REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **06**
DATE OF MEETING:	**29 January 2026**	
REPORT TITLE:	**Two reports:** • **Somerset's Big Conversation 2025 – the voices and experiences of people and communities across Somerset** • **Bringing Together Somerset's Engagement and Insight 2025**	
REPORT AUTHOR:	**Kat Tottle, Engagement and Insight Lead Officer, NHS Somerset**	
EXECUTIVE SPONSOR:	**Charlotte Callen, Director of Communications, Engagement and Marketing, NHS Somerset**	
PRESENTED BY:	**Charlotte Callen, Director of Communications, Engagement and Marketing; and Alex Cameron, Associate Director of Communications, Engagement and Marketing, NHS Somerset**	

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

LINKS TO STRATEGIC OBJECTIVES
(Please select any which are impacted on / relevant to this paper)

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

PREVIOUS CONSIDERATION / ENGAGEMENT

The Somerset's Big Conversation and Insights draft reports were presented to the NHS Somerset Management Board in November and December 2025, respectively.

REPORT TO COMMITTEE / BOARD

Purpose of report

This report presents the findings from **Somerset's Big Conversation 2025**, the largest engagement programme undertaken by NHS Somerset to date. It brings together insight from 3,947 people, across 50 locations and nine engagement approaches, analysing over 8,339 pieces of public feedback to understand what matters most to local people as services continue to evolve.

Bringing Together Somerset's Engagement and Insight 2025 – This report synthesises insights published in 2025 to provide a single, coherent picture of key themes, areas of convergence, and signals for action.

Key issues for the Board to consider – SBC Final Report

There are 10 Key Findings, as set out in the report, summarised here:

1. GP access, continuity and communication remain a central priority
2. Community hospitals and UTCs play an important role in local, accessible care
3. Staff were widely praised, workforce pressures affect reliability and consistency
4. Home-based care and reablement work well when services are reliable and joined-up
5. Transport, rurality and distance influence people's ability to access care
6. Discharge and recovery pathways can work well, but are inconsistent
7. Digital tools are helpful for some, but many still need non-digital options
8. Preventive support and early help are valued and seen as essential to staying well
9. NHS dentistry is valued where available, but access remains extremely challenging
10. Mental health support brings big benefits, but access needs to be earlier and more consistent

Key recommendations

As set out on page 15 of the **Bringing Together Somerset's Engagement and Insight 2025** report, the Board is asked to endorse the following recommendations:

1. **Use the synthesis as a shared evidence baseline**
2. **Explicitly connect system programmes to what people told us**
3. **Strengthen feedback loops and visibility of impact**
4. **Continue triangulating lived experience with system data**

Next steps

The Communications, Engagement and Marketing team will:

- Share findings with Boards, senior leaders, programme teams and system partners across Our Somerset.
- Champion the use of this insight to shape and refine ongoing and future service design work, particularly community services and neighbourhood models.
- Provide tailored feedback to VCFSE partners who supported targeted engagement.
- Develop and publish public updates during 2026 demonstrating how feedback has influenced decisions and actions, maintaining transparency and trust.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	Engagement insight around health inequalities informed the engagement design, approach and findings, identifying the need for inclusive, non-digital access routes, improved transport considerations and reliable community-based support. Health inequalities will be reduced by using insight from targeted engagement with carers, disabled people, digitally excluded individuals, rural and coastal communities and Core20PLUS5 groups to shape service design and access.
Quality	The findings highlight opportunities to improve quality, patient safety and experience through more reliable community services, better coordination across pathways, and strengthened continuity of care.

	Workforce capacity and stability were identified as critical enablers of clinical effectiveness, particularly in community, reablement and mental health services.
Safeguarding	Safeguarding has been considered throughout the engagement, particularly in relation to older people, carers, disabled people and those with mental health needs. The emphasis on reliable support, clear communication and joined-up care pathways helps reduce risk and protect vulnerable individuals during transitions between services.
Financial/Resource/ Value for Money	No additional resources are required to note this report; however, the insight provides evidence to support future prioritisation of investment within existing financial frameworks. Public feedback indicates strong support for shifting resources toward community services and prevention, supporting better value for money through reduced avoidable admissions and improved outcomes.
Sustainability	The findings support the Somerset ICS Green Plan 2022-25 objectives by promoting care closer to home, reduced travel, increased use of community-based provision and prevention-focused approaches. Strengthening local services and digital options where appropriate contributes to reduced carbon impact and more sustainable models of care.
Governance/Legal/ Privacy	There are no constitutional or legal conflicts arising from this paper. All engagement data was anonymised and processed in line with NHS information governance requirements, with a clear audit trail and human oversight embedded within the AI-supported analysis methodology.
Confidentiality	N/A
Risk Description	• There is a risk that not demonstrating how public feedback influences decision-making could reduce public trust in the NHS • Mitigations include a clear “You said, we did / we will” approach, alignment with existing programmes, and ongoing reporting through established governance and assurance frameworks.

Somerset's BIG Conversation 2025

The voices and experiences of **people and communities** across Somerset

Produced by Kat Tottle
Engagement and Insight Lead Officer, NHS Somerset

January 2026

Foreword

I am pleased to introduce this report, which brings together the voices and experiences of people and communities across our area. Over recent months, we have listened closely to what matters most to local people, patients, carers and staff, and this insight now forms a strong foundation for the next stage of our work.

This report reflects our commitment to openness, partnership and meaningful engagement. It demonstrates how lived experience continues to shape our priorities and our approach to improving health and care.

This engagement programme was not a task completed from behind a desk; it was built through community visits, conversations, relationships and time spent with people across our communities. The insight came from online digital engagement and being out in communities around the county – in village halls, community centres, market squares, cafés and local events – speaking with our diverse people and communities, hearing the lived experiences of patients, their loved ones, carers, young people and also our healthcare colleagues.

One moment that has stayed with me was a conversation with an older person in West Somerset who quietly placed a heart sticker on our feedback board before saying, **"I just want to be cared for close to home, by people who know me."** It captured the simplicity and sentiment of what so many told us, focusing on the value of quality care, provided in spaces chosen by patients, with trusted, positive relationships between patients and NHS colleagues. We certainly heard a lot of feedback about compassionate, quality and impactful care being delivered by hard-working colleagues across the county.

This report also reflects the power of partnership – between communities, community organisations, healthcare teams, commissioners and system leaders. I would like to thank my NHS Somerset communications and engagement colleagues for all of their hard work, as well as the many colleagues and teams from across Somerset's health and care system.

I would also like to particularly thank the six voluntary, community, faith and social enterprise (VCFSE) organisations who worked closely and collaboratively with us, engaging with their members and communities to ensure that their experiences and ideas were recorded.

Finally, thank you to every person who contributed and shared their lived experiences, concerns and ideas. Your voices are the heart of this report, and they will continue to guide our next steps.

Kat Tottle
Engagement and Insight Lead Officer,
NHS Somerset

Contents

1. Executive Summary

Introduction

Somerset's Big Conversation 2025 was a large-scale engagement programme running from May to October 2025, comprising an interactive roadshow, online activity, and bespoke involvement work with people from local Core20PLUS55 communities. It built on the success of Somerset's Big Conversation 2024 and NHS Somerset's engagement programme for the Government's 10 Year Health Plan over the winter of 2024/25.

Together, these earlier conversations highlighted three key shifts that matter to local people and underpin the new national 10 Year Health Plan: moving care closer to home, increasing the use of digital tools, and strengthening prevention and early help to keep people well. This year's programme was designed to explore these shifts in greater depth, with a particular focus on the future of community and neighbourhood services across Somerset.

