VCFSE sector. This involved working closely with the relevant colleagues from across health and social care, as well as VCFSE sector partners to attend a range of events and venues, such as Veterans' Breakfasts, Rural Health Hubs, Markets, Community Support Groups and the Youth Parliament.

All feedback has been submitted to the national campaign, will be used as part of a Southwest regional analysis and in Somerset to help develop our strategy for local services.



Our achievements over the last 12 months

We have reviewed everything we said we would do in our previous Joint Forward Plan up to March 2025 (see Appendix 1). This section highlights some of the key achievements in Somerset over the last 12 months.



Our achievements over the last 12 months

Successful 'Take the Pressure Off' hypertension campaign

Throughout 2024, Our Somerset partners worked collaboratively on the successful 'Take the Pressure Off' campaign - an initiative dedicated to raising awareness of the importance of regular blood pressure monitoring.

Around 3 in 10 adults in Somerset have high blood pressure but it is thought 1 in 10 do not know it.

The campaign ran across workplaces, public spaces and events throughout Somerset. Just over 3,000 tests were carried out, resulting in more than 1,000 people discovering they had high readings and should seek medical assistance, while a further 1,000 people were made aware that they were at increased risk of hypertension.

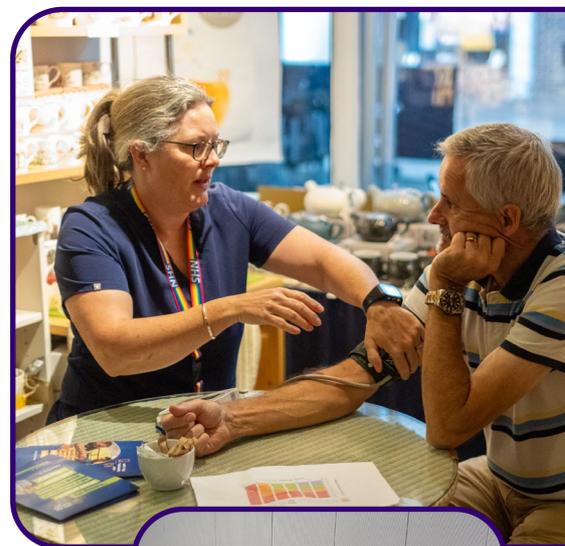
The campaign supported wider messaging on the importance of a healthy lifestyle, with information provided on ways to easily and affordably improve lifestyle and fitness.

In a Somerset-based online survey about hypertension, run by NHS Somerset's engagement team:

- **44% understood the terminology of 'Hypertension' and/or 'High Blood Pressure' (with the majority recognising that high blood pressure causes health conditions and particularly raises the risk of heart attack and stroke).**
- **43% of people with high blood pressure began taking prescribed medication, with 19% making lifestyle changes and 19% searching more information and support**

Survey results show that the most common factors in causing hypertension were: smoking, diet (food choices, salt intake and alcohol), weight, exercise, stress and sleep.

The successful campaign is continuing throughout 2025. Working across Our Somerset, partners will deliver 'Take the Pressure Off' to more workplaces and a range of events while access to monitors will continue to be made available in public spaces.



In the pictures: Partners joined a nationwide effort to raise awareness of high blood pressure during 'Know Your Numbers Week' with a 24-hour blood pressure Test-A-Thon in September

Our achievements over the last 12 months

Supporting our Armed Forces community in Somerset

Around 50,334 people living in Somerset (9% of our population) make up our armed forces community including veterans, serving personnel and their families.

In May 2023, we signed the Armed Forces Covenant, recognising the value and service of the whole armed forces community and we undertook a consultation and engagement process to hear the views of our Armed Forces community and to better understand how we might be able to support them.

As part of the support we offer, we have two armed forces hubs, (in partnership with Ark at Egwood and Arc) based in Taunton and South Somerset. These hubs are open to all members of the Armed Forces community. They provide advice and support tailored to what the individual needs, covering anything from homelessness, support with mental health, help with accessing funding through military charities or with managing chronic pain.

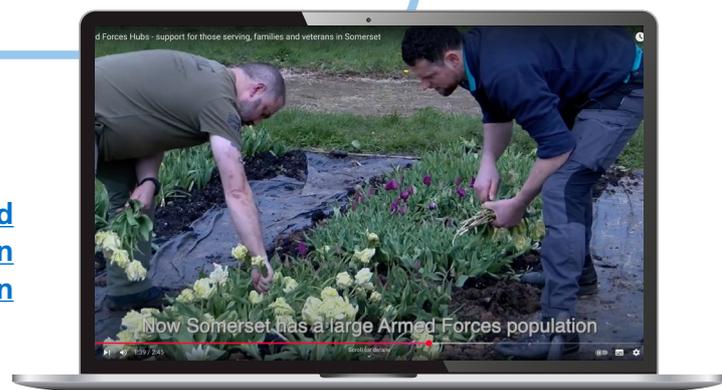
Last year, we opened armed forces outreach services in Bridgwater and Yeovil where veterans, serving personnel and their families can have a brew and banter and meet Somerset NHS Armed Forces Link Workers, as well as representatives from many other agencies. We have since expanded our Armed Forces outreach service to include Wells and Highbridge and are due to further expand into Minehead and Chard soon. We also have the weekly breakfast club at Ark at Egwood, which regularly attracts about 30 veterans and their partners.

All GP practices in Somerset are now Royal College of GPs Veteran Accredited and we offer specialist training to all our GPs to help them better support our armed forces community.

“I’ve recently moved to Somerset and was happy to see ‘are you a veteran or reservist’ on the GP registration form. I don’t know if it’s luck or because I’m a veteran but I’ve been seen quickly by the neurologist for my MS and orthopaedics for my knee. Good work Somerset!”

Stace, Veteran.

[See our armed forces hubs in action](#)



Our achievements over the last 12 months

Support with the cost of living

Somerset Council has implemented several initiatives to support communities during the cost-of-living crisis. These include:

- **Household Support Fund:** Using monies from the Government's Household Support Fund, Somerset Council is supporting households struggling with essential needs in Somerset. The Household Support Fund provides short-term, urgent financial help to Somerset residents who cannot afford household essentials. Things like food and paying for prepayment meter energy bills: [Apply for the Somerset Household Support Fund.](#)
- **#Help4All:** Through Connect Somerset, this initiative puts key local voluntary, community and public services in one place to offer support for residents who are impacted by the increased cost of living: [#Help4All.](#)
- **Warm Welcome Spaces:** Many community groups in Somerset opened their space as a warm hub to help vulnerable people during the winter months. All Somerset libraries have also been designated as 'Warm Welcomes', where anyone in the community can spend time without needing to be a member. Every space will have something different to offer - whether it's free food, activities, support with wellbeing, or somewhere to access a computer. Find a Warm Welcome here: sparksomerset.org.uk/find-warm-welcome
- **The Somerset Local Pantry network:** The Somerset Local Food Pantry network pulls together local community-run projects that buy or collect surplus food to prevent it going to waste which is then available to Somerset residents for a small membership fee: [The Local Pantry Network in Somerset.](#)

The measures aim to provide immediate relief and long-term support to residents facing financial challenges due to the rising cost of living.



Our achievements over the last 12 months

Sloppy Slippers campaign to reduce trips and falls in Somerset

Falling at home is a common and serious issue, especially for older people and those with disabilities, who can end up in hospital after a fall. Falls are often due to lose, worn, or backless slippers, contributing to poor balance and gait.

Data shows that every year around 24,000 over-65s in the UK suffer a fall due to 'sloppy' slippers – with many ending up in hospital.

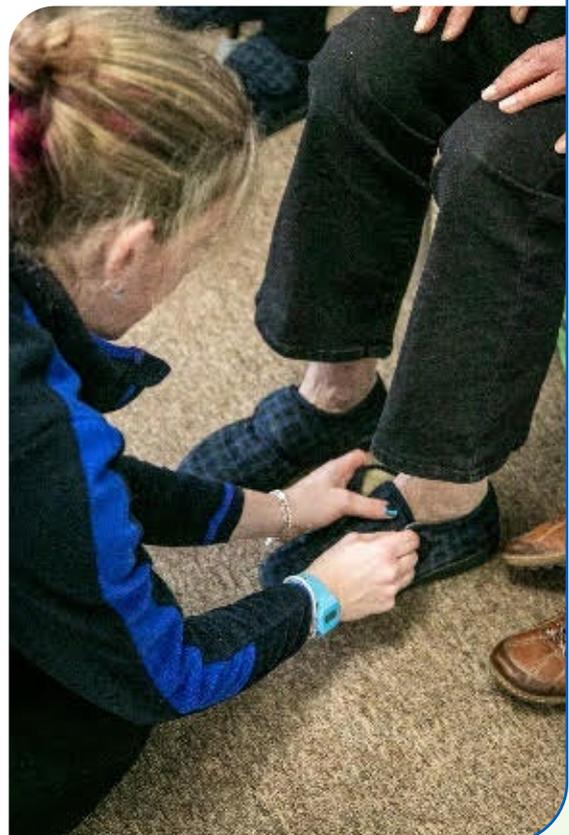
In a move to improve the safety and well-being of vulnerable adults in Somerset (which has one of the oldest populations in the country), NHS Somerset, in partnership with [Somerset Activity and Sports Partnership \(SASP\)](#), launched our [“Sloppy Slippers”](#) campaign which ran from autumn 2023 to spring 2024 and involved:

- providing nearly 2,000 pairs of free, well-fitting, and supportive slippers to eligible adults
- providing nearly 5,000 advice leaflets
- holding 11 roadshows across Somerset, organised by SASP, where people could not only receive their free pair of slippers but also received information and support around falls prevention from a range of partners
- running an awareness campaign in the media, across social media, on buses and in newspapers
- offering strength and balance classes through SASP



North Petherton resident, Sylvia Selway, shared her experience:

“I’ve had a couple falls this year, which greatly affected my confidence. Since receiving these sturdy, comfortable slippers from the Sloppy Slippers campaign, together with attending strength and balance classes, I feel a renewed sense of safety and confidence in my daily life. It’s a small change that’s made a big difference.”



Our achievements over the last 12 months

New Dads' Supporters programme

In Somerset, we believe that all men should be able to access the support and advice they need to be great Dads. Men across the UK have told us that services available during the periods before and immediately after birth do not regularly, significantly or substantially involve fathers, leaving many to feel ignored.

We want to change this and so have developed a "New Dads' Supporters programme".

We are training up staff in GP practices across the county to give men the opportunity to talk one on one about how they feel about being a new Dad; to ask whether they want any additional help and to share some really good parenting resources. If needed, we can help men access other services.

We currently have staff trained in 10 of the 12 Primary Care Networks across the county and 40% of GP practices, and we will continue to offer training to the rest.

Somerset is unique in offering this programme across the country and any man who feels they would find this helpful can ask their GP practice. Professionals working with families may also signpost men to the programme if they feel it might be of benefit.



We currently have staff trained in **10 of the 12** Primary Care Networks across the county and 40% of GP practices.



Our achievements over the last 12 months

Pharmacy First – 8,000 GP appointments freed up in first year

Since its launch on 31 January 2024, 95% of community pharmacies in Somerset are now taking part in the Pharmacy First programme, providing local people with a convenient alternative to GP appointments for seven minor conditions.

Over the past year, the initiative has freed up thousands of GP appointments in Somerset (over 8,000 in the first six months), providing local people with quick access to expert advice and treatment and allowing general practice teams to focus on more complex cases.

The service covers conditions such as sinusitis, sore throat, earache, infected insect bites, impetigo, shingles, and urinary tract infections (UTIs). Community pharmacists are experts in medicines and minor illness management, providing clinical advice and NHS medicines, including some antibiotics when necessary. They can offer consultations in a private room.

All participating pharmacies can be found [here](#).



The Big Brush Club: Improving children's dental health in Somerset

Sadly, tooth decay is the leading cause of hospital admissions for young children, despite being largely preventable. To tackle this, NHS Somerset has funded the Big Brush Club for the last two years.

This supervised toothbrushing programme targets three- to five-year-olds in nurseries, preschools, and reception classes, encouraging them to brush their teeth with fluoride toothpaste daily at school and maintain the habit at home.

Delivered by At Home Dental, the Big Brush Club trains early years teachers and staff across Somerset to become Oral Healthcare Champions. These champions run daily five-minute fun sessions each day with their classes to instil good oral hygiene habits. Each participating school and early years setting is provided with toothbrushes and toothpaste, and supplies for use at home.

Parents and guardians are an essential part of this initiative and are provided with access to webinars and online advice on maintaining good oral health at home, helping to reinforce the lessons their child has learned through the supervised toothbrushing sessions.

The programme initially focused on areas of high deprivation, but due to its success and popularity, it has expanded to additional areas in the county. As of December 2024, 6,500 children across 156 nurseries and schools are being supported. By introducing positive oral health habits early, NHS Somerset aims to reduce health inequalities and improve the long-term dental health of children in the region.



Our achievements over the last 12 months

We Need to Talk About Death

Last year, NHS Somerset's LeDeR team commissioned a powerful film made with actors with learning disabilities to talk about death and dying, after we found that people with learning disabilities are often excluded from conversations around this important topic. The film was rolled out at a series of community workshops around Somerset, online, through national health and care organisations and in the media.

It aims to help remove the taboos that often arise around talking about death and dying and open up conversations with carers, family and friends.

LeDeR – Learning from the Lives and Deaths of People with Learning Disabilities and Autistic People – is a national programme that aims to improve access to health care, reduce health inequalities and reduce premature mortality for autistic people and people with learning disabilities.

In Somerset, the team noticed that often people with learning disabilities and autistic people were protected from conversations about death and dying. Often done with the best of intentions, this overprotection often meant that it was difficult for people to talk about what was important to them in terms of death, dying and bereavement. We wanted to work with a group of people with learning disabilities to identify what was important to them and encourage others to start a conversation. The film is a powerful resource for everyone, not just people with learning disabilities, to encourage them to engage with what can be a difficult subject – to watch it, [click here](#).

Somerset also has a practitioner in the End-of-Life Care Education with a specific focus on supporting people with a learning disability. The post holder and team have carried out a range of initiatives to promote access to Treatment Escalation Plans and Advance Care Plans in this patient group.

The cast of the film during filming and on stage at a screening.



Our achievements over the last 12 months

'Lifesaving' Bleeding after Menopause Service marks first anniversary

The Bleeding after Menopause Service, that enables people to self-refer themselves for a vital womb cancer diagnostic test, rather than being referred by a GP, celebrated its first anniversary.

Patients can also be seen across Somerset, with appointments at community hospitals in Bridgwater, Minehead, South Petherton, Wellington, West Mendip (Glastonbury) and Wincanton.

In the first 12 months of running the service, 378 patients referred themselves, met the criteria for the service and were contacted by Somerset NHS Foundation Trust (SFT), which provides the service, within 24 hours for an appointment. The new service has resulted in 19 patients being diagnosed with cancer at an earlier point in time, helping to ensure there are more treatment options available to them.

Before the service was introduced, patients had to wait around 63 days to be seen by a hospital specialist, and then faced a possible wait of up to 48 days for a cancer diagnosis. Thanks to the new service, the wait to see a specialist has reduced to just five days, and most patients are getting a positive cancer diagnosis within 14 days of the referral or an all clear within nine days of the referral.

Mr David Milliken (pictured), a consultant gynaecological oncologist at SFT, said: "Our aim is to avoid any unnecessary delays and ensure patients have an appointment much sooner. It also has the added bonus of freeing up our GP colleagues to see patients with other conditions."



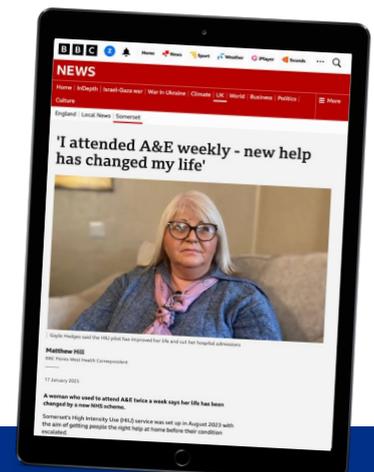
The [service](#) has attracted widespread media coverage and has been [hailed as 'lifesaving'](#) by patients.

Service results in huge fall in frequent users of Somerset's A&Es

People who regularly attend Somerset's emergency departments are getting additional help to find services that can better meet their needs. This is thanks to Somerset NHS Foundation Trust's high intensity use (HIU) service, which was set up in August 2023 to monitor and provide support to those patients who frequently use the Accident and Emergency (A&E) department, helping to identify the unmet need and get people the right care in the right place.

The service has proven successful in its first year, with the number of attendances by this cohort of patients dropping by 58% in the first nine months. Since it launched, the service has supported a total of 141 people, who previously had 1,963 A&E attendances between them.

Following the HIU service's involvement, their attendances fell to 1,189 – a reduction of 48% across all ages. The national standard (NHS Right Care) suggests aiming to make a 20 to 40% reduction, and the service in Somerset is comfortably achieving that in just its first year. The success of the service has been profiled in local and national media, with [one user saying it had changed her life](#).



Our achievements over the last 12 months

Marking half a million patient tests through community diagnostic centres

Somerset's community diagnostic centres marked a major milestone in January 2025 when the 500,000th patient received a diagnostic test at one of the centres.

The national community diagnostic centre programme began in August 2021 with the aim of reforming diagnostic pathways, offering patients a wide range of diagnostic tests closer to home, and a greater choice on where and how they are undertaken, reducing the need for hospital visits, and often leading to faster access to treatment.

Somerset's community diagnostic centre programme offers 21 different diagnostic tests across a number of sites throughout the county and is run in a collaboration between Somerset NHS Foundation Trust (SFT), GP practices, and organisations from the independent sector.

The programme has created flagship diagnostic centres, including the Taunton Diagnostic Centre, which opened in September 2021, and was the first independent sector partnership of its kind in the UK.

The programme has also developed and launched specialist ophthalmology diagnostic facilities, which are the blueprint for how these types of centres would be provided across England.

An innovative partnership with Somerset's GP practices has been developed to provide a range of tests in the county's community diagnostic centres, which shows Our Somerset's commitment to investing in all partners within the health system, as well as using the experience, clinical skills and local knowledge they bring.

SFT is planning to open the largest community diagnostic centre, in Yeovil, in March 2025, which will further expand diagnostic capacity in the east of Somerset and will provide the facilities to develop new ways of diagnosing and caring for patients.

Community Diagnostic Centre staff celebrate the milestone



Our achievements over the last 12 months

New maternity and neonatal independent senior advocate pilot launched

In June 2024 we announced that Somerset was one of the areas piloting a new role developed by NHS England to support women, birthing people and their families as a result of feedback from those involved in maternity and neonatal investigations. The Maternity and Neonatal Independent Senior Advocate helps to ensure that the voices of those involved are listened to, heard, and acted upon by their maternity and neonatal care providers when they have experienced an adverse outcome any time during their maternity and/or neonatal care.

An adverse outcome is a serious incident or an outcome that has required or may require further formal investigation such as:

- A baby has died before they were born, after 24 weeks of pregnancy
- A baby has died in the days or weeks after they were born, up to 28 days
- The mother or birthing person has died
- The mother or birthing person had an unexpected or unplanned removal of their womb (within 6 weeks of giving birth)
- The mother or birthing person had an unexpected time of care in the critical or intensive care unit
- The baby was diagnosed with a brain injury, or a brain injury was suspected.

Advocates are independent from NHS Trusts, employed by integrated care boards to ensure impartiality. Since the pilot launched our advocate in Somerset has undertaken specialist training and been developing relationships with care providers to embed the role and support families navigating some of the complex investigation processes which follow an adverse outcome.



Somerset's Maternity and Neonatal Independent Senior Advocate, Jane Innes



Our achievements over the last 12 months

NHS Type 2 Pathway to Remission Programme

In June 2024, NHS Somerset launched a campaign to raise awareness of Type 2 diabetes, helping patients to understand the support they can gain from the free NHS Type 2 Pathway to Remission Programme. Somerset is one of 42 areas in the country offering this free programme which offers people aged 18-65, who have been diagnosed in the last six years, the opportunity to enrol in a 12-month digital or face-to-face behaviour change programme.

There are already over 30,000 people living with diabetes in Somerset, 90% of whom have Type 2 diabetes.

