

# NHS Somerset Integrated Care Board (ICB) Part A

Thu 29 January 2026, 09:30 - 13:00

MR1-3, Wynford House, Luton Way, Luton, Yeovil, BA22 8HR

If you are unable to attend, please notify Steph Lower (stephanie.lower@nhsdorset.nhs.uk)

Paul von der Heyde

Deputy Chair

## Objectives:

- 1: Improve the health and wellbeing of the population
- 2: Reduce health and social inequalities
- 3: Provide the best care and support to children and adults
- 4: Strengthen care and support in local communities
- 5: Respond well to complex needs
- 6: Enable broader social and economic development
- 7: Enhance productivity and value for money

## Agenda

### 09:30 - 10:05 1. INTRODUCTORY ITEMS

35 min

#### 1.1. Welcome, Apologies for Absence and Public Questions

*Verbal*      *Deputy Chair*

#### 1.2. Register of Interests and Declarations of Interest relating to items on the agenda

*Enclosure for noting*      *Deputy Chair*

- 📄 01.2 Register of Members' Interests as at 13 January 2026.pdf (2 pages)
- 📄 01.2 x Declarations of Interest for Somerset ICB Board as at 13 January 2026.pdf (5 pages)

#### 1.3. Minutes of the meeting held on 27 November 2025 and accompanying Action Schedule

*Enclosure for approval*      *Deputy Chair*

- 📄 01.3 Part A Minutes, Decision and Action Log 27 November 2025.pdf (2 pages)
- 📄 01.3 x Part A Minutes of Meeting 27 November 2025 v3 PVH.pdf (16 pages)
- 📄 01.3 xx Part A ICB Board Actions and Decisions Log v2.pdf (1 pages)

## BUSINESS ITEMS

### 10:05 - 10:15 2. Deputy Chair's Introduction

10 min

*Verbal*      *Deputy Chair*

### 10:15 - 10:35 3. ICB Cluster Chief Executive's Report

20 min

*Enclosure for noting*      *Jonathan Higman, Cluster CEO*

- 📄 03 CEO Somerset ICB Board Report.pdf (11 pages)
- 📄 03 x Appendix 1 November - December 2025 CE&M spotlight.pdf (10 pages)

### 10:35 - 10:45 4. Electronic Resolutions (Approved/Endorsed since the last Board meeting)

Lower Steph  
22/01/2026  
13:36:42

10 min

Verbal      *Deputy Chair*

- Nil

## STRATEGIC FOCUS

### 10:45 - 11:20 **5. Focus on: Armed Forces Programme Progress**

35 min

*Enclosure for noting*      *Teri Underwood, Armed Forces Programme Lead*

📄 05 Armed Forces progress update November 2025.pdf (33 pages)

### 11:20 - 11:35 **Break**

15 min

### 11:35 - 11:50 **6. Somerset's Big Conversation**

15 min

*Enclosures for discussion/endorsing*      *Charlotte Callen, Director of Communications and Engagement*

**Objectives: All**

📄 06 Somerset's Big Conversation 2025 and Insights Reports Coversheet.pdf (3 pages)  
📄 06 Somerset's Big Conversation Final Report.pdf (33 pages)  
📄 06 x Bringing Together Somerset's Engagement and Insight 2025.pdf (17 pages)

### 11:50 - 12:10 **7. Draft Strategic Commissioning Intentions**

20 min

*Enclosures for discussion*      *David McClay, Chief Officer for Strategy, Digital and Integration/Cluster Place Director Somerset*

**Objectives: All**

📄 07 Somerset Strategic Commissioning Intentions.pdf (3 pages)  
📄 07 x Appendix 1 Somerset Strategic Commissioning Intentions final.pdf (9 pages)  
📄 07 x Appendix 2 Strategic Commissioning Intentions Summary.pdf (2 pages)

### 12:10 - 12:25 **8. Intermediate Care: 12 week Test and Learn Evaluation**

15 min

*Enclosure for discussion*      *David McClay, Chief Officer for Strategy, Digital and Integration/Cluster Place Director Somerset*

**Objectives: 1, 3, 4, 5 and 7**

📄 08 Intermediate Care Test Learn Evaluation.pdf (2 pages)  
📄 08 x Intermediate Care Test Learn Evaluation FINAL.pdf (15 pages)

## DECISION ITEMS (there are no items for decision)

## GOVERNANCE, PERFORMANCE AND ASSURANCE ITEMS - DISCUSSION BY EXCEPTION

### 12:25 - 12:45 **9. Integrated Board Assurance Dashboard and Exception Report from the System Assurance Forum**

20 min

*Enclosures for assurance*      *Alison Henly, Chief Finance Officer/Cluster Chief Officer Strategic Finance and Resources*

Linked to the following ICB Assurance Committee Reports:

- Quality (Caroline Gamlin) - written report attached
- Finance (Christopher Foster) - written report attached

📄 09 FINAL Exception Report Quadrant November 25.pdf (20 pages)

Lower Steph  
22/01/2026 13:36:27

## 12:45 - 12:50 10. Other Key meeting Reports:

5 min

*Enclosures for assurance*      *Committee Chairs*

ICB Assurance Committee Reports:

- Audit (Grahame Paine) - written report attached
- Strategic Commissioning (Suresh Ariarathnam) - written report attached

System Group Reports:

- Somerset Board (David McClay) - meeting held 22/01/26 - verbal update to be given
- Children, Young People and Families (Shelagh Meldrum) - no report (no meeting since the last Board)
- Population Health Committee Report (Trudi Grant) - no report (no meeting since the last Board)

- 10 Key Meeting Reports 16 January 2026.pdf (2 pages)
- 10 x Audit Committee Chair's report 9 December 2025.pdf (1 pages)
- 10 x Strategic Commissioning Committee Chair's report 14 January 2026.pdf (2 pages)

## 12:50 - 13:00 11. CLOSING ITEMS

10 min

### 11.1. Any Other Business

*Verbal*      *Deputy Chair*

### 11.2. Items to be discussed at the confidential meeting:

- Minutes of the confidential meeting held on 27 November 2025
- Chief Executive's Part B update
- Electronic Resolutions (Approved/Endorsed since the last Board meeting)
- Transition Update

### 11.3. Withdrawal of the press and public:

To resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicly on which would be prejudicial to the public interest.

### 11.4. Close and Date of Next Meeting:

Thursday 26 March 2026 at Wynford House, Lulton Way, Yeovil, BH22 8HR

Lower Steph  
22/01/2026 13:36:12

<b>REPORT TO:</b>	<b>NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A</b>	<b>ENCLOSURE:</b>
<b>DATE OF MEETING:</b>	<b>29 January 2026</b>	<b>01.2</b>
<b>REPORT TITLE:</b>	<b>Register of Members' Interests</b>	
<b>REPORT AUTHOR:</b>	<b>Steph Lower, NHS Dorset Deputy Head of Corporate Governance</b>	
<b>EXECUTIVE SPONSOR:</b>	<b>-</b>	
<b>PRESENTED BY:</b>	<b>Paul von der Heyde, Chair</b>	

<b>PURPOSE</b>	<b>DESCRIPTION</b>	<b>SELECT</b>
<b>Approve</b>	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	<input type="checkbox"/>
<b>Endorse</b>	To support the recommendation (not the authorising body/committee for the final decision)	<input type="checkbox"/>
<b>Discuss</b>	To discuss, in depth, a report noting its implications	<input type="checkbox"/>
<b>Note</b>	To note, without the need for discussion	<input checked="" type="checkbox"/>
<b>Assurance</b>	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)

- Objective 1: Improve the health and wellbeing of the population
- Objective 2: Reduce inequalities
- Objective 3: Provide the best care and support to children and adults
- Objective 4: Strengthen care and support in local communities
- Objective 5: Respond well to complex needs
- Objective 6: Enable broader social and economic development
- Objective 7: Enhance productivity and value for money

#### **PREVIOUS CONSIDERATION / ENGAGEMENT**

N/A

#### **REPORT TO COMMITTEE / BOARD**

Where a member of the NHS Somerset Integrated Care Board (ICB Board) has an Interest, or becomes aware of an Interest, which could lead to a conflict of interests in the event of the Board considering an action or decision in relation to that Interest, the Interest must be considered as a potential conflict and must be declared.

The Register of Members' Interests is part of the mechanism through which the NHS Somerset ICB Board will ensure the integrity of their decision-making processes.

Board members are also required to orally declare at each meeting specific Interests in respect of items on the agenda.

The Register as presented reflects the position as at 13 January 2026.

The Board is asked to **Note** the Register of Members Interests and to make any further declarations where appropriate.

Board members are reminded that any new or relinquished Interest should be advised to the Board, and updated on the electronic database, within 28 days of becoming known.

Board members should also update the electronic database on a regular basis (every three months or sooner) ensuring that the date of last sign-off is appropriately recorded.

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

Reducing Inequalities/Equality & Diversity	An open and transparent approach to identifying and disclosing potential conflicts of interest supports a culture that promotes and encourages equality and fairness in the conduct of all NHS Somerset ICB Board business.
Quality	N/A
Safeguarding	N/A
Financial/Resource/Value for Money	N/A
Sustainability	N/A
Governance/Legal/Privacy	The ICB is required to demonstrate that appropriate arrangements are in place to declare and manage all potential conflicts of interest.
Confidentiality	N/A
Risk Description	Failure to ensure disclosure of Members' Interests would potentially lead to a challenge of decisions made by the NHS Somerset ICB

Lower Steph  
22/01/2026 13:36:12

REGISTER OF INTERESTS											
Somerset ICB Board as at 13 January 2026											
Firstname	Lastname	Role	Interest Category	Interest Description (Abbreviated)	Provider	Provider Description	Date Arose	Date Ended	Date Updated	Decision Making Groups	
Suresh	Ariaratnam	ICB Non Exec Director	Non-Financial Professional	Advisory Council Member	British Library	National library of the UK	01/12/2022			ICB Board,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Somerset People Board,Strategic Commissioning Committee	
Suresh	Ariaratnam	ICB Non Exec Director	Non-Financial Professional	Trustee	Literature Works South West	Charitable arts organisation	08/02/2021			ICB Board,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Somerset People Board,Strategic Commissioning Committee	
Suresh	Ariaratnam	ICB Non Exec Director	Financial	Non-Executive Director Member, Transformation Committee Member, Mental Health Legislation Assurance Committee	NHS Dorset HealthCare University	Providing integrated healthcare services	01/09/2022			ICB Board,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Somerset People Board,Strategic Commissioning Committee	
Suresh	Ariaratnam	ICB Non Exec Director	Financial	Beneficiary owner	Sprung Sultan	Literary and talent agency	01/07/2007			ICB Board,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Somerset People Board,Strategic Commissioning Committee	
Suresh	Ariaratnam	ICB Non Exec Director	Non-Financial Professional	Trustee	The Trussell Trust	A Non-Governmental Organisation (NGO) and charity that works to end the need for food banks in the UK	30/05/2023			ICB Board,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Somerset People Board,Strategic Commissioning Committee	
Suresh	Ariaratnam	ICB Non Exec Director	Non-Financial Professional	Trustee	Theatre Royal Bath	A charitable arts organisation	20/05/2019			ICB Board,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Somerset People Board,Strategic Commissioning Committee	
Suresh	Ariaratnam	ICB Non Exec Director	Non-Financial Professional	Deputy Lieutenant	Somerset Lieutenancy	Community engagement	02/04/2024			ICB Board,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Somerset People Board,Strategic Commissioning Committee	
Suresh	Ariaratnam	ICB Non Exec Director	Non-Financial Professional	Director	Norland College	Educational	01/09/2024			ICB Board,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Somerset People Board,Strategic Commissioning Committee	
Graham	Atkins	Chief People Officer	Non-Financial Professional	Non-Executive Director/Governor	Exeter College	Exeter College is a thriving and growing tertiary College.	30/09/2024		02/04/2025	Management Board,Remuneration Committee,ICB Board,Collaboration Forum,Somerset People Board	
Graham	Atkins	Chief People Officer	Indirect	Wife is a Professor and currently researches.	Exeter University Medical School	Medical school in England	30/09/2024		02/04/2025	Management Board,Remuneration Committee,ICB Board,Collaboration Forum,Somerset People Board	
Alison	Bell	Director of Public Health	Non-Financial Professional	Director of Public Health	Somerset Council	Unitary authority which governs the district of Somerset	01/01/2025			Primary Care Commissioning Committee,Somerset System Quality Group,Primary Care Operational Group,ICB Board,Strategic Commissioning Committee	
Alison	Bell	Director of Public Health	Indirect	My spouse is employed in a national emergency planning role for UKHSA	UKHSA	UK Health Security Agency (UKHSA) prevents, prepares for and responds to infectious diseases, and environmental hazards, to keep all our communities safe. This is an arms length body of HMG	16/01/2025			Primary Care Commissioning Committee,Somerset System Quality Group,Primary Care Operational Group,ICB Board,Strategic Commissioning Committee	
Charlotte	Callen	Exec Director of Communications Engagement and Marketing	Indirect	Charles Callen (Brother) is a GP	Cranleigh Gardens Medical Centre, Bridgwater	GP Practice	05/09/2022			ICB Board,Management Board,Population Health Transformation Board	
Rebecca	Duffy	Primary Care Partner Member	Non-Financial Professional	I am currently Senior Partner at Mendip Country Practice. I will be stepping down from the partnership at the end of November 2025 but remaining a part of the practice as a salaried GP.	Mendip Country Practice	Provide primary medical care under General Medical Services contract.	01/01/2010			ICB Board	
Rebecca	Duffy	Primary Care Partner Member	Non-Financial Professional	I work as a GP Appraiser for the NHSE South West Appraisal Team conducting annual NHS appraisals for GPs working in the region.	NHS England – South West Appraisal Team	Manage NHS appraisals for doctors, directly linked to doctors revalidation with the GMC.	01/09/2018			ICB Board	
Rebecca	Duffy	Primary Care Partner Member	Non-Financial Professional	I am a Non-Executive Director for the Somerset GP Support Unit.	GPSU	Company owned by all of general practice in Somerset who provide support services to support the delivery of patient care across Somerset.	01/05/2025			ICB Board	

## REGISTER OF INTERESTS

## Somerset ICB Board as at 13 January 2026

Firstname	Lastname	Role	Interest Category	Interest Description (Abbreviated)	Provider	Provider Description	Date Arose	Date Ended	Date Updated	Decision Making Groups
Rebecca	Duffy	Primary Care Partner Member	Non-Financial Professional	I work for Severn PGME School of Primary Care as a medical educator. I have been a GP Trainer since 2009, I facilitate on various 'train the trainer' courses for GP and multiprofessional educational and clinical supervisors, and deliver additional tutorials to GPs in training and their trainers to support the development of communication skills where this is required.	Severn PGME School of Primary Care	Post graduate medical education, training GPs and their trainers.	01/11/2018			ICB Board
Rebecca	Duffy	Primary Care Partner Member	Non-Financial Professional	I am the Treasurer of the Clinical Society of Bath, a medical education charity linked to the Royal United Hospitals Bath.	Clinical Society of Bath	Supporting medical education for doctors and dentists in and around Bath.	01/11/2019			ICB Board
Christopher	Foster	ICB Non Exec Director	Non-Financial Personal	Chair	Churches Funeral Services Trust (also known as Churches Funerals Group)	An advisory group to co-ordinate policy in connection with the pastoral and administrative aspects of funeral services at cemeteries and crematoria	01/04/2022			ICB Board,Audit Committee,Finance Committee,Primary Care Commissioning Committee,Remuneration Committee,Somerset People Board,Quality Committee
Christopher	Foster	ICB Non Exec Director	Non-Financial Personal	Council Member (Director and Trustee)	The Cremation Society of Great Britain	A registered charity	09/08/2022			ICB Board,Audit Committee,Finance Committee,Primary Care Commissioning Committee,Remuneration Committee,Somerset People Board,Quality Committee
Christopher	Foster	ICB Non Exec Director	Non-Financial Professional	Non-Executive Director and Trustee	Royal Hospital for Neurodisability	The RHN is experienced in working with people with a range of neurological conditions and brain injury	01/04/2022			ICB Board,Audit Committee,Finance Committee,Primary Care Commissioning Committee,Remuneration Committee,Somerset People Board,Quality Committee
Christopher	Foster	ICB Non Exec Director	Indirect	Spouse is Parish Councillor	Nunney Parish Council	A local authority that makes decisions on behalf of the people in the parish and has an overall responsibility for the well-being of its local community	05/09/2022			ICB Board,Audit Committee,Finance Committee,Primary Care Commissioning Committee,Remuneration Committee,Somerset People Board,Quality Committee
Christopher	Foster	ICB Non Exec Director	Non-Financial Personal	Treasurer and Committee Member	Nunney Community Association	Set up to raise money for the benefit of the inhabitants of Nunney	13/03/2022			ICB Board,Audit Committee,Finance Committee,Primary Care Commissioning Committee,Remuneration Committee,Somerset People Board,Quality Committee
Christopher	Foster	ICB Non Exec Director	Indirect	Spouse is a member of the Somerset Council Standards Committee.	Somerset Council	Maintenance of standards in service of elected Councillors in local government.	03/06/2024			ICB Board,Audit Committee,Finance Committee,Primary Care Commissioning Committee,Remuneration Committee,Somerset People Board,Quality Committee
Christopher	Foster	ICB Non Exec Director	Indirect	Spouse is Chair of Trustee of Open Story Tellers, based in Frome Somerset.	Spouse	A charity offering a day care service to people with a learning disability, so that everyone finds a voice to tell their story.	09/12/2024			ICB Board,Audit Committee,Finance Committee,Primary Care Commissioning Committee,Remuneration Committee,Somerset People Board,Quality Committee
Caroline	Gamlin	ICB Non Exec Director	Non-Financial Personal	Member	Deafinate Matters CIC	Supporting those with hearing loss and/or communication difficulties living in Somerset	01/09/2021		04/06/2024	ICB Board,Audit Committee,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Strategic Commissioning Committee
Caroline	Gamlin	ICB Non Exec Director	Non-Financial Professional	Member of ICB Audit Committee	NHS Somerset ICB Audit Committee	Responsible for commissioning health and care services and bringing organisations together to work as one integrated care system (ICS), for Somerset	01/07/2022		04/06/2024	ICB Board,Audit Committee,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Strategic Commissioning Committee
Caroline	Gamlin	ICB Non Exec Director	Financial	Paid through a contract for services for Responsible Officer appraisals, up to 6 a year	NHS England	Leading the NHS in England to deliver high quality services for all	01/09/2021		04/06/2024	ICB Board,Audit Committee,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Strategic Commissioning Committee
Caroline	Gamlin	ICB Non Exec Director	Non-Financial Personal	Volunteer	PromiseWorks	Local charity providing Mentors for young people in Somerset	01/06/2021		04/06/2024	ICB Board,Audit Committee,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Strategic Commissioning Committee