The reach, scale and diversity of this programme give the findings a strong mandate. Engagement took place across more than 50 locations and included urban, rural and coastal communities, younger and older people, carers, disabled people, people who are offline or have limited ability to use digital services, parents, families and seldom-heard groups reached through targeted work led by Voluntary, Community, Faith and Social Enterprise partners. Thousands of contributions were gathered through public events, online activities, surveys, social media, outreach and community-led sessions, creating one of the most comprehensive insight bases ever generated by Our Somerset, the local Integrated Care System (ICS).

Who we engaged with

As part of Somerset's Big Conversation 2025, we engaged with 3,947 people through nine different engagement approaches, covering both digital and face-to-face activities. Engagement took place in 50 locations across the county, making this the largest insight-gathering exercise undertaken by NHS Somerset.

Across these approaches, **we analysed over 8,339 individual pieces of qualitative feedback**. This provides a robust evidence base for understanding what matters most to people in Somerset.

We engaged with **3,947** people through **nine** different engagement approaches, covering both **digital and face-to-face** activities

A wide range of engagement methods were used, including:

- **Public events:** 1,893 participants across 33 events, generating around 5,000 pieces of individual feedback through a range of methods, including hands-on activities and written comments.
- **Online survey:** 1,247 people completed the survey, providing 865 free-text comments
- **Digital scenario activities:** ('Pauline's Story' on care choices after a hospital stay and the 'Somerset Pound' spending priorities exercise): Approximately 340 participants, casting 678 votes.
- **VCFSE-led sessions:** 192 people took part across seven community-led activities, generating 1,035 pieces of feedback, including from seldom-heard groups.
- **Health Inequalities pop-ups:** 73 items of feedback collected across supermarkets, Talking Cafés and community hubs.
- **Carers and Citizens Hub sessions:** 39 participants contributing 78 pieces of feedback.
- **Social media:** 125 comments submitted online.
- **Direct emails and anonymous feedback** shared at events (posted into a box): 20 contributors providing 20 pieces of feedback.

Who we heard from:

Through our engagement opportunities, we heard from a broad cross-section of Somerset's communities, including:

- **Older adults** – a significant cohort, supported by both the volume of older people attending public events and the online scenario data where 24% of participants were aged 65+.
- **Children and young people** – including LGBTQ+ young people and those supported by youth organisations.
- **Carers, unpaid family supporters and people with long-term conditions** – strongly represented, particularly in VCFSE, carers and mental health engagement sessions.
- **Disabled people and neurodivergent people** – including participants from learning disability, autism, recovery and mental health groups.
- **People living in rural, coastal and remote areas** – with issues relating to travel, access and distance raised frequently.
- **Digitally excluded individuals** – people with poor or no internet access, or low confidence using digital tools and online systems.
- **People experiencing inequalities** – including people in Core20PLUS5 of low-income households and people reliant on public or community transport.
- **Seldom-heard groups** – including LGBTQ+ communities, Gypsy community members (via anonymous feedback box at events), people experiencing homelessness, survivors of trauma and people with serious mental illness.
- **Adults and young people experiencing mental ill-health** – strongly represented across VCFSE feedback, online surveys and event feedback.

A balanced picture – what people told us is working well

Across all engagement pathways and activities, people shared many examples of high-quality, compassionate care, emphasising the dedication and professionalism of staff and the difference this makes to their wellbeing and recovery.

Despite challenges being raised more often, people at our engagement events repeatedly expressed deep affection and gratitude for the NHS – many drew hearts on feedback boards, some became emotional when recounting positive experiences, and **more than once did we hear "I wouldn't be here without the NHS."** People praised community hospitals, local Minor Injury Units (MIUs) / Urgent Treatment Centres (UTCs), GP practices, pharmacy teams, district nurses, reablement staff, mental health workers, youth services and voluntary groups for providing personalised, trusted and community-based support.

This strong connection to the NHS was also clear in the spending priorities activity, where many people struggled with the idea of choosing where the NHS should spend less money to enable it to move money to other priority areas. Several people said they wanted to give "more money to everything," showing how highly they value local services and how difficult it feels to reduce investment in any area of care.

People across the county highlighted strong relationships, continuity of care and services that feel safe, local and joined-up. These strengths form a vital foundation for future improvement and underline the importance of protecting the staff, local services and community-based care models that people value most. Feedback shows that staff commitment, local knowledge and the quality of personal relationships remain some of the greatest assets in Somerset's health and care system.

Understanding feedback patterns – negativity bias

When people take part in engagement, they are often more likely to speak up when something has been difficult, confusing or not working well for them. This means we naturally hear more about challenges than positive experiences. That does not mean people have lost confidence in the value of the NHS – many people also shared positive experiences, as above.

This report includes positive and negative feedback. While challenges appear more frequently and provide more public insight on opportunities for improvement, we also highlight the positive experiences people told us about, because they show what is working well and what matters most to local people.

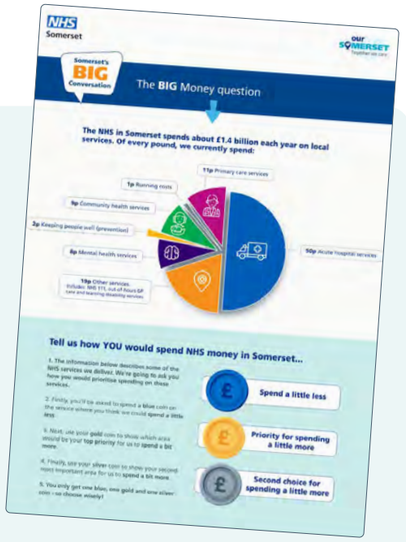
People across the county highlighted **strong relationships, continuity of care and services** that feel safe, local and joined-up.

At in-person events and in online engagement, two eye-catching interactive tools were front and centre. Here we highlight how they sparked rich conversations and yielded fascinating feedback.

We wanted to bring to life two important topics facing our system and enable people engage with them in an accessible way. We worked with clinical and finance colleagues, respectively, to co-design Pauline's Story and The Somerset Pound – both of which led to some great conversations and feedback.

Pauline's Story – choosing where to recover after a hospital stay

We invited people to make hands-on choices based on a realistic scenario of an older woman recovering after leg surgery, encouraging them to consider the practicalities of discharge, rehabilitation, home-based care and support from community services. By asking participants where Pauline should recover, we generated conversation and rich insight into what people value most: reliable home-based support, timely therapy, strong communication, and the ongoing importance of care and effective relationships and communication with clinicians and NHS staff for those who live alone or far from acute sites.



The Somerset Pound – spending priorities in a challenging financial climate

We showed people how we spend our money now and asked people to choose an area where we could spend less before asking them to select two areas where they would like to see more money spent. People understood the financial pressures facing the NHS and engaged thoughtfully, despite finding the idea of reducing spending challenging.

Across online and in-person engagement, people prioritised more investment in local and community-based services and advocated better joined-up care. The activity provided fascinating insight into how people want limited NHS resources to be used.

Alex Cameron

Associate Director. Communications, Engagement and Marketing, NHS Somerset

Setting the scene

Meaningful engagement with the public is essential to shaping NHS services that truly reflect the needs of people and communities in Somerset.

By involving people, patients, families, and frontline staff early and consistently, the NHS can design services that are more responsive, accessible, and sustainable.