Those at risk may have no obvious signs that they have the condition, but public health experts have estimated there could be as many as 10,000 people in Somerset who are undiagnosed. Each year, between 2,000 and 2,500 people are diagnosed.

If people take no action to reduce their risk of developing Type 2 Diabetes it is estimated that by 2030 around 53,000 people in Somerset could have the disease.

This programme provides tailored and personalised help including:

- Three months of low calories soups and shakes to support initial weight reduction
- Education on lifestyle choices and healthy habits
- Advice on how to sustain weight loss through healthier eating.

Currently there are 118 people active on the programme and a further 184 people have already completed it.



Our achievements over the last 12 months

Helping our homeless communities access the healthcare they need

Life on the streets is tough. People in temporary accommodation, or sleeping rough, face huge barriers to accessing healthcare and often live in unhealthy conditions. This means many only live until their mid-40s, around 30 years less than the general population.

Our [award-winning](#) Somerset Homeless Nursing Service started in 2021. It has already helped around 2,000 people who are, or have been, homeless or living in temporary accommodation to access their health needs.

Somerset NHS Foundation Trust's Clinical Lead for the Homeless and Rough Sleeper Nursing Service, Karen George, said: "The team works with people who are marginalised in society and who have complex needs that are not just medical. The team consistently manages many challenges when working together with other services who are required to work within specific boundaries. Some of the normal ways of working that partner agencies have to follow are not always compatible with the lifestyle and needs of the homeless and rough sleeper community, so the flexible and determined approach of the Homeless and Rough Sleeper Team has been instrumental in providing vital support this community.

[The service](#) offers all aspects of nursing care from complex wound care, to blood samples and assessments. Having a holistic, patient centred approach to care and working alongside multiple agencies to help this marginalised group in our society access medical care.

Somerset Council continues to see unprecedented demand for Housing, Homelessness and Rough Sleeper services, with over 12,000 people on the housing register, a 16% increase in homeless applications and nearly a 25% increase of households living in temporary accommodation.

In response to the Everyone In campaign (2021), partners across Somerset formed the Somerset Homelessness Reduction Board (HRB). The Board work closely together to prevent homelessness and rough sleeping across Somerset and to provide a better future for people who have experienced homelessness or rough sleeping.

The impact of homelessness on people's health and life chances is huge, many face barriers in accessing services.

In March 2020, the government took the unprecedented step of asking councils to move all those, and those at risk of, sleeping rough into accommodation in a scheme known as 'Everyone In'.

A Somerset Homeless and Rough Sleeper Strategy was commissioned by the HRB to look at system changes and longer term solutions to tackle homelessness and rough sleeping.



Our achievements over the last 12 months

Supporting those with dementia and their families

In Somerset, the number of over-65s being diagnosed with dementia is growing faster than the national average. As of November 2024, NHS England estimate that just over 10,000 people in Somerset have dementia.



We know what a stressful time it is for people and their families when they receive a dementia diagnosis but there is lots of support available to help people with dementia to live well. We want to ensure that when people receive a diagnosis in Somerset, they will be able to access the right support, quickly and easily.

Since 2023, we have been working with people living with dementia and their carers, the voluntary sector including Alzheimer's UK, Somerset NHS Foundation Trust and Somerset Council to help those living with dementia and their carers receive the help they need.

This includes:

- Having access to a Dementia Support Worker for everyone in Somerset with a diagnosis (provided by the Alzheimer's Society and funded by NHS Somerset). This helps ensure everyone diagnosed with dementia can be connected with support in the community and guided through their next steps.
- A Dementia Connect phonenumber, 01458 251541, to connect people directly with the Dementia Support Workers team who can offer information and practical guidance to help people understand the condition, cope with day-to-day challenges and prepare for the future
- A Somerset Dementia Wellbeing Service [website](#) to connect people with local dementia services and resources.



Mental Capacity Act (MCA) liaison role

Learning identified via the LeDeR process (Learning from Lives and Deaths of People with Learning Disabilities and Autistic People) has shown that this group can experience delays in accessing health care or have poorer experiences of the care they do receive.

One of the reasons for this can be poor understanding and application of the Mental Capacity Act by professionals. In Somerset, we have appointed a Learning Disability nurse to work across our two acute hospital sites in Taunton and Yeovil to support professionals to access diagnostic pathways in a timely way.

This role is relatively new but, to date, has enabled a number of people with learning disabilities to access diagnostics on the colorectal pathway in a timely manner. We are currently piloting expanding this role to other care pathways.



Priority Programmes

The early years of our Joint Forward Plan were intended to prioritise transformational change with the aim to deliver short-term savings to address the challenging financial position. Within 2024/25 we have delivered the initial stages of this transformational change. The underlying financial deficit now stands at about £70 million, and plans have been developed to address this.



Priority Programmes

Our financial settlement for 2025/26 remains challenging, and as a system we will need to continue making savings. However, we need to see these pressures in context; headcount remains higher than before the pandemic, this coupled with the national focus on delivering more efficiency for the taxpayer, means that we need to make tough decisions to safeguard our future.

Somerset are also committed to modernising our services to deliver health and care needs in a way that meets the needs of our changing population. This will require us to adapt and align with the forthcoming NHS 10 Year Health Plan and the three 'shifts' underpinning it:

- 1. Moving care from hospitals to communities**
- 2. Making better use of technology**
- 3. Focus on prevention of illness, not just treating it.**

We recognise that alongside short-term solutions to address our financial position, we will need to build the foundations which are required to deliver longer term transformational change for our population across Somerset.

In 2025/26 new approaches to the delivery of health and care services will be scoped to ensure that in the later period of this plan, we are able to deliver on the transformations required to produce long lasting change in Somerset.



Priority Programmes

In 2024/25 our Joint Forward Plan identified five key Priority Programmes of work as follows:



- **Priority 1: Finance & Resource Allocation**
- **Priority 2: Workforce**
- **Priority 3: System Flow**
- **Priority 4: Integrated Neighbourhood Working**
- **Priority 5: Population Health Transformation**

These priorities were set out to support the achievement of our seven strategic system aims. However, during the last 12 months we have not made as much progress in some areas for which we would have hoped – the update on each of these programmes can be found in appendix 1.

As such and given the on-going national conversations regarding the NHS 10 Year Health Plan, the system believes now is an opportune time in which to review these priorities and set about a new clear direction of travel. As such, moving into 2025/26 we will see the closing down of Finance and Resources with this moving into a newly scoped priority - Clinical Pathway Redesign. This shift does not detract from the system's commitment to providing services that are value for money but instead recognises the need for greater oversight of our finances and use of resources throughout each of our priorities. As such, finance moves to an enabling function with elements of this sitting across all our priorities, rather than being a standalone Programme of work.

Our new Priority Programme - Clinical Pathway Redesign – will be fully scoped during Q1 of 2025/26. In addition, further review of the existing Programmes will be undertaken, with any new streams of work under these priorities being identified using robust data analysis, known areas of opportunity across our system as well as recognising the wider determinants that support us in the management of Population Health. Somerset will be driven by designing services with people that provide value to the system; and be supported by an infrastructure with the capabilities to deliver the changes required. We will make robust use of quality impact assessments to know that decisions we make about any changes or ongoing programmes of work are appropriately risk assessed, monitored and evaluated.

Whilst we will have set Priority Programmes, both as a system and as individual organisations, there are many other projects we are undertaking or will be undertaking to improve outcomes for the people of Somerset and the health and care services they receive.



Priority Programmes



Priority 1:

Clinical Pathway Redesign

Why is it important?

Within Our Somerset, the county's Integrated Care System (ICS), we have numerous pathways for a wide range of patient conditions in which individuals are seeing inconsistent practice, resulting in varying experiences and outcomes. Undertaking a review of these clinical pathways and ensuring they are effective is important because they act as a structured guide for the Somerset system to deliver consistent, evidence-based care. Whilst full scoping of Priority One will take place through Q1 of 2025/26, we are clear on the outcomes we are seeking to achieve which include:

- **Optimisation of individuals outcomes, including improved experiences of moving through a service**
- **A reduction in the variations in practice allowing us to actively address known health inequalities**
- **Tackling our financial challenge with a drive to lower healthcare costs by streamlining treatment plans and identifying unnecessary interventions**
- **Greater collaboration with key system partners, including those in the voluntary and community sector**

Pathways for review will be identified and prioritised between 2025 – 2030 based on a triangulation of data which will help the Somerset system to identify areas of greatest opportunity, and will be backed by our already developed Clinical Principles ensuring services are of good quality, and provide the best outcomes for our population.



Priority Programmes



Priority 2:

Workforce

Why is it important?

Somerset's Integrated Health and Care strategy key principles identifies a number of requirements for a different approach to workforce in order to meet the changing needs of the population. As an ICS we will pursue an ambitious system-wide workforce strategy, to inform how our workforce will develop over the coming 10 years and beyond.

The success of the Health and Care Strategy requires our paid and unpaid workforce to have the right skills, behaviours and values in the right place at the right time, focused on a person-centred approach.

To achieve our One Workforce of the Future, we need to:

1. Foster a collaborative culture amongst health and care leaders in Somerset that enhances performance, builds inclusion, and attracts talent and investment

2. Design and deliver a long-term workforce strategy for the integrated care system, based on a thorough needs assessment, that enables the Government's '3 shifts' by:

Creating and maintaining an observatory for Somerset's workforce that enables us to build compelling business cases for change, and track progress.

Convening educational partners to stimulate / co-produce with the market so that it can provide for our collective future needs;

Developing and delivering a suite of people and workforce programmes to enhance supply, productivity, engagement, retention and integration; and,

Delivering tangible workforce improvements including oversight of the Somerset Health and Care Academy.

What are we going to do?

	2025/26	2026/27	2027/28 to 2029/30
Recruit (and train)	Work alongside educator-providers to develop new local qualification opportunities with education providers including access to apprenticeships.	Adopt new pathways and opportunities.	
	Increase the capacity and skillset of the educator workforce to support increased pipeline delivery.		
	Continue to develop enhanced, advanced and associate roles aligned to clear career pathways & service need.	Continue to develop enhanced, advanced and associate roles aligned to clear career pathways and service need.	



Workforce

	2025/26	2026/27	2027/28 to 2029/30
Retain	Using the evidence base around workforce retention, including evaluation of 24/25 retention schemes to define the 25-27 ICS Retention Strategy and interventions	Deliver actions and evaluate.	
	Conduct a test and learn approach to the programme before roll-out of core system leadership offer to include: A specific focus on: <ul style="list-style-type: none"> • Integrated Neighbourhood Working • AI (as part of the Digital Strategy) • NHSE Leadership Framework • Coaching (Team, Group, Systemic and 1:1) Initial high-level scoping of a Leadership Faculty.	Develop a System Leadership faculty as part of the Somerset Training Academy for Health and Social Care. Review of programmes.	
	Design a coordinated system approach to develop a career promotions strategy (aka Widening Participation)	Implementation plan developed and delivery started	
Reform	Design a coordinated system approach to develop a career promotions strategy (aka Widening Participation)	Implementation plan developed and delivery started	
	Implement agreed programme of work from Workforce 2035 (scenario planning)	Implement agreed programme of work from Workforce 2035 (scenario planning)	
	Implement the learning from the pilot work in Minehead into the final development of the Academy Business Plan and operating model	Open Somerset Health and Care Academy (2027)	
	Work and Health: Health Needs Assessment for Workwell produced & actions identified. Implement new requirements and review.	Review outcomes	
	Keyworker Housing Hub funding agreed, service scoped and Housing Hub operational by end 2026	Evaluation informs further developments.	
	Equality, Equity and Inclusion Plan year 2 actions to be defined	Equality, Equity and Inclusion Plan year 3 actions to be defined	Equality, Equity and Inclusion Plan year 4 actions to be defined



Priority 3:

System Flow

Why is it important?

The Problem:

The Somerset Integrated Care System and Somerset NHS Foundation Trust has a high number of patients in bedded care settings who do not meet the criteria for them to be there. This is across sectors – mental health, acute and intermediate care (community hospitals and care homes). This results in:

- Harm to patients as they are not in an appropriate setting for their needs, which in turn results in deconditioning, increased risk of harm and increased on going care needs
- Excess occupancy in bedded care services, causing inefficiency and increased safety risks
- Excess costs for all parts of the health and care system over the short and long term

In 2024/25 Somerset saw an improvement in mental health hospital delays. Somerset remains an outlier nationally with a level of No Criteria to Reside (NCTR) patients in acute beds of 21.8% compared with the national average of 13% (at 30 November, 2024).

The Strategy:

To ensure that patients are cared for in the right setting once their acute care needs (both physical and mental health) have been met. In the majority of cases this right setting will be in the patient's own home, potentially with support. It is however recognised that some patients will not be able to return

home, either whilst they undergo a period of reablement or assessment for permanent care home provision.

Delivery of this strategy will result in a reduced cost base associated with acute bed capacity, intermediate care services and on-going care support provided by Somerset Council. [Note: work will be required to understand the counterfactual because of the local demographics]

The Objectives:

1. To reduce and maintain the number of patients who do not meet the criteria to reside in an acute hospital bed at Somerset FT to no more than 10% of the general and acute bed base in 2025/26.

As a linked objective to reduce the number of Somerset residents who do not meet the criteria to reside at non-Somerset based acute hospitals to similar levels.

In simple terms, this means reducing the No Criteria to Reside number at Somerset FT to circa. 90 patients and maintaining it at that level or less.

2. To define the most appropriate metric to measure mental health delayed discharges and then agree, deliver and maintain a reduction that is appropriate given the demand and capacity for inpatient care.



System Flow

What are we going to do?

	2025/26	2026/27	2027/28 to 2029/30
System Flow	Recommission Pathway 1 reablement service Build upon learning from 2024/25 to ensure sufficient reablement capacity across all somerset geographies	Monitor and evaluate the Pathway 1 intermediate care model	
	Financial shift Support more people to recover in their usual place of residence, and less people within inpatient settings.	Continue the shift from inpatient to community focused recovery.	
	Inpatient Community Reablement We will use data insights and feedback to understand the future needs of people who require inpatient reablement in Somerset, including avoidance and improvement of Mental Health admissions.	We will develop and design a modernised inpatient reablement delivery model, and understand the resources required for future delivery. We will engage the people of Somerset in this design.	Continued engagement and progress to towards modernised inpatient reablement services across Somerset.
	Mature the new Transfer of Care Hubs model We will further optimise efficiency and strengthen person-led decision making in our transfer of care hub.		
	Supporting an improved hospital discharge We will ensure that hospital discharges are better planned and delivered for patients/relatives/carers.	Continue to build upon improvements using feedback from patients/relatives/carers.	
	Commission and implement a new Pathway 3 model of care We will ensure that people are able to be discharged to a care home close to their usual place of residence, and that they have the option to stay there, if they require a long-term care home placement.	Monitor and evaluate the Pathway 3 intermediate care model	
	Mental Health Discharge Build upon the 2024/25 learning to sustain the position whereby patients move out of mental health hospital-based care as soon as they are medically fit		
	Inpatient flow and length of stay (acute) Reducing variation in inpatient care and length of stay for key cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.		



System Flow

	2025/26	2026/27	2027/28 to 2029/30
Adult Social Care	Work in partnership with our care provider market We will work in partnership with our care provider market to ensure there are sufficient nursing places available to meet future demand, particularly for people living with dementia and other cognitive impairments		
	Development of viable care alternatives We will invest in the development of viable care alternatives to reduce and delay the need for long-term care (such as extra care housing and a range of reablement and community services).		





Priority 4:

Integrated Neighbourhood Working

Why is it important?

In its primary care strategy, Our Somerset has pledged to deliver on the [Fuller Stocktake](#). To do this there will need to be a specific programme of systemwide work to develop those teams outlined within the Fuller Stocktake, which deliver care:

- to those with the most complex needs
- for same day urgent care

Following on from the Fuller Stocktake, in 2024 the government committed to three strategic shifts for the NHS, which are:

- hospital to primary care and community services
- analogue to digital
- treatment to prevention.

We will deliver this commitment via Integrated Neighbourhood Working in “A geographical area where there is a culture for multi-agencies and communities to co-design, co-create, co-deliver, work and learn together. Through this culture of collaboration, the community is supported to live the best and most fulfilling lives they can”.

Additionally, Somerset has been selected as one of seven Integrated Care Board areas to work with selected Primary Care Network(s) to implement the changes required to deliver the major recommendations of the Fuller Stocktake. This work will support this programme and our local neighbourhood team development more broadly and enable the Somerset system to benefit from national support.

The Problem:

There are currently innovative approaches to the development of Integrated Neighbourhood Working (defined for the purpose of this work as PCN footprint) level in Somerset, however they are not developing within an overall framework that enables innovation to spread and for outcomes to be measured. It is also currently difficult to gauge the degree of resource utilisation across the county and there is a challenge for NHS services to consistently engage with council, VCFSE and other partners to take forward the vision of creating more ‘resilient communities’ that was set out in our overarching Health and Care Strategy.

What are the aims of this programme?

- To enable Integrated Neighbourhood Working to flourish across Somerset with clearly defined and measured outcomes and alignment of incentives that allow models to develop, but with local flexibility where necessary.
- To enable the NHS to meet population needs more effectively, and organise itself to better engage with other partners on the wider agenda of supporting the development of more resilient communities, enabling a shift in focus towards prevention.



What are the primary objectives of this programme?

- To develop a clear overarching vision that supports communities to design and implement a model of Integrated Neighbourhood Working – including clarity about the outcomes to be achieved, what features needs to be consistent across the system and what can be tailored to fit local (PCN) circumstances.
- To determine a set of clear outcome measures that reflect the strategic desire to support more people in their local geographies and avoid escalation to more acute (and higher cost) care settings, supporting the desire to move services from acute to community settings, in a ‘left shift’ of investment over time.
- Simplify the delivery of neighbourhood-based services to provide consistency and enable integration with the Integrated Neighbourhood Working model.
- To clearly evaluate existing models, determine what works and support roll out and spread.
- To streamline ICS work programmes ensuring alignment and support to the vision of Integrated Neighbourhood Working.
- To align financial and performance incentives to support this new model.
- To develop a clear offer that supports the cultural and behavioural elements of Integrated Neighbourhood Working.
- To support this work through a clear and prioritised infrastructure plan based on a risk assessment that facilitates the co-location of teams and supports integrated working, together with a financial strategy that supports the ‘left shift’ in investment over time.

What are we going to do?

	2025/26	2026/27	2028/29
Develop a Common Understanding of Integrated Neighbourhood Working	National Programme Engagement Continue to work with the two Somerset PCNs taking part in the national PCN pilot programme led by Claire Fuller Work with the national team and local stakeholders to co-develop Somerset’s Vision for neighbourhood health		
	ICS Work Programmes Review and prioritise commissioning intentions to support strategic commissioning in line with Integrated Neighbourhood Working at scale	Ongoing expansion of service delivery at neighbourhood level in line with commissioning intentions.	



Integrated Neighbourhood Working

	2025/26	2026/27	2028/29
Align Strategic Resources	<p>Governance Develop and publish Integrated Neighbourhood Working maturity matrix for self-assessment and identification of need Promote enabler offer to support neighbourhood development against maturity matrix</p>	Support the resourcing and OD needs of identified Integrated Neighbourhood Teams based on workforce planning and gap analysis.	
	<p>Digital Neighbourhoods Programme Continue to review and align the digital neighbourhoods programme to apply a consistent, system-wide population health management approach in neighbourhoods Continued roll out of BRAVE AI as a risk stratification tool.</p>		
	<p>Workforce Support the resourcing and OD needs of identified Integrated Neighbourhood Teams based on workforce planning and gap analysis. Develop leadership programme to support OD needs of integrated neighbourhood teams at scale.</p>		
Implement Test of Change Focus Area	Develop, test and implement integrated neighbourhood working model for frailty.	<p>Cascade frailty test of change learning to support ongoing service development within commissioning intentions Refinement and evaluation of frailty test of change focus area.</p>	
Develop Approach to Measurement	Continue to develop, refine and roll out evaluation methodology for existing and future Integrated Neighbourhood Working approaches in Somerset Develop and define overarching benefits realisation approach in accordance with integrated neighbourhood working principles.	Further expansion of benefits realisation approach to assess areas for improvement and/or scaling.	