## REGISTER OF INTERESTS

## Somerset ICB Board as at 13 January 2026

Firstname	Lastname	Role	Interest Category	Interest Description (Abbreviated)	Provider	Provider Description	Date Arose	Date Ended	Date Updated	Decision Making Groups
Caroline	Gamlin	ICB Non Exec Director	Financial	Company holds a small parcel of agricultural land, 1.7 acres	Director of Rhyneside Ltd	land management	01/04/2024		04/06/2024	ICB Board,Audit Committee,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Strategic Commissioning Committee
Caroline	Gamlin	ICB Non Exec Director	Non-Financial Professional	Appointed Governor representing NHS Somerset ICB	Somerset Foundation Trust	Provider of NHS services in Somerset	01/04/2023		04/06/2024	ICB Board,Audit Committee,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Strategic Commissioning Committee
Caroline	Gamlin	ICB Non Exec Director	Indirect	Husband is a Director	Pier Health, Weston Super Mare, North Somerset	Designed to deliver the very best in primary care for the patient population across Weston-Super-Mare, Worle and local villages in North Somerset	07/07/2025			ICB Board,Audit Committee,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Strategic Commissioning Committee
Caroline	Gamlin	ICB Non Exec Director	Non-Financial Professional	Non Executive Director	SW specialised services commissioning committee	Overseeing the commissioning of specialised services on behalf of the SW ICBs	02/06/2024			ICB Board,Audit Committee,Primary Care Commissioning Committee,Quality Committee,Remuneration Committee,Strategic Commissioning Committee
Judith	Goodchild	ICB Board - Healthwatch (Participant)	Non-Financial Professional	Public Governor	Somerset NHS Foundation Trust	To deliver joined up community, mental health and acute hospital care	31/05/2011		05/03/2025	ICB Board,Primary Care Commissioning Committee
Judith	Goodchild	ICB Board - Healthwatch (Participant)	Non-Financial Professional	Chair (Date Commenced: TBC)	Healthwatch Somerset	Local health and social care champion	01/04/2023		05/03/2025	ICB Board,Primary Care Commissioning Committee
Alison	Henly	CFO and Director of Performance and Contracting	Non-Financial Professional	Interim CFO for NHS Dorset ICB	NHS Dorset ICB	NHS Dorset ICB	08/04/2025			ICB Board,Audit Committee,Finance Committee,Management Board,Primary Care Commissioning Committee,Somerset Assurance Forum (SAF),Population Health Transformation Board,Collaboration Forum,Strategic Commissioning Committee
Jonathan	Higman	Chief Executive	Non-Financial Professional	Partner Member	Health Innovation South West	To help transform the way our health and care systems in the South West identify, adopt and spread innovation to transform lives, improve population health, and drive economic growth	23/03/2022		02/04/2025	ICB Board,Finance Committee,Management Board,Somerset People Board,Remuneration Committee,Somerset Assurance Forum (SAF),Collaboration Forum,Quality Committee
Jonathan	Higman	Chief Executive	Non-Financial Professional	Somerset ICB Representative	NIHR ARC South West Peninsula (PenARC) Management Board	To improve lives and the quality of health and social care in South West England through applied research	01/04/2022	25/09/2025	02/04/2025	ICB Board,Finance Committee,Management Board,Somerset People Board,Remuneration Committee,Somerset Assurance Forum (SAF),Collaboration Forum,Quality Committee
Peter	Lewis	ICB Board - Trust Partner Member	Non-Financial Professional	Chief Executive of Somerset NHS Foundation Trust	Somerset NHS Foundation Trust	To deliver joined up community, mental health and acute hospital care	01/07/2022			ICB Board,Somerset People Board,Somerset Assurance Forum (SAF),Collaboration Forum
Peter	Lewis	ICB Board - Trust Partner Member	Non-Financial Professional	Director and Management Board Member	Yeovil Strategic Estates Partnership Project Company	TBC	01/07/2022			ICB Board,Somerset People Board,Somerset Assurance Forum (SAF),Collaboration Forum
Bernard	Marden	Chief Medical Officer - Somerset ICB	Non-Financial Professional	Associate Member (non-voting) of Board	Sulis Hospital Bath (Wholly owned subsidiary of RUH Bath NHS Foundation Trust)	Helping people get better, faster with state-of-the-art hospital treatments, innovative rehabilitation and other healthcare services	01/09/2022		15/04/2025	ICB Board,Finance Committee,Management Board,Primary Care Commissioning Committee,Quality Committee,Information Governance Records Management and Caldicott Committee (IGRMCC),Somerset Assurance Forum (SAF),Somerset System Quality Group,Population Health Transformation Board,Collaboration Forum,Primary Care Operational Group,Strategic Commissioning Committee,Contract Oversight Group (COG)
Bernard	Marden	Chief Medical Officer - Somerset ICB	Indirect	Brother is Consultant Gastroenterologist and Clinical Lead	RUH Bath NHS Foundation Trust	Major acute-care hospital in the Weston suburb of Bath, England	01/09/2022		15/04/2025	ICB Board,Finance Committee,Management Board,Primary Care Commissioning Committee,Quality Committee,Information Governance Records Management and Caldicott Committee (IGRMCC),Somerset Assurance Forum (SAF),Somerset System Quality Group,Population Health Transformation Board,Collaboration Forum,Primary Care Operational Group,Strategic Commissioning Committee,Contract Oversight Group (COG)

REGISTER OF INTERESTS											
Somerset ICB Board as at 13 January 2026											
Firstname	Lastname	Role	Interest Category	Interest Description (Abbreviated)	Provider	Provider Description	Date Arose	Date Ended	Date Updated	Decision Making Groups	
Bernard	Marden	Chief Medical Officer - Somerset ICB	Non-Financial Professional	Chair	South West Paediatric Critical Care Operational Delivery Network	One of ten Paediatric Critical Care Operational Delivery Networks in England	01/09/2022		15/04/2025	ICB Board,Finance Committee,Management Board,Primary Care Commissioning Committee,Quality Committee,Information Governance Records Management and Caldicott Committee (IGRMCC),Somerset Assurance Forum (SAF),Somerset System Quality Group,Population Health Transformation Board,Collaboration Forum,Primary Care Operational Group,Strategic Commissioning Committee,Contract Oversight Group (COG)	
Bernard	Marden	Chief Medical Officer - Somerset ICB	Non-Financial Professional	Member	NHSE South West Digital Transformation Portfolio Board	TBC	01/04/2023		15/04/2025	ICB Board,Finance Committee,Management Board,Primary Care Commissioning Committee,Quality Committee,Information Governance Records Management and Caldicott Committee (IGRMCC),Somerset Assurance Forum (SAF),Somerset System Quality Group,Population Health Transformation Board,Collaboration Forum,Primary Care Operational Group,Strategic Commissioning Committee,Contract Oversight Group (COG)	
Bernard	Marden	Chief Medical Officer - Somerset ICB	Indirect	Wife is directly employed by the organisers of Glastonbury Festival	Glastonbury Festivals	The largest greenfield music and performing arts festival in the world	01/09/2022		15/04/2025	ICB Board,Finance Committee,Management Board,Primary Care Commissioning Committee,Quality Committee,Information Governance Records Management and Caldicott Committee (IGRMCC),Somerset Assurance Forum (SAF),Somerset System Quality Group,Population Health Transformation Board,Collaboration Forum,Primary Care Operational Group,Strategic Commissioning Committee,Contract Oversight Group (COG)	
Bernard	Marden	Chief Medical Officer - Somerset ICB	Non-Financial Professional	Somerset ICB Representative	NIHR ARC South West Peninsula (PenARC) Management Board	To improve lives and the quality of health and social care in South West England through applied research	26/09/2025			ICB Board,Finance Committee,Management Board,Primary Care Commissioning Committee,Quality Committee,Information Governance Records Management and Caldicott Committee (IGRMCC),Somerset Assurance Forum (SAF),Somerset System Quality Group,Population Health Transformation Board,Collaboration Forum,Primary Care Operational Group,Strategic Commissioning Committee,Contract Oversight Group (COG)	
David	McClay	Chief Officer for Strategy Digital and Integration	Indirect	Wife is a Teacher	The Blue School, Wells	A coeducational, secondary school located in Wells, Somerset	17/05/2023		13/03/2025	ICB Board,Management Board,Somerset People Board,Somerset Assurance Forum (SAF),Population Health Transformation Board,Collaboration Forum,Information Governance Records Management and Caldicott Committee (IGRMCC),Strategic Commissioning Committee,ICS Digital Board	
Shelagh	Meldrum	Deputy Chief Nursing Officer and Director of Nursing	Non-Financial Professional	Specialist Advisory for the CQC Integrated Care System inspection team	CQC	The independent regulator of health and social care in England	20/10/2023		09/05/2024	ICB Board,Finance Committee,Management Board,Primary Care Commissioning Committee,Quality Committee,Somerset Assurance Forum (SAF),Somerset System Quality Group,Collaboration Forum,LMNS Programme Board,Strategic Commissioning Committee,Contract Oversight Group (COG)	
Katherine	Nolan	ICB Board - SPARK Somerset, VCSE sector (Participant)	Non-Financial Professional	Chief Executive (Date Commenced: TBC)	SPARK Somerset	Providing information, advice, training and support to the voluntary and community sector in Somerset	01/04/2023			ICB Board,Somerset People Board,Collaboration Forum	
Grahame	Paine	ICB Non Exec Director	Non-Financial Professional	Chair of Trustee Board	SPARK Somerset	To provide information, advice, training and support to the voluntary and community sector in Somerset	10/03/2022		04/06/2024	ICB Board,Audit Committee,Finance Committee,Quality Committee,Remuneration Committee,Somerset Assurance Forum (SAF)	
Grahame	Paine	ICB Non Exec Director	Non-Financial Professional	Trustee	Festival Medical Services	FMS is a 'not for profit' registered charity staffed by volunteers, delivering professional medical services at events throughout the country	26/03/2022		04/06/2024	ICB Board,Audit Committee,Finance Committee,Quality Committee,Remuneration Committee,Somerset Assurance Forum (SAF)	

REGISTER OF INTERESTS											
Somerset ICB Board as at 13 January 2026											
Firstname	Lastname	Role	Interest Category	Interest Description (Abbreviated)	Provider	Provider Description	Date Arose	Date Ended	Date Updated	Decision Making Groups	
Grahame	Paine	ICB Non Exec Director	Non-Financial Professional	Chair of Trustee Board	Amica Care Trust	Amica Care Trust provide nursing, dementia, residential care and companionship, as well as day care and respite care.	30/09/2025			ICB Board,Audit Committee,Finance Committee,Quality Committee,Remuneration Committee,Somerset Assurance Forum (SAF)	
Jade	Renville	Executive Director of Corporate Affairs	Non-Financial Personal	Director (Chair of Trust from January 2023)	Richard Huish Multi-Academy Trust (Voluntary Capacity)	An independent charitable organisation originally established by Richard Huish College to support local schools	01/09/2019		02/04/2025	ICB Board,Information Governance Records Management and Caldicott Committee (IGRMC),Management Board,Collaboration Forum	
Jade	Renville	Executive Director of Corporate Affairs	Indirect	Father is Director and Owner	Renvilles Costs Lawyers	Providers of legal costs services in the region	01/08/2003		02/04/2025	ICB Board,Information Governance Records Management and Caldicott Committee (IGRMC),Management Board,Collaboration Forum	
Jade	Renville	Executive Director of Corporate Affairs	Non-Financial Professional	I am Joint Director of Corporate Affairs/Services across Somerset NHS Foundation Trust as well as Somerset ICB	Somerset NHS Foundation Trust	NHS Provider	06/07/2024		02/04/2025	ICB Board,Information Governance Records Management and Caldicott Committee (IGRMC),Management Board,Collaboration Forum	
Duncan	Sharkey	ICB Board - Local Authority Partner Member	Non-Financial Professional	Chief Executive	Somerset Council	Unitary authority which governs the district of Somerset	03/10/2022		18/02/2025	ICB Board,Somerset People Board,Somerset Assurance Forum (SAF),Collaboration Forum	
Paul	Von Der Heyde	Chair Somerset ICB	Non-Financial Professional	Chairman of Board	PAPAA Enterprises Limited	The virtually dormant trading subsidiary of Psoriasis and Psoriatic Arthritis Alliance	01/11/2021		06/05/2025	ICB Board,Finance Committee,Remuneration Committee,Quality Committee	
Paul	Von Der Heyde	Chair Somerset ICB	Non-Financial Professional	Chairman of Board of Trustees	Psoriasis and Psoriatic Arthritis Alliance	A National charity focused on advice to those suffering from the condition	01/11/2021		06/05/2025	ICB Board,Finance Committee,Remuneration Committee,Quality Committee	
Paul	Von Der Heyde	Chair Somerset ICB	Non-Financial Professional	Chairman of Trustees	Worshipful Company of Furniture Makers Charitable Fund	A charity supporting those employed or who have been employed in the furniture and furnishing industry and their connections providing grants and donations to cover welfare, education or excellence needs	01/11/2021		06/05/2025	ICB Board,Finance Committee,Remuneration Committee,Quality Committee	
Paul	Von Der Heyde	Chair Somerset ICB	Financial	Director and shareholder	Herswell Coaching and Consulting Limited	A management consulting and behavioural advice business	01/11/2021		06/05/2025	ICB Board,Finance Committee,Remuneration Committee,Quality Committee	
Paul	Von Der Heyde	Chair Somerset ICB	Indirect	My wife is a fundraiser. I have no direct relationship with the Centre and am not engaged in the fundraising or other activities.	Conquest Centre	A disabled riding enterprise based in Norton Fitzwarren	01/11/2021		06/05/2025	ICB Board,Finance Committee,Remuneration Committee,Quality Committee	
Paul	Von Der Heyde	Chair Somerset ICB	Non-Financial Professional	South West Social Mobility Commissioner	South West Social Mobility Commission	A commission established with the support of Exeter University and chaired by its Chancellor, Sir Michael Barber, to understand and improve the social mobility within the population of the South West of England	01/01/2023		06/05/2025	ICB Board,Finance Committee,Remuneration Committee,Quality Committee	
Paul	Von Der Heyde	Chair Somerset ICB	Financial	Trustee and Adviser	Howlands Furniture Limited Group	A fine office furniture manufacturer, classic residence furniture and property letting group based in High Wycombe	01/11/2021		06/05/2025	ICB Board,Finance Committee,Remuneration Committee,Quality Committee	
Paul	Von Der Heyde	Chair Somerset ICB	Non-Financial Professional	Chair	NHS South West Region People Board	NHS	27/03/2024		06/05/2025	ICB Board,Finance Committee,Remuneration Committee,Quality Committee	
Paul	Von Der Heyde	Chair Somerset ICB	Financial	Director of the Company	A&F Howland (Wycombe) Limited	operates in the high quality meeting room and executive furniture market trading as William Hands	01/10/2024		06/05/2025	ICB Board,Finance Committee,Remuneration Committee,Quality Committee	
Paul	Von Der Heyde	Chair Somerset ICB	Financial	I have become a non executive director of this British furniture maker.	Burbdige & Son Limited	Design and manufacture of fitted kitchen and bathroom furniture	01/01/2025		06/05/2025	ICB Board,Finance Committee,Remuneration Committee,Quality Committee	
Paul	Von Der Heyde	Chair Somerset ICB	Financial	Appointed Director of the Company in a non-executive capacity	Howlands (Furniture) Limited	This is the holding company for a group which carries out both high quality and value office furniture and property management based in High Wycombe.	03/12/2025			ICB Board,Finance Committee,Remuneration Committee,Quality Committee	

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<b>REPORT TO:</b>	<b>NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A</b>	<b>ENCLOSURE:</b>
		<b>01.3</b>
<b>DATE OF MEETING:</b>	<b>29 January 2026</b>	
<b>REPORT TITLE:</b>	<b>Minutes of the ICB Board Meeting held on 27 November 2025 and accompanying Action Schedule</b>	
<b>REPORT AUTHOR:</b>	<b>Steph Lower, NHS Dorset ICB Deputy Head of Corporate Governance</b>	
<b>EXECUTIVE SPONSOR:</b>	<b>Jonathan Higman, Cluster Chief Executive</b>	
<b>PRESENTED BY:</b>	<b>Paul von der Heyde, Chair</b>	

<b>PURPOSE</b>	<b>DESCRIPTION</b>	<b>SELECT</b>
<b>Approve</b>	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	<input checked="" type="checkbox"/>
<b>Endorse</b>	To support the recommendation (not the authorising body/committee for the final decision)	<input type="checkbox"/>
<b>Discuss</b>	To discuss, in depth, a report noting its implications	<input type="checkbox"/>
<b>Note</b>	To note, without the need for discussion	<input type="checkbox"/>
<b>Assurance</b>	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)

- Objective 1: Improve the health and wellbeing of the population
- Objective 2: Reduce inequalities
- Objective 3: Provide the best care and support to children and adults
- Objective 4: Strengthen care and support in local communities
- Objective 5: Respond well to complex needs
- Objective 6: Enable broader social and economic development
- Objective 7: Enhance productivity and value for money

#### **PREVIOUS CONSIDERATION / ENGAGEMENT**

N/A

#### **REPORT TO COMMITTEE / BOARD**

The Minutes are a record of the meeting held on 27 November 2025. They are presented to the ICB Board, together with the accompanying Action Schedule, and are published in the public domain through the NHS Somerset website, to provide clarity and transparency about the discussions and decisions made, and to ensure the principles of good governance are upheld.

The NHS Somerset ICB Board is asked to **Approve** the Minutes of the meeting and accompanying Action Schedule and to confirm that the Chairman may sign the Minutes as a true and correct record.