Our engagement work helps uncover local insights: whether they are challenges around transport, gaps in mental health support, or ideas for improving urgent and primary care that data alone can't surface. It builds trust, strengthens relationships, and empowers communities to play an active role in improving their own health and wellbeing. When people feel heard and involved, they are more likely to use services appropriately, support change, and champion initiatives that benefit the wider population.

We launched this engagement during a year of challenge for the NHS nationally and locally, but the public still strongly support the NHS and its founding principles. Therefore, we need to modernise and we need to make sure the public are placed firmly at the centre of this journey.

As we focus on our future as a strategic commissioning organisation delivering the three shifts set out in the NHS 10 Year Health Plan, it is even more important that we work with local people, stakeholders and staff to shape and improve services for the future.

Charlotte Callen

Director of Communications, Engagement and Marketing, NHS Somerset

Key findings

The following key findings were derived from all feedback across all of our nine engagement approaches. Themes were ranked using frequency of mention, strength of sentiment when responding and consistency across the various demographic and geographic groups.

1. GP access, continuity and communication remain a central priority

People strongly value their GP teams, praising compassion, professionalism and the quality of care once they are seen. At the same time, many described difficulty getting through on the phone, navigating online systems and securing timely appointments. People want primary care to remain local, familiar and with good continuity, supported by clearer, more reliable routes to access.

2. Community hospitals and UTCs play an important role in local, accessible care

People consistently highlighted the strengths of community hospitals – including calm environments, familiar staff and shorter travel distances that make services easier to reach. People valued having UTCs, clinics and rehabilitation closer to home. Concerns were raised about reduced UTC hours, uncertainty about future services and the impact of having to travel further when local options are unavailable. Overall, people want these local facilities protected and strengthened so care remains close to their communities.

3. Staff were widely praised, workforce pressures affect reliability and consistency

Across primary, community and acute services, people spoke with warmth about staff who are kind, skilled and go "above and beyond." Alongside this, workforce shortages can lead to delays, missed visits, reduced therapy and less predictable care. People want staff to have enough time and support to deliver the safe, reliable care they value.

4. Home-based care and reablement work well when services are reliable and joined-up

Many people appreciate recovering at home, valuing personalised care, familiar surroundings and support that helps them regain independence. This works best when visits are on time, communication is clear and therapy is consistent. Confidence drops when support is rushed or missing, so people emphasised the need for robust, well-coordinated home-first pathways.

5. Transport, rurality and distance influence people's ability to access care

Local clinics, community hospitals and outreach services were praised for reducing travel and helping people stay connected to care. For others, long journeys, infrequent buses and high transport costs made accessing services difficult, particularly in coastal and rural areas. People want more reliable, affordable options that reduce inequality and avoid missed appointments.

6. Discharge and recovery pathways can work well, but are inconsistent

Positive experiences were described when discharge planning was clear, equipment arrived on time and follow-up care began smoothly. However, others reported gaps such as missing equipment, unclear communication or delays in starting home care and therapy. People want more consistent, well-coordinated transitions between hospital, community teams and home-based care.

7. Digital tools are helpful for some, but many still need non-digital options

People who are confident online appreciated using digital systems for quick tasks like prescriptions and simple queries. For others, especially those with limited digital confidence or poor connectivity, online forms felt confusing or inaccessible. People want a balanced approach where digital routes improve convenience without replacing the option to speak to someone directly.

8. Preventive support and early help are valued and seen as essential to staying well

People welcomed activities and services that help them remain independent, active and connected – including social prescribing, wellbeing groups and community-based support. They also described gaps in early intervention and difficulty finding information about help before issues escalate. People want more local, easy options to avoid unnecessary deterioration or crisis.

9. NHS dentistry is valued where available, but access remains extremely challenging

Most feedback on NHS dentistry focused on the difficulty of registering, long waits, cancelled appointments or travelling long distances, with many relying on private care they cannot afford. People want fair, local access to essential dental treatment. People praised the quality of NHS dental care and the reassurance of routine check-ups where they could access them.

10. Mental health support brings big benefits, but access needs to be earlier and more consistent

Compassionate mental health workers, supportive community groups and youth services were described as lifelines for many people. Yet long waits, high thresholds and limited local provision often meant help arrived too late. People want more timely, joined-up and inclusive mental health support for both adults and young people.

For more detail on these key findings, see Section 5 - Key findings: Further detail

How insight was analysed – assurance on methodology and use of artificial intelligence (AI)

This report has been written using a structured, human-led methodology supported by AI technology. To ensure accuracy, safety and transparency, the Engagement Team has developed a new AI Verification Framework with 11 core principles covering data cleaning, anonymisation, thematic analysis, human oversight and auditability. The framework was developed through learning from previous engagement work, in-depth research, and alignment with ICS, NHS England and national guidance on the safe and ethical use of AI.

AI was used only to support the organisation and synthesis of large volumes of feedback. It assisted with grouping similar comments, checking consistency across feedback findings highlighting recurring topics. **At no stage did AI make decisions, generate themes autonomously or interpret findings without human review.** Every theme, conclusion and interpretation in this report has been created, verified and approved by experienced human analysts within the NHS Somerset Engagement Team.

This approach ensures that all outputs are robust, transparent and fully traceable. It strengthens the pace, consistency and auditability of analysis while maintaining human judgement as the guiding factor throughout. It is also in line with Government intent for the public sector to use AI to improve efficiency. All feedback processed by AI was fully anonymised in line with NHS data protection standards, and a full audit trail has been retained as part of our commitment to integrity, accountability and public trust.

Next steps

This findings report brings together overall findings alongside detailed thematic, geographical and demographic analysis from all engagement.

It will now be shared with colleagues across Our Somerset, including Boards and leadership teams, operational teams, strategic leads and system partners, to ensure the public and patient voice continues to shape service development and, in the case of NHS Somerset, its pivotal role as a strategic commissioner.

We will also share the insight we heard from each voluntary, community, faith and social enterprise sector (VCFSE) organisation who worked collaboratively with us, to enable them to gain an even better understanding of their service users' experiences of healthcare across the county.

The insight from Somerset's Big Conversation 2025 will directly inform the community services programme, the development of neighbourhood teams, primary and urgent care improvement work, and the wider ICS strategy and delivery plans. This forms part of our ongoing commitment to a clear and transparent 'you said, we will' and 'you said, we did' approach.

We are committed to demonstrating how this engagement has made a difference. **Over the coming year, we will work with colleagues and partners to develop and share public updates showing the actions taken in response to what Somerset people told us.** Our intention is to publish this update during 2026 so that people, patients and communities can see the impact of their contribution.

2. Context

Somerset's Big Conversation 2025 was designed to build a clear and robust understanding of what matters most to people as the health and care system continues to evolve. It forms part of a long-term commitment to listening to people and placing lived experience at the centre of system decision-making. It built upon the following activity, which informed our methodology this year:

→ Somerset's Big Conversation 2024

Somerset's Big Conversation 2024 provided learning on how people prefer to engage. People valued in-person conversations, local visibility, and simple, informal activities that were easy to take part in without booking or necessarily using digital tools, as well as engagement that reached rural, coastal and seldom-heard communities. This feedback led to a roadshow this year that covered both the whole county but also more targeted, communities and involved a wider range of engagement opportunities and activities. We placed a stronger emphasis on meeting people where they are.

→ Somerset's 10 Year Health Plan engagement (winter 2024/25)

Engagement for Somerset's 10 Year Health Plan reached thousands of people and highlighted three key shifts people underpinning Government thinking. This programme used a mix of online, in-person and targeted outreach approaches, creating a broad and inclusive understanding of local priorities. These insights directly shaped the focus of Somerset's Big Conversation 2025 and informed the areas explored in greater depth.