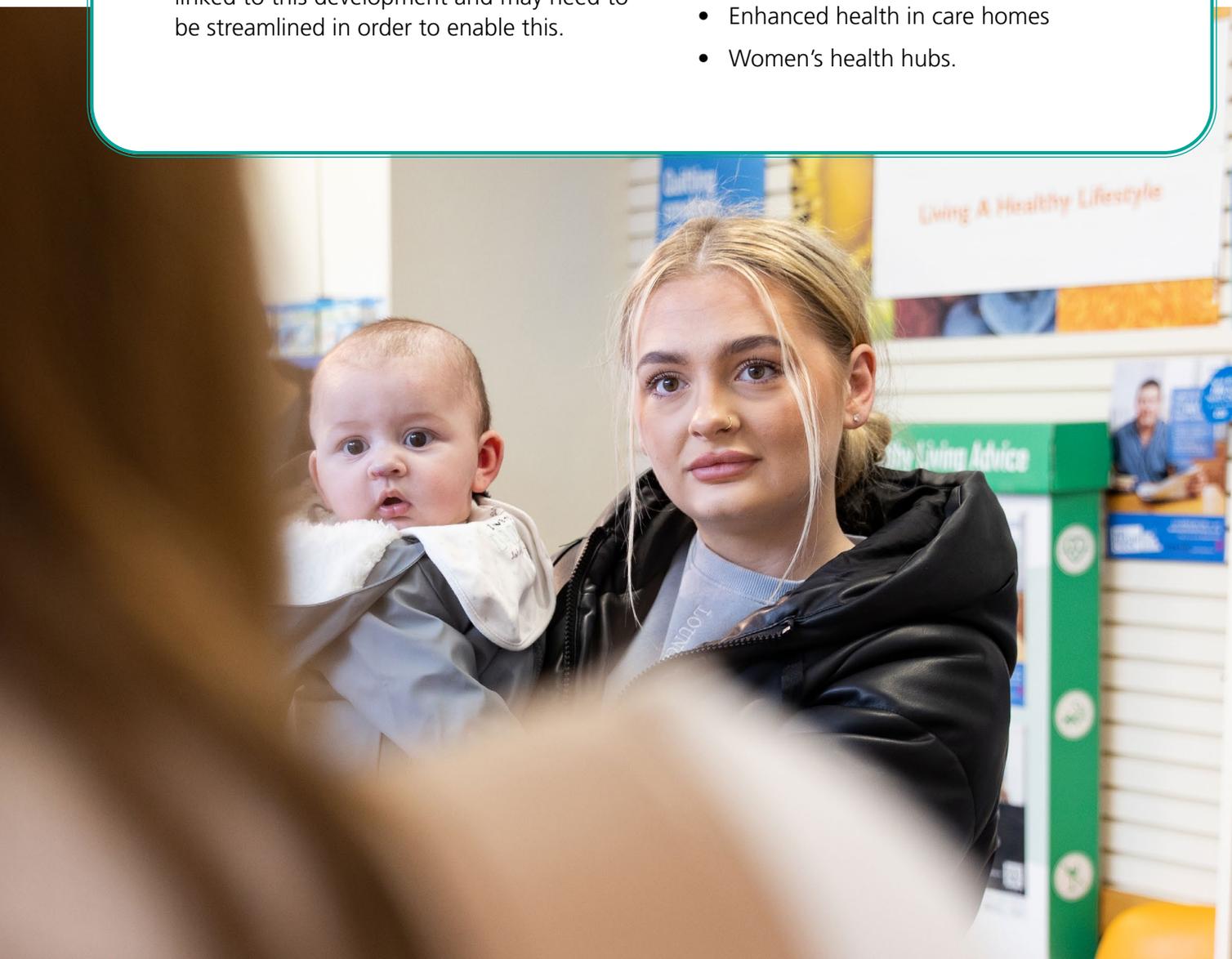
Key dependencies:

This programme of work has a number of key dependencies to other 'business as usual' activities. It is essential that there is close alignment to the work underway to support the future resilience of general practice together with the system plans to improve access to dentistry, community pharmacy and optometry. It also needs to work within an overall framework for building resilient communities, which Council colleagues will lead on.

There are a number of system-wide, ICB led programmes of work that also need to be linked to this development and may need to be streamlined in order to enable this.

These include:

- The rollout of the comprehensive model of Personalised Care through the enablers of social prescribing, health coaching, personalised care and support planning, personal health budgets and self-management and education
- Same day emergency care development
- Proactive care
- Long Term conditions
- Enhanced health in care homes
- Women's health hubs.



Priority Programmes



Priority 5:

Population Health Transformation

Why is it important?

We know that people living in Somerset with higher socioeconomic position have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. Health, care and unhealthy behaviours is one of the main focuses. It provides an opportunity to maximise our uptake of support for those with a long-term condition or mental health issue while also allowing our prevention programmes to help with modifiable risk factors.

We want to give more people in Somerset the life chances currently enjoyed by the few. Our people would be better off in many ways: in the circumstances in which they are born, grow, live, work, and age. This will require joined up and integrated working with our partners in health, social care, housing, police, education, fire and rescue, town and parish councils, Voluntary, Community, Faith and Social Enterprise (VCFSE) partners and our employers.

By doing this, people in Somerset would see improved wellbeing, better mental health and less disability. Their children would flourish, and they would live in sustainable, cohesive communities which they are proud of and care about where they live.

What are we going to do?

	2025/26	2026/27	2028/29
Tackling Healthcare Inequalities	Strengthening workforce Established Community of Practice Local Health Inequalities toolkit being used to inform local decision making Continue to develop NHS Ambassador Programme	Strengthening workforce Established NHS Ambassador Programme	
	Data and Evidence Ongoing development of local health inequalities dashboard. Dashboard is used to inform tackling inequalities through integrated neighbourhood working locally and at scale Self-assessment evaluation of neighbourhoods in ability to respond to health inequalities and adopt population health methodology	Data and Evidence Evaluation of population health priority programmes and neighbourhood activity against aims	



Population Health Transformation

	2025/26	2026/27	2028/29
Tackling Healthcare Inequalities	<p>Tackling specific inequalities Embed personalised care programme within existing programmes for people who experience multiple disadvantage</p>		
Adopting Population Health Management approaches within neighbourhood working	<p>Alignment with Integrated Neighbourhood Working Priority: Continue to differentially invest in general practice surgeries with higher level of inequality to target resource to areas of need. Delivery and self-assessment of population health management through Integrated Neighbourhood working</p>	<p>Alignment with Integrated Neighbourhood Working Priority: Ongoing expansion of population health as a primary focus for neighbourhood working and deliverables within</p>	
Development of a Population Health Culture	<p>Ongoing development of training programme Expand Health Ambassador Programme</p>	<p>Roll out of training programme Health Ambassador Programme expanded to all professionals</p>	
Priority Population Health Programmes	<p>Continued priority population health programme focus on: 'Take the Pressure Off' campaign to case-find and optimise treatment for individuals with hypertension. System-wide campaign to achieve smoke free by 2030</p>	<p>Embed population health prevention programmes within neighbourhoods</p>	
Develop use of Data & Intelligence	<p>Embed the use of integrated data within the Health and Care System to support the growth of Population Health Management Continue to develop skills and expertise required to support Population Health Transformation Further development and inclusion of additional data into the Integrated data function</p>	<p>Embed the use of integrated data within the Health and Care System to support the growth of Population Health Management Continue to develop skills and expertise required to support Population Health Transformation Further development and inclusion of additional data into the Integrated data function</p>	
Align Commissioning, Policies & Resources	<p>All services commissioned consider healthcare inequalities Financial process and performance monitoring aligned to include and recognise health inequalities Business cases found to be effective in reducing health inequalities resourced through the redistribution of funding.</p>		

Delivering this Joint Forward Plan

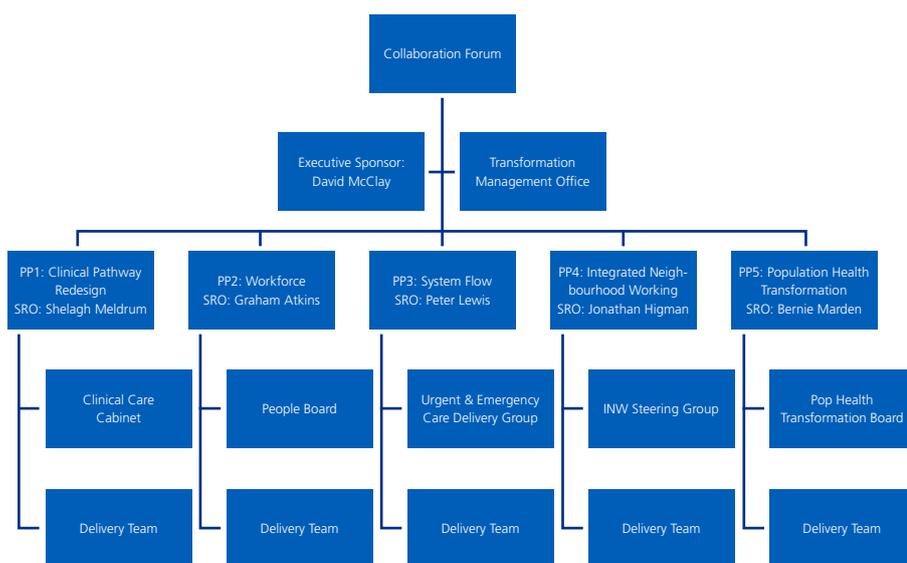
We are committed as partners to work together to deliver the commitments made within the Integrated Health and Care Strategy and taking forward the five priority programmes. Prioritisation of the actions within each priority programme has taken place to deliver early outcomes, including financial savings.

We have a strong track record of working together to improve the health and care services in Somerset. Overall accountability for the plan within Our Somerset, the county's Integrated Care System, rests with NHS Somerset (Somerset ICB). Our Somerset brings together all the organisations responsible for delivering health and care within our communities.

Governance and oversight for the delivery of this plan

The overall responsibility for delivery of this Joint Forward Plan rests with NHS Somerset ICB. The Collaboration Forum will be the committee that will oversee the delivery of the Joint Forward Plan on behalf of NHS Somerset.

- An Executive Sponsor will have overall responsibility for delivering the Priority Programmes, reporting into the Collaboration Forum
- Each Priority Programme will have:
 - o A Chief Executive or executive level Senior Responsible Owner (SRO)
 - o A transformation lead, identified from within the Somerset system to provide the expertise and knowledge to drive the programme forward.
 - o A transformation manager working to deliver the programme
 - o A delivery team comprised of colleagues from multiple organisations



To support the delivery of the five Priority Programmes a Transformation Management Office has been established to provide rigour, ensuring that there are clear mandates, work programmes and there is regular reporting through to the SRO and Collaboration Forum.

System partners are committed to identifying and releasing people to be able to lead these priority programmes.

Next Steps

This Joint Forward Plan sets out the priorities for Somerset and articulates the actions required to deliver our Integrated Health and Care Strategy in Somerset.

Throughout 2025/26 we will continue to prioritise the actions within each priority programme, to ensure they are aligned to deliver the next phase of benefits, including continued financial savings.

During 2025/26, we will align the re-refreshed Joint Forward Plan with any ambitions set out in the pending 10 Year Health Plan, updated NHS England planning guidance and any new policy announcements which may be made during its lifetime.

Development of system outcome measures

Our strategy, with its seven aims, is well established within Somerset. We recognise that to make this real, we need to define why we are doing what we are doing and whether we are heading in the right direction to achieve it.

Working with partners from across the system, we are:

- Defining the overall outcome we want to achieve through the delivery of our strategy and how we will measure it
- Defining why each aim is important and identifying a headline measure which will help us understand if we are delivering each aim. We will set:
 - o Level 1 outcomes – what are we trying to achieve over the next 10-20 years?
 - o Level 2 outcomes – what are we trying to achieve over the lifetime of the strategy (5 years)?
- Developing a suite of outcome measures - metrics or indicators which are used to evaluate our progress towards the outcome. We expect these to be different from our traditional performance Key Performance Indicators
- Developing the system wide baseline from which we will measure our progress.

The new Transformation Management Office has recently developed the priority programme planning and reporting process and documentation to increase the focus on specific measurable outcomes. This work will continue to be embedded in 2025/26.

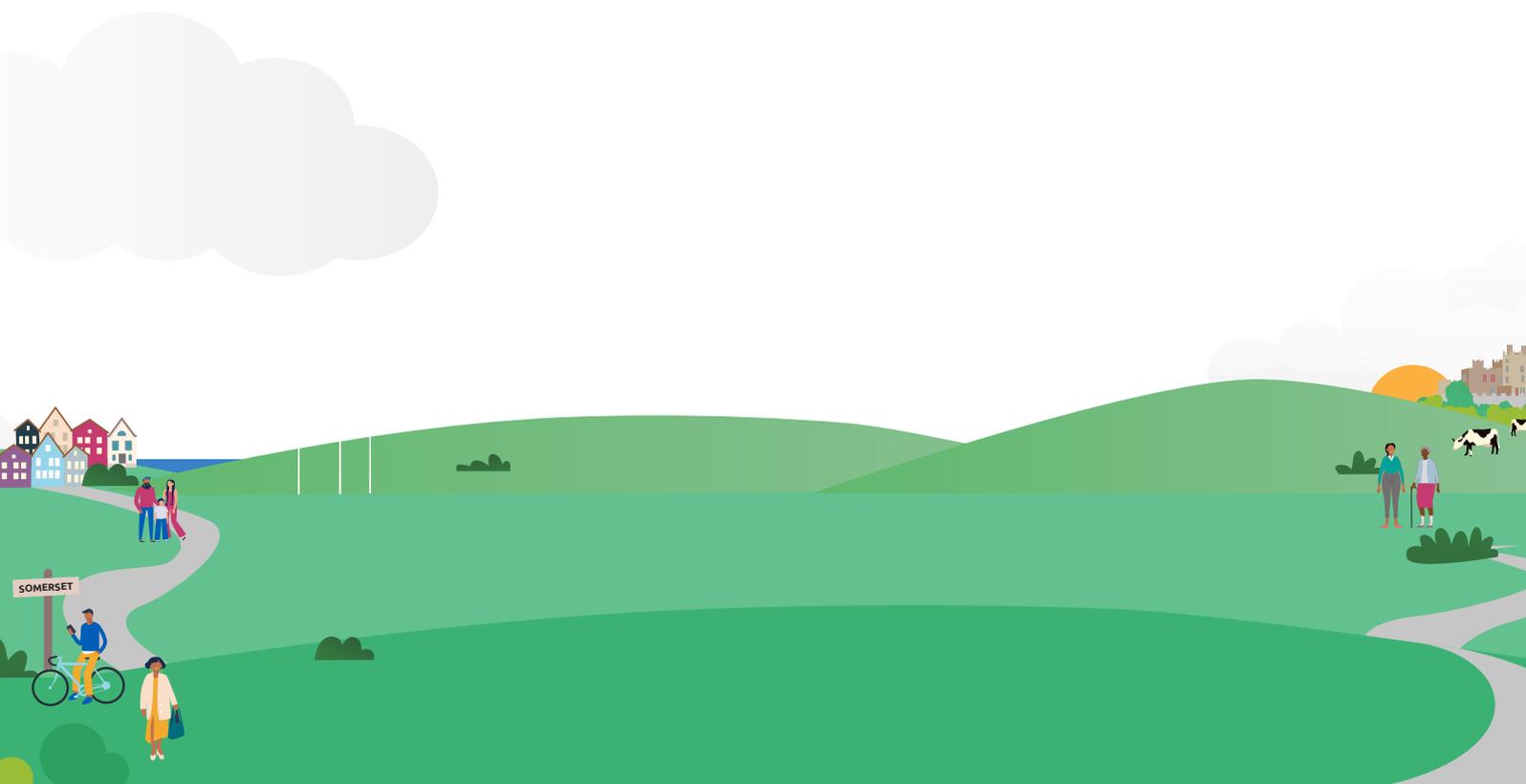
These outcomes and the metrics which support them will provide a future focus in our ICB Board Assurance Framework reporting. Progress made against initial measures of progress, set for the last year (2024/25), is reflected on, within Appendix 1.



Working with people and communities – Somerset’s Big Conversation

Building on the successes and lessons learned from Somerset’s Big Conversation in 2024 (see page 8), NHS Somerset is committed to evolving and expanding this initiative for 2025. This will involve deeper engagement with underrepresented groups to ensure voices are heard from across the Somerset population.

Somerset’s Big Conversation 2025 will also place greater emphasis on demonstrating the impact of community feedback, providing updates on how insights are shaping health and care strategies. By fostering stronger partnerships with local organisations, community leaders and system partners, NHS Somerset aims to create a more inclusive, dynamic and impactful conversation, further embedding the principles of collaboration in the planning and decision-making processes.



Somerset
Five year
Joint Forward
Plan refresh
2025 - 2030



Appendix 1 – Our achievements over the last 12 months

This section provides a review of what we said we would do over the 12-month period from April 2024 to March 2025 and what we have done. It also indicates those streams of work that we will carry forward (C/F) into 2025/26.



Priority 1: Finance & Resource Allocation

Progress Key: ✓ Met > Working Towards ✗ Not Met

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Efficiency, Productivity and short-term savings			
Objective 1 Deep Dive into current spend Review all areas of spend as part of our financial position	✓	An infographic document was developed to provide a breakdown of Income and Expenditure. Contracts continue to be reviewed by the ICB as business as usual. The ICB Finance Committee are cited on any proposed actions from completion of this work.	No
Objective 2 Opportunities through Joint Commissioning Arrangements Review of joint funding arrangements and explore opportunities to spend more effectively	>	Work has commenced to review Joint Commissioning Arrangements. This has mainly been focussed on the Better Care Fund. A Joint Audit is being completed by BDO (ICB Auditors) and South West Audit Partnership (Somerset Council Auditors). Any recommendations will be reviewed, agreed and implemented to ensure that any potential opportunities through joint commissioning arrangements are identified.	Yes
Objective 3 Elective Care Commissioning Strategy Develop elective care commissioning strategy	>	Scoping of the vision for the Elective Care Commissioning Strategy has been completed. A detailed timeline is being developed to determine when public engagement will take place to identify a set of priorities for delivery over the next 5 years.	Yes
Objective 4 Referral Pathway for elective care Review current pathways for elective care to ensure they are as effective as possible	✓	This objective is now being completed as part of the development of the Elective Care Commissioning Strategy.	No
Objective 5 Evaluation of last three years new initiatives Evaluation of last three years initiatives to estimate Return on Investment (ROI), value added and consider future commissioning of these initiatives	✓	Initial evaluation of new initiatives that have been invested in over the last three years has been completed. Further work has taken place to identify any initiatives that have not achieved the expected ROI or value added. Actions will be identified with any potential savings to be quantified and agreed.	No
Objective 6 Reducing Variation in Healthcare	✗	It was agreed that work on this Objective will be managed through normal business and not part of this programme.	No
Objective 7 Fragile Pathways Review services to consider whether these can be reconfigured or alternative commissioning solutions can be found	✗	It was agreed that work on this Objective will be picked up as part of future considerations of the Clinical Pathway Redesign work that is planned to take place.	No