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

<b>Reducing Inequalities/Equality &amp; Diversity</b>	N/A
<b>Quality</b>	N/A
<b>Safeguarding</b>	N/A
<b>Financial/Resource/ Value for Money</b>	N/A
<b>Sustainability</b>	N/A
<b>Governance/Legal/ Privacy</b>	The Minutes are the formal record of the meeting and are presented together with the accompanying Action Schedule.
<b>Confidentiality</b>	N/A
<b>Risk Description</b>	N/A

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Minutes of the **Meeting of NHS Somerset Integrated Care Board (ICB)** held at  
**Glastonbury Town Hall, on Thursday 27 November 2025**

Present:	Paul von der Heyde Suresh Ariaratnam  Christopher Foster  Dr Caroline Gamlin  Dr Rebecca Duffy Alison Henly  Jonathan Higman Peter Lewis  Dr Bernie Marden David McClay  Shelagh Meldrum  Grahame Paine  Duncan Sharkey	Deputy Chair Non-Executive Director (Chair of Primary Care Commissioning Committee) Non-Executive Director (Chair of Finance Committee, Remuneration Committee and Somerset People Board) (Virtual) Non-Executive Director and Deputy Chair (Chair of Quality Committee) Primary Care Partner Member Chief Finance Officer and Director of Performance and Contracting Chief Executive Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member) (virtual) (for items ICB 112/25 to ICB 120.1/25) Chief Medical Officer Chief Officer for Strategy, Digital and Integration (Participant) Chief Nursing Officer and Director of Operations  Non-Executive Director (Chair of Audit Committee) Chief Executive, Somerset Council (Partner Member) (for item ICB 118/25 onwards)
Apologies:	Judith Goodchild Rob Whiteman  Katherine Nolan	Healthwatch (Participant) Chair, NHS Bath & North East Somerset, Swindon and Wiltshire (BSW) ICB; NHS Dorset ICB; NHS Somerset ICB SPARK Somerset, VCSE sector (Participant)
In Attendance:	Graham Atkins Alison Bell Charlotte Callen  Jacqui Cross  Dr Orla Dunn  Hester McLain  Andrew Miller  Conor Ogilvie-Davidson  Jade Renville  Gary Risdale  Tony Robinson	Chief People Officer (Participant) Director of Public Health (Participant) Executive Director of Communications, Engagement and Marketing (Participant) Clinical Director – Operational Lead & Hub Nurse Lead, West Mendip PCN (for item ICB 120/25) Consultant in Public Health, Somerset Council (for item ICB 122/25) Director of System Coordination, NHS England South West Divisional Manager for Urgent and Integrated Care, Dorset County Hospital NHS FT (for item ICB 121/25) Town Clerk, Glastonbury Town Council ) and Project Lead for St Dunstan's House Community Health & Wellbeing Centre (for item ICB 120/25) Executive Director of Corporate Services and Affairs, NHS Somerset and Somerset NHS Foundation Trust (Participant) Senior Programmes Manager, Somerset NHS Foundation Trust (for item ICB 121/25) Healthwatch (Participant) (deputising for Judith Goodchild)
Secretariat:	Julie Hutchings	Board Secretary and Corporate Governance Manager

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**ICB 112/25 WELCOME AND APOLOGIES FOR ABSENCE**

112.1 Paul von der Heyde welcomed everyone to the meeting of the NHS Somerset Integrated Care Board (ICB). Apologies were noted as above.

**ICB 113/25 PUBLIC QUESTIONS (PLEASE SEE APPENDIX 1)****ICB 114/25 REGISTER OF MEMBERS' INTERESTS**

114.1 The ICB Board received and noted the register of members' interests, which reflected the position as at 20 November 2025.

**ICB 115/25 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**

115.1 There were no declarations of interest relating to items on the agenda. The quoracy of the meeting was confirmed.

**ICB 116/25 MINUTES OF THE MEETING HELD ON 25 SEPTEMBER 2025 AND ACCOMPANYING ACTION SCHEDULE**

116.1 The minutes of the meeting held on 25 September 2025 were **approved** as a true and correct record, subject to an amendment on page 6 (section 102.2, first bullet) clarifying that child obesity rates among reception-age children are the second worst in the region.

**Action ICB 116/25: Amendment to be made on page 6 (section 102.2, first bullet) clarifying that child obesity rates among reception-age children are the second worst in the region.**

116.2 The action schedule was reviewed, all actions were complete.

**ICB 117/25 DEPUTY CHAIR'S INTRODUCTION/REPORT**

117.1 The Deputy Chair gave some introductory remarks, noting the following:

- Significant opportunities and challenges ahead, including forming the new cluster, reducing running costs by April 2026, and managing winter pressures, access and performance.
- Commended the resilience of NHS Somerset colleagues, local authorities, and voluntary sector partners, while stressing the need for shared ownership of local challenges and stronger collaboration.
- Opportunities for Somerset to lead in strategic commissioning and neighbourhood working, with a focus on integrated models, reducing inequalities, and avoiding siloed thinking.
- Insights from the NHS Confederation conference emphasised trust, openness, and dialogue to prevent duplication and inefficiencies.
- Clustering offers access to a wider talent pool and shared purpose; success depends on openness to learning and evidence-based approaches.

**ICB 118/25 CHIEF EXECUTIVE'S REPORT**

118.1 The Board received and noted the Chief Executive's report. There was particular discussion on the following:

**STRATEGIC UPDATE – NATIONAL AND REGIONAL CONTEXT****Single Regional Executive Team for Department of Health and Social Care (DHSC) and NHS England (NHSE)**

- NHSE and the Department of Health and Social Care are on a trajectory for merger within 18 months, supported by legislative change. Locally, the Somerset system is clustering, consolidating three organisations. Structural

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change plans, including appointing to a single executive team, and the launch of a voluntary redundancy, are progressing.

- NHS Somerset faces significant challenges in reducing running costs and managing complex workforce changes.
- Future focus and opportunity: ICBs to adopt a strategic role, shifting resources to community-based, digitally enabled care closer to home, with an emphasis on prevention and long-term transformation.

### **Second half of year – 2025/26**

- Winter pressures noted.
- Significant improvement in ambulance turnaround times across Somerset and the South West, positively impacting category 2 response times.
- Waiting lists are reducing; elective care performance at Somerset Foundation Trust improving after national tiering.
- Ongoing challenges with four-hour emergency department performance and securing appropriate onward care for patients.

### **Flu vaccinations**

- Good uptake of flu vaccinations reported for staff and communities.

### **SOMERSET SYSTEM**

#### **Medium-term Planning Framework: Revenue Finance and Contracting Guidance**

- Allocations published; enhanced planning process underway focusing on a five-year shift of resources from hospitals to communities and neighbourhoods and development of a population health improvement plan.

#### **Medium Term Planning Framework: Board Assurance Statement**

- There will be a series of submissions requiring Board sign-off, the first draft of which is due on 17 December. Planning expected to look and feel different this year, with national guidance emphasising provision in communities.

### **Resident Doctor's Industrial Action**

- Nearly 99% of elective work in Somerset was maintained during the first round of resident doctor strikes.

### **ICB Organisational Change Update**

- Jonathan Higman has been confirmed as the Chief Executive for Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB), Dorset ICB, and Somerset ICB, as part of clustering arrangements.

(Duncan Sharkey joined the meeting).

### **COMMUNICATIONS AND ENGAGEMENT UPDATE**

- Extensive engagement activity took place over the summer, providing valuable insights.
- Stroke reconfiguration update noted.
- Jonathan Higman and Teri Underwood attended an event at Fleet Air Arm Museum, receiving a Gold Employer Recognition Award as part of the Armed Forces Covenant; thanks were expressed to Teri Underwood and her team.

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- Official opening of a new dental surgery will take place next week in Wellington.

**Action ICB 118/25: Insights from Somerset's Big Conversation to be discussed at future Board meeting**

118.2 The Board **noted** the update.

**ICB 119/25 ELECTRONIC RESOLUTIONS (APPROVED/ENDORSED SINCE THE LAST BOARD MEETING)**

- [Minutes of the Meeting held on 24 July 2025 and accompanying Action Schedule \(Approved\)](#)
- [Governance Handbook Update \(Endorsed\)](#)
- [Our Green Plan 2025 – 2028 \(Approved\)](#)

119.1 The Board **noted the approval** of the above documents, by electronic resolution.

**ICB 120/25 FOCUS ON: INTEGRATED HEALTH AND WELLBEING**

120.1 Jacqui Cross and Conor Ogilvie-Davidson presented a locality story on the St Dunstan's House Community Health & Wellbeing Centre Project, highlighting the following:

- St. Dunstan's House in Glastonbury has been redeveloped into a Community Health and Wellbeing Centre after over a decade of planning.
- Funded from the Town Deal, the Community Ownership Fund, local charity contributions and a Public Works Loan Board approval.
- The strategic vision was to create a central hub integrating health, wellbeing, and community services, bringing care closer to home and reducing pressure on primary care.
- Renovation included sustainable technology and sensitive restoration of a Grade II listed building.
- Delivery has involved partnerships with Glastonbury Town Council, West Mendip Primary Care Network, Somerset NHS Foundation Trust, Somerset Activity & Sports Partnership (SASP) and others.
- Current activities include women's health events, warm spaces and Armed Forces Health Hub sessions. The Primary Care Network (PCN) hub team will co-locate at the centre.
- Intended users include local groups, commissioned health services, wellbeing providers, and education partners; services will include signposting and social prescribing.
- Operations Lead appointed; assurance, monitoring, and evaluation processes in place; full programme of activities to commence January.

(Peter Lewis left the meeting)

120.2 There was discussion amongst Board members as follows:

- The Board welcomed the vision for the new facility and discussed opportunities to align with population health data, Joint Strategic Needs Assessment (JSNA) insights and comprehensive primary care delivery.
- Emphasis was placed on improving use of population health data, connecting public health expertise to neighbourhoods and ensuring the offer reflects community needs.
- Questions were raised about sharing the model with other communities, which would be done, financial sustainability beyond the first year and how the Board can support continuity. Discussion included future financial

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strategy for shifting resources into community-based care and opportunities for further engagement on this.

- Accessibility challenges for the Grade II listed building were addressed through adaptations such as ramps and lifts; strong links exist with local support groups, food bank, community fridge, and Citizens Advice.

**Action ICB 120/25: Slides to be shared following meeting.**

**ICB 121/25 INFRASTRUCTURE UPDATE ON STROKE RECONFIGURATION**  
*Objectives: 1-2, 4-5*

121.1 David McClay introduced Andy Miller and Gary Risdale who provided an infrastructure update on stroke reconfiguration, highlighting the following:

- Hyper acute stroke units at Somerset NHS Foundation Trust and Dorset County Hospital planned for go-live Spring 2026.
- Dorset County Hospital adding four hyper acute stroke unit beds, two acute stroke unit beds, additional staff, expanded footprint, 6-month decant and seven-day transient ischaemic attack service.
- Estates works progressing: Dorset County Hospital completion late April 2026; Musgrove Park and Yeovil District Hospitals therapy space redesigns underway.
- Workforce recruitment ongoing: Advanced clinical practitioners and consultants appointed; Nursing recruitment in progress.
- Pathway improvements include trusted therapy document and daily multi-disciplinary team meetings; challenges remain on image sharing, transport commissioning and pre-hospital video triage extension.

121.2 There was discussion amongst Board members as follows:

- Discussion focused on optimising patient flows, with Bath joining the initiative; initial work will concentrate on stroke services, with potential to expand to other specialties later.
- Concerns were raised about ensuring future safety and addressing transport issues for relatives visiting patients; public involvement in these conversations was emphasised, and reference groups will provide information to families.

121.3 The Board **noted** the update.

**ICB 122/25 NEW FORMAT SOMERSET JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

122.1 The Board received a presentation from Alison Bell and Dr Orla Dunn on the new format Somerset Joint Strategic Needs Assessment (JSNA), highlighting the following:

- New Somerset JSNA launched as an interactive online resource providing comprehensive population health data for strategic planning (<https://healthy.somerset.co.uk/somerset-jsna/>)
- Covers life stages, major conditions, risk factors, prevention and localities down to primary care network and ward level. Supports equality impact assessments and system-wide planning.
- Developed collaboratively across Integrated Care System (ICS); showcased at ICB Annual General Meeting (AGM); currently 32 pages live with target of 80, including qualitative data and infographics.
- Produced within core resources; no confidentiality issues; safeguards in place for data governance.
- Next steps: usability testing, further content development and integration of wider system datasets such as hospital usage and healthcare spending.

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- 122.2 There was discussion amongst Board members as follows:
- Other platforms working alongside the JSNA will provide deeper insights into vulnerable groups.
  - Questions were raised about linking the federated data platform, improving capability for intervention modelling and readiness to use data for impact assessment; plans are in place to build system capability.
  - JSNA will inform commissioning but does not track outcomes; opportunities exist to link additional datasets such as deprivation indices. It was noted that it's not possible to link individuals' financial status and class data.
  - Emphasis on distinguishing data for insight versus action, developing shared outcome measures and enabling systems to work together; voluntary sector tools and local platforms are being explored.
  - Emphasis on strategic use of data to guide commissioning decisions, resource allocation, improve outcomes, and support scenario modelling as part of future planning.
- 122.3 The Board **endorsed** the new format Somerset Joint Strategic Needs Assessment (JSNA).
- ICB 123/25 ELECTIVE WAITING LIST OVERSIGHT**  
**Objectives: 1-3 and 6**
- 123.1 The Board received a report on elective waiting list oversight. David McClay highlighted the following:
- Although still high by historical reference, the Somerset ICS elective waiting list has reduced over the past six months, with long waits (52+ and 65+ weeks) on a downward trend, lowering risk of deterioration.
  - Somerset NHS Foundation Trust manages most patients and applies a scoring system to prioritise vulnerable groups (e.g., learning disabilities, looked-after children, high deprivation), enabling earlier appointments by three to four months.
  - The system includes safety netting letters sent to long waiters to identify worsening symptoms; around 250–300 letters issued monthly with c.50 responses, leading to priority adjustments where needed.
  - Future developments include NHS App integration, federated data platform use, automation of elective administration and pathway redesign to improve access and equity, all subject to appropriate information governance review.
- 123.2 There was discussion amongst Board members as follows:
- Reliance on individuals to self-identify health issues was highlighted as a challenge; smarter approaches are needed to improve access.
  - Questions raised about comparing Somerset's waiting list data with other ICBs and population benchmarks; cluster working will support future comparisons.
  - Focus should include "waiting well" services and strategic commissioning.
  - Concern expressed about rising demand and sustainability.
  - Discussion on identifying patients on multiple waiting lists and improving coordination to provide a single point of contact.
  - The role of the independent sector.
- 123.3 The Board **noted** the update.

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**ICB 124/25 ICB PRIORITY PROGRAMME REPORT AND BOARD ASSURANCE FRAMEWORK 2025/26 – QUARTER 2**  
*Objectives: All*

- 124.1 The Board received the ICB priority programme report and Board assurance framework. David McClay and Jade Renville highlighted the following:
- The report shows overall progress. Some projects still in early development, with risks linked to capacity, data and pace of change.
  - Strategic risks remain especially high for workforce and financial sustainability. 58 corporate risks rated 15+ across system partners.
  - The priority programmes are progressing but face challenges: e.g., high “no criteria to reside” rates, delays in neighbourhood governance and funding uncertainty for population health initiatives.
  - Finance enabler remains under pressure; system financial risk rated 20 with amber progress toward cost reduction targets; non-recurrent savings impacting future sustainability.

- 124.2 There was discussion amongst Board members as follows:

- Risks around GP workforce and the need for strategic planning to address population growth, housing developments and urgent care capacity; suggestion to adopt a county-wide view and Getting It Right First Time (GIRFT)-style approach.
- Workforce pipeline concerns, including transport and housing issues and the Board’s role as a socio-economic anchor; GP numbers above target but wider workforce below.
- Communication challenges around public perception of primary care access; importance of consistent messaging and narrative.
- Call for deeper Board discussion re potential funding for new approaches, and prioritisation of evidence-based interventions such as the frailty model.
- Need to evaluate initiatives, consider decommissioning where appropriate, and ensure resources are directed toward proven, impactful solutions.
- It was noted that the Collaboration Forum meeting had been cancelled as part of the reset on governance. There has been no meeting of the Population Health Transformation Board since the previous Board meeting. A written update on the People Board was included in the papers.

**ICB 125/25 INTEGRATED BOARD ASSURANCE DASHBOARD AND EXCEPTION REPORT FROM THE SYSTEM ASSURANCE FORUM 1 APRIL 2025 TO 30 SEPTEMBER 2025**

- 125.1 The Board received the integrated board assurance dashboard and an exception report from the System Assurance Forum (SAF). The Chief Finance Officer and Director of Performance and Contracting highlighted the following:
- Quality update: Venous thromboembolism (VTE) assessments and children looked after assessments remain of concern. Improvement work and safeguarding focus continue.
  - Quality Committee noted challenges with patient transport, paediatrics and pharmacy continuity impacting care quality.
  - Urgent and emergency care performance shows no special cause variation but some areas below plan; actions in place.
  - Elective care updates on long waits and faster diagnosis pathways; mitigating actions showing early improvement.
  - Mental health: recovery actions underway for talking therapies.
  - Winter monitoring reports track intervention effectiveness; concerns over Emergency Department (ED) delays for children, discharge challenges and urgent treatment centre closures.

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- Workforce broadly positive: GP numbers slightly above target; progress at SFT, though wider workforce concerns remain.
- Finance: ICB and Trust on track for balanced position; Somerset Council forecasting £5.4m overspend; CIP backloaded with £7.4m savings still to find.
- Planning submission due 17 December; Finance Committee to review on 15 Dec with proposal to open to full Board with delegation to Finance Committee; final submission due 12 February.

125.2 There was particular discussion amongst Board members as follows:

- It was noted that the new Department of Health structure includes a national programme director for mental health, however recruitment to the role is still pending.
- Discussion on primary care prescribing underspend clarified this relates to secondary care drugs.

## **ICB 126/25 OTHER KEY MEETING REPORTS**

126.1 The chairs of the Board committees and system groups provided written and/or verbal reports of the most recent meetings, as follows:

### **ICB Assurance Committee Reports:**

- Audit Committee: no report: last meeting 17/9, next meeting 19/12.
- Strategic Commissioning Committee: written report provided, with a request for an update on pharmacy to be brought to a future Board.