→ Continuous engagement and insight

Throughout the year, continuous insight from ICS partners, voluntary and community organisations, Healthwatch Somerset, local councils, patient groups, carers, clinicians and community leaders helped refine the 2025 programme. These ongoing relationships helped identify participation gaps, barriers to access and the needs of particular groups, ensuring a more inclusive and responsive engagement approach grounded in lived experience.

→ Building an inclusive programme shaped by ongoing relationships

Regular collaboration across the system strengthened the design of Somerset's Big Conversation 2025. Close working with the VCFSE sector, local authorities, young people's services, carers' networks and community leaders ensured that a wide range of perspectives informed the programme and that engagement was tailored to the needs of different communities.

This year we placed a stronger emphasis on meeting people where they are

→ Ensuring all engagement activity aligned to strategic workstreams

Every engagement question, activity and feedback mechanism was mapped to a specific work being undertaken across our ICS. This ensured that insight gathered directly informs ongoing system programmes and supports strategic decision-making.

High profile topical and ongoing health service issues

In some cases, we found evidence to show that topical issues affecting local communities reported in local media influenced the feedback we received. These issues included the following:

Community hospitals

Work by Somerset NHS Foundation Trust to carry out 'test and learn' programmes at three community hospitals – Bridgwater, West Mendip (Glastonbury) and Frome – which involved the temporary closure of some of the community hospital beds to test alternative ways of caring for certain patients – prompted increased local interest, including fears about potential permanent reductions in community bed numbers. Somerset FT is also engaging with local partners in Burnham-on-Sea and Crewkerne about services at the community hospitals there.

Maternity services

In May, Somerset FT made the difficult decision to temporarily close its Special Care Baby Unit (SCBU) at Yeovil Hospital, leading to widespread media coverage and concern from local people and stakeholders. In October 2025, Somerset FT announced the unit would reopen in April 2026.

Stroke services

Following a full statutory public consultation in early 2023, NHS Somerset made a formal decision in January 2024 to provide hyper acute stroke units (HASUs) at Musgrove Park Hospital in Taunton, Dorset County Hospital in Dorchester, an acute stroke unit (ASU) at both Musgrove Park and Yeovil hospitals and a TIA (Transient Ischemic Attack) service seven days a week at MPH and five days a week at YDH. This decision continues to attract stakeholder interest.

Issues affecting local GP surgeries

At the time of our visits to Wellington, there was local concern about the impending closure of one of the town's GP practices – Luson Surgery – with patients moving to the town's other practice, Wellington Medical Centre. Local people were keen to talk to us about their thoughts and some people referenced it as they made their selections in our Somerset Pound activity, for example. In Minehead, general practice has been a prominent local issue since January 2024 when the CQC rated the previous operator inadequate (a situation which has since been turned around by the present operator, One Medicare).

3. What we did

Between May and November 2025, Somerset's Big Conversation delivered one of the county's largest engagement programmes.

A mixed-method approach enabled people to participate in ways that suited them, combining public events, online activities, VCFSE-led sessions, targeted outreach and flexible feedback routes. Across nine engagement approaches, 3,947 people contributed over 8,339 pieces of feedback, including feedback from targeted communities such as Core20, rural, coastal and urban areas across Somerset.

We made local people, partners and stakeholders aware of Somerset's Big Conversation 2025 through a coordinated, county-wide publicity campaign. Information was shared through NHS Somerset's website, social media channels and newsletters, alongside targeted messages through GP practices, community hospitals, libraries, Talking Cafés and voluntary and community sector (VCFSE) networks.

Parish and town councils, Healthwatch Somerset, community groups and partner organisations were asked to promote the engagement through their own channels, helping us reach diverse communities across the county. Posters, banners and printed materials were distributed to public venues, while event schedules were publicised in advance to encourage attendance at the 33 local roadshow events. VCFSE organisations also helped spread the word through their trusted networks, ensuring people who are seldom heard – including those experiencing rural isolation, disability, mental health challenges or low income – were aware of opportunities to take part.

We also contacted local stakeholders, including Somerset Council members and MPs and encouraged them to promote the programme.

Across our nine engagement approaches

1. Public community events
1,893 people
5,000+ pieces of feedback

2. Online surveys
1,247 respondents
865 comments

3. Online interactive activities – 'Pauline's Story' and 'Somerset Pound'
340 participants
678 votes/comments

4. VCFSE-led engagement
192 participants
1,035 contributions

5. Health inequalities targeted engagement
96 people engaged

6. Digital communications engagement – website and social media
121 people
125 comments

7. Email inbox – direct feedback submissions
9 emails

8. Online engagement using feedback platform 'Mentimeter'
39 participants
78 contributions

9. Events anonymous feedback box at public events
11 submissions

Total across all nine engagement approaches
3,947 people engaged overall
More than 8,339 pieces of feedback*

*The total of over 8,339 pieces of feedback was reached by combining all contributions gathered across every engagement method, including public events, online activities, surveys, VCFSE-led sessions, health inequalities outreach and digital engagement. Each comment, vote, response or interaction that met the agreed definition of 'feedback' – as set out in the AI instruction block and applied consistently across all feedback was counted once. After cleaning the feedback data to remove duplicates, non-feedback entries and blank responses, the final verified total across all nine engagement approaches was over 8,339 pieces of genuine public feedback.

Across our nine engagement approaches

1. Public events and community roadshow

We visited 50 locations including markets, festivals, community centres and community hospitals, using interactive tools like Pauline's Story, the Somerset Pound and comment boards. Both Pauline's Story and the Somerset Pound were co-designed with clinicians and commissioning and finance colleagues.

2. Online survey

Co-designed with commissioning colleagues and widely promoted. 1,247 responses received.

3. Online interactive tools

Widely shared digital versions of Pauline's Story and Somerset Pound, enabling structured public votes and comments.

4. VCFSE-led engagement

Six organisations engaged seldom-heard communities through creative and accessible approaches, supported by an innovative small grant scheme.

5. Health inequalities engagement

Targeting informed by Community Services Equality Impact Assessment (EQIA) public health data and Core20PLUS5 priorities.

6. Digital communications engagement

Feedback received via website, social media and online interactions.

7. Email inbox

Direct written submissions for people who preferred private feedback.

8. Mentimeter sessions

An interactive digital tool used at events and workshops that allows participants to give instant feedback, vote on options, answer questions, and share comments anonymously using their phone or a tablet.

9. Anonymous feedback box

A route for anonymous feedback available at all public events.

3. What we did – overview of engagement activities

Digital communications engagement

The 2025 digital communications campaign for Somerset's Big Conversation achieved strong reach, high engagement and meaningful online participation across multiple platforms.

The campaign used a dedicated website landing page, two interactive "gamified" webpages (the Pauline's Story care scenario and Somerset Pound game), and four social media channels – Facebook, Instagram, LinkedIn and Nextdoor – to spark conversation and drive people to share their views. These channels were supported by a series of organic social media posts, paid advertising, real community quotes, direct survey questions, and locally focused images that helped make the campaign feel relevant and personal across Somerset.