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Efficiency, Productivity and short-term savings			
Objective 8 Frailty <ul style="list-style-type: none"> Organise and consolidate current initiatives, models and pilots Professional/clinical conversation about shared decision making, personalised care, person centred care etc. 	✗	It was agreed that this work should be considered as part of Priority 4 – Integrated Neighbourhood Working.	No
Objective 9 Review additional funding through Service Development Funding	✓	Target saving has been achieved by reviewing any additional funding through Service Development funding.	No
Objective 10 Review additional funding received in-year	✓	Additional funding has been received in-year to achieve the target saving for 2024/25.	No
Objective 11 Hybrid Closed Loop Business Case	✓	A Business Case has been developed for implementation of Hybrid Closed Loop technology within Diabetes care. This Business Case has been reviewed and approved in principle by System (Double Lock process) and the required financials have been signed-off by the System Finance Group.	No
Objective 12 Weight Management Pathway	✓	A Business Case/Proposal has been developed for a weight management service that meets the national specification for wraparound care for Tirzepatide and integrates with local demedicalised/community/neighbourhoods level weight management interventions. This Business Case will be reviewed and considered for approval as required.	No
Learning Disability & Brain Injuries			
Objective 13 Learning Disability and Acquired Brain Injury placements Review of patients who are out of county with a view to considering placements in Somerset	✓	<p>A Complex Care Nurse was recruited within the Continuing Health Care (CHC) Team in June 2024. Review has taken place of all Learning Disability and Acquired Brain Injury placements both in and out of county, and where appropriate alternative placements or alternative care packages have been identified.</p> <p>A pro-active approach to future placements has been developed to ensure that the Somerset Health system are paying the right amount for any appropriate placements identified.</p>	No
Objective 14 Individuals placed by systems outside of Somerset into Somerset Nursing Homes Review of Funded Nursing Care (FNC) and Continuing Health Care (CHC) costs for individuals placed by systems outside of Somerset into Somerset Nursing Homes	✓	A Register of placements made in Somerset by systems outside of Somerset has been developed to record both the Funded Nursing Care (FNC) and Continuing Health Care (CHC) costs of the individuals placed. This is monitored by the ICB Finance team. At the current time there is no way of reclaiming the cost of these placements, but the register will enable a quick reference point for the additional cost pressure to the Somerset system.	No
Objective 15 Neuro Rehabilitation Service Review neuro rehabilitation services and development of new pathway	>	<p>Engagement exercise and analysis of feedback completed.</p> <p>Financial baseline and Integrated Impact Assessment Report to be completed and shared with ICB Management Board to seek approval to further explore potential options for service.</p>	Yes

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Productive Care Programme			
Objective 16 Further Faster Programme Identify opportunities within specialties for optimising outpatient efficiency under the 'Further Faster' programme	✓	Key metrics such as DNA rates, virtual appointment rates, PIFU and follow-up rates, and clinic utilisation have been collated for each specialty and shared with Service Managers. Data has been compared with peers using Model Hospital to identify areas with greatest potential opportunity. Further Faster checklists have been developed for completion by Service Managers as a self assessment.	No
Objective 17 Theatre Utilisation Increase capped theatre utilisation rates to the national target of 85% and increase theatre session utilisation to 95% on both sites	✓	100 day improvement programme completed focusing on 1) 85% capped utilisation in MPH Day Surgery Centre 2) 85% capped utilisation in YDH Day Surgery Centre and 3) 85% capped utilisation across all YDH theatres for General Surgery and Colorectal. Monthly meetings have been set up to provide opportunity for monitoring/oversight/challenge. Due to work completed, now consistently achieving above 80% theatre session utilisation.	No
Objective 18 Day-case rates/Right Procedure Right Place Increase the range of procedures undertaken as a day-case and the range of procedures undertaken as an outpatient procedure	✓	Development of YDH procedure room, Ortho forefoot (Inpatient to Day Surgery Centre) and Transurethral Resection of the Prostate (TURPs). Review of day case procedures against national target has been completed. Some focussed attention of Gynae and Urology procedures has taken place.	No
Objective 19 Maximising delivery against the Elective Care Recovery Fund Accelerate delivery of elective activity in line with operational plan to maximise the delivery against the national elective care recovery fund	>	Total 2024/25 Elective Care Recovery Fund performance is forecasted to plan to achieve the targeted additional Income required.	Yes
Objective 20 Agency Reduction Reduce the cost of agency used and eliminate all off framework agency by 1 July	>	Total Agency spend for 2024/25 is forecasted to be £6.8m below plan achieving the target set.	Yes
Objective 21 Ready to Go Wards Close two temporary wards (ready to go wards)	✓	The two temporary Ready to Go Wards were closed as planned to achieve the identified target saving.	No
Workforce			
Objective 22 ICB Running Cost Reduction Reduction in ICB running cost allowance of 20%	✓	Work has taken place during 2024/25 to achieve a 20% reduction in ICB running costs. The anticipated savings target has been achieved. In 2025/26 work will take place to identify a further 10% reduction in ICB running costs.	No
Objective 23 Review of support functions to Somerset ICB	✓	Discussions have taken place to review the current contract with NHS South, Central and West Commissioning Support Unit (NHS SCWCSU) and negotiate any potential savings to contribute towards the savings target.	No

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Workforce			
Objective 24 One Public Estate Review of estates options across the system and consider consolidation	>	Work has started on developing One Public Estate for NHS and Somerset Council services. Initial focus has been on estates occupied by NHS or Somerset Council services in Taunton, Yeovil, Chard and Shepton Mallet. Options appraisals for each of these areas will be developed to outline potential opportunities for the future state including identification of spare capacity for potential disposal.	Yes
Objective 25 Oversight of s106 projects and development	✓	Meetings have taken place with Somerset Council's Planning team to establish a new relationship and discuss the Section 106 agreement process. A representative from ICB will be attending Local Planning Authority engagement meetings that take place quarterly to better understand how the ICB can influence this process.	No
Local Autonomy			
Objective 26 ICS Priorities Ensure focus is maintained on our priorities and implement national strategies where they add value to our priorities	✓	The Somerset System Triple Lock process has been developed and approved by the Directors of Finance and ICB Finance Committee. This process has been implemented with the first Triple Lock – Expenditure Proposal Panel taking place in June 2024.	No
Objective 27 Decision Making Faster decision making to support delivery of a balanced financial plan	✓		No

Priority 2: Workforce

Progress Key: ✓ Met > Working Towards ✗ Not Met

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Objective 1 Co-develop a collaborative approach to International Recruitment to ensure ethical and cost-effective supply routes	✗	No longer being pursued	No
Objective 2 Scope the development of a health and social care workforce brand identity to support attraction and onboarding (in Somerset and with regional teams)	✗	No longer being pursued	No
Objective 3 Work alongside educator-providers to plan and expand the number of student/education placements; and post registration pathways aligned to workforce planning & LTWP targets Identify new qualification opportunities.	>	Trailblazer plot for educator workforce strategy Agreement to deliver local programmes for paramedics, Occupational Therapists (OT), Operating Department Practitioners (ODP) and Youth Work to meet workforce challenges in these areas Workforce supply Optioneering workshops completed for system-wide physiotherapy, occupational therapy and midwifery professions/services	Yes
Objective 4 Expand enhanced, advanced and associate roles aligned to clear career pathways.	>	Expanded number of Advanced Practitioner roles	Yes

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Workforce			
Objective 5 Expand apprenticeship and degree routes to entry for ODP and Midwifery	✘	Duplicate action with Objective 3	No
Objective 6 Renew the Staff Experience, Belonging and Retention Strategy action plan by: <ul style="list-style-type: none"> reviewing & evaluating the effectiveness of system-wide programmes define actions for the 24-27 retention strategy 	>	System-wide programmes evaluated System-wide retention programme in flight	Yes
Objective 7 Develop a System Leadership offer, focused on: <ul style="list-style-type: none"> 'system by default' mindset and culture to grow tested through the Somerset Leadership Academy to include JFP themes such as integrated neighbourhood team development Inclusion and Equality themes Test elements of the System Development offer with system partners	>	System Leadership Offer developed with some implementation Integration of leadership and workforce training within the Integrated Neighbourhood Working programme	Yes
Objective 8 Design a coordinated system approach to work experience within schools (primary/secondary), linked to brand work. (aka Widening Participation)	✘	Not developed in 24/25 as a system approach due to capacity	Yes
Objective 9 Scope the Digital Workforce requirements that support: <ul style="list-style-type: none"> Improved workforce productivity through process & service redesign Delivery of tech enabled care 	>	Workforce elements now included within ICS Digital Strategy roadmap – first collective focus will be on equipping our workforce in using AI tools (e.g. CoPilot) to enhance productivity without compromising quality Tech enabled care included in scope as part of the innovation workstream of the Somerset Health and Care Academy Commitment to implementation of Digital Staff Passport for postgraduate doctors in training in collaboration with colleagues in the Bristol area	Yes
Objective 10 Workforce 2035 (scenario planning) Scope the implementation of the outputs from the work.	✓	Workforce 2035: Future capabilities assessment completed and output report received	Yes
Objective 11 Progress the development of the Bridgewater site into a Somerset Health and Care Academy to support the development of our 'One Workforce' vision. Deliver a sustainable operating model within the Seahorse Centre, Minehead	>	Programme delivery mobilised and programme on track 270 people engaged to support operating model and training curriculum development Joint (Executive) Academy Board developed to provide further rigour around programme governance	Yes

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Workforce			
Objective 12 Work and Health programme Support the development of the Workwell needs assessment.	>	£178k funding received from OHID to develop Workwell implementation plan & leadership capacity to deliver programme 7 providers commissioned to pilot employment support	Yes
Objective 13 Keyworker Housing business case and operating model (links to regional NHSE teams).	✓	Established Keyworker Housing Hub steering group 2-year funding for Housing Hub resource identified & role agreed to be hosted by Somerset Citizen's Advice Bureau to take project into next phase	Yes
Objective 14 Co-design system Equality, Equity and Inclusion Plan with system partners & start implementation of year 1 actions.	>	Equality, Diversity and Inclusion and Recruitment (EDIR) Train the Training programme completed with identified EDIR representatives now in place across the system sharing best practice	Yes

Priority 3: System Flow

Progress Key: ✓ Met > Working Towards ✗ Not Met

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Objective 1 Right size Pathway 1 capacity – achieving an increase in pathway 1 new starts.	>	The number of people accessing the pathway 1 intermediate care reablement service ('new starts') have increased from 49 per week to 70 per week in 2024/25. We will continue to work on this objective in 2025/26 to achieve further increase. Currently pathway 1 reablement is only accessible to people after hospital stay. In 2025/26 we plan to increase pathway 1 new starts further so that people who are living at home and require reablement to access the service and regain independence.	Yes
Objective 2 Establish clear metrics and reporting to track flow	✓	In 2024/25 we have seen the creation of a weekly data report that tracks metrics relating to hospital discharges, both from acute and intermediate care (community hospitals and care homes). This report provides us with data insights at locality level. We will use these data insights to influence change and track system flow improvements in 2025/26 and beyond.	No
Objective 3 Establish financial management and governance arrangements for intermediate care services.	✓	In 2024/25 the Intermediate Care Steering Group and Joint Commissioning Steering Group were established to support improved financial management and governance for intermediate care services.	No
Objective 4 Clarify roles and responsibilities across the service and ensure good operational delivery against clear deliverables.	✓	Restructures in both the ICB and Somerset Council took place in 2024/25, helping to clarify roles and responsibilities across the service. Clear deliverables have been outlined within the System Flow Priority Programme, making deliverables more clearly understood. Improved data tracking now supports monitoring against the deliverables.	No

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Objective 5 Establish an effective transfer of care hub operating model	>	A revised transfer of care operating model was designed and implemented in 2024/25. Continued optimisation and monitoring of this new model with continue throughout 2025/26.	Yes
Objective 6 Optimise flow and effectiveness within intermediate care beds. Establish the future intermediate care bed requirements and distribution across Somerset.	>	Established Keyworker Housing Hub steering group 2-year funding for Housing Hub resource identified & role agreed to be hosted by Somerset Citizen's Advice Bureau to take project into next phase	Yes
Objective 7 Mental Health discharges	✓	Delays in Mental Health inpatient units have reduced significantly.	No
Objective 8 Pathway 3 – creating a dedicated bed base that supports people to remain in the care home if they are assessed as requiring long term care home placement.	>	In 2024/25 a Pathway 3 model was tested in South Somerset, supporting people who are discharged from Yeovil Hospital. In 2025/26 review of this test will be concluded, with the intention of expanding the model county wide. (subject to success of the test).	Yes
Objective 9 Hospital discharge planning	>	Improved data insights gathered in 2024/25 has identified further opportunities within the hospital settings to reduce No Criteria to Reside levels in Somerset.	Yes

Priority 4: Integrated Neighbourhood Working

Progress Key: ✓ Met > Working Towards ✗ Not Met

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Objective 1 Co-create a clear system vision and framework for the development of Integrated Neighbourhood Teams in Somerset.	✓	A clear system vision and framework of principles for integrated neighbourhood working has been developed.	No
Objective 2 Clarify the outcomes that this work aims to achieve – develop a small set of measures, together with some counter measures to assess success and baseline of current performance.	✓	Two overarching outcomes to be delivered through integrated neighbourhood working have been developed.	No
Objective 3 Undertake a stocktake of current service provision and spend by Primary Care Network	✓	An initial stocktake of current service provision and spend has been completed and will be taken forward in relevant workstreams.	No
Objective 4 Review the existing national and system wide programmes of work that are underway across Primary Care Networks – consider consolidation and streamlining.	✓	An initial stocktake of current service provision and spend has been completed and will be taken forward in relevant workstreams.	No
Objective 5 Undertake a stocktake of current ARRS spend by Primary Care Network.	✓	A stocktake of ARRS spend by Primary Care Networks has been undertaken.	No

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Objective 6 Engage with the national programme, supporting the roll out of the Fuller Stocktake recommendations.	>	Two Somerset PCNs are taking part in the national PCN pilot programme led by Claire Fuller.	Yes
Objective 7 Assess Readiness of each Locality/ Neighbourhood for Integrated Neighbourhood Working.	>	Building upon the stocktake of current service provision and spend by Primary Care Network a maturity matrix and neighbourhood support package will be developed to assess and improve progress towards Integrated Neighbourhood Working Objectives.	Yes
Objective 8 Develop evaluation methodology for existing Integrated Neighbourhood Working approaches in Somerset.	>	Evaluation methodology is in development for existing and future Integrated Neighbourhood Working approaches in Somerset.	Yes
Objective 9 Review and align the digital neighbourhoods programme to ensure roll out and support to this wider programme of work. The programme embraces the rollout of BRAVE AI, SiDeR+ and other digital, data and technology innovations enabling right care at the right time.	>	Progress has been made against objective and will continue into 2025/26 in line with neighbourhood developments.	Yes
Objective 10 BRAVE AI Rollout - Continue the roll out and develop the risk stratification tool BRAVE AI to Somerset's 13 PCNs who, at present, are at varying stages of roll out.	>	Progress has been made against objective and will continue into 2025/26 in line with neighbourhood developments.	Yes
Objective 11 Identify workforce supply & OD needs, skills and capability gaps, and potential for new roles with different skills/competency mix.	>	Initial workforce supply identification within PCN roles has been undertaken. Continued focus will be given within the neighbourhoods OD programme in 2025/26.	Yes
Objective 12 Implement the Team Coaching programme in West Somerset as a test and learn pilot.	✓	Pilot programme implemented and learning taken within OD programme to consider roll-out.	No

Priority 5: Population Health Transformation

Progress Key: ✓ Met > Working Towards ✗ Not Met

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Objective 1 – Strengthening workforce Formalise Healthcare Inequalities Network as a Community of Practice <ul style="list-style-type: none"> • Develop a local Health Inequalities toolkit • Develop NHS Ambassador Programme focussing on inequalities 	✓	A Health Inequalities Network has developed as a community of practice and health inequalities toolkit developed. The NHS ambassador programme has rolled out across Somerset with a focus on CORE20PLUS5 and inequalities.	Yes
Objective 2 – Data & Evidence <ul style="list-style-type: none"> • Development of local Health Inequalities Dashboard including Core 20+5 metrics • Improve recording of ethnicity data • Development of PCN Data profiles to inform priority areas for Population Health Management and PCN Inequalities plans 	>	A local health inequalities dashboard has been produced and is subject to ongoing development. PCN data profiles have been produced and continued improvement work is underway to improve the recording of ethnicity data.	Yes
Objective 3 – Tackling Specific Inequalities <ul style="list-style-type: none"> • Continue to develop SFT Inequalities focused Elective Care Recovery • Completion of Core 20+ 5 Connectors Project (COPD) • Evaluation of Homeless Health programme and development into Inclusive Health Programme 	✓	Homeless health programme evaluation has been completed and SFT inequalities focused elective care recovery developed.	No
Objective 4 – Alignment with the Integrated Neighbourhood Working priority <ul style="list-style-type: none"> • Support the development of work focused on improving health and tackling healthcare inequalities, including utilisation of BRAVE AI • Support the development of 18 Local Community Networks • Develop a system-wide approach to engagement with groups who experience inequalities 	>	The general practice funding formula has been amended to differentially invest in practices that have a higher level of inequality. Focus has been given within PCNs to tackling inequalities through proactive care using BRAIVE AI. Continued engagement work and focus on health inequalities and population health within integrated neighbourhood working will take place in 2025/26.	Yes
Objective 5 – Development of Population Health Culture <ul style="list-style-type: none"> • Launch of a public and population health training academy • Development of NHS Population Health Ambassador Programme, starting with social prescribers and AHPs • Inclusion of Population Health Management and inequalities into ICB organisational development programme • Development of joint approach to health information, engagement and campaigns for staff and public 	>	Development of a population health culture is underway with a joint approach to health information, engagement and campaigns for staff and the public as demonstrated in the 'take the pressure off' campaign. This will continue to 2025/26.	Yes

What we said we would do (April 2024 – March 2025)	Progress	What we have done	C/F to 2025/26
Objective 6 – Deliver 3 priority population Health programmes: <ul style="list-style-type: none"> • ‘Take the Pressure Off’ campaign to case-find and optimise treatment for individuals with hypertension. • Continued development of AI Fatty Liver Case Finding programme • Development of system-wide campaign to achieve smoke free by 2030 	>	Hypertension optimisation programme rolled out and significant progress made. Smoking and hypertension focus will continue to 2025-26.	Yes
Objective 7 – Delivering data and intelligence <ul style="list-style-type: none"> • Scoping and commissioning of cloud-based integrated data lake • Development of Data & Information Sharing governance for integrated cloud data lake • Agreement and development of Joint Intelligence Function for Somerset 	>	Research and development has been undertaken for population health data solutions which is progressing and will continue into 2025-26.	Yes
Objective 8 – Launch approach to commissioning Primary care services weighted towards inequalities <ul style="list-style-type: none"> • Build health improvement and tackling healthcare inequalities into financial processes and performance monitoring • Evaluation of the business cases funded by the health inequalities funding • Development of a local strategy for the movement of resources across the Somerset System • Expansion of Transformation Programme Capacity 	✓	The general practice funding formula has been amended to differentially invest in practices that have a higher level of inequality. Business case evaluation has taken place, transformation programme capacity expanded and an ongoing development of strategy for the movement of resources will continue within the integrated neighbourhood working priority area.	No

Appendix 2: Delivering our Statutory Functions

This section of our Joint Forward Plan describes how we have delivered our legal requirements as set out by NHS England.

Describe the Health Services for which the ICB proposes to make arrangements

Our Joint Forward Plan explains the health services we currently have in place and seeks to outline how we arrange to meet the future needs of the people living in Somerset.

Our operational plan sets out more detail about how the system is performing and the actions we are taking to improve performance within our services.

Detailed information about services can be found on our websites:

- [NHS Somerset Integrated Care Board](#)
- [Somerset NHS Foundation Trust](#)
- [Somerset Council](#)
- [South Western Ambulance Service NHS Foundation Trust](#)

The combined information in this Joint Forward plan, our operational plan and on our websites fulfils our duty to describe the current and planned health services to meet the needs of the people living in Somerset.

The NHS is also responsible for responding to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease such as Covid or a major transport accident. This is referred to as emergency preparedness, resilience and response (EPRR). The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services.

The ICB is known as a Category 1 responder which means we must:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans and business continuity management arrangements

- make information available to the public, including warning and informing in the event of an emergency
- co-operate with and share information with other local responders.

We coordinate the activities of all providers of NHS funded healthcare to plan for and respond to emergencies. The ICB has an Accountable Emergency Officer (AEO) for EPRR, who is responsible for discharging the ICBs responsibilities around EPRR and providing assurance to the board.

Duty to Promote Integration

Integration

For Somerset, integration and collaboration is a key priority. We want to support people to live independently in their own homes for longer and take a joined-up approach to improving outcomes across health, social care, and housing. In simple terms, it refers to the bringing together and joining up of services and support, processes, and ways of working which improve outcomes for local people and local services. Integration relates to several important interdependent domains:

- **The person:** Integrating care and support around what matters most to the person and their life situation and enabling people to engage with resources in their local community. We believe that integration and person-centred care are closely linked.
- **Services:** Integrating health and care services where this will improve outcomes for local people and make better use of local resources
- **Systems:** Integration of governance, commissioning, or provider functions where this brings about a more efficient and effective use of public money and better outcomes for local people.