**Action ICB 126/25: An update on pharmacy to be provided to the Board by the hub team at a future meeting, once a clearer position is available and current commercial sensitivities have been resolved.**

### **System Group Reports:**

- Somerset Board. Discussion highlighted the need for a joined-up approach across agencies on housing and addressing deprivation among children and young people, including promoting education and mitigating the impact of poverty. Members agreed to review evidence-based interventions and explore more integrated models for safeguarding and support.
- Children, Young People and Families. Written report provided. The meeting received an update on the SEND Strategy and the Children and Young People's Plan. There will be a January workshop to review the Board's purpose as a Partnership Board. An inspection under the new framework is expected and an update may be brought back to the Board.

## **ICB 127/25 ANY OTHER BUSINESS**

127.1 Positive acknowledgement that Somerset projects have received awards for supporting heart failure care at home, digital innovation (Somerset Integrated Digital e-Record) and repurposing digital equipment to empower carers. Information on these projects will be circulated.

**Action ICB 127/25: Information about projects featured at recent awards ceremony to be shared with Board members.**

## **ICB 128/25 ITEMS TO BE DISCUSSED AT THE CONFIDENTIAL MEETING**

- 128.1
- Minutes of the confidential meeting held on 25 September 2025
  - Chief Executive's Part B report
  - Transition update

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- Electronic resolutions (approved/endorsed since the last Board meeting)
- Cluster governance – from current to future state
- Update on planning and commissioning intentions

**ICB 129/25 WITHDRAWAL OF PRESS AND PUBLIC**

129.1 The Board moved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

**ICB 130/25 CLOSE AND DATE OF NEXT MEETING**

130.1 The meeting closed at 1.35 pm. The next meeting will take place on Thursday 29 January 2026 at Wynford House, Lulworth Way, Yeovil.

**Objectives – Key:**

- Objective 1: Improve the health and wellbeing of the population
- Objective 2: Reduce health and social inequalities
- Objective 3: Provide the best care and support to children and adults
- Objective 4: Strengthen care and support in local communities
- Objective 5: Respond well to complex needs
- Objective 6: Enable broader social and economic development
- Objective 7: Enhance productivity and value for money

Chairman:

Date:

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## APPENDIX 1

### ICB 113/25 PUBLIC QUESTIONS

113.1

#### **From Susannah Clemence, Glastonbury on the bus (in attendance):**

"I chair the local bus-users' group, and distribute information about public transport locally.

Glastonbury on the Bus, our group, have consistently voted bus access to NHS services, specifically the hospitals at Musgrove Park and Yeovil, as top priority. Now, I am also being asked about bus services to the diagnostic centres such as Blackbrook Park.

What is the ICB doing to facilitate patients' access to hospitals using public transport? Can we work together to help patients find bus stops and timetables, and to collaborate with bus and train operators, remembering that hospital patients, workers and visitors, and bus users are very much overlapping populations, and they tend to be elderly and to find long journeys tricky and risky already.

Long waits in the weather, lack of access to toilets and absence of information are major inhibitors to hospital attendance. So, good live information other than by personal smart phone, toilets near bus stops, use of trains where possible, should all be part of plans."

113.1.1

Alison Henly thanked Ms Clemence for her question and advised that NHS Somerset ICB are aware that access to travel for medical appointments is a key concern for local people, due to the large and rural nature of the county. During the NHS Somerset ICB summer engagement, people mentioned challenges getting to our hospitals, urgent treatment centres and GP practices. Somerset Council is responsible for managing public transport options, including bus routes and community services and NHS Somerset ICB are committed to working closely with them to find ways to improve these transport links for patients. When specific problems or concerns about transport availability are identified in a particular area, this feedback is passed directly to the Council so they can address the issues.

There are other NHS funded transport options. This is alongside the Healthcare Travel Costs Scheme which enables some patients on a low income to claim back travel costs. To support patients with understanding the different options available NHS Somerset ICB provide the following:

- "Transport advice" leaflet. Copies are available on request or via the website: [Patient transport leaflet 2024 \(Trifolds\)](#)
- A dedicated page on the NHS Somerset ICB website - [Health transport](#)
- A commissioned service called the Patient Transport Advice Service which can provide individual advice on the options available to patients, as well as book NHS funded transport for patients who are eligible. The Patient Transport Advice Centre can be contacted by calling 01278 722444.

113.2

#### **From Rick Beaver, Quicksilver Community Group (in attendance):**

"From the report DCH has recruited 1 Consultant Stroke Physician (for Feb 2026), and 2 ACPs, (I understand these are nurses with an advance clinical practice degree). There are also 2 consultants in shared roles with specialisms in Care of Elderly and Neurology with possibly a third to come, although it is not indicated what proportion of their time is allocated to the HASU.

This does not reflect the level of Consultant Stroke Physician cover we were told was necessary for a viable HASU, in respect of Yeovil HASU. let alone for a planned larger one at DCH.

Why is this? It is worrying to think that in reconfiguring the provision patients could be put at risk at DCH without the requisite number of Consultant Stroke Physicians.

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In the “Key Risks to Address” section reference is made to transport commissioning to transfer patients and whether the trial of PVT by SWAST in Dorset will be extended to Somerset. What if it is not extended to Somerset? – an issue for people in South Somerset whose time critical ambulance journeys to a HASU are already being jeopardised by the extended travel time.

Most worrying is the omission of any work stream to address the issues of the extended travel times required for emergency ambulances to take patients from Yeovil and surrounding areas, to either MPH or DCH to receive time critical treatment in a HASU. This is not just a small group of people. Yeovil is the second largest population base in Somerset.

The target is that 90% of patients have a call to needle time of 3 hours or less.

Based on our analysis of data from SWAST we identified that this is not quite achieved in BA20 and BA21 for patients going to Yeovil HASU, (sample size about 100). If these patients are directed to MPH or DCH our estimates from the data indicate at least a further 50% of stroke patients will not receive treatment within 3 hours of the call.

It is recognised from the CEO board report that work has been ongoing to generally improve Category 2 ambulance response times across the South West. From the graph presented there has been relatively recent improvements and this needs to be tested and convincing in the long term.

Given the specific challenges of ambulance call to door timescales arising from the closure of the Yeovil HASU, and the impact this will have on patient outcomes, it is very disappointing that finding and implementing creative solutions has not become a significant work stream and reported as part of the reconfiguration project.

Unless the call to needle time for stroke patients in Yeovil and surrounding areas can be addressed and brought in line with the national target there is clearly a significant detrimental effect on patient outcomes. There is a lack of public confidence that this is achievable and at present the obvious hospital-based solution is to retain the Yeovil HASU.”

#### 113.2.1

David McClay thanked Mr Beaver for his question. With regard to the recruitment of additional stroke consultants at Yeovil, one additional whole-time equivalent (WTE) stroke consultant and one WTE stroke specialist doctor were appointed prior to the approval of the Decision-Making Business Case (DMBC). There have been no further appointments to the Yeovil stroke team since that time. These additional appointments have improved the sustainability of staffing an acute stroke unit at Yeovil; however, they do not achieve the critical mass required to operate a seven-day Hyper Acute Stroke Unit (HASU).

At Dorset County Hospital (DCH), there are currently 5.92 WTE stroke consultants in post, with an additional WTE appointed, bringing the total to 6.92 against a proposed 7.02 WTE. This meets the national stroke guidelines, which recommend a minimum of six stroke consultants.

Regarding Prehospital Video Triage (PVT), NHS Somerset ICB and partner trusts remain in regular dialogue with South Western Ambulance Service NHS Foundation Trust (SWAST) and await the outcome of the pilot project in Dorset. In the interim, active discussions are taking place regarding the potential implementation of a direct phone pre-alert system to support mimic detection. This change would ensure that stroke teams receive pre-alerts directly from ambulance crews rather than via the emergency department, enabling better quality information prior to patient arrival and facilitating faster treatment times for stroke thrombolysis and thrombectomy. It should also be noted that while the pilot continues in Dorset, patients from South Somerset conveyed to DCH fall within the scope of the DCH PVT service.

In relation to the statistical analysis referenced in the question concerning travel times, NHS Somerset ICB was not aware of the assumptions underpinning this analysis. Had these been shared, they could have been compared against the detailed analysis contained within the original DMBC, which is publicly available online. Consequently, NHS Somerset ICB is unable to comment on the travel

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times cited in the correspondence. However, if the analysis can be provided, the programme team would be happy to review it and offer feedback.

113.2.2 Mr Beaver agreed to share the assumptions underpinning the statistical analysis referenced in his question.

113.2.3 David McClay expressed willingness to review and compare this information against the DMBC and any changes over time, once provided.

**Action ICB 113/25: Comparison of information to be supplied by Mr Beaver regarding the statistical analysis on waiting times to be undertaken against detailed analysis contained within the original DBMC and outcome shared with Board Members.**

113.3 **From Ray Tostevin, Quicksilver Community Group (in attendance):**

"I refer board members to the Chief Executive's Report and specifically Appendix 4 Reconfiguration of stroke services in Somerset; this states that in September 2025, The Health Minister Karin Smyth turned down a further call-in request from Yeovil MP Adam Dance, saying The Secretary of State 'remains content for any decisions relating to the proposed changes to be taken by the ICB as the local commissioning body.

The ICB appears content to think closing the Yeovil HASU is a done deal.

Yet members may not be aware that a week ago, Karin Smyth responded to another call-in request - from Yeovil Town Council. In a letter dated 15 October, Councillor Graham Oakes states Somerset ICB have refused to conduct a trial of the new stroke configuration (as requested by Mr Dance), which would provide essential evidence. Instead, the ICB continues to rely on the unfounded assumption that enhanced hospital care will fully mitigate the potential increased brain tissue damage resulting from longer ambulance journeys – thereby NOT meeting Test 3 of the Government's 4 key tests for service change.

Councillor Oakes urges the Secretary of State to reconsider this matter and to call in the decision for further review. As a Town Council, he says, we have resolved that should you decide not to do so, we will investigate the possibility of pursuing legal proceedings to challenge both the process, and the outcome of this decision.

In her reply dated 18 November, Health Minister Karin Smyth acknowledges that the situation regarding Somerset's stroke reconfiguration has "continued to evolve", and that new evidence has come to light which would have materially affected the Secretary of States decision, had it been available to the Department at the time.

How can the ICB think this matter is settled, when so many serious questions, remain to be answered?"

113.3.1 David McClay thanked Mr Tostevin for his question and updates regarding the town council's communications with the Secretary of State for Health and Social Care. It was noted that a jointly signed letter was received two days ago and circulated to Board members prior to the meeting.

As previously advised to Mr Dance regarding the trial proposal, NHS Somerset ICB discussed this matter with the clinical leads from both Somerset NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust. Both were unequivocal in their view that a split-week service would not work operationally or on safety grounds. Patient stays in Hyper Acute Stroke Units (HASUs) typically last around 72 hours and there were particular concerns about the level of care for patients admitted on Thursdays and Fridays, as consultant cover would not be available over the weekend.

In addition, the proposed model did not address fundamental gaps in provision at Yeovil District Hospital (YDH), such as the absence of a dedicated HASU and was considered likely to undermine the sustainability of the new model. As noted in our letter to Mr Dance dated 4 November 2025, NHS Somerset ICB

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remains keen to engage with him and the campaign team and has offered to convene a meeting with both Trusts to discuss the proposal in more detail. To date, no response has been received to this offer.

NHS Somerset ICB is not sighted on correspondence between those submitting a call-in request and the Department of Health. However, the correspondence from the Minister referenced in your question is publicly available. Our interpretation of that letter differs from the interpretation presented in your question. It is our view that the Minister was reflecting the arguments made in the call-in request rather than indicating acceptance that new information had come to light.

We would also like to provide an update on the recent visit by Dr David Hargroves, NHS England's National Clinical Director for Stroke. Dr Hargroves visited Yeovil District Hospital and Musgrove Park Hospital on 29 August 2025, having previously visited Dorset County Hospital earlier in the summer. He advised that the reconfiguration plans should proceed at pace and confirmed that the national direction is to consolidate HASU-level care to improve patient outcomes—a model that has been successfully implemented in many other areas of England.

NHS Somerset ICB wishes to reiterate its commitment to engaging with stakeholders throughout this process. We have worked closely with the Stakeholder Reference Group to address concerns raised and remain committed to continuing this engagement to ensure the best possible outcome for patients in Somerset.

113.4

**From Tony Davis (in attendance):**

"I attended the last meeting and was impressed by plans for the reopening of Yeovil Maternity and Paediatric Services.

I wonder if there are plans to use statistical techniques such as CUSUM to identify variations in quality of outcomes as early as possible?

Experience with Scottish Orthopaedics has demonstrated their ease of use, comprehensibility by clinicians and clinical benefits.

See <https://publichealthscotland.scot/resources-and-tools/health-strategy-and-outcomes/scottish-national-audit-programme-snap/scottish-arthroplasty-project-sap/standards-of-care/cumulative-sum-of-outcomes/> "

113.4.1

Shelagh Meldrum thanked Mr Davis for his interest in the plans for the reopening of Yeovil Maternity and Paediatric Services. The importance of monitoring clinical outcomes and identifying any variations in quality as early as possible was acknowledged.

It was noted that while specific statistical techniques have not yet been confirmed, robust clinical governance arrangements are in place, including the Paediatric Quality Improvement Group and the Maternity Enhanced Oversight Group. These groups will continue to oversee progress and ensure evidence-based monitoring processes are applied, enabling timely detection of trends and supporting continuous improvement in patient care. NHS England has also introduced the Maternity Outcomes Signal System (MOSS), developed in response to the East Kent 'Reading the Signals' report. The report recommended a safety signal system to monitor routinely collected maternity and neonatal outcomes to detect potential declines in safe care. MOSS operates at trust site level and provides near-real-time safety signals to support early detection and rapid responses to potential safety issues in intrapartum care.

Reference was made to approaches such as cumulative sum of outcomes (CUSUM) and experience within Scottish Orthopaedics and it was confirmed that this methodology has been considered and utilised in the development of MOSS. In Somerset, statistical process control charts are also used and all Board members have been trained through NHS England's 'Making Data Count' programme. These methods provide a cumulative view of data to highlight emerging themes. Any alert methodology adopted will ensure performance and

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outcomes are monitored using risk-adjusted metrics, clinical engagement and proven effectiveness in safeguarding high standards of care.

The Board was assured that ICB Board Members and representatives on the oversight groups will continue to discuss and manage any new or emerging patient safety concerns or risks promptly and appropriately.

113.5

**From Elizabeth Browne, Registered Nurse and Parish Councillor (Bridgwater Without) (in attendance):**

"The Local Plan Area Engagement Team have declared that the combined Primary Care medical centres in Bridgwater are already over capacity and will not be able to absorb the increased patients arising from major housing developments already consented and proposed.

Developers are repeatedly refusing their financial contribution obligations for healthcare based on viability assessments and the Local Authority is allowing this to happen.

All Bridgwater GP practices have unanimously objected stating that they cannot absorb the increased patients from any development locally and that staff and patients would be put at risk by unsustainable pressure and their ability to deliver safe and effective healthcare to both the new and existing population, without appropriate mitigation including sufficient funding and infrastructure planning. Furthermore, operational funding does not allow for this increase and waiting lists are already clinically unacceptable. This will in turn lead to adverse impacts on secondary care provision.

LPAE states projected ICB allocations by NHS England makes an allowance for growth in the number of people registered with GP practices. This population growth is based on mid-year estimates from the ONS age-sex specific population projections and that local housing projections, local housing land supply or existing planning permissions are not taken into consideration. The population projections only consider natural trends based upon births, deaths and natural migration and make assumptions about future levels of fertility; mortality and migration based previously observed levels. However, ICB funding from Central Government is reactive and limited. In the case of patient movement, the funding does not follow the patient in any given year.

Whilst it is acknowledged that the ICB are continuing to undertake a review of primary care estate and capacity requirements so that strategic decisions can be made about how best future need is served in line with the NHS 10-year Plan this work will not be completed in time for services to adapt and change for exponential demand.

Given the significant number of new housing developments being planned/approved in Bridgwater and other parts of Somerset, what work is the ICB doing currently to ensure that NHS services – particularly already-stretched primary care – are adequately resourced to meet the needs of the growing population?

What steps are being taken jointly now by SC and NHS partners to align housing growth with the capacity of local health services, and to ensure timely investment in new or expanded facilities? Is there evidence that these measures will be adequate and timely to keep pace with rapidly expansion in housing development?

Can the local NHS put additional lobbying pressure on the Local Authority to curtail granting permission to major housing schemes in the meantime to avert crisis in healthcare provision? Could this be made a strategic priority?"

Bernie Marden thanked Ms Browne for her question regarding the impact of local housing development on the capacity of primary care medical premises in Bridgwater. It was acknowledged that investment in general practice (GP) premises is a national challenge but the importance of supporting practices in Somerset was recognised.

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113.5.1

It was noted that a national size guide is used to measure recommended space capacity for GP practices against registered population size. Some Bridgwater practices already exceed recommended capacity and further housing development will increase shortfalls and capacity pressures. The ICB has been working with Somerset Council to ensure the impact of new housing on primary care is recognised. However, the current system does not create a definitive link between planning approvals and funding for infrastructure. The need to manage the impact of accelerated house building was acknowledged as a local, regional and national issue affecting multiple services.

Local discussions with Somerset Council have been productive and the ICB is now being consulted on the next iteration of the Council's Local Plan. GP practice infrastructure capacity has been shared to support assessment against future housing development sites and enable more joined-up planning for health provision. The ICB hopes to agree arrangements for automatic contributions towards primary care premises costs for each housing development. In the interim, the ICB reviews planning applications and applies for Section 106 funding where developments impact primary care capacity, noting that such funding only provides a contribution and cannot be relied upon as the sole source for future surgery developments.

NHS Somerset ICB has committed to reviewing GP estate capacity against current and future population growth needs. Further work is required to ensure available funding is directed to developments providing integrated services aligned with the NHS 10-year plan. Smaller investments are being made to modify existing GP estates to maximise space and increase clinical capacity. Recent projects include improvements at East Quay Medical Centre, where two new consulting rooms were completed in November 2025 and similar projects at Polden Medical Practice and other locations. Discussions have also taken place with North Petherton practice regarding a potential replacement facility.

It was confirmed that as the government announces further NHS funding rounds, the ICB will continue to review available funding, develop plans in line with stated aspirations, and work with the Local Authority to assess future housing growth to ensure service needs are understood and planned effectively.