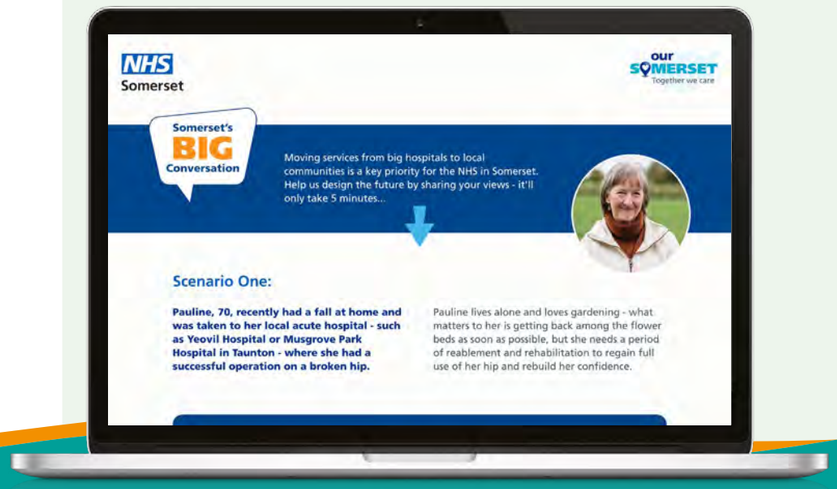
Organic posts reached over 44,000 people with an average engagement rate of 4.8%, well above national benchmarks, while paid ads extended reach to over 99,000 people, generating 11,500 engagements and 4,300 clicks at a cost of only £250

Interactive content – particularly the Pauline's Story scenario and Somerset Pound game – performed strongest, driving high click-through rates (5-9%) and encouraging people to explore different care options and spending choices. Engagement was highest among older people, especially women aged 55+, while younger adults and men under 45 were less responsive online, highlighting a key area for future improvement.

Social media comments reflected a mix of constructive debate, concerns about access and communication, and strong views on local services. The campaign's dedicated webpage attracted 1,593 visitors, mostly through organic search and direct links, showing good cross-channel visibility from in-person events and wider communications.

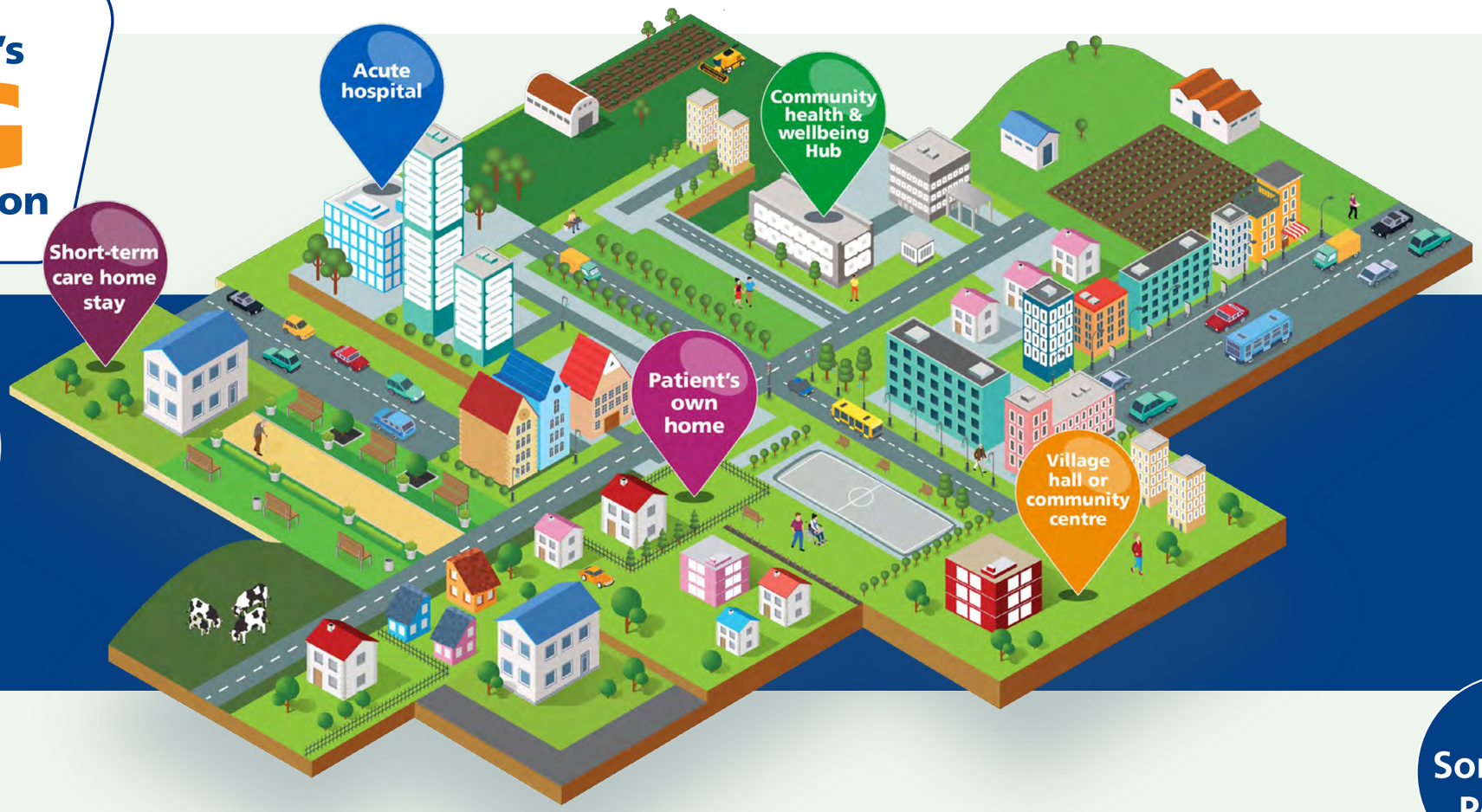
Overall, the digital activity demonstrated that interactive, transparent and locally grounded online content builds trust, encourages participation and strengthens engagement across Somerset's communities. All of the feedback heard has contributed to the overall analysis, top themes, priorities and consideration of next steps outlined in this report.

See Appendix B for further information.



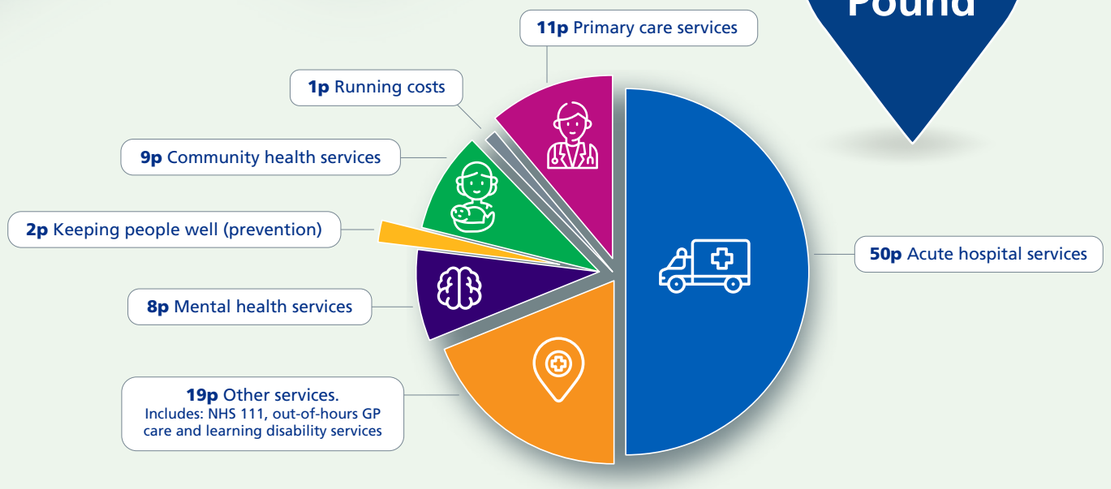
Somerset's BIG Conversation

Pauline's Story



At our in-person events and in our online engagement, two interactive tools, using these eye-catching graphics, were front and centre

Somerset Pound



Who we aimed to reach

The roadshow focused on involving people who often face barriers to engagement, including disabled people, carers, young people, low-income households, people who are offline or have limited ability to use digital services, minority ethnic communities, neurodivergent people, and those living in rural or coastal areas.