The Somerset health and care community acknowledge that structural and process change needs to be accompanied by cultural change. This is fostered by ensuring we are always listening to the people we service and making sure they are at the heart of our strategic plans and service development. This is also achieved by enabling teams to work together, to form trusting, psychologically safe joint working arrangements in which different perspectives can be considered and shared. It involves enabling culture change using IT, training and support and most importantly through leading by example.

Better Care Fund

The Better Care Fund (BCF) within Somerset is a joined-up plan between health and social care. The work under the BCF is strengthened further within the county through our Joint Commissioning Steering Group with oversight by the Somerset Board. The plan contains some

key areas of joint working including intermediate care services, carers services, community-based schemes, Disabled Facilities Grant related schemes and home care or domiciliary care.

Pharmacy, Ophthalmic and Dentistry Services

Since April 2023, NHS Somerset has been responsible for the commissioning of community pharmacy, optometry and dental services, in addition to its preexisting responsibility for the commissioning of services in general practice. Whilst this has created some short-term challenges, the benefits of having greater autonomy and strategic focus for the entirety of primary care services provides opportunities for a more cohesive approach to service transformation and clinical pathway development.

NHS Somerset is fully committed to the wider integration of the four areas of primary care service delivery, alongside community and secondary care teams. The benefits of this comprehensive approach are clearly articulated within the Fuller Stocktake Report (Dr Claire Fuller, May 2022), and further underpinned as a key part of an effective Integrated Care System in The Hewitt Review (Rt Hon Patricia Hewitt, April 2023).

NHS Somerset fosters a collaborative approach to primary healthcare service delivery, encouraging general practice, community pharmacy, optometry, and dentistry to work cooperatively to ensure that care is effectively delivered by the most appropriate healthcare professional. The development of integrated care pathways ensure that patient care delivery is efficiently coordinated and sufficiently comprehensive to meet the needs of the individual. The successful delivery of this model of care is predicated on the seamless sharing of patient information between healthcare professionals, supported by a robust integrated digital information platform.

Throughout 2025/26, NHS Somerset will continue to build on this model of integrated primary care, supporting with the training and education of professionals across different sectors; supporting public awareness campaigns regarding access to, and the benefits of the new models of care; supporting quality improvement initiatives to ensure the continuation of high standards of care, and; supporting investment in areas of integration that provide the biggest benefit to communities across Somerset.

Example: NHS Pharmacy First

Following the launch of the NHS Pharmacy First Advanced Service on 31 January 2024, general practice is now able to refer eligible patients to participating community pharmacies for advice and treatment of seven minor healthcare conditions (acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat and uncomplicated urinary tract infections). NHS Somerset has ensured that these referrals are sent via an integrated digital platform, which securely transfers care from general practice to the community pharmacy of the patient's choosing. Following a consultation with the pharmacist, a record of the consultation (including any medications supplied by the pharmacist) is electronically returned to the general practice for inclusion of the patient's GP record. This integrated care pathway helps to ensure that patients experiencing one of the seven common conditions can conveniently access safe, high-quality healthcare services delivered by a

highly trained healthcare professional, whilst simultaneously reducing the demand for appointments in general practice for patients who are in greatest need. By November 2024, Community Pharmacies across Somerset had supported 15,000 patients to access an urgent care consultation for one of the seven minor health conditions via this service.

Duty to Have Regard to Wider Effect of Decisions

In making decisions about the provision of healthcare, an ICB must consider the wider effects of its decisions, also known as the triple aim of: (a) health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing) (b) quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services) and (c) sustainable and efficient use of resources by NHS bodies.

Our Joint Forward Plan describes the priorities that have been identified to support the delivery of the strategic aims set out within the Integrated Care Partnership's Health and Care Strategy, which is aligned to the Health and Wellbeing Board's Improving Lives Strategy, ensuring that as a health and care system we have a common set of aims and objectives that explicitly reflects this 'triple aim'.

Our Constitution and Governance Handbook describes our decision making and oversight processes.

Financial Duties

Living Within Our Means

Somerset has a history of financial challenge in both Foundation Trusts (prior to merger) and the CCG, now ICB. Prior to the Covid-19 pandemic the system was developing plans to address a significant underlying deficit position and ongoing in year deterioration. Work had been undertaken to assess the causes of the deficit in Somerset, and a recent refresh confirms that the following factors remain key:

- True structural costs, predominantly the unavoidable inefficient cost of sub-scale services which are necessary to ensure appropriate provision and access across the geography of Somerset and Private Finance Initiative costs at SFT.
- Challenges in recruitment and retention has led to premium-rate workforce costs to cover gaps in substantive.
- Workforce availability to support sustainable primary care services.
- Inefficiencies created by the existence of sub-scale and duplicate services which are not attributable to geographical necessity and could therefore be eliminated through redesign.
- Historic non-delivery of recurrent efficiency savings and reliance on non-recurrent solutions to achieve in year balance.
- The productivity and cost impacts of underutilised and expensive estate.

- In some areas corporate services costs which benchmark highly compared with other systems and organisations.
- Resources not being used to achieve best value as a consequence of historic investment and/or underinvestment decisions.

In 2023/2024, we returned to a national financial framework which reintroduced a funding allocation based on fair shares for each system and a trajectory for return to this value from the system position.

The national and regional expectation for Somerset, as for all systems, is to plan for and deliver aligned financial, workforce and service sustainability in the medium to long term, implementing such changes as are necessary to ensure this is achieved through wise and affordable use of resources.

NHS Somerset will deliver all its financial duties in 2024/25. The system has an assessed exit underlying financial deficit at 2024/25 in the region of £69m, which is £4m worse than at plan.

This analysis of drivers and value of the Somerset deficit provides useful context and baseline information for future planning but does not generate solutions. Factors driving the deficit are not necessarily the same as solutions to achieve balance and improve value for money, although there will be significant overlap.

What we are seeking to achieve for our population:

Our strategic financial aim as set out in the overall system strategy from 2022 is:

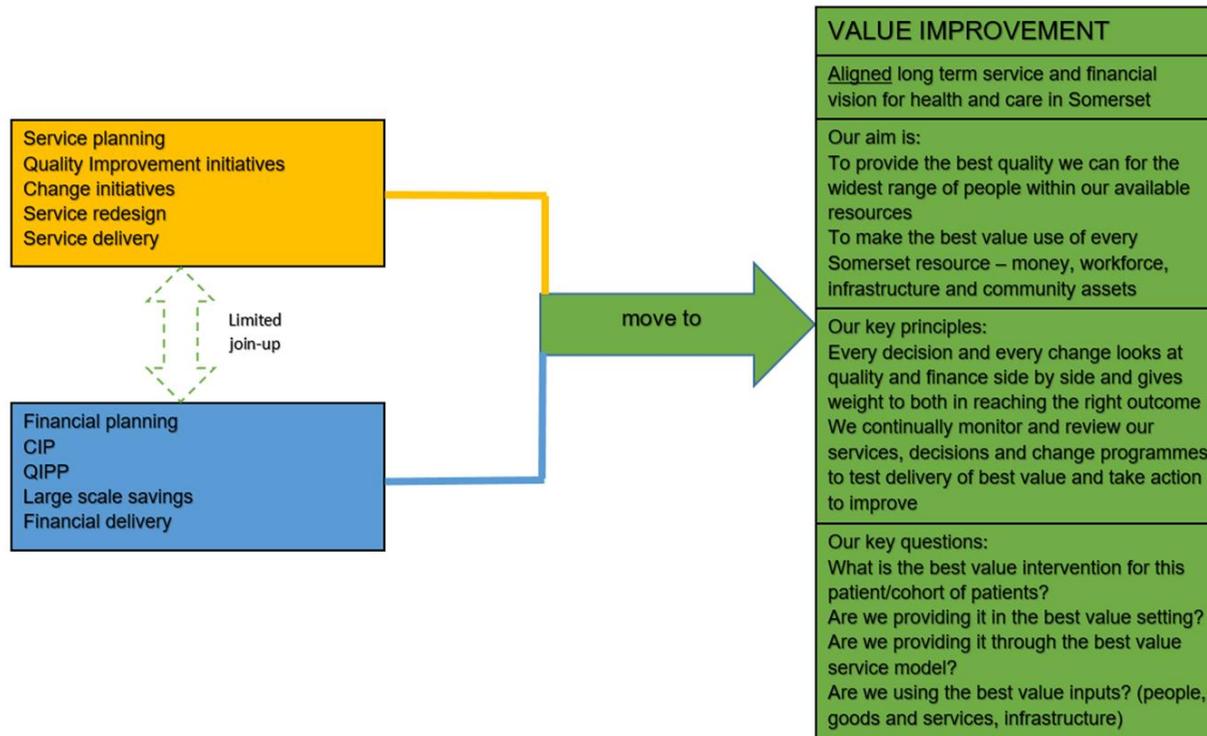
‘To live within our means and use our resources wisely to create a sustainable system’.

This sets twin objectives at both organisational and system level of affordability and value for money, which align well with both the overall Somerset system strategy and with regulatory and statutory expectations:

- Understanding and managing the interdependent and iterative relationship between the financial strategy, the emerging clinical and care model for Somerset and other enabling strategies is key to delivering a coherent and cohesive plan. The financial strategy and plan are shaped by the vision for services and the constraints and opportunities of workforce, infrastructure, and community assets. Financial constraints and opportunities inform and affect choices on delivery of the service vision.
- Under the new financial framework, regulatory and statutory expectations for both the system as a whole and individual partners are focussed on managing within the nationally determined allocation for our population and maximising the productive use of our resources, obtaining best value for every pound spent and optimising our use of workforce, infrastructure, and community assets.

In both contexts, expectations and detail are still emerging but we have sufficient information already to plan and make early decisions and progress, confident that we are pursuing the right direction.

Our strategic financial approach is summarised in the diagram below:



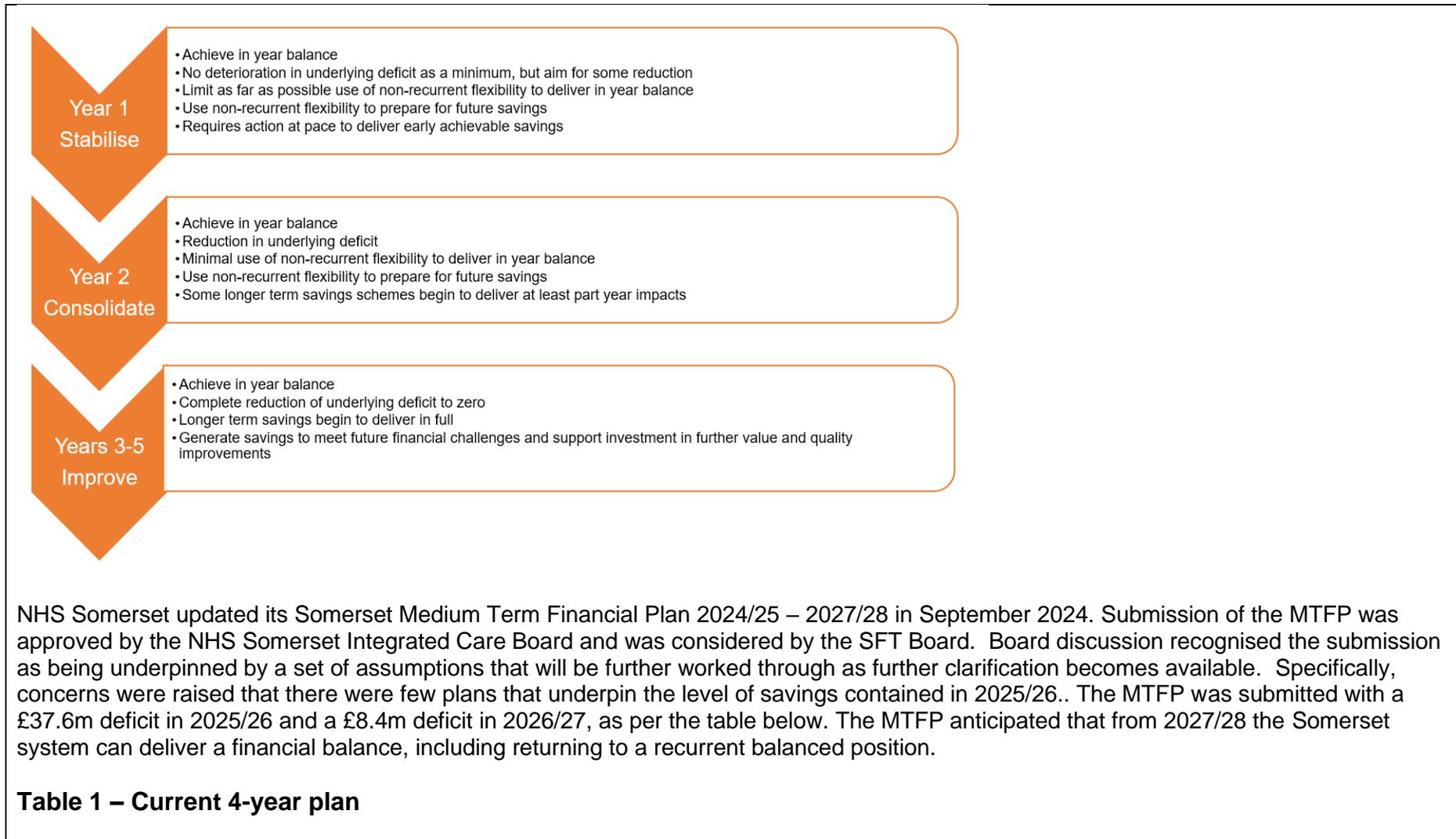
In pursuit of the twin objectives of best value and affordability leading to sustainable financial balance, we will work to the following key principles across revenue and capital:

- Establish and promote clear ownership and accountability for wise use of resources and securing financial balance.
- Maintain and enhance our focus on financial governance and cost control.

- Monitor and challenge value for money in all our investments, expenditure, and income contributions.
- Enhance and develop our use of benchmarking, analysis, and soft intelligence to identify and pursue financial and productivity improvement opportunities.
- Set and adhere to a robust framework for investment decisions which prioritises, within an affordable limit, only those investments which deliver a high rate of return in value for money terms, or which are truly unavoidable for safety or legal reasons.
- Monitor investments and change projects for delivery and effectiveness of impact and disinvest where outcomes are not being achieved, resulting in poor value for money.
- Invest in a balance of evidenced savings schemes with a reliable rate of return and higher risk or novel schemes which offer greater potential reward.
- Optimise the use of non-recurrent financial flexibilities to develop and support delivery of savings and cost avoidance schemes.
- Incentivise and support the pursuit of new efficiency, productivity, and savings opportunities throughout the year.
- Seek opportunities to maximise income and net contribution from NHS-funded initiatives and non-NHS sources.
- Maintain and enhance our robust and collaborative approach to financial risk management and mitigation.

We will develop granular underpinning arrangements and processes for the system and each partner within it, to ensure these principles drive and are embedded in our financial activities, decisions and behaviours and provide a framework for all activities which have a financial impact.

The strategic financial plan proposes a three-phase approach over the 4-year period 2023/24-2026/27, taking into account both the scale of the challenge in the earlier years and the scale of opportunity at the same time to use non-recurrent flexibility to greatest effect. This is set out in the diagram below.



MTFP 2024-28 Summary	2024-25	2025-26	2026-27	2027-28
(£'m - Deficit / (Surplus))				
Plan Position	0.0	37.6	8.4	0.0
Underlying Position	69.8	55.8	20.0	0.0

Our system ambition was for our quantified target financial position to achieve recurrent underlying financial balance by the time we exit 2026/27. However, changes to the distance from target formula has calculated needs-based target updates for 2025/26 ICB allocations, resulting in the NHS Somerset distance from target moving adversely by 2.5% to 4.39%. NHS Somerset will update the above MTFP, once it has submitted its financial operating plan for 2025/26 in March 2025. System balance will need to be delivered through a renewed approach within the system and each partner organisation. This would include clarity on how the true structural elements of the Somerset deficit are recognised and managed.

Performance

The Somerset operational finance, activity and workforce plans for 2023/24 were developed collaboratively across the system, led by the System Finance, Workforce and Activity Planning Groups which includes Executive Level membership from partners across Somerset ICS (Somerset ICB, Somerset Foundation Trust and Somerset Council). System leads have worked collaboratively to provide assurance around the triangulation of activity, workforce and finance.

The Plans (activity, finance and workforce) were signed off by the ICB Board (which includes system-wide membership) and also approved (for the UEC metrics) by the A&E Delivery Board.

The final activity, finance, workforce and narrative plans were reviewed and refined accordingly to ensure that:

- all assumptions continue to be tested to ensure they are as accurate as possible;
- factor in the current bed modelling taking place across the acute trusts and will incorporate any analysis from the ongoing review of A&E and MIU attendances by GP Practice to understand the patterns and drivers of demand;
- review inflationary and other cost pressures to develop mitigations to achieve a balanced financial plan;
- continue to drive productivity improvements across specialities to maximise investment;
- address capacity of our intermediate care service.

23/24 detailed plans were set out within the system Operational Plan. Development of future plans will be overseen through the System Assurance Forum.

Implementing any JLHWS

Somerset is a low complexity system. We have:

- 1 “place” – Somerset.
- One Integrated Care Board (ICB) “NHS Somerset”
- One Unitary Authority, “Somerset Council”.
- One Health and Wellbeing Board (HWBB).
- One statutory NHS foundation trust, Somerset NHS Foundation Trust (SFT) providing all of Somerset’s acute, community, mental health and learning disability services, and around a fifth of primary care services
- 13 primary care networks, working over 12 neighborhoods
- Strong relationship with VCSE partners.

This low complexity allows us to better understand, plan and deliver improved health and wellbeing outcomes for Somerset.

During 2023, we chose to combine the Health & Wellbeing Board and the Integrated Care Partnership into one Somerset Board as a committee in common [Somerset Health and Wellbeing Board and Integrated Care Partnership \(Committee in common\)](#).

The committee in common looks at people’s health and social care needs together, as well as considering the bigger picture – things like transport, housing, jobs and leisure – so that services truly help people stay healthy and independent. Members of the committee in common must look at the evidence of what works best to help target plans and resources.

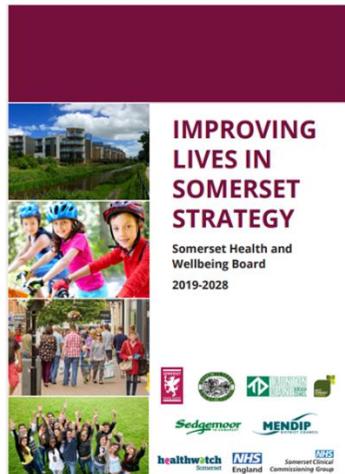
The following strategies drive forward the work of the committee in common:

[Improving Lives Strategy 2019-2028](#)

[Integrated Health and Care Strategy for Somerset](#)

Improving Lives

[Improving Lives](#) is the Somerset Health and Wellbeing strategy. The strategy is owned by the Somerset Board and sets out how we will work to deliver improvements for our population. We take the Somerset Joint Strategic Needs Assessment (JSNA) into account when defining strategy and delivery of that strategy through our JFP.



4 Priorities

- A county infrastructure that drives productivity, supports economic prosperity and sustainable public services
- Safe Vibrant and well-balanced communities
- Fairer life chances and opportunity for all
- **Improved health and wellbeing and people living healthy and independent lives for longer**



Duty to Improve Quality of Services

As an ICS we will ensure all our statutory duties relating to improving the quality of services are met.

We will agree a set of outcome measures to evidence successful and sustained delivery of the services developed and delivered across our geographical boundaries. This will be detailed in a number of overarching and interconnected strategies. The 2-year Quality Assurance and Improvement Framework has been informed by Somerset Improving Lives, Integrated Care Strategy and others as required. The objectives within the strategy will address our current risks and strategic aims of the ICS.