113.6

**From Emma King, Mendip TUC; Unite the Union (in attendance):**

"My question this time is about phlebotomists in Somerset.

If you are not already aware, the phlebotomists at Gloucester and Cheltenham hospitals have been out on strike for about 250 days now. They are the lowest paid staff in the NHS at just £12.36 an hour, for a very skilled job requiring specialist skills, theoretical knowledge, training and decision making. According to NHS rules, staff with equivalent knowledge and training to phlebotomists should be receiving 77p more an hour (moving from pay band 2 to pay band 3).

We all know that recruitment and retention is a major problem in the NHS and low pay is a significant factor in this.

My question to you is, in Somerset, and specifically in the hospitals local to us in Glastonbury, what are phlebotomists being paid? If it is band 2 (£12.36 an hour), does the ICB believe it would be prudent to increase the pay of this vital group of workers before the current strikers achieve their demands for a pay rise? Many areas of the NHS have already increased phlebotomists' pay in the light of the very reasonable demands by this tenacious group of individuals. They are determined to win this and I am convinced that they will."

Graham Atkins thanked Ms King for her question. It was noted that the ICB commissions phlebotomy services from several providers, including GP practices and Somerset NHS Foundation Trust (SFT). As individuals providing phlebotomy are employed by the providers and not by the ICB, the ICB does not oversee their specific terms and conditions of employment.

It was confirmed that all phlebotomy staff directly employed by SFT are on Agenda for Change terms, in roles formally evaluated through the national job evaluation process and matched to national NHS role profiles. Following the 2025/26 pay agreement, band 2 roles are remunerated at £12.51 per hour. Staff

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with more complex clinical or supervisory responsibilities whose roles are evaluated at band 3 are remunerated at that level, currently between £12.75 and £13.60 per hour depending on experience.

- 113.7 The Deputy Chair thanked members of the public for their questions, which are valued.

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### ICB ACTION/DECISION LOG

Committee Name: ICB Board

Item No or Type (Action/Decision/I ssue/Risk)	Date Raised	Item	Decision/Actions/Comment	Lead	Update	Status (Complete/Ongoing/ Approved/Endorsed)	Date Action Closed
<b>ACTIONS CLOSED SINCE LAST MEETING</b>							
ICB 116/25	27/11/2025	Minutes of the Meeting held on 25 September 2025 and Accompanying Action Schedule	Amendment to be made on page 6 (section 102.2, first bullet) clarifying that child obesity rates among reception-age children are the second worst in the region.	Julie Hutchings	29/11/2025: Minutes updated and finalised.	Complete	29/11/2025
ICB 118/25	27/11/2025	Chief Executive's Report	Insights from Somerset's Big Conversation to be discussed at future Board meeting	Charlotte Callen	On the agenda for the 29 January 2026 meeting.	Complete	29/12/2025
ICB 120/25	27/11/2025	Focus on: Integrated Health and Wellbeing - locality story on the St Dunstan's House Community Health & Wellbeing Centre project	Slides to be shared following meeting.	Julie Hutchings	28/11/2025: Presentation shared.	Complete	28/11/2025
ICB 126/25	27/11/2025	Other Key Meeting Reports: request from Strategic Commissioning Committee	An update on pharmacy will be provided to the Board by the hub team at a future meeting, once a clearer position is available and current commercial sensitivities have been resolved.	Jonathan Higman/Bernie Marden	Primary Care workshop session (including pharmacy and dentistry) to be held at the conclusion of the 29 January 2026 Part B meeting	Complete	21/01/2026
ICB 127/25	27/11/2025	Any Other Business	Information about projects featured at recent awards ceremony to be shared with Board members.	Katherine Nolan	08/01/2026: Information shared with the Board.	Complete	08/01/2026

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<b>Report to:</b>	NHS Somerset ICB Board	<b>Agenda item</b>	03
<b>Date of Meeting:</b>	29 January 2026		

<b>Title of Report:</b>	Chief Executive Officer Board Report
<b>Report Author:</b>	Jonathan Higman, Cluster Chief Executive
<b>Board / Director Sponsor:</b>	Jonathan Higman, Cluster Chief Executive
<b>Appendices:</b>	Appendix 1- Communications and Engagement Spotlight

<b>Report classification</b>	Not Confidential
<b>ICB body corporate</b>	NHS Somerset ICB
<b>ICS NHS organisations only</b>	Somerset NHS
<b>Wider system</b>	Somerset ICS

<b>Purpose:</b>	<b>Description</b>	<b>Select (x)</b>
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	

<b>Previous consideration by:</b>	<b>Date</b>	<b>Please clarify the purpose</b>

## 1 Purpose of this paper

This report provides the Board with an update on the latest strategic developments across the NHS and more locally the developments within the Cluster and Somerset. It also includes reflections on the system by partners and the key areas of focus.

## 2 Summary of recommendations and any additional actions required

The strategic focus is on the financial planning and supporting policy to set the condition for the delivery of the 10-year health plan reforms:

- NHS England 2025/26 headlines
- Autumn Budget 2025
- Resident Doctors Industrial Action
- Independent review into mental health conditions, attention deficit hyperactivity disorder (ADHD) and autism
- Government response to consultation on NHS dentistry contract: quality and payment reforms

The Board is recommended to NOTE and DISCUSS the content of this report.

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**3 Legal/regulatory implications**

Failure to operate within the statute and regulatory framework would lead to the system being placed in special measures. Consequently, losing the capability to make local decisions for local communities.

**4 Risks**

Failure to understand the wider strategic and political context, could lead to the Board making decisions that fail to create a sustainable system. The Board also needs to seek assurance that credible plans are developed to ensure any significant strategic and operational risks are addressed.

**5 Quality and resources impact**

Failure to assess key strategic and operational developments against the quality and resource impacts for the Cluster and Somerset ICB, would place the system at risk in terms of its sustainability. The Board needs to be assured that developed impacts have been assessed and significant impacts are addressed.

**6 Confirmation of completion of Equalities and Quality Impact Assessment**

Not applicable.

**7 Communications and Engagement Considerations**

This report is published for public information and includes updates and the latest news from NHS England

**8 Statement on confidentiality of report**

OFFICIAL, for public release.

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## Chief Executive Officer Board Report

### 1. INTRODUCTION

- 1.1 This report provides the Board with an overview of the latest strategic developments across the NHS and more locally across the Cluster and Somerset Integrated Care System. It also includes reflections on the system developments during this reporting period.

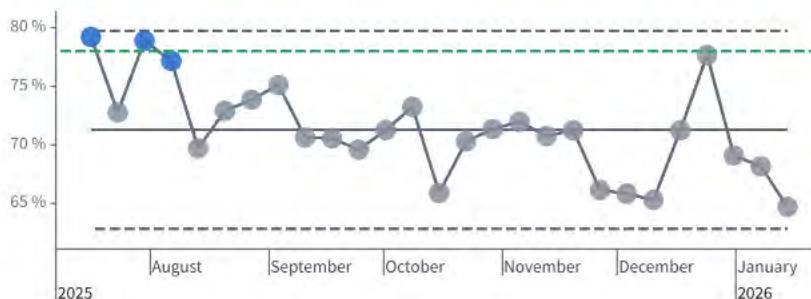
### 2 SYSTEM PERFORMANCE OVERVIEW AND KEY ISSUES

- 2.1 In recent weeks the operational focus of the system has been on ensuring the safe management of the winter months and the risks associated with this. Demand across the urgent and emergency care services in Somerset remains high following the Christmas period, with additional pressure being felt as a result of winter flu and norovirus which have had a significant impact on bed availability in the two acute hospital sites.
- 2.2 During the most recent period (December and into January) there has been deterioration in performance across a number of the key urgent and emergency care metrics including ambulance handover times, ambulance response times and the number of patients waiting over 4 and 12 hours for admission within our emergency departments. However, performance is significantly better on many of these metrics than at the same time last year. The number of patients in hospital awaiting placement for on-ward care remains a key risk.
- 2.3 The year-to-date position on a number of the key metrics is demonstrated by the run charts below with further detail provided in the full performance report. It should be noted that the most recent points in the data presented below are unvalidated.
- 2.4 Following improvement earlier in the year, performance against the A&E 4-hour standard has deteriorated since late summer and for the year (to 14 January), Somerset NHS Foundation Trust performance was at 72.2% against the 78% national standard. This is also behind our locally agreed operational plan target of 76.2% in January (where performance month to date is 66.2%).
- 2.5 12-hour performance has deteriorated in December and January following improvement in November and the average ambulance handover times at hospitals in Somerset is 25.8 minutes for the year to date which benchmarks favourably against other systems and represents a significant improvement on the position this time last year.

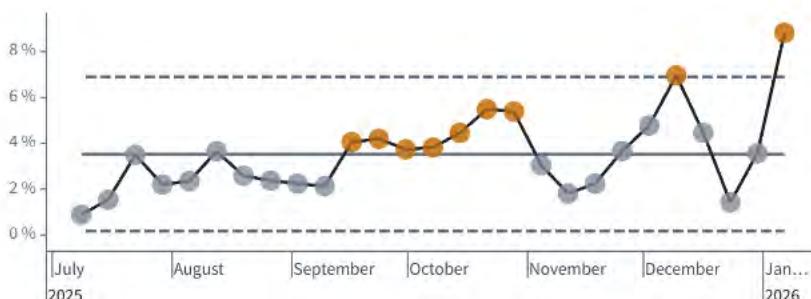
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**SPC Chart: A&E - 4 Hour Performance**

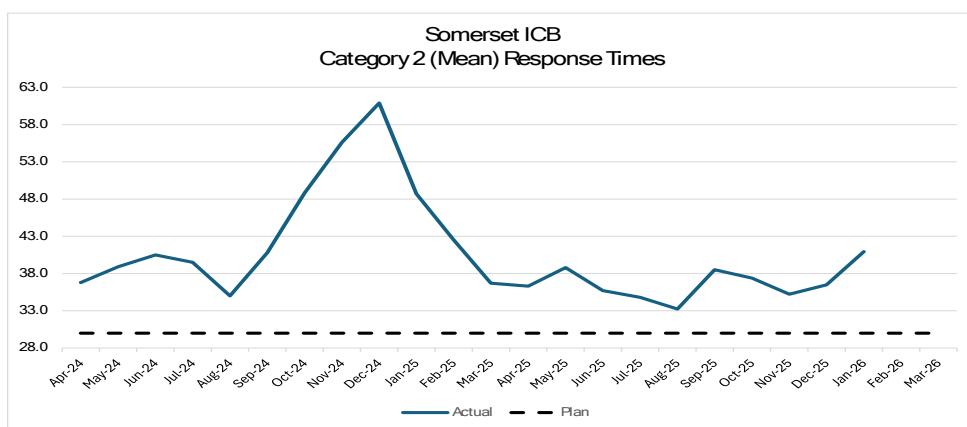
A&E - 4 Hour Performance for Somerset FT has sustained over the past 6 months, with last datapoint 64.7% reported on Wed, Jan 14, 2026. [ Unpublished, 7-day rolling average, Daily UEC Sitrep ]

**SPC Chart: A&E - 12 Hour Performance (Type 1 and 2)**

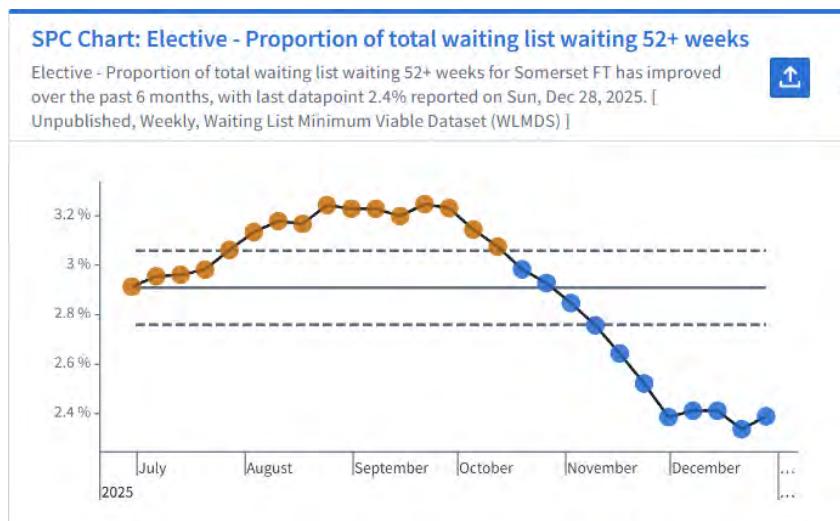
A&E - 12 Hour Performance (Type 1 and 2) for Somerset FT has deteriorated over the past 6 months, with last datapoint 8.8% reported on Tue, Jan 6, 2026. [ Unpublished, 7-day rolling average, ECDS ]



- 2.6 Across the South-West Region Category 2 ambulance response times declined during December and more notably in January (to 15<sup>th</sup> January and in Somerset Category 2 response (mean) times which was 40.9 minutes in January compared to 36.4 minutes during Quarter 3.



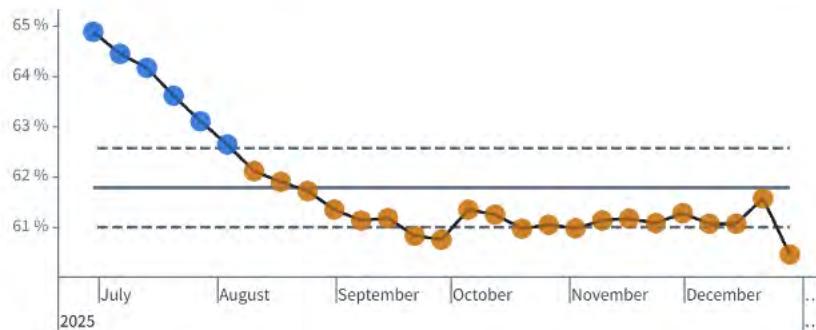
- 2.7 As part of the 2025/26 operational planning process the (planned) elective care priorities have reverted back to improving delivery against the 18-week referral to treatment target and reducing the proportion of people on the waiting list waiting over 52 weeks for treatment. At the end of November 2025 (latest reported month end position) there were 56,659 patients at Somerset FT and 67,011 Somerset residents waiting for elective treatment.
- 2.8 The most recent available data, covering the period to 4 January 2026, demonstrates a deterioration in performance against the 18-week referral over the winter period. This stands at 61.3% for Somerset residents against the national standard of 65%.
- 2.9 A particular focus during this year has been on reducing the number of patients waiting over 52 weeks for planned treatment. At the most recent data point 2.3% of people on the Somerset waiting list had waited over 52 weeks. The agreed target is to reduce this to 1.5% by the end of March 2026. Additionally, Somerset NHS Foundation Trust is working to eliminate any patient waiting longer than 65 weeks.
- 2.10 Work continues with Somerset FT on mitigating actions, following the good progress made earlier in the year and there is a particular focus in the final quarter of the financial year to increase the number of outpatient appointments and reduce waiting times for non-admitted care.



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### SPC Chart: Elective - Proportion of total waiting list seen within 18 weeks

Elective - Proportion of total waiting list seen within 18 weeks for Somerset FT has deteriorated over the past 6 months, with last datapoint 60.5% reported on Sun, Dec 28, 2025. [ Unpublished, Weekly, Waiting List Minimum Viable Dataset (WLMDS) ]



- 2.11 Work is underway across the Somerset system to develop the 2026/27 operational plan, which is a 3-year plan spanning finance, operational performance and workforce. The first draft plan was submitted on 12 December 2025, with the next submission to NHS England due on 12 February 2026. Amongst other things commissioner ambitions for elective 18-week performance and overall waiting list have been published which include a 28,664 reduction in the overall waiting list size to get to 92% RTT performance by March 2029.
- 2.12 Alongside this a 5-year strategic commissioning and 5-year (provider) delivery plan is under development. Further details on this timescale and progress on this work will be provided at the meeting.

## 3. STRATEGIC UPDATE – NATIONAL & REGIONAL CONTEXT

### NHS England 2025/26 headlines

- 3.1 Sir Jim Mackey, Chief Executive NHS England, has written to [NHS staff](#) to thank them for their efforts this year recognising the significant work undertaken across the NHS in applying financial and operational discipline, reducing waiting lists, balancing the financial position, and putting the 10 Year Health Plan into action. Recognising this has been conducted against the backdrop of organisational change in the NHS, managing the winter period and industrial action.
- 3.2 As we head into 2026 and conduct our medium term planning to make the first significant steps across the cluster in delivery of the 10 Year Health Plan for England, the challenges of managing operational performance, financial positions and industrial relations are expected to continue. The delivery risks associated with this will need to be carefully managed, recognising the significant changes to the organisational form of the NHS that are underway, including the formal

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establishment NHS Bath and North East Somerset, Swindon and Wiltshire, Dorset and Somerset ICB cluster.

### **Autumn Budget 2025**

- 3.3 The [2025 Autumn Budget](#) delivered by the Chancellor Rachel Reeves on 26 November 2025 delivers on the government promise of change, for health this included: cutting the NHS waiting list in England supported by creating new Neighbourhood Health Centres; and implementing a one-year freeze on prescriptions charges.
- 3.4 Following significant health announcements in the June 2025 Spending Review and the government intent to protect and strengthen the NHS and other public services while ensuring public money is well spent, the chancellor's budget maintained investment in the NHS. The overall health and social care budget in England is set to increase by an average of 2.4 per cent in real terms over the 2025/26 to 2028/29 Spending Review period with a strong emphasis on productivity and reform.
- 3.5 The Chancellor's announcements for health included: £300million of additional capital investment for NHS technology, to boost productivity, support staff and improve patient outcomes, accelerating the digital transformation and government's commitment to drive the shift from analogue to digital technology. A freezing of NHS prescription charges in England in 2026-27, with the cost of a single prescription remaining at £9.90. Establishment of 250 new Neighbourhood Health Centres across England, with 120 operational by 2030, being collocated with local health services to improve patient access to care closer to home.