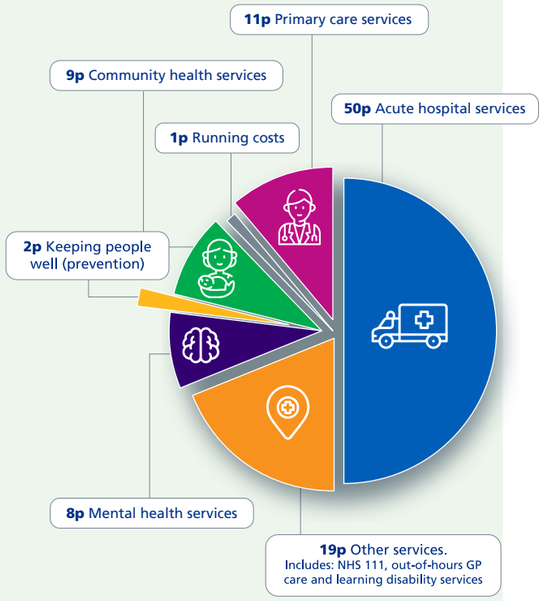
Who we heard from – a summary of respondents' demographics

The 3,947 people who took part in Somerset's Big Conversation 2025 reflected a broad cross-section of the county's population.

Across 3,947 participants, the strongest demographic picture comes from the online survey (1,247 people), which shows engagement was highest among women (62%), older adults (45-64: 36%; 65+: 33%), and people living with long-term conditions (32%). Most participants identified as White British (93%), reflecting Somerset's population profile, while carers made up nearly a quarter of respondents. Geographically, engagement covered all former district areas, with the largest share from Taunton Deane and West Somerset. Although not all engagement strands collected demographic data, the available information shows broad participation across Somerset's rural, coastal and urban communities, with consistently strong input from older adults, carers and people with complex or ongoing health needs.

Participation included:

- **Older adults**, who formed a significant proportion of public event attendees.
- **Children, young people and families**, engaged through VCFSE partners, youth organisations and online tools.
- **Disabled people and people with long-term conditions**, including those supported by carers and community groups.
- **Carers and unpaid family supporters**, many of whom described challenges in navigating multiple services.
- **People living in rural and coastal communities**, who shared strong insight into transport barriers, digital exclusion and limited service choice.
- **People experiencing inequalities**, including those from Core20PLUS5, low-income households and people with limited digital access.
- **Neurodivergent people and individuals with learning disabilities**, supported through accessible, creative VCFSE-led engagement.
- **Adults and young people experiencing mental ill-health**, engaged through community mental health organisations



3. What we did – overview of engagement activities

Online survey – demographic information

Across Somerset's Big Conversation 2025, thousands of people took part, and a demographic overview of who we spoke to at each event and in each workshop was noted. However, detailed, reliable and rigorous demographic information was captured most consistently through the online survey, which provides our clearest picture of who contributed online.

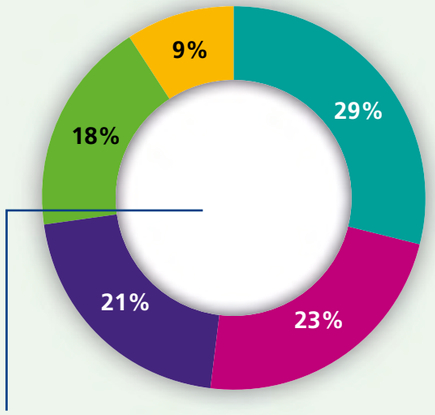
Demographic Statistics – from online survey

Age

19% aged 75+
41% aged 55–74
23% aged 35–54
6% aged 25–34
2% aged 16–24
(**9%** prefer not to say)

Gender

66% women
32% men
2% other / prefer not to say



Geography

Representation from all five former district areas:

- 29% South Somerset
- 23% Taunton Deane
- 21% Sedgemoor
- 18% Mendip
- 9% West Somerset

Disability / Long-Term Condition

54% reported a disability or long-term health condition
32% identified as having mobility issues, chronic illness or fluctuating conditions

Carer Status

28% were unpaid carers
9% cared for someone outside their household

Ethnicity

95% White British / White Other
5% minority ethnic backgrounds
(reflective of Somerset's population profile)

Parent / Guardian

22% were parents of children under 18
8% had children with SEND or additional needs

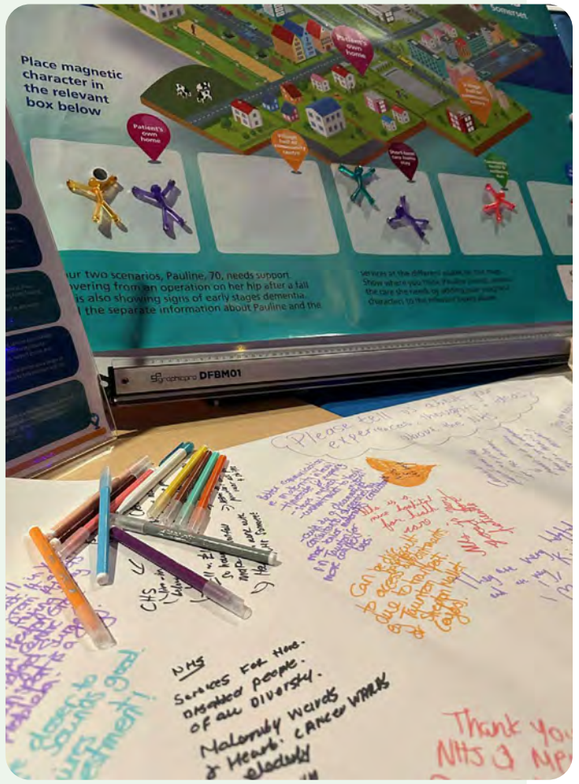
Public engagement events – demographic information

Across the 33 public events, we heard from a wide mix of people, including older adults, carers, people with long-term conditions, parents, working-age adults and those living in rural and coastal areas.

Because events were held in markets, high streets, Talking Cafes, community hospitals and town centres, they attracted people who may not usually take part in NHS engagement, including people who are digitally excluded, people on low incomes, neurodivergent individuals, disabled people and those linked to community groups. Although detailed demographics were not recorded for every attendee, observational evidence shows that public events successfully reached a broad cross-section of ages, backgrounds and local communities, helping ensure voices not captured through online methods were heard.

Limitations

The above information was used when designing our targeted engagement activities in October. We knew that some groups remain under-represented, including some minority ethnic communities, Gypsy, Roma and Traveller communities, people without digital access or who faced challenges with travel who did not attend events, and people experiencing homelessness. These limitations reflect both participation patterns and gaps in method design, which will be considered for future engagement programmes.



Public events successfully reached a broad cross-section of people, whose voices were not captured through online methods

4. Key findings: further detail

As highlighted in the Executive Summary, feedback from Somerset's Big Conversation 2025 led to ten key findings across all engagement approaches.