We continue to develop a clear quality governance and patient safety structure and processes to support the, the review and escalation of patient safety events and areas of emerging concern or risk; this has included strengthening our weekly Patient Safety Insights meeting, Patient Safety Quality Improvement Group and Executive Decision Panel. The NHS Somerset ICB Quality Committee provides the governance and compliance function for the ICB, processes are in place for escalation and reporting to the ICB Board, the ICS System Quality Group and to Regional and National Quality and Safety Boards.

The Quality Committee has a set of clearly defined metrics, supported by performance dashboards and quality reporting. These provide assurance whilst also highlighting areas that require further insight and opportunities for improvement.

The NHS Somerset Chief Nursing Officer alongside the Chief Medical Officer ensures that clinical and care professional leadership is embedded at all levels of the system.

Somerset has a range of tools and training opportunities to support the development of competencies and skills in quality improvement, working in partnership teams can access training according to need. This includes a system-wide quality improvement training offer called the 'Seven Steps of Quality Improvement'. There are three levels of training; bronze, silver and gold, with the opportunity for health and care staff to come together to work on a system-wide quality improvement project.

We ensure that all staff are aware of their statutory and contractual duties and responsibilities. The uptake of statutory mandatory training is monitored by NHS Somerset as well as provision of dedicated sessions on patient safety and quality improvement on the induction programme for new staff. At NHS Somerset we have mandated Level 1 of the patient safety syllabus training for all staff.

As part of the implementation of a Patient Safety Incident Response Framework (PSIRF), patient safety leads have accessed formal training and now model a 'just culture' to raise awareness in response to patient safety incidents.

We are committed to co-production in the review and development of existing and new services, working with partner agencies such as Maternity Voices, Healthwatch and the development of Patient Safety Partners. We will review and strengthen our Equality Impact Assessment and Quality Impact Assessment tools and processes to ensure these are robust and consistently completed. The voice of the child and those from inclusion health groups, where equitable access to health and care services is also a priority, are factored into all commissioning and contracting quality outcomes.

Duty to Reduce Inequalities

Population Health and Addressing Health Inequalities

We know that people living in Somerset with more social capital have more opportunities to lead a flourishing life; they also have better health. The two are linked: those who have access to more resources experience better health outcomes. A principle of Population and Public Health is that the primary determinants for health and wellbeing are the wider influences on people's lives, the environments in which they live, their relationships, employment and finances, and many other factors. This does not remove the responsibility for the health and care system to address those factors over which it has primary control and play its part in tackling inequity and inequality.

Evidence shows us that those populations most impacted by health inequalities experience or share the following characteristics: they live in areas of multiple disadvantages, they are influenced by geographical factors that affect access to services, and they are part of groups who have protected characteristics or are in inclusion health groups. Often these needs can overlap and intersect, further compounding the risk of poor health outcomes.

Somerset generally performs better than the national average in terms of deprivation. However, since 2015, there has been a slight shift towards greater deprivation, especially in housing quality. The number of 'highly deprived' neighbourhoods in Somerset (within the 20% most deprived in England) increased to 29 in the 2019 Index of Multiple Deprivation (IMD), up from 25 in 2015. Around 47,000 residents live in these areas. The highest levels of deprivation are found in the county's larger urban areas, with Highbridge Southwest in Sedgemoor being the most deprived, and Sampson's Wood in Yeovil being the least deprived.

Children in Somerset face greater income deprivation than older people. Of the 327 LSOAs in Somerset, 29 are in the most deprived 20% in England, with Somerset North having the highest number (13). These neighbourhoods have a combined population of about 46,000. Rurality also presents challenges, with coastal communities often facing greater impacts, as noted in the Chief Medical Officer's 2021 report on health in coastal areas (GOV.UK).

Health inequalities, however, aren't just defined by geography or postcode; there are multiple inclusion health groups impacted by health inequalities. The county has seen a 15-fold increase in refugees and asylum seekers since Autumn 2021. Estimates show us that approximately 600 people are experiencing homelessness. Somerset was recently identified as the 6th highest in the country for rough sleepers. This high number of rough sleepers is not proportionate to population size. Somerset experienced a 40% increase in rough sleeping in its annual street count in November 2024, with 80 individuals found sleeping rough. Gypsy, Roma, Traveller and other vulnerable migrant populations have been identified as living on sites that have direct impact on health outcomes. We want to give more people in Somerset the best healthy life chances currently enjoyed by the few. This will require joined up and integrated working with partners across various departments and agencies including housing, police, education, fire and rescue, town and parish councils, Voluntary, Community, Faith and Social Enterprise (VCFSE) partners and our employers.

Somerset's Population Health Transformation Management Board has prioritised health inequalities as a core workstream. This is enabling system implementation of national guidance, including the Core 20+5 programme, and legal requirements, taking a system assurance role in line with the responsibilities of the Joint Director of Public and Population Health, the new health inequalities legal requirements and priorities identified from analysis of local data. As a result, with the ambition of strengthening leadership and accountability in the system, ICB have worked with colleagues from Public Health to establish the Inequalities in Health Group (IHG). The three priorities set by IHG and agreed by the Population Health Transformation Management Board are:

- Building workforce knowledge of health inequalities through workforce development – This has involved establishing our Healthcare Inequalities Network. This network forms a Community of Practice that explores best practice locally, regionally and nationally, shares updates and emerging guidance and policies, and covers thematic topics such as inclusion health groups, working with the voluntary, community, faith and social enterprise sector, and exploring quality improvement projects to improve healthcare inequalities across the system.
- Improving the data and evidence - Using comprehensive and timely population health data will be the foundation to indicate which communities we need prioritise. Senior Responsible Officers have been established for all Core20+5 areas for both adults and children and young people. While Core20 provides guidance on approach, it does not set specific benchmarks for all areas. For this reason, SROs have set benchmarks to establish how to measure progress for their priority area.
- Providing direction and oversight of health inequalities projects – Our system has been active in the development of projects to improve our response to health inequalities, both within specific services whose primary aim is to reduce inequalities in healthcare, such as the Homeless Health Service and Women’s Health Improvement Project, and in adapting existing offers to proactively respond to inequalities, such as within the elective care recovery and smoking cessation programmes. Evaluation of existing projects has been undertaken and to aid in their expansion a toolkit to understand, identify and respond to health inequalities is in development for use by local teams.

Here are some examples of areas of work, projects and interventions as described above:

Elective Care Recovery and Expediting Care for Vulnerable Patients

Patients are waiting longer than we would like them to in many specialities, both to be seen and assessed and to have a surgical procedure. The standard approach to managing waiting lists is by clinical priority and then chronological order, but Somerset Foundation Trust, as an integrated provider, is in a unique position to be able to easily identify potentially more vulnerable patients who are more likely to deteriorate whilst waiting. A process using key factors to flag the most vulnerable was initiated so that treatment could be expedited. Three factors were identified*: patients with a known learning disability, patients with a current mental health referral, patients living in one of the two most socially deprived areas. These factors were weighted and patients scoring more than 3 were flagged as vulnerable. This is because there is evidence that patients with these characteristics on average live shorter lives. This means they spend a disproportionately longer part of their life on our waiting list.

Outpatients

To date (since January 2023) 799 patients waiting for their first routine outpatient appointments have been upgraded so that they are managed as if urgent. Of these, 676 routine patients received ‘urgent’ appointments on average 7.8 weeks after being flagged, and 207 were seen within a month (versus typically 6 months without intervention).

In 2024 we added Children Looked After into the vulnerable patient cohorts and another 48 young patients have had their appointments expedited as a result.

Specific support for patients with learning disabilities

Patients with learning disabilities are also flagged to the Learning Disabilities Liaison Teams (both acute and community) so that additional support can be put in place if patients require it when they attend for their appointments. Patients will frequently decline the offer of support, but the phone call itself can highlight specific needs that can be sorted in advance e.g., the need for an interpreter or specialist equipment.

Surgery

Flags highlighting patients on the surgical waiting lists have also been in place since January 2023, and Admissions will try to expedite vulnerable patients' surgical dates wherever possible. The impact of this measure is more difficult to quantify, because waiting times will be dependent on many factors (e.g. which surgeon the patient requires), but for some specialities patients flagged as vulnerable are being treated on average 2 or 3 weeks sooner than if this process were not in place. This is on top of any waiting times reduction these patients have received by having their outpatient appointment expedited. We are aiming to improve on this as we reduce the waits down for our very longest waiting patients.

Further developments:

To try to address the potential negative impact on the social, behavioural or educational development of Children & Young People (CYP) waiting a long time for appointments and treatment, we are also adapting our safety-netting processes for CYP patients. This will involve collecting information by contacting the parents/carers on a regular basis, on factors which might indicate a CYP patient is not able to participate in school, is not sleeping well, is showing behavioural problems or withdrawing from activities that would form a normal part of their development. The information we collect will enable us to flag to the clinician responsible for their care, that a clinical review might be required to determine whether the patient's care needs to be expedited. We will be putting this new process in place during 25/26.

Homeless Health / Inclusion Health Service

The development of this GP offer across Somerset has been incremental, starting in 2021 following the identification of presentations in A&E by people experiencing homelessness. The service started with the development of the [Homeless and Rough Sleeper Nursing Service](#). Delivered in hostels, community hubs, on the street and in fields, this service is an 'in-reach' programme where a general nursing team, mental health nurses and peer support workers provide services in the places they can access people experiencing homelessness. Other funding streams allowed for the appointment of Inclusion Health GPs in Taunton, Yeovil and Somerset East who work closely with the nursing service. This has been nationally recognised at NHS 75th celebrations [Homelessness Health in Somerset wins prestigious NHS Parliamentary Award](#) and - following a visit to Somerset by Professor Bola Owolabi - this approach formed part of the narrative used to launch the NHS Framework for Inclusion Health in Autumn 2024. [NHS England » A national framework for NHS – action on inclusion health](#)

We recognised for some time that there was inequity in this provision and have worked with the Population Health Management Transformation Board to deliver an equitable GP offer across Somerset which is the approach taken by the Homeless and Rough Sleeper Nursing Service. A funding proposal to the Population Health Board to pilot a countywide GP offer has been running for 12-months and has been extended for a further 12 months initially.

Hypertension campaign

The system has launched a collaborative hypertension campaign 'Take the Pressure Off' which expands on the work from the previous two years to optimise treatment for those aged 60-79. This campaign has a two-pronged approach which engages directly with communities and aims to optimise treatment through primary care pathways. Public Health are leading community blood pressure checks which focuses on employers in Core20 areas. General Practice then provide additional capacity to ensure those who have high blood pressure are treated or optimised. This work is supported by the CVD dashboard, which allows us to better identify populations and geographies to target and to measure improvements for those more likely to experience healthcare inequalities.

Suicide Prevention

Suicide prevention and the promotion of good mental health for all is a key priority in Somerset. The local suicide rate has been above the national average for over 20 years. On average, 60- 65 people die by suicide every year in Somerset. Every death has a devastating impact on family, friends, colleagues and entire communities.

A local strategy has been developed in line with the priority areas for action set out within the national guidance. The primary objective of the strategy is to reduce the number of lives lost to suicide in Somerset. Three overarching aims have been identified to help us to deliver on the priority areas for action:

- Use evidence informed approach to suicide prevention activities, built on data and the voice of lived experience.
- Engage people of all ages in Somerset; including work and education settings, businesses and media outlets in suicide prevention, with the message that together we can make a difference.
- Use a robust evaluation system to ensure that services meet the needs of the population, are impactful and sustainable.

Suicide prevention is not the responsibility of a single organisation. It is a collective responsibility and requires whole-system leadership, inter-agency working and meaningful community involvement.

The Somerset Suicide Prevention Partnership (SuPPa) is a multi-agency forum that meet on a quarterly basis to coordinate work to reduce the rate of suicide and associated harm within Somerset and to provide a forum for successful multi-agency partnership working at a strategic and operational level.

Maternity and Neonatal

England is one of the safest counties in the world to give birth, however, some groups, such as people from Black, Asian and Minority Ethnic (BAME) backgrounds, are more likely to experience adverse outcomes such as preterm birth, poor maternal health outcomes and stillbirth. The Somerset system has been working to implement the three-year delivery plan for maternity and neonatal services which aims to make maternity and neonatal care more safe, personalised and equitable for women, birthing people, babies and families. Additionally, system-wide work is ongoing to gain compliance with the Saving Babies Lives Care Bundle Version3xviii (SBLCBv3) which covers 6 elements of care: Smoking cessation, preterm birth, reduced fetal movement, fetal monitoring, fetal growth and diabetes in pregnancy.

Duty to Promote Involvement of Each Patient

Personalised care

Somerset ICS will ensure the implementation of a comprehensive model of personalised care to ensure the duty to promote the involvement of each patient.

We will:

- Ensure that the application of a personalisation approach is embedded in the business as usual of all clinicians and care and support givers in Somerset.
- Ensure that the voice of the person is heard and acted upon across all treatment, care and support pathways.
- Ensure that clinical, care and support professionals are trained and equipped to recognise the need to hear the voice of the person and are supported to act on the wishes of the person as required.

We have in place both regional and national Integrated Personalised Care boards.

The ICS Personalised Care Steering Group's programmes, led by the [Associate Director of Personalised Care and Neighbourhood Working](#), include:

- The embedding of true shared decision making across all aspects of care and support.
- The implementation of formal personalised care and support planning for our most complex individuals and across maternity services in the first instance
- Implementing a comms, training and engagement programme to ensure understanding of enabling choice, including legal rights to choice.
- Further roll-out and consistency across the county of social prescribing and community-based support.
- The implementation of programmes to supported self-management across the county for a range of conditions.

- The increased use of personal health budgets and integrated personal budgets.

We will implement a set of key performance indicators (KPIs) to enable the monitoring of progress, oversight of effectiveness and to continually seek feedback from health, care and support professionals and those individuals that they serve.

Duty to Involve the Public

Engagement and Involvement

Public involvement is an essential part of making sure that effective and efficient health and care services are delivered with people and communities at the centre. By reaching, listening to, involving and empowering our people and communities, we can ensure that people and communities are at the heart of decision-making and that we are putting our population's needs at the heart of all we do.

Our draft [Working with People and Communities Engagement Strategy](#) outlines our strategic approach to involving people and communities.

Our strategy is aligned with the aims of the ICS strategy.

ICS Strategy - [Somerset-Health-and-Care-Strategy-compressed.pdf \(nhssomerset.nhs.uk\)](#)

We have established an ICS Engagement Leads Co-ordination group as the mechanism to co-ordinate and deliver our people and communities work across Somerset ICS. This group includes membership from across the ICS, Healthwatch and VCFSE partners.

We work closely with all our partners, patients, public, carers, staff, and stakeholders to continue to build on our existing relationships across Somerset. We are committed to making sure that our focus is to involve and engage people in a variety of different ways and are committed to transparency and meaningful engagement.

Our 10 principles for effective public involvement

Our 10 principles for working with people and communities have been developed through engagement with Engagement Leads across the ICS including Healthwatch and with our Citizen's Hub. These principles outline our shared principles for effective public involvement across the ICS.

These principles build on the ten principles outlined in the working with people and communities' section of the [ICS design framework by NHS England and Improvement](#).

Somerset's ICS 10 principles of working with people and communities:

- Put the voices of people and communities at the centre of decision-making and governance.
- Understand our community's needs, experience and aspirations for health and care, with a strong focus on underrepresented communities.
- Involve people at the start in developing plans and feedback how their engagement has influenced decision making and ongoing service improvement, including when changes cannot be made.
- Ensure that insight from groups and communities who experience health inequalities is sought effectively and used to make changes in order to reduce inequality in, and barriers to, care.
- Build relationships with underrepresented groups, especially those affected by inequalities, ensuring their voices are heard to help address health inequalities.
- Work with Healthwatch and the VCFSE sector as key partners.
- Through partnership working, co-production, insight and public engagement address system priorities in collaboration with people and communities, demonstrating accountable health and care.
- Use community development approaches that empower people and communities, building community capacity.
- Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
- Learn from what works and build on the assets of all ICS partners – networks, relationships and activity in local places - to maximise the impact of involvement.

Read more about [our approach](#) to working with people and communities.

As set out within our Integrated Care Strategy, we want all people of all ages who live and work in Somerset to live healthy and fulfilling lives. We want people to live well for longer, and for Somerset to be a fantastic place to raise families, create employment, and support one another to be the best they can be. We want communities in Somerset to be supported to create positive and sustainable futures for all people.

We work with our communities to ensure improved, person-centred care, to reduce health inequalities, to raise quality and standards in a way which is efficient and financially sustainable, and to empower people to manage their care and conditions.

We want to make use of the skills of people, groups, and organisations. We want to listen, hear, and tell your stories about your everyday lives so that we can make better decisions every day and get the big decisions right.

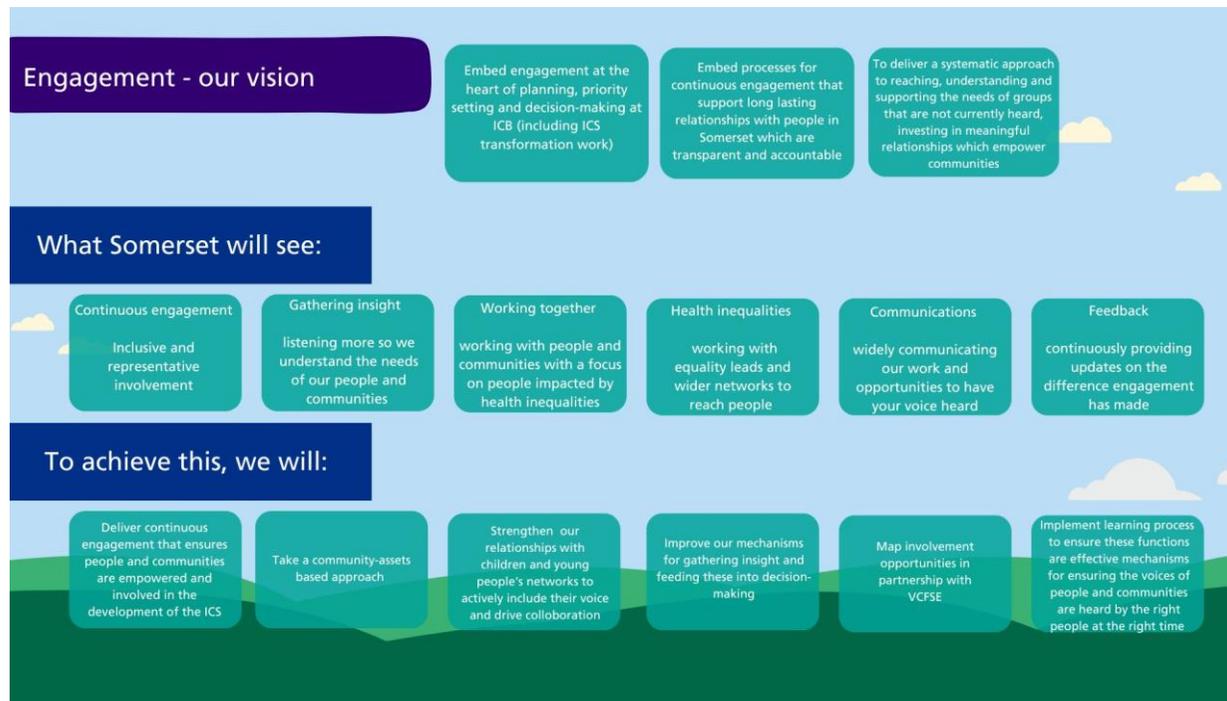
We want the people of Somerset to work with us to help us develop their local health and care services and have meaningful involvement in decision making, where people have a genuine opportunity to influence services and decisions.

We continue to work hard to find inclusive ways of reaching and listening to people, specifically those with poor health and the greatest needs, so we can better understand how to improve their access and experience of services and support their health and wellbeing.

We want to make use of the skills of people, groups, and organisations. We want to listen, hear, and tell your stories about your everyday lives so that we can make better decisions every day and get the big decisions right.

We will continue to work collaboratively with Healthwatch Somerset, Spark Somerset and other voluntary, community and social enterprise organisations to maximise the opportunity to reach deep into communities and influence the planning and delivery of services.

We will work to see if we are making a difference, not only by looking at facts and figures, but also asking people how well we are doing.



We continue to produce our spotlight reports for the NHS Somerset Board which highlights our activity working with people and communities and highlights key themes from our work.