### **Resident Doctors Industrial Action**

- 3.6 The British Medical Association (BMA) resident doctors committee announced industrial action between 14 - 19 November and 17 – 22 December 2025. Throughout the industrial action the cluster priority remained on the safe delivery of health care services for our patients, whilst supporting staff and the right of colleagues to strike.
- 3.7 Cancellations and disruption were kept to a minimum with colleagues at Somerset NHS Foundation Trust (SFT) once again mounting a significant effort to keep patients safe and well cared for. The period of action was more difficult to manage on this occasion due to the concurrence with seasonal leave, increased sickness and winter pressures. The local turn out for the strike was slightly lower than for previous rounds of action with on average 49% of the usual resident doctor workforce being present. Elective activity was maintained at 92.5 % of the usual levels, which was a significant achievement. However, there was a higher number of cancellations of out-patient activity than in the previous rounds of action in order to protect the critical services and ensure cancer and urgent surgery was maintained.
- 3.8 The government and NHS England remain committed to improving the working lives of resident doctors, as it does for all staff groups, and is working with Trusts,

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including SFT, to put in place ways to best support this. The threat of further industrial action unfortunately remains.

- 3.9 Thank you to all hard work of NHS colleagues in managing the industrial action at a time of increased operational demand and in supporting patients through safe discharge processes to enable individuals to be home in time for Christmas, where possible.

#### **Independent review into mental health conditions, attention deficit hyperactivity disorder (ADHD) and autism**

- 3.10 In England over the last decade there has been an increase in public awareness of mental health, ADHD and autism. We have also seen an increase in the prevalence of common mental health conditions and in parallel, demand for NHS support has risen sharply. This has created an urgent need to better understand how individuals are presenting to services and how best to meet people's needs and improve outcomes.
- 3.11 In support of this the Department of Health and Social Care has launched an [independent review](#) to address the rising demand for mental health, ADHD and autism services. The review will cover children, young people and adults and aims to understand the prevalence, trends and inequalities associated with these conditions. The review is expected to take up to 6months and will seek to identify approaches to provide different models of support and pathways within and beyond the NHS to better meet the needs of the population in a tailored personalised and timely way.

#### **Government response to consultation on NHS dentistry contract: quality and payment reforms**

- 3.12 The government has published its [response to the consultation on NHS dentistry contract](#), held from July to August 2025, in which it set its immediate high level changes to be implemented improve the experience of patients. It further committed to fundamentally reforming the dental contract by the end of Parliament.
- 3.13 In its response the government acknowledged the concerns raised by respondents about the challenges people are facing in accessing NHS dentistry. These reforms are intended to deliver benefits for both patients and the profession; address the pressing challenges that dentists and dental teams are experiencing and that impact upon patient access to dental care. These reforms represent an important step towards improving the experience of patients by providing a focus on the highest priority patient groups, helping deliver important and evidence-based prevention activity and introducing a quality related element into the dental contract for the first time.
- 3.14 This response is welcome by the cluster; these reforms are fundamental in improving dental access for our population. The government aims to introduce legislation where necessary to support implementation of proposals from April 2026. NHS England will be supporting ICBs, who in turn will be working with the

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Local Dental Committees on the implementation of improvements to dental access and continue to support the current good practice and evidence-based care. We are now working to ensure the proposals are embedded in our operational planning decisions for 2026/27 and beyond.

#### 4. SOMERSET SYSTEM

##### **ICB Cluster Executive team announced.**

- 4.1 Following a comprehensive recruitment process we have formally appointed the new Executive Directors for the NHS Bath and North East Somerset, Swindon and Wiltshire, Dorset and Somerset ICB cluster. Further details of the cluster executive team are available [here](#). This is the critical next step in the cluster transition and will help us as we work towards our shared ambition of bringing our three ICBs together to become an outstanding strategic commissioning organisation. We will continue our focus on building a strong future together, with the opportunity to truly make a difference to our people and communities, helping them to live happy and healthy lives.
- 4.2 Thank you to all of the executive directors across our organisations - they have all shown remarkable strength, resilience, and unity throughout this consultation period. Their commitment and passion for supporting our organisations and the people we serve has been unwavering.

##### **Publication of the 2024/25 ICB Annual Assessments**

- 4.3 Under the NHS Act 2006, NHS England conducts an annual performance assessment of ICBs considering how well it has discharged its functions during the year. NHS England conducted the assessment of how each ICB has performed against the 5 core roles aligned with the core purposes of an ICS during quarter 1 of 2025/26 and have formally published the annual assessment of ICBs performance for 2024/25.
- 4.4 The annual assessment report recognises the significant work undertaken by colleagues across the Somerset system in 2024/25 to reach this position. We, however, recognise and have continued to focus on the opportunities identified and we will continue to actively address them through 2025/26. Most critical in this work is the focus on delivery of the financial plan and planned performance improvements through the last quarter of 2025/26.

##### **Somerset Medium Term Planning**

- 4.5 NHS Somerset ICB and system partners have submitted their draft Medium Term Plans to NHS England in line with the Medium Term Planning Framework for 2026/27 to 2028/29 and we are now working on initial feedback from NHSE. Whilst a system plan is no longer a requirement, we are working together to ensure our plans are aligned and triangulated with the plans of our NHS Provider Trusts across performance, workforce and finance. It is the intention of the ICB to continue to work with partners towards a break-even plan, through continued work on financial

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assumptions, triangulation of plans and efficiency identification to deliver the best long-term outcomes for the population of Somerset. Final plans are to be submitted on 12 February 2026.

### **Somerset NHS Foundation Trust 3 Monthly Maternity Services Review Meeting**

- 4.6 NHS Somerset ICB and NHSE colleagues met again with Somerset NHS Foundation Trust on the 24 November 2025 to review progress towards the reopening of the Yeovil maternity service.
- 4.7 The Trust presented progress on Consultant recruitment, which was positive, with 4 paediatricians recruited one commencing in November and the other 3 starting prior to March 2026. The Trust stated that they were also interviewing for a 5th paediatrician in the coming weeks.
- 4.8 The Trust presented that project groups are in place covering all of the safety criteria for re-opening the service and that these groups are meeting regularly to assure progress. There was recognition in the meeting that the resource to deliver all of the priorities in Maternity Services is stretched and the Trust Leadership Team have acknowledged this and provided additional resource.
- 4.9 There was recognition that in order not to disrupt individual service user pathways to Dorset County Hospital and Musgrove Park Hospital (MPH), midwifery and neonatal nursing workforce modelling needed further refinement, alongside activity modelling, to plan how much resource would be required at the Yeovil District Hospital unit when it reopens.

4.10 The next steps include:

- Continued monitoring of quality and progress through the Paediatric Quality Improvement Group and the Maternity Enhance Oversight Group chaired by the ICB Chief Nursing Officer.
- A further formal 9-month review in mid-February

4.11 Planned re-opening remains set for the 21 April 2026.

### **Improving Access to NHS Dental Services in South Somerset**

- 4.12 NHS Somerset has made significant progress in improving access to NHS dental care across Somerset, with the opening of two new practices in Wellington and Chard, expanded urgent dental provision, and further services planned in Crewkerne. With the opening of the new practices in Chard, Wellington and Crewkerne up to 20,000 more people across the county will be able to access NHS dental care.
- 4.13 The new NHS dental practice in Wellington held its official opening on the 5 December 2025, marking the opening of the first new NHS dental surgery in Somerset for more than a decade. The practice began seeing patients in October

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2025. I was delighted to officially open the practice alongside local Taunton and Wellington MP Gideon Amos. The practice is providing much-needed NHS dental care for local residents and people in surrounding communities. Demand for appointments has been exceptionally high, underlining the scale of unmet need, and the practice is now focused on safely onboarding patients and delivering care to those already registered.

- 4.14 In Chard, around 8,000 people have expressed an interest in an appointment and the provider, One Smile Dental, is currently working through appointments. The practice was officially opened on the 3 December 2025 by local Yeovil MP Adam Dance. The service is helping to restore local access to NHS dentistry following previous practice closures and is already supporting thousands of residents who had been without a regular NHS dentist. Capacity will continue to build as the practice becomes fully established.
- 4.15 Alongside new practices, NHS Somerset has expanded urgent dental appointments to support people who need immediate care for issues such as severe pain, infection or dental trauma. These appointments are available to patients who are unable to access routine dental care and are booked through NHS 111, ensuring that those with the greatest clinical need are prioritised and directed to appropriate services.
- 4.16 Looking ahead, the next new NHS dental practice is planned for Crewkerne, with an opening expected in spring 2026 with the ICB dental team are supporting the practice ahead of the planned opening. This will further strengthen dental provision in South Somerset and is part of a wider programme to rebuild NHS dental capacity and improve long-term access for local communities.
- 4.17 Together, these developments represent important steps in addressing longstanding challenges in NHS dentistry across Somerset, with continued focus on increasing capacity, supporting urgent care, and improving access for residents most in need. However, it is recognised that there remains more work to do.

## 5. COMMUNICATIONS AND ENGAGEMENT UPDATE

- 5.1 The Communications and Engagement Spotlight is attached as Appendix 1.

Appendices	
Appendix 1	Communications and Engagement Spotlight

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# Communications, Marketing and Engagement Spotlight

1 November - 31 December 2025

Welcome to our spotlight report, highlighting communications and engagement activity in November and December 2025. This report highlights the communications activity conducted during this period to support our winter planning and provide people with advice and guidance on the actions they could take to keep themselves healthy and well during the festive period. We celebrated the opening of two new dental practices in the county, with another one planned in the spring.

Engagement activity continued with the analysis and development of an insights report using the data gathered during Somerset's Big Conversation and we worked with partners across the county, running a survey to support Somerset's Linked Data platform.

## Newsletter update

*"Coming here gives me friendly company... It's a privilege that Street has this facility. I have met new people here and now we go on day trips together. I really enjoy chatting to all the people that come in for coffee."*

To find a Warm Welcome space near you, visit the [Warm Welcome Somerset map](#).

The November edition of Our Somerset newsletter was introduced by our HSJ award-winning Open Mental Health team who talked about the importance of looking after your mental health, provided access to the festive mental health wellbeing kit and highlighted the Crisis Safe Space service available across Somerset through a new video.

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The December edition of Our Somerset newsletter focussed on supporting people throughout winter by providing information and resources to support people during the festive season. This included top tips for looking after yourself, getting protected by having your flu vaccine, winter wellbeing and mental health support, Warm Welcome spaces available across Somerset, and much, much more.

You can find all editions of the newsletter on our websites:

[Our Somerset](#) and [NHS Somerset](#)

## Social media highlights

NHS Somerset followers: 115,628



Our Somerset Followers: 2,656



## Top 5 most engaging posts:

### NHS Quicker app



- 3,135 reach
- 66 engagements
- 7 reactions
- 13 shares
- 19 link clicks

### Women's health event LinkedIn



- 309 impressions
- 22 engagements
- 2 reactions
- 1 shares
- 19 link clicks

### Fireworks OpCourage (Veteran care)



- 1,808 reach
- 20 engagements
- 8 reactions
- 3 shares

### Women's health - morning after pill



- 3,128 reach
- 149 engagements
- 5 reactions
- 3 comments
- 9 shares
- 126 clicks

### NHS Somerset website

- 22,000 active users
- Top pages: Homepage, prescribing and meds, antimicrobial, Wellington dental care, flu vaccination, EBI

### Our Somerset website

- 1,200 active users
- Top pages: Blood Pressure, homepage, pain cafes, falls prevention, our strategy

### 111 - Emergency prescriptions



- 4,124 reach
- 139 engagements
- 18 reactions
- 4 comments
- 20 shares

### In the news



#### Appointment of Cluster Executive team

In December, following a comprehensive recruitment process, we announced that a new single Executive team had been formally appointed to the new Integrated Care Board (ICB) cluster across NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB, NHS Dorset ICB and NHS Somerset ICB.

[Read more](#)



#### Top health tips for festive season

We shared information around which health and care services are open over the bank holidays, plus top tips on how to stay healthy over the festive season - from ordering repeat prescriptions early and accessing mental health support, to making the most of local services like NHS 111 and community pharmacies.

[Read more](#)

[Glastonbury & Street News](#) [Somerset Leveller](#)



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#### Still time to get protected against flu virus

We urged people aged 65 and over to get their flu vaccination to protect against illness over Christmas and New Year as flu hospitalisations across the South West surge.

We also encouraged parents of children and young people to approve school consent forms for vaccinations, or take their children to catch-up clinics if they missed out at school, to make sure they get protected.

[Read more](#)

[BBC News](#) [Wellington Weekly News](#)  
[Shepton Mallet Nub News](#) [Burnham-on-Sea.com](#)  
[Somerset County Gazette](#)

### In the news



#### New Somerset dental practices

We reported that up to 20,000 more people across Somerset will be able to access NHS dental care thanks to three new practices opening across the county. Wellington Dental Care (run by Dentistry For You) began treating patients in October 2025, while One Smile Dental – Chard saw its first in December. A further new practice is planned to begin seeing patients in Crewkerne from spring 2026.

[Read more](#) [BBC Somerset News](#) [Around Wellington Chard & Ilminster News](#) [Somerset Leveller](#) [Somerset County Gazette](#) [Wellington Weekly News](#) [Adam Dance Facebook & Instagram](#) [NHS Somerset LinkedIn](#)



#### Yeovil maternity services update

In November, following a six-month review of the temporary closure of the Special Care Baby Unit (SCBU) and inpatient maternity services at Yeovil District Hospital (YDH), Somerset NHS Foundation Trust reported they are planning to reopen these services on 21 April 2026. The Trust outlined the progress they are making towards safely reopening the services, and another formal review to monitor progress will be held in three months.

[Read more](#)



#### Families urged to get flu vaccinations

In November, we encouraged more people to get their flu vaccinations to avoid ruining Christmas. We targeted over 65s, school children, immuno-suppressed and 2-3 years-olds, who have not yet been vaccinated, to help ensure they don't become ill with flu over the festive season. We included a case study of a family whose Christmas was ruined when three generations had flu.

[Read more](#) [Somerset Leveller](#)

## Campaign highlights

### Maximising winter vaccination uptake during the festive period

During November and December, our messaging focused on encouraging vaccinations ahead of festive family gatherings to help prevent seasonal illness.

#### Local people, real stories

A central feature was a story from a local family in Taunton who described how flu had "ruined" their Christmas last year. This personal case study generated **30,940 views, 195 interactions** and **77 link clicks** across our digital channels.

#### Localised paid targeting for clinics

We shared clear, local information on walk-in, school catch-up and general vaccination clinics. A targeted campaign promoting school catch-up clinics reached **99,661 people** across Yeovil (36,583), Taunton (32,007), Minehead (30,120) and Bridgwater (30,655), driving **170 clicks** to the 'Find a school catch-up clinic' page.

Targeted advertising for pregnant women across Somerset reached **21,198 people** and generated **1,181 clicks** to the maternity vaccination page.

#### Easy-to-use assets for professionals

Flu vaccination information was shared through Somerset Council's Early Years Bulletin, distributed monthly to all registered early years providers, with downloadable assets to support communication with settings and parents. A downloadable communications pack with localised information was also shared via the GP bulletin.

#### Mumsnet campaign: quick and easy vaccination

We worked with Teapot Creative on a targeted Mumsnet campaign using the Runs in the family concept. Festive visuals featuring a relatable, snotty-nosed toddler highlighted how easy it is to vaccinate young children, with a clear prompt to use local pharmacies. The campaign was **viewed 758,214 times**.

Vaccine communications will remain a priority, with a shift in focus to RSV vaccinations during January and February.



## Campaign highlights

### Winter campaign

In lead up to the festive season in November and December, a key focus for our winter campaign was around raising awareness around the impact of having flu, COVID, RSV and norovirus on the public and our staff and helping people to choose well to relieve pressures on our frontline services.

Although we have some of the highest winter vaccination rates in the country, with flu rates rising, we continued to promote winter vaccinations including our pop-up clinics for adults and catch up clinics for school age children. We also highlighted that flu vaccinations are available for 2 – 3 year olds in pharmacies for the first time this year.

Read more on our website [here](#) and [here](#).

### Choose Well

We helped the public to understand what services were open over the festive season.

We also helped the public to choose well to help relieve pressures on our frontline services including GPs, hospitals and our ambulance service. Together with system partners we shared online and social media messaging around 111, Handiapp, urgent treatment centres, mental health support, pain cafes and community pharmacies

And we promoted wider support services such as the Household Fund, Warm Hubs, where to get food for low income residents and support for victims of domestic violence and elder abuse.

#### Who can get vaccinated this winter?

	Covid-19	Flu	RSV
75 years and over	✓	✓	✓*
65 years and over	✗	✓	✗
Children age 2-3 and school age	✗	✓	✗
Immunosuppressed (age 6 months +)	✓	✓	✗
Pregnant women	✗	✓	✓

\*if you're aged 75 to 79 or if you turned 80 years old after 1 September 2024

#### Services open in Somerset week beginning 30th December 2024

	Mon 30th Dec	Tue 31st Dec	Wed 1st Jan	Thurs 2nd Jan	Fri 3rd Jan
Pharmacies	OPEN	OPEN	SOME OPEN	OPEN	OPEN
111 & 111 online (24/7)	OPEN	OPEN	OPEN	OPEN	OPEN
GP practices	OPEN	OPEN	CLOSED	OPEN	OPEN
Urgent Treatment Centres in Somerset	OPEN	OPEN	OPEN	OPEN	OPEN
Mindline for Mental Health (0800 1381692)	OPEN	OPEN	OPEN	OPEN	OPEN



## Campaign highlights

### Winter campaign

#### Looking after our mental health

As we know that people's mental health conditions can worsen over the festive season with added pressures, we did an advent calendar with tips each day to look after different aspects of our mental health and [Open Mental Health](#) launched their festive wellbeing toolkit.



#### Care on your doorstep

Based on research showing the public respond better to localised information about health and care services, we identified twelve key areas of social deprivation in Somerset and researched key frontline services in each area ranging from community pharmacies to pain cafes and mental health support.

We are creating localised leaflets for each area and running a paid for social media campaign to help people understand where they can go for support with their health (rather than calling an ambulance or visiting A&E for non-emergency care).

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## Campaign highlights

### Spotlight on dentistry

People in Somerset consistently tell us that improving access to NHS dentistry is highly important to them – and it remains a key ambition for NHS Somerset.

In December, we supported our primary care team and two independent providers to formally open two new practices in the county.

Wellington Dental Care (run by Dentistry For You) began treating patients in October 2025 and held a ceremonial opening on 5 December, while 'One Smile Dental – Chard' saw its first patients in the same week.

A further new practice is planned to begin seeing patients in Crewkerne from spring 2026. Together it is expected that these new practices will provide care for up to 20,000 people each year.