These key findings are ranked based on frequency of mention, strength of sentiment when responding and consistency across the various demographic and geographic groups.

They were identified through a structured, human-led process that used AI to consider frequency, strength of feeling and consistency across all nine engagement activities. As in-house specialists who had co-ordinated and run events, we reviewed and validated each theme to confirm that it accurately represented what people across Somerset had told us.

The ten key findings offer a clear and compelling picture of what matters most to people across Somerset. While each finding highlights challenges within services, collectively they indicate signs of a health system under pressure, communities striving for more reliable and local support, and a public that continues to deeply value compassionate staff and community-based care. Importantly, the themes also reveal strong alignment between what people say they need and the direction of current system priorities, particularly around strengthening neighbourhood services, improving access, and investing in prevention and early help.

1 GP access, continuity and reception-led triage

What people value

People praised the compassion and professionalism of GP staff and valued continuity with clinicians who know them well. Once people secured an appointment, most reported feeling listened to and well cared for.

What people want improved

The most common concerns were long waits for appointments, difficulty getting through on the phone, and digital systems that feel complex or inaccessible. People described frustration with having to explain their issue to reception staff before getting an appointment, cancelled appointments and limited continuity, particularly for those with ongoing conditions.

Who said this

Raised most strongly by older adults, carers, people with long-term conditions and people who are offline or have limited ability to use digital services, particularly in rural and coastal areas.

In your words

"Either can't get through to surgery or a very long wait – sometimes 7 or 8 weeks."

"Too much form filling just to get a telephone call."

"My appointment was cancelled four times before I was finally seen."

2 Community hospitals

What people value

People consistently described community hospitals as calm, familiar and local places where recovery feels safer and more personal. Local, community settings of care, UTCs, rehabilitation services and the continuity offered by longstanding teams were viewed as essential, especially for older adults and rural communities.

What people want improved

People were concerned about limited community bed availability, reduced UTC hours, uncertainty about future provision and the impact of travelling long distances when local services are unavailable. Confusion about bed allocation and weekend cover for certain services were common issues.

Who said this

Raised strongly by older adults, carers, disabled people and rural/coastal communities in West Somerset, Sedgemoor, Mendip and South Somerset.

In your words

"Minehead Hospital is a lifeline – without it we'd be cut off."

"Closing beds will break families – we can't travel miles every day."

"Being close to home meant my family could visit."

3 Workforce pressures and reliability of care

What people value

People praised the kindness, professionalism and resilience of staff across primary, community, mental health and acute services. Individual workers were frequently described as going "above and beyond," even under extreme pressure.

What people want improved

Concerns centred on staff shortages affecting continuity, reliability and timeliness of care – including late or missed home-care visits, reduced therapy availability, overstretched community teams and burnout. People linked workforce gaps directly to delays in discharge and inconsistent follow-up.

Who said this

Raised most by older adults, carers and people receiving home-based or long-term condition support, especially in rural and coastal areas.

In your words

"Staff are doing their best but there just aren't enough of them."

"My carers come late or not at all because the team is overstretched."

"Therapy stopped for weeks because there weren't enough physios."

4 Home-based care, reablement and 'home first' confidence

What people value

Many welcomed recovering at home when visits were reliable, therapy was consistent and communication worked well. People appreciated staff who supported rehabilitation, helped them regain independence and provided personalised care.

What people want improved

People raised concerns about missed visits, rushed care, lack of weekend cover, poor coordination and feeling unprepared after discharge. People supported "home first" only when services could guarantee safety, reliability and timely therapy.

Who said this

Raised strongly by carers, older adults, people with mobility issues, and those living alone or in rural areas.

In your words

"I'm not against being at home, but only if the care actually turns up."

"So long as adequate care facilities are in place… it may be better for them to recover in their own familiar surroundings."

"Home first is acceptable when appropriate support is in place; otherwise, people look to structured community options."

5 Transport, rurality and difficulty reaching services

What people value

People appreciated local clinics, community hospitals, UTCs and outreach services that reduced travel. Community transport, voluntary drivers and neighbours were praised for enabling essential appointments.

What people want improved

Transport barriers were one of the most universal issues raised. People described infrequent buses, expensive taxis, long journeys to acute hospitals and missed appointments due to unreliable transport. Rurality was seen as a major driver of inequality.

Who said this

Raised across all demographics, with the strongest feedback from older adults, disabled people, low-income households and rural/coastal areas.

In your words

"If you don't drive, you simply can't get to hospital appointments."

"The buses don't run when I need them – I had to cancel physio."

"Travel costs make it impossible to attend regular appointments."

6 Discharge processes and recovery pathways

What people value

Positive experiences were described when communication was clear, equipment arrived on time and therapy or carers started promptly. People valued staff who prepared them and their families well for going home.

What people want improved

People frequently reported inconsistent discharge processes, lack of follow-up, late or missing equipment and delays in home-care or therapy starting. Many felt unprepared or unsafe after discharge and unsure who to contact when support broke down.

Who said this

Raised strongly by carers, older adults, people with reduced mobility and those living alone.

In your words

"We were sent home without any of the equipment we were promised."

"No one turned up for two days after discharge – we felt abandoned."

"The communication between hospital and home care didn't join up."

7 Digital access, online tools and the need for non-digital options

What people value

People who are confident online found digital tools helpful for quick tasks, repeat prescriptions and accessing simple advice. Some valued the convenience of online forms and virtual support.

What people want improved

Digital-only routes created significant barriers for older adults, disabled people, those with poor connectivity and people with low digital confidence. Online forms were often described as stressful, confusing or inaccessible. People were clear they still need the option to speak to a person.

Who said this

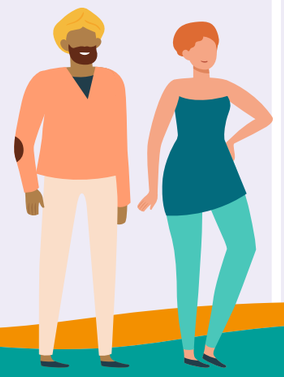
Raised mainly by older adults, disabled people, carers, low-income households and rural communities.

In your words

"I can't use the online forms – they're too complicated."

"I like being able to do things online, but not everyone can."

"Making communication easier, faster and providing patients better, clearer access to empower ownership over one's healthcare is a good thing."



8 Prevention, early help and staying well

What people value

People welcomed support that keeps them independent, connected and able to manage long-term conditions – including social prescribing, community groups, and proactive health checks.

What people want improved

People described gaps in early support, limited local activities, delayed access to help and difficulty finding information about what's available. Many wanted more easy-to-access community-based options to prevent issues escalating into a need for care in an acute hospital.

Who said this

Raised strongly by older adults, carers, people with chronic conditions and those experiencing isolation.

In your words

"If there was help earlier, I wouldn't have ended up in A&E."

"We need more in the community to keep us active and connected."

"People don't know what support is out there – it's hard to find."

9 Access to NHS dentistry

What people value

Where NHS dentistry is available, people praised the quality of care and the reassurance of routine appointments for adults and children.

What people want improved

The majority of feedback focused on an inability to access NHS dentistry at all. People reported long waits, no registration options, cancelled appointments, high private costs and travelling long distances for treatment.

Who said this

Raised consistently across all demographics, with particular concern from families, low-income households and older adults.

In your words

"There are no NHS dentists taking patients – nowhere at all."

"I had to travel miles and still pay privately."

"Happy with all NHS services and have GP and dentist."