We supported and led a number of engagement programmes. Examples of these can be found on our website: <https://nhssomerset.nhs.uk/my-voice/our-work-with-people-and-communities/> and for more information about our work with our Citizen's Panel, please visit: [Citizens' Panel - NHS Somerset ICB](#)

Working with people and communities 2025/26

In 2025/26 we will continue to focus on building valuable relationships with our local people and communities and working together across the ICS, to make sure we continuously hear from people and work collaboratively to continue to achieve our aims.

We are currently involved in providing engagement support, planning and activity, for a range of health projects. Examples include:

- **Personalised Care** – looking to put this first and foremost, asking people about what matters to them and feeding back into commissioning teams & strategy.
- **Hypertension** – support for the Somerset "Take the Pressure Off" campaign, an initiative dedicated to raising awareness about the importance of regular blood pressure monitoring.
- **Smokefree Somerset** - support for a national and local campaign aimed at supporting behaviour change, to reduce the number of smokers in Somerset. The national target is for a Smokefree 2030 with only 5% of the population smoking and in Somerset, the target is to stop around 45,000 people from smoking by better understanding what motivates them and how to communicate with them.

We will continue to work to ensure that our work with people and communities continues to ensure:

- Every contact counts.
- We listen.
- We take what people have told us back to the right people and teams.

We feedback to people about how their feedback around what matters to them, and how it has made a difference to how we work and what we do. We will also be open and honest when we cannot take something forward and explain why. We continue to be committed to working closely with our colleagues and partners across the Integrated Care System (ICS) providing engagement support, advice and training for colleagues.

We also aim to develop two new key projects for 2025:

Change NHS – engaging communities on the 10-Year Health Plan

From November 2024 to February 2025, NHS Somerset led a major public and staff engagement project designed make sure the views of people in Somerset inform the Government's new 10 Year Health Plan.

The initiative, the biggest conversation about the future of the NHS since its creation, was part of the Government's Change NHS programme, in partnership with the Department for Health and Social Care and NHS England (NHSE).

The focus for the programme was the three key shifts that are expected to underpin the plan:

- Moving more care from hospitals to communities
- Making better use of technology
- Preventing sickness, not just treating it.

Locally, the shifts align with the Our Somerset strategy and engagement work, run in partnership with Healthwatch Somerset, Somerset NHS Foundation Trust, Spark Somerset and other VCFSE partners, included:

- Raising awareness of the national and local online survey
- Social media and website updates
- Promoting the programme through established communications and engagement networks
- Holding workshops and engagement sessions in person and online with a wide range of people including Our Somerset leaders, local people at public libraries across Somerset and Talking Cafés run by Village Agents.
- Delivering engagement sessions with NHS Somerset teams Running drop-in 'Lunch and Learn' engagement sessions
- Providing communications resources to enable our colleagues to raise awareness of the national and Somerset engagement opportunities and our online survey

Working with other health systems in the Southwest to share the responsibility of engaging with a diverse range of groups experiencing health inequalities, Somerset agreed to carry out focussed engagement with the following groups: armed forces, rural communities, children and young people and our VCFSE sector. This involved working closely with the relevant colleagues from across health and social care, as well as VCFSE sector partners to attend a range of events and venues, such as Veterans' Breakfasts, Rural Health Hubs, Markets, Community Support Groups and the Youth Parliament.

All feedback has been submitted to the national campaign, will be used as part of a Southwest regional analysis and in Somerset to help develop our strategy for local services.

Somerset's Big Conversation 2025

From May to October 2024, our Somerset's Big Conversation roadshow engaged with people across Somerset. Through Somerset's Big Conversation, which included marginalised groups, displaced people and refugees, we have gained a deeper understanding of the barriers to accessing healthcare, social services and community resources.

NHS Somerset's engagement team, working alongside other Our Somerset partners, held conversations with communities to discuss our strategy for health and care, posing broad questions to understand what matters most to them. We also used the events to take our public campaigns on the road, including our Take the Pressure Off Hypertension initiative.

An online survey was developed and promoted, and an independent research specialist was commissioned to undertake analysis of insights gathered. These insights have also informed the development of this plan.

In total, we attended 26 community events, had 2021 conversations, carried out 982 blood pressure tests and 269 surveys were completed.

Building on the successes and lessons learned from Somerset's Big Conversation in 2024, NHS Somerset is committed to evolving and expanding this initiative for 2025. This will involve deeper engagement with underrepresented groups to ensure voices are heard from across the Somerset population.

Somerset's Big Conversation 2025 will also place greater emphasis on demonstrating the impact of community feedback, providing updates on how insights are shaping health and care strategies. By fostering stronger partnerships with local organisations, community leaders and system partners, NHS Somerset aims to create a more inclusive, dynamic and impactful conversation, further embedding the principles of collaboration in the planning and decision-making processes.

Duty to Patient Choice

NHS Somerset has worked with NHS England to develop and approve a Choice Plan which outlines how we ensure compliance with the choice provisions in the NHS Standing Rules. This includes how we meet our specific commissioner obligations to enable patients to choose aspects of their healthcare, this includes: -

- Making arrangements so that patients are able to exercise choice
- Give patients information to support their right to choice taking account of requirements in the Accessible Information Standard
- Ensure that the availability of choice is publicised and promoted to patients.

We regularly communicate with Primary Care to ensure all suitable choices are selected for patients and remind them of their obligations in relation to selecting choice options for patients.

The ICB has a published process for provider accreditation and complies with requirements for accrediting providers when approached as a means of increasing choice options for patients.

Along with Somerset Foundation Trust, the ICB supports contacting patients already on the waiting list who may want to move provider.

Both the ICB and Somerset FT have a named Choice Lead who is responsible for ensuring requirements for patient choice are met

Duty to Obtain Appropriate Advice

Each ICB must obtain advice appropriate for enabling it effectively to discharge its functions from persons who (taken together) have a broad range of professional expertise in:

- (a) the prevention, diagnosis or treatment of illness, and
- (b) the protection or improvement of public health.

To ensure it can discharge its functions effectively, the Board of NHS Somerset ICB has been constituted as a Unitary Board (collective accountability) with inclusive partner representation and expertise from across the Somerset health and care system, including clinicians, professionals, and the Director of Public Health

Duty to Promote Innovation

Aligning innovation to our system priorities

Innovation is the process of applying knowledge to generate and implement original ideas, leading to significant improvements and new solutions in delivering services. It involves taking new approaches and translating ideas into practical, impactful applications. There are many opportunities to innovate in Somerset and we are aligning our effort to delivering our Health and Care Strategy, thereby meeting the priority of our population.

Peninsular Research and Innovation Partnership (PRIP)

Somerset ICB is a founder member of the Peninsular Research and Innovation Partnership (PRIP) which was established in July 2023 and comprises of three ICBs (Cornwall & IoS, Devon and Somerset ICBs) two universities (Plymouth and Exeter), two National Institute for Health and Care Research organisations (Peninsular Applied Research Centre (PenARC) and Research Delivery Network (RDN)) and Health Innovation South West (HISW)). Our shared ambition is to create impact from research and innovation, by working together to establish the Southwest peninsula as a leading research and innovation system focused on improving health in rural and coastal communities.

The PRIP strategy sets out how the partnership will strengthen the conditions for research and innovation to increase the collective impact of the region's research and innovation assets on the five missions. This mission-based approach to research and innovation focuses on a

number of major population health, care and system challenges with the aim of increasing the collective impact of the region's research and innovation assets.

The five shared R&I missions focus on specific rural and coastal health and care needs of the peninsula

Multiple Long-Term Conditions and Frailty For example:

- Partnership with Astra Zeneca to optimise heart failure medication
- Mendip Lung Health @home project delivered in communities and rural factories.

Mental Health, Learning Disability and Neurodiversity For example:

- Maldaba Learning Disability Annual health checks
- Discussions on use of Care Loop which provides remote symptom monitoring of people with serious mental illness

Urgent Care For example:

- General Practice Urgent Assessment service (GPUAS) and Point of Care Testing evaluation (South Somerset West PCN)
- Discussions on how to evaluate Integrated Care models across Somerset

Cancer For example:

- Real-world evaluation of Lucida Pi (Prostate Intelligence) in NHS prostate cancer diagnosis at SFT.
- Developing a C the Signs evaluation

Maternity, Neonatal and Woman's Health For example:

- Learning from innovation taking place in Devon

Working in partnership at the level of the peninsula, will enable us to integrate the latest evidence, innovation and improvements into our transformation plans for Somerset. We also believe that by working in a partnership approach, it will increase the likelihood that we can draw in greater additional investment into Somerset and make faster progress than might be possible otherwise.

Developing the Somerset Research and Innovation System

We are facilitating key stakeholders from across the Somerset system (Somerset ICB, Somerset NHSFT, Somerset Council, Spark Somerset, Somerset Clinical School, National Institute for Health Research, Research Delivery Network (NIHR RDN) and Health Innovation Southwest (HISW)) to develop a strategy for Somerset which all partners will work to. This includes:

- Driving continuous improvement through innovation and evidence-based solutions
- Align research and innovation with the strategic priorities of the Integrated Care System (ICS)
- Stimulate investment and innovation in Somerset's health, care, and wellbeing ecosystem
- Build a skilled and curious workforce engaged in research and innovation

Investing in our Workforce

The ICB has invested in a post to lead Research and Innovation. The purpose of this role is to provide strategic leadership in further developing research and innovation at NHS Somerset and the wider Somerset Integrated Care System.

Duty in Respect of Research

Whilst Somerset ICB is relatively new to research, there are firm foundations in our constituent organisations that make up Somerset ICS and a strong history of supporting, leading and delivering research activity in Somerset. This includes:

- A strong **research delivery function** at Somerset NHS FT, delivering research over acute, community and mental health settings
- Somerset Council's **Health Determinants Research Collaborative (HDRC)**, a research partnership between Spark Somerset, UWE Bristol and the Institute of Health Equity at University College London, to improve health and reduce health inequalities across the county.
- **Research Engagement Network (REN)**, a partnership between NHS Somerset, Spark Somerset, Somerset NHS FT and Somerset Council, aiming to increase the diversity in research participation
- **Somerset Clinical School**, a collaboration between the University of Plymouth and health and care organisations across the Somerset system, it supports **nurses, midwives, allied health professionals, pharmacists, clinical psychologists** and **social care professionals** to look at their practice, challenge current thinking, try out new ideas and work out ways to measure what they're doing. The aim of the school is to increase research capacity, skills, and outputs, facilitate higher degree study, including research, assist the transition of registered healthcare professionals to research leadership roles located within clinical settings.

Developing the Somerset Research and Innovation System

NHS Somerset has brought together key stakeholders from across the Somerset system (Somerset ICB, Somerset NHSFT, Somerset Council, Spark Somerset, Somerset Clinical School, National Institute for Health Research, Research Delivery Network (NIHR RDN) and Health Innovation Southwest (HISW)) to develop a strategy for Somerset which all partners will work to. Our draft strategy includes the following aims:

- Drive continuous improvement in health services through innovation and evidence-based solutions
- Engage and involve diverse communities to ensure research is accessible and representative

- Align research and innovation with the strategic priorities of the Integrated Care System (ICS)
- Stimulate investment and innovation in Somerset's health, care, and wellbeing ecosystem
- Normalise research as a routine part of health and care practice
- Build a skilled and curious workforce engaged in research and innovation

We expect that the strategy will result in increased participation in research from public and professionals and increased number of research studies and clinical trials; improved population health and reduced health inequalities; improved health and care system productivity; Improved health and care workforce recruitment and retention; better integration of research into clinical settings and commissioning; increased investment into the region; and the spread of R&I projects and learning from our portfolio into other rural and coastal areas.

Expanding access to research in Primary Care

Somerset already has a thriving primary care research delivery capacity through the good work of the 16 practices in the Symphony group, which has increased the amount of research undertaken in primary care. Our system-wide Primary Care Strategy commits us to going further and faster to enable all of our 62 practices in Somerset to fully support research commercial study delivery.

We are working with the Somerset GP Support Unit to grow the capability and capacity of General Practice to deliver a fully optimal model to meet population health needs. General Practice in Somerset is rooted in its communities and is leading the development of an integrated neighbourhood approach, working closely with VCSFE and other place partners to engage and extend research, particularly to underserved communities.

Increasing Diversity in Research Participation

Building on the work undertaken in the Research Engagement Network (REN) programme in 23/24, we are working to increase the diversity in research participation from diverse communities in Somerset. To do this we are working to:

- Better understand who does and doesn't participate in research in Somerset
- Co-produce a model of research engagement
- Identify opportunities which meet the needs of our underserved populations.
- Using the learning to inform the Somerset Research and Innovation strategy and HDRC programme

Duty to Promote Education and Training

Education and training are a key component of our plans and are essential for the successful delivery of this Joint Forward Plan.

The People Board, reporting to the Somerset Collaboration Forum are responsible for ensuring that education and training are built into everything we do.

Somerset does not have a university within its borders and we are working to address how we train and develop our workforce.

Workforce 2035 Scenario Planning

We have developed and implemented our scenario planning which will help us to deliver our future workforce strategy.

Somerset Health and Care Academy Development

We are building our place based training offer by working with local colleges, as well as local businesses, statutory, VCFSE and social care partners to redevelop the Grade 2 listed old Bridgwater Hospital as a future training hub for health and social care. The academy is expected to be open late 2026/27.

Education Planning

- Whole system approach to pre and post registration education planning. 308 nursing students have been enrolled at the University Centre Somerset on our local nursing degree programme
- Inplace Placement Capacity Management system across all learner groups. Clinical Placement Expansion Project has delivered over 80 new placement areas opened for learner placements including school, care home and VCFSE sector placements
- Expansion of in education pipelines to support the Long Term Workforce Plan

Workforce Transformation

- Expansion of the Advanced and Enhanced Practitioner roles
- New apprenticeship and degree routes to entry for registered social work with planned routes for ODP and OT

Attraction: Inclusive employers/ Socio economic regeneration

- Co-ordinated system approach to work experience and work within schools – we have established a Care Leavers Covenant partnership
- Development of a keyworker housing hub to support attraction, recruitment and retention of our 'One Workforce'
- As part of our Health and Work Programme, we are working with all of our county Employment Hubs to create pathways into health and care, together with strengthening links between health and employment via Community Appointment Days

Duty as to Climate Change

Climate change presents an immediate and growing threat to health. The UK is already experiencing more frequent and severe floods and heatwaves, as well as worsening air pollution. Up to 38,000 deaths a year are associated with air pollution alone, disproportionately affecting the most deprived and further [exacerbating health inequalities](#).

Since the publication of the [Somerset-ICS-Green-Plan-2022.pdf \(england.nhs.uk\)](#) in March 2022, good progress has been made across the ICS. In our medicines management, desflurane is no longer used at Somerset Foundation Trust. In General Practice, we are recording the continued reduction of Salbutamol metered dose inhalers (MDIs), the single biggest source of carbon emissions from NHS medicines prescribing. The Somerset ICB Medicines Management Waste campaign (Autumn 2024), dovetailed with Dr. Deb Gompertz 'Show me your meds, please?' to encourage conversations around medication, looking at deprescribing and alternative models of care. Frome Medical Centre has replicated Dr Gompertz work towards the end of 2024 resulting in a saving of 846 excess months of medicine = 47,517 excess doses and £6,156.75 of excess/wasted medication across a cohort of 11 patients. This equated to 959.22kg CO₂e.

In travel and transport, all new vehicle purchases and lease arrangements across the ICS are solely ULEV, or ZEV cars in compliance with [NHS England » Net Zero travel and transport strategy](#). This is an important area of progress, as it is one of the largest contributors to the NHS emissions profile in scope 3 of the NHS emissions profile.

In April 2024 local reporting requirements were introduced for ICB 24/25 contracts. A Net Zero Commitment, or Carbon Reduction Plan (dependent on contract value) is now a contractual requirement and is monitored and measured annually. The NHS has committed to reaching net zero by 2040 for the emissions we control directly, and by 2045 for the emissions we influence, through the goods and services we buy from our partners and suppliers. To achieve this goal, we will require the support of all our suppliers and we continue to support suppliers to understand and be compliant with this requirement. We're currently working towards introducing the [Evergreen Sustainable Supplier Assessment](#), this is a self-assessment for suppliers to measure and monitor their own carbon reduction, and can be accessed via the ICS procurement portal, Atamis.

Across our ICS Estate, we are 100% compliant with [NHS England » NHS Net Zero Building Standard](#). The standard sets out an approach to managing whole life carbon in all healthcare buildings, this also applies to investments in new buildings and upgrades to existing facilities. The ICS Infrastructure Strategy sets out a clear ambition to ensure the estate is energy efficient, and sustainably developed. As we develop new buildings and renovate old ones, we will also be able to contribute to the Net Zero agenda more broadly by recognising the importance of an estate which promotes joined up and sustainable travel for patients. Our services will minimise the use of resources and we will improve ecology. The ICS is compliant with the mandatory biodiversity net gain (BNG) requirement that was introduced as a planning requirement in February 2024 This is a new process that requires the habitats lost on a development site to be accounted for and losses addressed.

Excellent progress has been made across digital transformation. Brave AI is used in nine of the thirteen Primary Care Networks, significantly reducing patient travel for GP and hospital visits. The [NHS App](#) has been rolled out alongside a robust digital inclusion programme, and the

[SIDeR](#) Somerset Integrated Digital e-Record, a shared care record system, that gives an overview of personal health and social care information in one digital record, has now been fully implemented. Reducing waste and increasing efficiencies. Telemedicine has the potential to decrease travel mileage for patients needing to attend primary care appointments. There has been a 30% reduction in the requirements for face-to-face appointments based on pre-pandemic data. The continued uptake of Brave AI across our PCNs will provide more positive outcomes for patients and deliver significant carbon savings.

How will we know we are making a difference?

The challenge of tackling the climate crisis cannot be met without substantial changes to the way every organisation operates and health services are no exception. Therefore, the ICS will need to develop low carbon, sustainable models of care. As with many elements of sustainability, there is a substantial opportunity to improve health outcomes while cutting carbon, for example through green social prescribing. The ICS continues to track its progress through Key Performance Indicators (KPIs) and SMART objectives aligned to the Green Plan.

Addressing the Particular Needs of Children and Young People

Our vision is that Somerset children and young people grow up in a child friendly county that supports them to be happy, healthy and prepared for adulthood. Our vision will help keep our children and young people safe and be ambitious - building a county that encourages equality and diversity, protects the environment and is ambitious on climate change for future generations, and increases social mobility that in turn will build a more prosperous county. We aim to improve outcomes for all our children whilst recognising the need for outcomes to improve faster for vulnerable children and young people.

This rights- based plan centres around the rights of children and young people to expect that they will be safe, have good health and be able to learn and thrive. It focuses on eight priorities, of which we have provided some of the examples of work we are doing:

Early Help

Developing neighbourhood working through integrated programmes of work focused on care close to home with the aim of enabling children, young people and families to easily access the support they need when they need it, building on their strengths to enable them to be resilient, happy and fulfilled. Focusing on prevention workstreams by taking a whole family approach to support healthier lives and supporting services to work together to provide seamless care.

Safeguarding from birth to adulthood

The ICB is committed to working collaboratively with our statutory, non-statutory and VCFSE partners to effectively safeguard our population. Safeguarding is the “golden thread” that runs through all our services, and we are determined to ensure we fulfil all of our statutory duties

utilising a transformational approach that ensures learning is fully understood and embedded across our system.

All babies have the best start in life

We are working to ensure that our maternity and neonatal services deliver, safe, effective and quality care by supporting our providers to deliver key safety care bundles such as the three year delivery plan and saving babies lives and meeting regulated targets as set out by Ockenden and the Maternity Incentive Scheme. Working with our Health Visiting partners we have developed enhanced antenatal and early years support package to support our most vulnerable families. Alongside, we have further increased the uptake of Healthy Start Vitamins, particularly targeting women most in need owing to their ethnic background

We have embedded the principles of CORE20 Plus 5 to support equity of access to care for children and young people. The 5 clinical areas of focus include Asthma, diabetes, epilepsy, oral health and mental health

Better support for social, emotional mental health and wellbeing

Children and young people transformation includes programmes which support transitioning to adult services, palliative care, epilepsy, diabetes, asthma, complications of excess weight and integration. We have improved the social, emotional wellbeing and mental health pathways for CYP with clear links to our Open Mental Health approach. There have been associated improvements in our performance against national CYPMH access rates.