Local patients have welcomed the opening of One Smile Dental – Chard and on 4 December joined Yeovil MP Adam Dance for a ribbon-cutting ceremony.

Around 8,000 people have expressed an interest in an appointment at the new practice via an online portal, or by phone for people without internet access, with more than half of those coming from Chard and the surrounding villages.

Meanwhile, Taunton and Wellington MP Gideon Amos was joined by Jonathan Higman, Chief Executive of NHS Somerset, for the official opening of Wellington Dental Care.

Anyone with urgent dental care needs can call NHS 111.

Further information on the opening of the Crewkerne practice will be available closer to the time.

The openings attracted widespread coverage in local and regional media and we promoted the news on social media. See 'In the news' section for details of media coverage.



## Engagement highlights

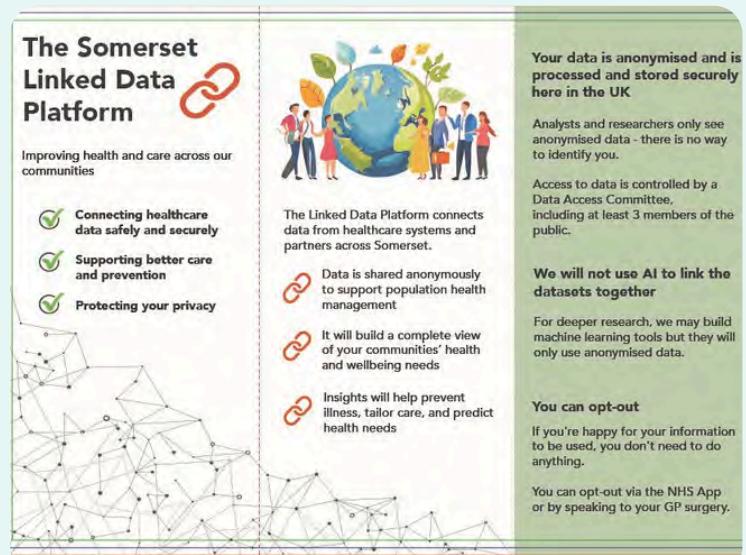
### Somerset Linked Data Platform

Having access to timely, accurate information about our local population is essential to delivering the NHS 10 Year Health Plan and making informed decisions about health and care services in Somerset. Better use of data supports the 10 Year Health plan shift of moving away from analogue systems towards more joined-up, digital approaches that enable prevention, early intervention and care that is better tailored to local need.

Partners across Our Somerset are continuing to work together to develop the Somerset Linked Data Platform (SLDP). This secure system will anonymously link health and social care data to support population health management, helping partners understand patterns of need, reduce health inequalities, and plan services more effectively for the future.

A public survey was launched in October in collaboration with Healthwatch Somerset to understand awareness of the platform, any concerns about how data is used, and factors that might influence decisions to opt out. Engagement activity continued throughout November and December, with events held across Somerset to raise awareness and hear directly from residents.

Feedback from this engagement is shaping how the SLDP is developed and communicated, helping to ensure it is transparent, trusted and aligned with public expectations. By supporting more informed, data-driven decision-making, the SLDP will play an important role in delivering the 10 Year Health Plan and enabling Somerset's shift from analogue to digital ways of working.



### Have YOUR say.

We would like as many people as possible to get involved and share their views on this important project. To share your views, visit [www.nhssomerset.nhs.uk/news/somerset-health-data-survey/](http://www.nhssomerset.nhs.uk/news/somerset-health-data-survey/)

The closing date has now been extended to **15 March 2026**.

## Somerset's Big Conversation report

### Feedback analysis

During November and December, feedback from Somerset's Big Conversation 2025 was analysed, bringing together evidence from engagement activity delivered between May and October 2025. This included views from residents, communities, stakeholders and staff, gathered through a wide range of methods.

Analysis was undertaken using a robust AI Verification Framework, with clear governance, human oversight and quality assurance to ensure findings accurately reflected lived experience. The resulting insights consolidate public feedback on the NHS 10 Year Health Plan and its three key shifts: care closer to communities, increased use of digital approaches, and a stronger focus on prevention.

The findings provide a strong evidence base to inform strategic planning, commissioning and service transformation in 2026, ensuring future decisions are grounded in what matters most to people across Somerset.

### Sharing insight to inform change

Throughout 2025, people across Somerset shared their views and experiences of health and care services through engagement undertaken by NHS Somerset, Somerset NHS Foundation Trust, Healthwatch Somerset, the South West Clinical Senate, and a range of NHS, local authority and voluntary, community and social enterprise (VCFSE) partners. Engagement activity included large public events, targeted work with communities most affected by change, online surveys, workshops delivered with voluntary and community organisations, and conversations with staff, clinicians and local organisations.

An insights report was developed in November and December to bring together learning from engagement carried out across the year. It provides a consolidated picture of public, community and stakeholder feedback in relation to the NHS 10 Year Health Plan and its three key shifts: care closer to home, greater use of digital approaches, and a stronger focus on prevention.



### Ongoing system engagement highlights

- Currently have 7 live surveys
- Received 130 survey responses
- Held 1 citizens hub meeting
- Held 1 stroke reference group meeting
- Held 1 engagement leads coordination meeting



Agenda item 5

# NHS Somerset ICB Armed Forces Programme Progress Update

**Rebecca Oliver**  
**Teri Underwood**

**November 2025**

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# Foreward

Over the past year, the Armed Forces Programme within NHS Somerset has continued to grow in both scale and influence. As a result of the ICB's vision, innovation and willingness to do things differently, sometimes challenging the status quo, it is now recognised as one of the most comprehensive and collaborative models of Armed Forces health and wellbeing support anywhere in England. A comment from one of our partners in the VCFSE sector sums up this approach:

“

I think your open style of supporting all organisations to collaborate has made a big impact on how we work, and the reach we can have, so thank you for all you do.

”

*Andy Gallie, Armed Forces Education and Training Lead,  
Beacon Counselling.*

This progress has been driven by strong partnership working and a shared commitment to the principles of the Armed Forces Covenant: that no member of the Armed Forces community should face disadvantage in accessing healthcare and that special consideration is sometimes appropriate for those who have given the most.

During 2025 we have continued to expand our network through neighbourhood working, strengthening community connections and delivering services closer to home. Achieving Gold Employer Recognition Scheme (ERS) status stands as a symbol of this progress – representing not only policy alignment but lived commitment to the values of respect, fairness and service.

The journey has been one of partnership and purpose. Together with Somerset Council, the Somerset Foundation Trust (SFT), Norton Manor camp, RNAS Yeovilton, Primary Care Networks (PCNs), the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, our local communities and the continuing support and backing of the Executive Board at NHS Somerset ICB, we have endeavoured to make a measurable difference to the lives of those who serve, have previously served and their families.

Through collaborative commissioning and commissioning without cost, NHS Somerset continues to achieve wide-ranging benefits for veterans, serving personnel, reservists and their families. We have delivered real outcomes without additional funding, which has alleviated pressure on the system.

In the coming year, new initiatives such as the Veterans' Strategy, the renewed Armed Forces Covenant, the Female Veterans Forum and Valour will be implemented. In view of the current geopolitical climate and growing concerns over future conflicts, it is clear that we are entering a period of significant change.

Whilst acknowledging the current uncertainties surrounding the restructure and delivery of healthcare nationally, we continue to look ahead with enthusiasm and hope; hope that we can continue to grow a system that listens, is responsive to needs as the demographic changes and delivers for the Armed Forces community across Somerset.

*Rebecca Oliver and Teri Underwood*  
Armed Forces Team  
NHS Somerset

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# Executive summary

2025 has been a year of transformation, recognition and consolidation for the Armed Forces Programme in Somerset. The work described in this update demonstrates how partnership and collaboration continue to deliver real, measurable outcomes, both for the Armed Forces community and for the wider Somerset system.

Highlights from the past year include:

- Achieving 100% RGCP veteran friendly accreditation in Somerset.
- Expansion of the Armed Forces Outreach Service from two pilot locations to ten fully operating sites countywide, delivered monthly, and in one instance weekly.
- The creation of a community orchard at Dunster Castle in partnership with the National Trust; a horticultural project that has supported wellbeing, peer connection and inclusion.
- The successful launch of the Jump Start Project for service children, providing weekly activity sessions, mentoring and 1:1 support.
- Growth of the Armed Forces Link Worker network to four posts, funded through a combined mix of NHS Somerset, charity and external partners.
- Continued collaboration with over 50 organisations through the Strategic Forum and wider partnerships.
- Participation in more than 30 community and engagement events, including Armed Forces Days, VE and VJ 80th commemorations and NHS health campaigns.
- Achieving Highly Commended in the November 2024 HSJ awards.
- National recognition through the Gold ERS Award and representation at NHS England's Armed Forces Patient and Public Voice group.
- Representation of NHS Somerset and the voice of the ICB perspective at the national Armed forces Oversight Group.

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- Major digital developments, including a redesigned Armed Forces web platform and new Facebook presence with 200+ followers, supporting accessible, two-way communication, as well as linking Somerset's military bases with our SIDeR digital experts.

These achievements demonstrate NHS Somerset's ability to deliver against national priorities through local partnerships, ensuring that Armed Forces community members are supported by an integrated, compassionate and prevention-focused system.

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# Context

Somerset's Armed Forces community represents a significant and diverse population, comprising veterans, reservists, serving personnel and their families. It is estimated that approximately 50,000 people in the county identify as part of this community, accounting for nearly one in ten residents.

When the Armed Forces Programme began, Somerset was ranked 30th nationally for GP accreditation. Through sustained engagement and leadership, every one of Somerset's 62 GP practices is now RCGP Veteran Friendly Accredited – making Somerset the first and one of only a handful of ICBs in England to achieve 100% coverage.

“

Huge congratulations to you all,  
From a veteran team that know  
just how important this is, we also  
know just how much work has  
gone into achieving it. Very  
sincere thanks from an old soldier.

”

*Ian Razzell, Associate Director Primary Care Services, NHS Arden and Greater East Midlands Commissioning Support Unit*

Whilst an impressive accomplishment, what has maintained Somerset's success is the appreciation that this is nonetheless a first step. Work has continued through the delivery of a bespoke training package which is offered to practices and delivered by one of the Armed Forces team. Furthermore, building these personal, trusted, local connections has underpinned the Armed Forces team's success in increasing the uptake of health and social care staff receiving their flu jabs through the vaccination programme this year.

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This work has been built around the principles of the Integrated Care System (ICS): prevention, integration and equity. By bringing together NHS, local authority and community partners, NHS Somerset ensures that Armed Forces support is not a standalone programme but a fully embedded part of local population health.

The Programme continues to operate in alignment with:

- The Armed Forces Covenant Legislation (2022).
- The NHS Long Term Plan and its three system shifts.
- NHS Somerset's ICS Strategy and the 9 Commitments.

Our approach prioritises collaboration, co-design with the Armed Forces community and commissioning innovation. This ensures the best use of resources, often at little or no cost to the system. It has also attracted investment from other sources, both at a local and regional level.



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# Service delivery

## Expanding the outreach model

Following its successful pilot in 2024, the Armed Forces Outreach Service (AFOS) has expanded significantly. Now operating across ten locations – Bridgwater, Yeovil, Wellington, Chard, Minehead, Wells, Frome, Taunton, Highbridge and Glastonbury – the model provides a local, welcoming environment for anyone connected to the Armed Forces community.

The service has achieved measurable reach and impact:

- Over 400 individuals supported through outreach, with an average of 20% year-on-year growth.
- Eight partner agencies regularly attending sessions, including SSAFA, DWP, Heads Up and Village Agents.
- Increased clinical signposting from local GP practices, social prescribers and community mental health teams.



Outreach events combine health promotion with community support. Sessions have included blood pressure and hydration checks, bowel and abdominal aortic aneurysm screening promotion, flu vaccination awareness and support for smoking cessation campaigns.

The model continues to demonstrate collaborative commissioning and commissioning without cost – with some of our venues, refreshments and publicity provided or supplemented by local partners such as West Mendip PCN and Heads Up. This enables NHS Somerset to deliver tangible community outcomes with minimal financial input while maintaining a visible, trusted local presence.

“

It's just a friendly, nice place to be and I've benefitted by going there, just by talking and being with other people ... it's just nice – a nice two hours to spend with like-minded people, all ex-forces, so you know, we talk the same language, we have a laugh.

”

*Ray, Wells veteran*

## Funding partnerships and local investment

Each partnership demonstrates that the Armed Forces Programme is not dependent on large-scale central funding but thrives through community collaboration and shared ownership.

- Wellington Town Council allocated £500 to fund additional wellbeing activities for veterans.
- Thrive Together awarded £15,000 to develop outreach in the Mendip locality, strengthening links across Frome and Glastonbury.
  - West Mendip PCN allocated funding to cover the use of St Dunstan's House for outreach (circa £4,000), enabling Thrive Together funding to be used entirely for activity rather than rent.
  - Heads Up Wells have allocated £3,000 (half self-raised and half matched by the Big Give) for a variety of events aimed at fostering peer support amongst veterans from differing localities.
- Morland Community Hub have provided £500 to be spent on warm space initiatives for veterans.



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## Armed Forces hubs and link workers

The two hub sites – ARK@Egwood and Arc (Taunton) – remain the cornerstones of Armed Forces community support. They offer safe spaces for peer interaction, one-to-one advice and therapeutic engagement.

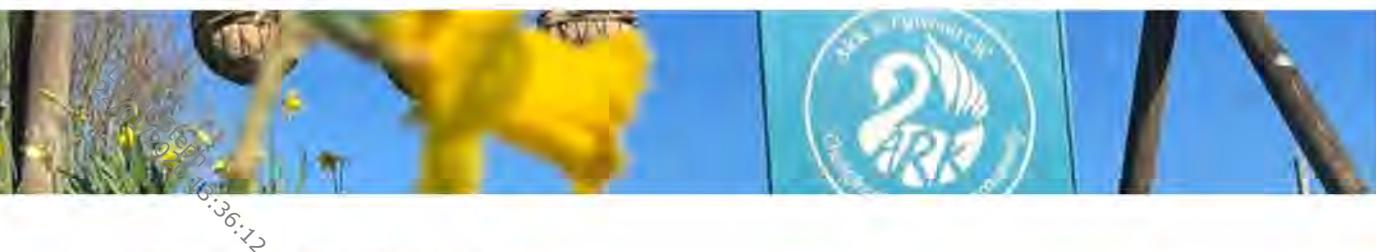
The hubs are supported by four Armed Forces Link Workers (AFLWs), covering the county geographically and providing joined-up, person-centred support. Two and a half posts are funded by NHS Somerset, half a post by the Veterans Foundation and one by Hinkley Point C (HPC).

Their caseloads include complex cases involving mental health, housing, benefits, carer support and social isolation. The AFLWs work closely with the Defence Medical Welfare Service (DMWS) to provide wraparound care both during hospital admission and following discharge.

This year, joint working between DMWS and the AFLWs has resulted in:

- Faster hospital discharge for veterans requiring community support.
- Direct liaison with GPs, housing providers and voluntary agencies.
- Enhanced use of Op Courage and Op Fortitude pathways for mental health and homelessness.
- A consistent, countywide referral system for the Armed Forces community.
- Prevention of unsafe discharges and involvement of the ICB safeguarding team with individuals lacking capacity to make informed decisions.

These achievements demonstrate NHS Somerset's role as a convener and enabler – using partnership as a delivery mechanism for integrated, person-centred care.



# Collaboration

## Strategic Forum and partnership conferences



The Somerset Armed Forces Strategic Forum remains an effective cross-sector network. Membership has grown to include over 50 organisations, spanning health, social care, local authority, education, housing, academia, police, serving personnel and the voluntary sector.

Meetings are held quarterly, often with a thematic focus – examples include veterans and mental health, gambling harms and addictions and women in service. Guest speakers regularly contribute, ensuring awareness is kept current and need is directed equally by partners and the NHS.

Meetings are hosted by partner locations to minimise cost.

The Armed Forces Partnership Conferences, delivered jointly with Somerset Council, have become key fixtures in the calendar.

Attendance has more than doubled since their inception, with approximately 150 delegates at the most recent event. Topics have included workforce development, shared funding models, children and young people and integrated commissioning.

Speakers from RNAS Yeovilton and Norton Manor Camp contribute by providing an overview of their activities throughout the year, ensuring strong representation from the serving community.

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These events exemplify NHS Somerset's leadership role in convening the system – helping partners to share data, avoid duplication and collaborate on service design.

“

I thoroughly enjoyed listening to the fascinating presentations and meeting a range of people from across the system. You are making a real difference to so many! Thank you again to you and all the team – fantastic stuff!

”

*Paul Von der Heyde, Deputy Chair,  
NHS Somerset Integrated Care Board*

## Collaborative commissioning and shared outcomes

Somerset's model of collaborative commissioning has drawn national attention for its effectiveness. By working through local partners and using shared spaces, the system delivers measurable outcomes or 'commissioning without cost' to NHS Somerset, while strengthening local networks.

Examples include:

- Hosting outreach sessions within PCN and community venues free of charge.
- Local councils providing targeted grants to address veteran isolation.
- The National Trust and Heads Up offering in-kind contributions to horticultural and wellbeing projects.

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This model builds social capital and demonstrates the value of integration as investment which is a principle increasingly recognised by NHS England as best practice.

## Research and academic collaboration

The programme has deepened collaboration with higher education institutions:

- Exeter University – veterans' connection and digital mental health projects
  - IONA app
- Bournemouth University – using AFOS sessions as a platform to explore veterans' experiences of dementia.
- Participation as a critical friend to the Female Veterans Transformation Project Toolkit.

These relationships not only support evidence-based development but also ensure that Somerset's local insights inform national learning.



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# Supporting the community

## Community orchard and horticultural wellbeing

One of the most celebrated new initiatives of 2025 has been the National Trust collaboration at Dunster Castle. Members of the Armed Forces community joined forces to clear an overgrown woodland area, creating a new orchard outside the pay gate which will be open for the whole community to enjoy.

This project has combined practical conservation work with wellbeing benefits. Veterans have described the sense of purpose and companionship it brings, while local residents have welcomed the orchard as a shared space for reflection and connection. The project embodies the principles of horticultural therapy ethos – land-based therapy, peer support and community integration.



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“

This is better for your mental health than sitting in a room the other side of a desk of somebody, who's never lived through your experiences ... coming out here and doing this, getting back to nature, which is what we all should be doing is getting back to nature, and doing something for other people not just ourselves, that's going to help everybody.

”

Ian, Taunton veteran

## Armed Forces Jump Start; empowering service children and families

Launched in partnership with Somerset Activity and Sports Partnership (SASP), the Jump Start Project has already demonstrated exceptional success. It has been funded by the Veterans Foundation on the recommendation of the NHS Somerset Armed Forces team. Targeted at service children aged 8–16, it offers weekly sessions combining physical activity, mentoring and emotional wellbeing support.

Commencing in September 2025, the programme has already achieved:

- Regular participation by local service children from Yeovilton and Norton Manor families.
- Improved school attendance and confidence reported by teachers and parents.
- Creation of peer and parental support groups to strengthen family networks.

The project has become a model of collaborative working; uniting health, education, sport and the military community.



Recent national research published by King's College London has demonstrated that children from military families have poorer mental health outcomes than their peers with non-serving parents.

This reflects the findings of our initial engagement report in 2023, which highlighted the importance of commissioning a service for military children. This upstream approach helps prevent potential challenges for service children, reducing both costs and pressure on the system.

## Case study

A young person newly arrived in Somerset was struggling to make friends or feel part of the community. They were invited to a group ten-pin bowling trip, where they met another child living on the same road, also from a military family recently relocated.

They bonded quickly over shared experiences of living in areas such as Plymouth and Exmouth and a love of music. They both shared with each other that their dads were both away on courses, albeit very different courses. They were able to identify a peer that had understanding of their circumstances and challenges.

Their mums also connected, finding comfort in shared understanding. This small, relational moment of belonging had ripple effects for both families.

Since then, they have joined several sessions, including golf and trampolining and have become much more confident in group settings.

**Impact:** Reduced isolation, increased friendship networks and stronger family connections.

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## Community engagement and commemoration

Throughout 2025, the NHS Somerset Armed Forces team has been visibly represented at over 30 events countywide, including:

- Armed Forces Days in Bridgwater and Taunton.
- VE and VJ 80th anniversary celebrations.
- Civic Remembrance services and parades in Yeovil, Wellington and Bridgwater.
- Presentations to county-wide Armed Forces organisations, including Watchet RBL, Somerton Royal Naval Association and Frome Royal Naval Association.
- Somerset Wood memorial and commemorative services.

These activities strengthen visibility, reinforce trust and remind communities that the NHS stands alongside those who serve.

Through local partnerships, fully funded activities such as veteran breakfasts, outdoor cook-ups, wellbeing walks and festive gatherings have fostered inclusion and belonging, particularly among those experiencing loneliness or isolation.



# Organisational development

## Leadership, learning and internal culture

NHS Somerset continues to lead by example as both a commissioner and employer. Achieving Gold Defence Employer Recognition Scheme (ERS) status this year represents a national milestone; one which acknowledges sustained, long-term commitment to the Armed Forces Covenant.

This recognition is more than symbolic. It reflects a system-wide effort to ensure that Armed Forces awareness is embedded across all HR policies, recruitment processes and workforce development initiatives.



Within NHS Somerset, colleagues who are veterans, reservists or family members are encouraged to identify through the staff network, ensuring visibility and connection. Managers are supported with clear guidance on

deployment, training leave and flexible arrangements for those balancing civilian and service responsibilities.

Training modules hosted on the Electronic Staff Record (ESR) now include an optional Armed Forces Awareness course, which has been completed by an encouraging number of staff since its launch. This helps to embed understanding and confidence across teams – enabling every NHS Somerset colleague to recognise and respond appropriately to the unique needs of the

Armed Forces community. The Armed Forces Team is able to provide expert knowledge, understanding and information for those colleagues requiring additional support, for example the Continuing Health Care team.

The Armed Forces Staff Network continues to grow, providing a space for peer support, advocacy and involvement in community engagement events. Network members regularly represent NHS Somerset at conferences and commemorations, symbolising the organisation's dual role as a healthcare provider and active participant in Armed Forces life.

## Recruitment and career development

The Programme's partnership with Step Into Health and the Career Transition Partnership remains central to our employment offer. This year, advice has been provided to over 60 former service personnel on how best to join the NHS in both clinical and non-clinical roles, bringing leadership, discipline and adaptability to our national teams.

Through Step Into Health, potential recruits are offered CV support, mock interviews and application guidance. Partners such as Leonardos continue to support transition through mentorship and volunteering at our hubs, further strengthening links between local industry and the NHS.

## Collaboration with DMWS and clinical services

Our close working relationship with the Defence Medical Welfare Service (DMWS) remains essential in ensuring continuity of care for serving personnel, veterans and families. The joint approach between a hospital-based welfare officer and our AFLWs ensures that no patient leaves hospital without support or signposting to appropriate follow-up care.

This partnership has directly contributed to faster discharge, reduced readmission rates and improved patient satisfaction. Importantly, it also ensures that Armed Forces family members receive emotional and practical support throughout their healthcare journey.

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## Case study

One veteran recently supported by an Armed Forces Link Worker (AFLW) has had repeated hospital admissions over the past few months, for several reasons related to both physical and mental health condi.

There have been complications around poor communication between his GP surgery and the community nurses who visit daily. As a result, the link worker's home visits have caused her to raise safeguarding concerns around issues such as medications being spread across the house, needles, insulin, a lack of food, inadequate or non-existent heating, self-neglect, unacceptable levels of hygiene and even financial exploitation.

However, with each hospital admission, the DMWS Welfare Officer and the AFLW have been able to review the veteran's care and pathway, leading to improved rehabilitation outcomes both within the hospital and in the community. Multiple agencies have been engaged and are now actively involved in his care and the AFLW has coordinated numerous MDT discussions to ensure all professionals remain informed, aligned on next steps for preventing further admissions and focused on enhancing the veteran's overall welfare.

The model has become a case study in collaborative commissioning, demonstrating how limited resources can be shared across systems to deliver holistic, person-centred care. When the DMWS staff member based at YDH was off for a period of prolonged sick leave, regional DMWS managers contacted us and we worked collaboratively with them to ensure that the service was maintained until the member of staff returned to work.

# Delivering the three NHS shifts

The NHS Long Term Plan identifies three fundamental 'system shifts' to ensure future sustainability: moving from analogue to digital; from hospital to community; and from treatment to prevention. The Somerset Armed Forces programme demonstrates all three in practice.

## From analogue to digital

This year, significant strides have been made in digital accessibility and engagement:

- New NHS Somerset Armed Forces web pages were launched at the end of 2024, providing comprehensive information on services, self-referral routes and health and wellbeing advice.
- The creation of a dedicated Facebook page, with over 200 followers, has enabled real-time interaction with veterans, families and partner organisations. Posts reach hundreds of users monthly and are used to promote outreach events, campaigns and local sources of support. Posts are shared onwards by other groups associated with the military, locally, regionally and nationally.
- Devising safer custody guidance in partnership with Somerset and Avon Police, resulting in immediate referrals and signposting when someone entering or leaving custody identifies themselves as part of the Armed Forces community. This has been so successful in the Somerset part of the force, that the Police have asked us to advise on how they could also integrate these practices into the Avon locality.
- Partnership with SWAST has introduced a digital referral and feedback process, enabling paramedics and ambulance crews to identify and refer Somerset's Armed Forces community members quickly and securely into relevant support. This service went live on 18<sup>th</sup> November 2025 and has already been used.

UPDATE 18/11/2025

New pathway for Armed Forces Workers

Somerset Armed Forces Link Workers

Somerset

Mental Health, Community Pathways | Veterans Support, Community Gateway – Voluntary Services

Somerset Armed Forces Link Workers

0900 – 1700 (voicemail outside of these times)

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These developments have modernised the way information flows between agencies, helping ensure that no member of the Armed Forces community is missed or delayed due to paper-based systems.

We are currently exploring with ICB data and digital teams and those within SFT whether we can improve our data capture of members of the Armed Forces Community. A recent request and deep dive by the data team identified just 18 people from the Armed Forces community accessing health support at hospital in 2025. This figure is grossly misrepresented and we need to do more to accurately capture the data in order to drive more effective delivery of services.

We continue to work with both teams to establish a means of amending the current admission information to ensure that this element is mandatory. National changes around the collection and reporting of Armed Forces data is due for implementation in April 2026 and we are therefore being proactive in ensuring that our data collection is both robust, accurate and reportable.

## From hospital to community

The programme's cornerstone principle is accessibility close to home. By expanding the Outreach Service to ten locations, NHS Somerset has brought care and support directly into communities. Rurality, isolation and areas of deprivation can make accessibility difficult. AFOS venues are chosen with care to reduce these challenges.



Collaboration with partners such as Heads Up, Morland Community Hub, ARK@Egwood and Arc ensures that wellbeing activities, peer support and signposting are available within neighbourhood settings.



This community-led approach demonstrates the value of local connection: individuals receive timely support before health issues escalate, while hospitals and GPs benefit from reduced demand. It also strengthens local resilience, with communities taking ownership of their own wellbeing networks.

Building trusted and honest relationships with members of the Armed Forces community is key. As a cohort, they are notorious for not seeking timely advice or rejecting traditional health promotion/awareness messaging.

## From treatment to prevention

Prevention is at the heart of everything we do. The Outreach Service incorporates health promotion into every session, whether it is by covering screening awareness, vaccination, lifestyle advice or providing and directing those in need to mental health support.

The Jump Start Project provides a clear example of early intervention, by supporting the mental and emotional wellbeing of children in Armed Forces families before difficulties become entrenched.

Similarly, projects such as the Dunster Castle community orchard and veteran outdoor wellbeing sessions focus on social connection, physical activity and purpose. These sessions address loneliness, isolation and mild depression through meaningful engagement.

In each of these cases, the Programme is reducing future healthcare demand by investing in connection, activity and belonging today.

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# Impact

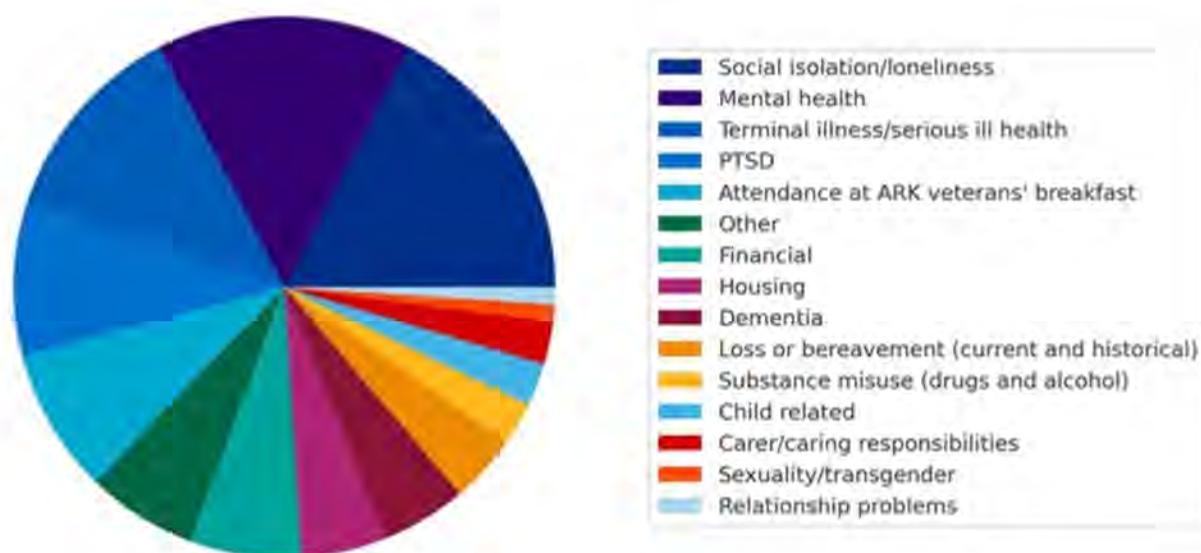
## Quantitative outcomes

The cumulative impact of Somerset's Armed Forces Programme can be measured in both numbers and lived experience. The table below provides an 'at a glance' summary of 2025 progress, while qualitative feedback shows the human stories behind the data.

Area of impact	2024 baseline	2025 progress	Change
GP practices veteran friendly accredited	97%	100%	Full coverage achieved
Outreach locations	2	10	400% increase
Individuals supported (hubs and outreach)	330	396	20% increase
Partner organisations engaged	32	50+	60% increase
Community engagement events	20	30+	+50% increase
External funding leveraged	£0	£18,000+	Commissioning without cost
Lower FRS5 award status	Silver	Gold	National recognition

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Analysis of recent data for those seeking support has highlighted the following trends.



## Qualitative impact

- Veterans have reported improved wellbeing, reduced loneliness and renewed purpose through peer support and outdoor projects.
- GP practices have noted faster referral pathways and greater confidence in identifying and coding Armed Forces.
- Families and schools involved in Jump Start are already beginning to describe enhanced emotional resilience and stronger community networks.
- Feedback from serving leaders at Yeovilton and Norton Manor has been overwhelmingly positive, citing improved access to community-based care and increased understanding of NHS pathways. A request last year from the military bases for one front door, has been adapted to provide a 'no wrong door' approach. This has been achieved through collaboration and partnership working – something which is hugely beneficial to the community.

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“

I wanted to send a quick message of thanks to you and the team for your help and support over my two years as Base Warrant Officer at RNAS Yeovilton. I think we have developed some incredible links between the station and NHS Somerset which I hope will just get stronger. Thank you again.

”

*Steve Payne, Base Warrant Officer  
RNAS Yeovilton*

“

Thank you for your help with Simon. I have raised it as an area of 'good practice' through our ASER reporting system for the team effort, including your role in supporting and liaising with him and the practice to find a suitable outcome.

”

*Surgeon Lt Cdr Robert Strachan, Deputy Principal Medical Officer  
HMS Heron*

These outcomes collectively demonstrate the transformation of Somerset's approach from reactive to proactive care, thereby ensuring the Armed Forces community is recognised, included and supported at every level.

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## Feedback via PALS

The commentator shared that this was his first time at ARK and said that he feels positive about being supported by other veterans.

There is a dedicated space within the woods at ARK where the group gathers around an open fire to cook breakfast, to talk and reflect on their shared experiences, including the psychological impact of war. He disclosed that he lives with PTSD and served under the UN during Pol Pot's regime as part of the Merchant Navy. He also completed tours in Northern Ireland and Afghanistan.

He expressed that, upon leaving the military, there was little to no support available for ex-service personnel, and accessing information or community groups was particularly difficult at that time.

His wife said that there are challenges in supporting her husband alone. She felt that ARK would provide much-needed support, not only for her husband but for her as well.

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# Our direction at a glance

The Armed Forces Plan on a Page sets out our direction for the next phase of development. Our vision remains clear:

To ensure that every member of the Armed Forces community in Somerset can access high-quality, timely and compassionate health and wellbeing support, embedded within local communities and supported by strong, enduring partnerships.

Our priorities for delivery:

- Equitable access – eliminate variation in Armed Forces provision across Somerset, ensuring parity of care for all groups and ensuring that there is no inequity in the provision of healthcare services.
- Integration and collaboration – strengthen cross-sector partnership working and joint commissioning arrangements.
- Prevention and early Intervention – expand wellbeing initiatives that address social isolation, physical inactivity and mental health.
- Voice and visibility – embed lived experience within decision-making, evaluation and service design.

These priorities underpin a single, unified goal: to make Somerset the best county in England for Armed Forces health and wellbeing.

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# Future priorities

Looking ahead to 2026 and beyond, NHS Somerset will continue to innovate, expand and consolidate. Planned priorities include:

- Maternity access for serving personnel  
Working with midwifery teams to ensure serving women and partners have seamless access to antenatal, postnatal and perinatal mental health support
- Men's health and wellbeing event  
Hosting an event at Yeovilton's new Health and Wellbeing Centre to promote men's physical and mental health, in partnership with military medical teams and local charities.
- Dementia and cognitive health  
Working alongside existing collaborations with SSAFA and the Somerset dementia wellbeing service to develop a countywide service for veterans experiencing memory loss or dementia.
- Expanding digital access  
Further development of online platforms to provide self-help tools, digital signposting and virtual wellbeing sessions, whilst ensuring that those who are not digitally literate are not excluded.
- Sustaining collaborative commissioning  
Expanding the model of commissioning without cost via shared venues and funding, maintaining fiscal sustainability whilst increasing reach.
- Ongoing engagement and representation  
Continued attendance at regional and national forums, ensuring Somerset's voice remains influential in shaping national policy. As well as being valued by the NHS England Armed Forces team, we are also the only ICB represented on the National Armed forces Oversight Group to discuss national challenges and gain local perspectives.
- Cluster-based delivery  
Submitting a bid to host the south West Valour Hub in collaboration with ARK@Egwood and other partners.

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# Acknowledgements

The progress described in this report has only been possible through the innovative leadership of the ICB and the dedication and generosity of our partners, colleagues and community members. The Armed Forces team at NHS Somerset extends sincere thanks to all who have contributed their time, expertise and enthusiasm.

In particular, we wish to acknowledge:

- Somerset Activity and Sports Partnership (SASP) for leadership of the Jump Start project.
- Thrive Together and Wellington Parish Council for funding community wellbeing activities.
- West Mendip Primary Care Network for providing space at St Dunstan's House.
- Heads Up Wells, Morland Community Hub, and ARK@Egwood for co-delivering outreach and wellbeing sessions.
- The National Trust for collaboration on the Dunster Castle community orchard.
- Defence Medical Welfare Service (DMWS) for joint working across hospital and community settings.
- Hinkley Point C, Veterans Foundation, and all local funders for their continued financial and moral support.
- Somerset Council for their partnership in delivery and joint hosting of the Armed Forces Partnership Conferences.
- And most importantly, the veterans, serving personnel, reservists and families of Somerset, whose voices and experiences continue to shape and inspire this work.

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# Conclusion

The Armed Forces Programme in Somerset stands as a model of what can be achieved when systems collaborate around shared purpose.

Through innovation, partnership and compassion, NHS Somerset has delivered a fully integrated, community-rooted approach to Armed Forces health and wellbeing; one that transforms not only outcomes but also relationships between the NHS and those it serves.

As we move into 2026, we do so with renewed ambition: to sustain momentum, share learning nationally and to continue making Somerset a place where every member of the Armed Forces community feels valued, understood and supported.

NHS Somerset – November 2025

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