Support for education and inclusion

We are key partners in the Somerset Education for Life strategy supporting its key drivers around school readiness and inclusion. We have developed pathways which enable diagnosis of autism and ASD and work closely with our education partners to ensure that children and young people have their health needs met within their education placement.

Reduce poverty and homelessness

Pathways to independence provides youth housing for young people who are at risk of homelessness with effective mental health provision and wrap around services to promote improved outcomes for young people

Tackle climate and transport

Please see Duty as to Climate Change.

SEND

The ICB will continue to work in close partnership with the Local Authority and Somerset Parent Carer Forum on improving the lives of children and young people with Special Educational Needs and Disabilities (0 - 25) and their families, linking the wider work around children

and young people to ensure that the vulnerabilities of those with SEND are considered within every strand of work. Health colleagues from the ICB and provider trust have been instrumental in the development of our SEND Local Area Action Plan to ensure we are working to key priorities for children and young people with SEND and their families across the system and preparing for our next SEND inspection.

Addressing the Particular Needs of Victims of Abuse

NB for the purposes of this plan safeguarding includes but is not limited to: Safeguarding Children, Safeguarding Adults, Children Looked After, Care Leavers, Domestic Abuse, Prevent, Exploitation, Sexual Safety, Serious Violence, Anti-Social Behaviour, Mental Capacity, and Deprivation of Liberty

AIMS	OBJECTIVES	PROGRAMMES OF WORK
Somerset ICS will ensure all statutory duties relating to adults and children will be discharged	<ul style="list-style-type: none"> • Ensure that statutory safeguarding functions continue to receive sufficient focus in the ICS and are clearly identifiable within the ICS governance structure. • Work with statutory partners to ensure there is appropriate delegated authority for safeguarding at strategic, tactical and operational levels across the ICS. • Work with statutory partners to ensure that all staff are aware of their statutory and contractual duties and responsibilities to safeguard individuals. • Ensure all staff access comprehensive training on issues relevant to the support and safeguarding of victims of abuse, which include addressing the health inequalities they face. • Work with statutory partners to ensure that all providers of healthcare, public health and social care are working effectively together to safeguard individuals including addressing the particular needs of victims of abuse. 	<p>Regional and National Safeguarding Boards, Forums, Networks, and Clinical Reference Groups.</p> <p>The ICS Safeguarding Strategic Steering Group's scrutinises ongoing programmes of strategic, tactical and operational work in the following areas:</p> <ul style="list-style-type: none"> • Safeguarding across the lifespan • System Learning • System Reform and Service Development • Statutory Safeguarding • Workforce <p>The ICS will work with partner agencies in addressing the priorities of local and regional statutory safeguarding boards and partnerships.</p> <p>Somerset ICS Governance Arrangements</p>

<p>Somerset ICS will discharge their duty to address the particular needs of victims of abuse, (including domestic abuse, honour-based abuse, sexual abuse, assault, exploitation and coercion) and the multiple health inequalities they face.</p>	<ul style="list-style-type: none"> • The ICS will continue to evaluate and improve the effectiveness of the multi-agency approach to support victims, tackle perpetrators and prevent domestic abuse in accordance with the requirements of the Domestic Abuse Act 2021. • The ICS, as Specified Authorities, will work with Relevant and Specified Authorities to collaborate on a multi-agency approach to prevent and reduce serious violence. • The ICS will continue to work with partners to evaluate and improve robust implementation of the Mental Capacity Act, including Deprivation of Liberty Safeguards and the Court of Protection • Further develop a suite of safeguarding quality data that effectively evidences how the needs of vulnerable victims of abuse have been met and reflects whole system intelligence. • Ensure the ICS and its partners continue to hear and understand the lived experience of victims of abuse, including staff. • Evaluate impact of activities undertaken to embed learning from statutory and local reviews, incidents, risks, and complaints across the ICS. • Ensure the Safer Somerset Partnership effectively work together to fulfil statutory duties (Anti-social Behaviour, Crime and Policing Act 2014) in relation to tackling anti-social behaviour. • Ensure the ICB fulfils the 10 commitments outlined within the NHS Sexual Safety Charter 	<p>Local, regional and National Safeguarding Boards, Partnerships, Forums, Networks, and Clinical Reference Groups.</p> <p>The ICS Safeguarding Strategic Steering Group's programmes of work includes strategic, tactical and operational actions to address the strategic aims and objectives of the ICS and to ensure partners are focused on their own and each other's safeguarding risks.</p> <p>The ICS will work with partner agencies in addressing the priorities of the local and regional safeguarding boards and partnerships.</p> <p>Somerset ICS Governance Arrangements</p> <p>Ensure the ICB and ICS are compliant with the broad themes of the NHS Sexual Safety Charter, for both their own workforces and the population they serve.</p>
<p>As part of its commissioning function the ICS will ensure safeguarding is embedded</p>	<ul style="list-style-type: none"> • Ensure services are appropriately commissioned and developed to specifically address the needs of 	<p>Regional Quality Assurance network.</p> <p>Somerset ICS Governance Arrangements.</p>

<p>across the Somerset Health and Social Care economy</p>	<p>victims of abuse, so that the ICS can fulfil its statutory responsibilities.</p> <ul style="list-style-type: none"> • Ensure evaluation of effectiveness of services commissioned through contractual and governance routes. • Ensure services are appropriately commissioned and developed with a focus on early intervention and prevention. • Incorporate more sustainable and efficient use of safeguarding resources within the ICS. 	<p>The ICS Safeguarding Strategic Steering Group's programmes of work includes strategic, tactical and operational actions to address the strategic aims and objectives of the ICS.</p> <p>Safeguarding schedules within NHS contracts.</p> <p>The ICB will continue to hold all parts of its organisation to account ensuring safeguarding is considered in all workstreams.</p> <p>Assurance on safeguarding activity within the ICB will be sought through the ICB Safeguarding Assurance Meeting</p>
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Appendix 3 - Glossary and Abbreviations

Term / Abbreviation	Definition
A&E	Accident and Emergency department (interchangeable with ED)
ACP	Advanced Clinical Practitioner
AI	Artificial Intelligence
ARRS	Additional Roles Reimbursement Scheme
ARF	Accelerating Reform Fund
ARI	Acute Respiratory Infections
ARMS	At Risk Mental State
ASC	Adult Social Care
AT	Assistive Technology
BAU	Business As Usual
BCF	Better Care Fund
BCH	Bridgwater Community Hospital
CAS	Clinical Assessment Service
CCU	Coronary Care Unit
CESR	Certificate of Eligibility for Specialist Registration
CESS	Children's Epilepsy Surgery Service
CETR	Care (Education) and Treatment Review
CFS	Chronic Fatigue Syndrome - ME
CHC	Continuing Health Care
CHSW	Childrens Hospice South West
CLD	Criteria Led Discharge
CLIC	Chard, Ilminster and Langport Primary Care Network
COPD	Chronic Obstructive Pulmonary Disease
COVID	Coronavirus Disease
CPD	Continuous Professional Development
CQC	Care Quality Commission
CT	Computerised Tomography
CVD	Cardiovascular Disease

Term / Abbreviation	Definition
CYP	Children and Young People
DCC	Direct Clinical Care
DDaT	Digital Data and Technology
DfE	Department for Education
DNA	Did Not Attend
DoLS	Deprivation of Liberty Safeguards
ECH	Extra Care Housing
ED	Emergency Department (interchangeable with A&E)
EHCH	Enhanced Health in Care Homes
EHCP's	Education and Health Care Plans
EHR	Electronic Health Record
EIA	Equalities Impact Assessment
ESD	Early Supported Discharge
FCP's	First Contact Practitioners
FNC	Funded Nursing Care
GIRFT	Getting It Right First-Time programme
GP	General Practitioner
HCL	Hybrid Closed Loops
HEAT	Health Equity Assessment Tool
HEE	Health Education England
HEI	Higher Education Institution
HUC	Herts Urgent Care
HVLC	High Volume Low Complexity
ICB	Integrated Care Board
ICS	Integrated Care System
IETS	Initial Education and Training Standards
IHG	Inequalities in Healthcare Group
IMD	Index of Multiple Deprivation
INT	Integrated Neighbourhood Team
IVDU	Intravenous Drug Users

Term / Abbreviation	Definition
LD	Learning Disability
LDA	Learning Disability and Autism
LoS	Length of Stay
LPS	Liberty Protection Safeguards
LTC	Long Term Conditions
MCA	Mental Capacity Act
MDT	Multi-disciplinary Team
ME	Myalgic Encephalomyelitis also known as Chronic Fatigue Syndrome
MH	Mental Health
MHSDS	Mental Health Services Data Set
MIU	Minor Injury Unit
MPH	Musgrove Park Hospital
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
NEWS 2	National Early Warning Score
NEWTT	Newborn Early Warning Trigger and Track
NHS	National Health Service
NHSE	NHS England (merged with NHSI 01/07/22)
NICE	National Institute for Health and Care Excellence
OD	Organisational Development
ONS	Office for National Statistics
OOH	Out Of Hours
OT	Occupational Therapist
PA	Programmed Activities
PAU	Paediatric Assessment Unit
PCN	Primary Care Network
PCSP	Personalised Care Support Planning
PHB	Personal Health Budget
PMB	Post Menopausal Bleed
RTT	Referral to Treatment

Term / Abbreviation	Definition
SASP	Somerset Activity and Sports Partnership
SDEC	Same Day Emergency Care
SDUC	Same Day Urgent Care
SDWS	Somerset Dementia Wellbeing Service
SEND	Special Educational Needs and Disabilities
SFT	Somerset NHS Foundation Trust
SIDeR	Somerset Integrated Digital e-Record
SLT	Speech and Language Therapy/Therapist
SMI	Serious Mental Illness
SPL	Somerset Primary Link
SRO	Senior Responsible Officer
STOC	Somerset Transformation of Outpatient Care
SWASFT	South Western Ambulance Service NHS Foundation Trust
TEP	Treatment Escalation Plan
UCR	Urgent Community Response
UTC	Urgent Treatment Centre
VCFSE	Voluntary, Community, Faith and Social Enterprise
YDH	Yeovil District Hospital

Key term	Definition/Description
Additional Roles Reimbursement Scheme (ARRS)	The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019 as a key part of the government's manifesto commitment to improve access to general practice. The aim of the scheme is to support the recruitment of 26,000 additional staff into general practice.
Advanced Clinical Practitioner (ACP)	Advanced Clinical Practitioners come from a range of professional backgrounds such as nursing, pharmacy, paramedics and occupational therapy. They are healthcare professionals educated to Master's level and have developed the skills and knowledge to allow them to take on expanded roles and scope of practice caring for patients. (As per Health Education England HEE definition)
Armed Forces Covenant	The Armed forces Covenant is a promise by the Nation that those who serve or have served and their families are treated fairly. The Armed Forces Covenant is a part of the NHS Constitution. In relation to healthcare the Covenant states that the Armed Forces Community should enjoy the same standard of, and access to, healthcare as that received by any other UK citizen in the area they live and that

Key term	Definition/Description
	Veterans should receive priority treatment where it relates to a condition that results from their service in the Armed Forces, subject to clinical need.
Artificial Intelligence (AI)	Artificial Intelligence (AI) is the use of a non-human software package to interpret brain imaging, even if the imaging is also subsequently interpreted by a radiologist.
BLISS	Bliss is a UK-based charity for infants. Bliss supports the families of babies in neonatal care and works with health professionals to provide training and improve care for babies.
BRAVE AI	<p>A risk assessment tool that helps health professionals identify individuals who are at risk of going to hospital next year but who may otherwise go under the radar.</p> <p>The tool works by using clever computer algorithms (machine learning AI) to look for patterns in registered patients' records, the technology assesses an individual's risk of unplanned hospital admission in the next year.</p> <p>Those individuals identified can then be invited to take part in a holistic assessment so that local, integrated neighbourhood teams of health and care professionals (nurses, pharmacists, therapists, health coaches, social prescribers, and doctors) can work together to develop a personalised care and support plan, based on what matters to the individual.</p>
Call before you Convey	A single point of access for 111, ambulance, primary care and rapid response referrals to an emergency medicine physician for triage/remote consultation so people can be treated by skilled paramedics at home, or in the most appropriate setting outside hospital whenever it is safe to do so.
Care Quality Commission	Independent regulator of health and social care in England, who make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.
Carer	A person (commonly the patient's spouse, a close relative or friend) who provides on-going, unpaid support and personal care at home.
Commissioners	Funding bodies of NHS services.
Continuing Health Care (CHC)	Some people with long-term complex health needs qualify for free social care arranged and funded solely by the NHS. This is known as NHS continuing healthcare which can be provided in a variety of settings outside hospital, such as in your own home or in a care home.
Core20Plus5	Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.
CT angiogram	Uses a CT (computerised tomography) scanner to produce detailed images of both blood vessels and tissues in various parts of the body.

Key term	Definition/Description
CT scan	<p>A CT (computerised tomography) scan X-rays the body from many angles.</p> <p>The X-ray beams are detected by the scanner and analysed by a computer. The computer compiles the images into a picture of the body area being scanned.</p> <p>These images can be viewed on a monitor or reproduced as photographs.</p>
Direct clinical care (DCC)	<p>Refers to the time a doctor spends on direct patient contact and/or management.</p> <p>DCC is work directly related to preventing, diagnosing, or treating illness, including emergency work carried out during or arising from on-call work.</p>
Deprivation of Liberty Safeguards (DoLS)	<p>The Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.</p>
Education and Health Care Plans (EHCP's)	<p>Where a child requires additional support that goes beyond what a school, college, or nursery can typically deliver from their own budgets or staffing then they may need an Education Health and Care Plan (EHCP).</p> <p>An EHC plan is a legally binding document outlining a child or teenager's special educational, health, and social care needs. The document has to list all of the child's special educational needs, provision to meet each of the needs and that provision has to be specific, detailed, and quantified. The plan names the school/setting which is to provide the provision and the plan is legally enforceable ultimately through Judicial Review.</p>
FOREST	<p>Enhanced Parent Pathway, now known as the FOREST team, which provides a more targeted midwifery and health visiting offer.</p>
Funded Nursing Care (FNC)	<p>NHS-funded nursing care is when the NHS pays for the nursing care component of nursing home fees. The NHS pays a flat rate directly to the care home towards the cost of this nursing care.</p>
Further Faster Programme	<p>The work brings together clinicians and operational teams with the challenge of collectively going 'further and faster' to transform patient pathways and working to reduce unnecessary appointments and improve access and waiting times for patients.</p>
Getting It Right First Time (GIRFT) ¹	<p>Getting It Right First Time (GIRFT) is a national programme designed to improve medical care within the NHS by reducing unwarranted variations.</p> <p>By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.</p>
Healthwatch	<p>The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch organisations are a statutory service</p>

¹ <https://gettingitrightfirsttime.co.uk/>

Key term	Definition/Description
	commissioned by local councils as part of the Health and Social Care Act 2012.
Hybrid Closed Loop (HCL)	Hybrid closed loop (HCL) technologies are the next phase of technical advancement linking continuous glucose monitoring (CGM) and insulin pump technology to provide people living with type 1 diabetes with support 24 hours a day. Sometimes referred to as an 'artificial pancreas'.
Herts Urgent Care (HUC)	A social enterprise providing NHS services who specialise in both primary care and urgent care services. HUC currently provides the Somerset NHS 111 service.
Hospital @ Home	Enabling people to receive acute care and treatments in home surroundings with support from a team of health and care professionals.
Liberty Protection Safeguards (LPS)	LPS (Formerly DoLS) rooted firmly within the Mental Capacity Act 2005 (MCA) and all the key principles of the MCA will be about safeguarding the rights of people who are under high levels of care and supervision, but lack the mental capacity to consent to those arrangements for their care.
Long Term Plan²	The NHS long Term Plan launched in January 2019. It sets out a plan for the NHS to improve patient care and health outcomes in the future.
Mental Health Services Data Set (MHSDS)	The Mental Health Services Data Set (MHSDS) is a PATIENT level, output based secondary uses data set which aims to deliver robust, comprehensive, nationally consistent and comparable person-based information for PATIENTS who are in contact with Mental Health Services. The Mental Health Services Data Set covers Mental Health Services located in England, or located outside England but treating PATIENTS commissioned by an English Integrated Care Board, NHS England specialised commissioner or an NHS-led Provider Collaborative. As a secondary uses data set, the Mental Health Services Data Set re-uses clinical and operational data for purposes other than direct PATIENT care, and defines the data items, definitions and associated value sets to be extracted or derived from local information systems.
Multi-disciplinary	A team or service which is composed of staff from different healthcare professions with specialist skills and expertise. The members work together to ensure patients receive comprehensive, coordinated treatment.
NEWS 2	National Early Warning Score NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes

Key term	Definition/Description
Ockenden Maternity Review	This Review has been established by NHS England in May 2022, following significant concerns raised regarding the quality and safety of maternity services at Nottingham University Hospitals NHS Trust (NUH) and concerns of local families. This review replaces a previous regionally led review after some families expressed concern and made representation to the SoS at DHSC.
One Public Estate (OPE)	One Public Estate is an established national programme delivered in partnership by the Office of Government Property (OGP) within the Cabinet Office and the Local Government Association (LGA). It provides practical and technical support and funding to councils to deliver ambitious property-focused programmes in collaboration with central government and other public sector partners.
Population Health Management (PHM)	Population Health Management will be a core enabler and function of integrated care systems in helping drive a data led focus on person-centred care. It can help local integrated teams to reduce health inequalities and offer targeted proactive , personalised , and preventative healthcare for every community.
Sessions	A term used to describe a junior doctor's time. One session represents half a day.
SIDeR	Somerset Integrated Digital e-Record A shared care record system, which gives an overview of patients health and social care information in one digital record. This combined information is not stored anywhere and is read-only. Only an audit trail remains once the page has been closed. This makes it easier and quicker for care professionals, to access the right information at the right time to provide patients with the right care without the need for patients to repeat their past medical information to each doctor or carer that they see and will provide more time to talk about what is important to them.
Social Prescribing	Social prescribing is a key component of Universal Personalised Care . It is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. In social prescribing, local agencies such as local charities, social care and health services refer people to a social prescribing link worker . Social prescribing link workers give people time, focusing on 'what matters to me?' to coproduce a simple personalised care and support plan , and support people to take control of their health and wellbeing.
SWAG Cancer Alliance	The Somerset, Wiltshire, Avon & Gloucestershire Cancer Alliance is the forum to bring providers and commissioners together with patients, to co-design services to optimise pathways, ensure effective integration and address variation, and are the vehicle that leads the activity required at a local level. The Cancer Alliance puts clinical leaders across primary, secondary, and tertiary care in the driving seat for improving quality and outcomes across cancer pathways, based on shared data and metrics. Continuing to deliver the strategy

Key term	Definition/Description
	and its programmes will require committed leadership, smart choices around investing to save, and a firm intent to try new approaches and test new models of care.
Telemedicine	The remote diagnosis and treatment of patients by means of telecommunications technology
Treatment Escalation Plan (TEP)	A Treatment Escalation Plan is a tool which records and communicates the personalised and realistic goals of treatment. It should reflect the values and preferences that are important to the person receiving care if their condition should deteriorate.
Trusts	In the context of the UK's National Health Service (NHS), trusts are organisational units, e.g., hospital trusts, community trusts, primary care trusts or combinations thereof. In this report it usually refers to hospitals.
Urgent Community Response (UCR)	Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours. This includes access to physiotherapy and occupational therapy, medication prescribing and reviews, and help with staying well-fed and hydrated.
Virtual Wards (Hospital @ Home)	<p>Virtual wards (also known as hospital at home) allow patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery while freeing up hospital beds for patients that need them most.</p> <p>Just as in hospital, people on a virtual ward are cared for by a multidisciplinary team who can provide a range of tests and treatments. This could include blood tests, prescribing medication or administering fluids through an intravenous drip.</p> <p>Patients are reviewed daily by the clinical team and the 'ward round' may involve a home visit or take place through video technology. Many virtual wards use technology like apps, wearables and other medical devices enabling clinical staff to easily check in and monitor the person's recovery.</p>