10 Mental health support for adults and young people

What people value

People shared positive experiences of compassionate mental health workers, supportive community groups and inclusive youth organisations. Trusted relationships were highly valued.

What people want improved

People described long waits, having to reach a severe need before support is offered, unclear pathways and limited early help. Young people highlighted a lack of accessible local support and delays in counselling. Adults reported inconsistent follow-up and gaps between services.

Who said this

Raised by young people, parents, carers, adults experiencing mental ill-health and VCFSE partners supporting these groups.

In your words

"We waited months for support and by then things had got worse."

"There's nowhere for young people to go when they're struggling."

"Mental health [services] is the reason I'm still here – it needs more investment."

"The community garden project lifted my mood and gave me mental space to focus on other parts of my life."

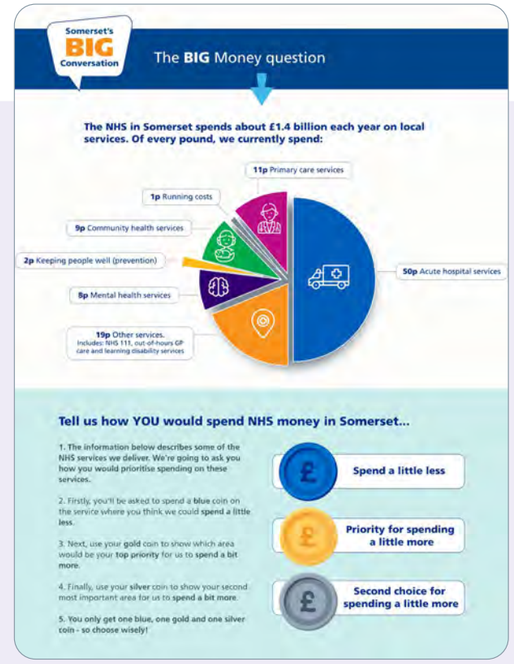
Spotlight on spending – seeking public views on how the NHS should spend its money

Throughout the 2025 programme, two main interactive tools were used at our engagement events and online – Pauline's Story and the Somerset Pound. Here we focus on the Somerset Pound. For more on Pauline's Story, see the Community Services section of the report.

The Somerset Pound

In January 2025, the Secretary of State for Health and Social Care, Wes Streeting, made it clear that the NHS must "live within its means" and that "the culture of routine overspending without consequences is over." He also emphasised that "tough decisions need to be made and local systems should feel empowered to make them."

Recognising that Somerset will have to make difficult financial decisions now and in the future, we set out to understand how local people think NHS money should be used. We worked with finance colleagues to design a simple engagement activity – the Somerset Pound – which was available as a hands-on activity at our events, and as an online 'game'.



How the activity worked

Using a script, engagement colleagues encouraged participants to use three coloured coins to indicate their spending preferences:

- **Blue coin** – to show their choice on where to spend a little less
- **Gold coin** – their top priority for spending a little more
- **Silver coin** – their second choice for spending a little more

Participants were shown a pie chart setting out how we currently spend our money and were asked to consider five areas of healthcare when choosing:

- **Acute hospitals**
- **Primary care (GP practices, dentistry, pharmacy and optometry)**
- **Mental health services**
- **Community services**
- **Prevention / "keeping people well"**

Somerset Pound - outcomes across all engagement approaches

Service Area	Top choice to spend a little more (gold)	Second choice to spend a little more (silver)	Spend a little more (gold + silver)	Spend a little less (blue)	
Acute hospitals	54	62	116	111	
Primary care	88	86	174	35	
Mental health	63	63	126	36	
Community services	97	79	176	37	
Keeping people well	24	27	51	122	
TOTAL	**326**	**317**		**341**	**984**

Key insights:

- Most blue coins (spend a little less): keeping people well (122) and acute hospitals (111).
- Most gold votes (spend a little more): community services (97) and primary care (88).
- Combining the choices to spend a little more (silver + gold) showed that community services (176) and primary care (174) were, again, the most popular.
- When it comes to acute care, people are conflicted – 111 selected it as an area where investment could be decreased slightly, perhaps recognising that the sector currently receives about half of NHS Somerset's budget and there is Government direction to 'left shift' spending from treatment to keeping people well. Meanwhile, 116 people selected it to receive a little more money, showing how important people view acute services.
- The highest silver votes were similar across primary care (86), community services (79), acute hospitals (62).

Blue coin and the choice to spend less

We know through our conversations at in-person engagement events that allocating the blue coin to spend a little less somewhere was a challenging decision and often took people a long time. A number of people declined to allocate the blue coin and recorded their reasons on the feedback sheet. In one instance, a local MP who was taking part refused to allocate the blue coin and instead wrote on the feedback sheet: 'Take money from profits of banks and energy companies and not NHS services'.

In your words

"It's really hard to cut anything – all of these matter."

"I don't want to spend the blue coin if it affects essential care."

"Everything is important; how do you choose?"

5. Feedback from different parts of Somerset

The key findings above show what mattered most overall across Somerset's Big Conversation 2025.

This section builds on those findings by segmenting our audience – highlighting what was most important to people in different parts of Somerset using the same method of combining the frequency of comments, the strength of feeling, and the consistency of feedback across engagement approaches.

For this purpose, we have chosen to use the five former district council areas that were in place pre-2019, as many people still use them to describe where they live in Somerset.

Each section includes general findings and a focus on general practice because it generated the highest volume of feedback and the strongest emotional responses across Somerset's Big Conversation.

1. West Somerset

General findings

In West Somerset, the strongest and most consistent themes were transport barriers, long travel distances for hospital care and difficulty accessing services without reliable cars or public transport. People expressed very strong emotional attachment to community hospitals and UTCs, which were frequently praised as trusted, local and essential given the area's isolation. Digital exclusion also appeared often, particularly among older adults, shaping how people experience the wider system. Concerns about NHS dentistry and youth mental health support were raised frequently and with notable emotional weight.

General practice

General care feedback in West Somerset centred on concerns about access, especially difficulty using online forms or navigating phone systems. However, people consistently highlighted the value of trusted relationships with local practice teams, describing GPs and reception staff as kind and supportive once contact was made. The frequency and consistency of comments about digital access challenges suggest this is the key barrier for many residents, rather than dissatisfaction with care itself.

The strongest and most consistent themes were transport barriers, long travel distances for hospital care and difficulty accessing services

2. Sedgemoor

General findings

Sedgemoor generated some of the highest volumes of feedback, reflecting rapid population growth and pressure on local services. People often spoke positively about community hospitals and local urgent care, while concerns about transport in rural villages were raised repeatedly. NHS dentistry emerged as a major challenge, particularly for families, appearing frequently and with strong emotional tone. Residents also shared a balanced view of system pressures, recognising where staff were doing their best in difficult circumstances.

General practice

Primary care feedback was dominated by difficulties getting through by phone, appointment availability and the strain on busy practices. Despite this, people frequently praised staff for their friendliness, professionalism and support, especially once they were seen. Sedgemoor residents expressed a desire for more responsive access routes, but comments were framed within an understanding of the pressures teams face. The strongest positive sentiment centred on feeling heard and cared for by local clinicians.

3. Taunton Deane

General findings

Taunton Deane residents raised the most feedback about hospital and specialist care, showing how important Musgrove Park Hospital and specialist services are locally. People expressed strong positive sentiment about the professionalism, expertise and kindness of hospital teams, alongside frustration about waits and cancellations. Digital access generated more positive sentiment here than elsewhere, particularly among commuters and younger adults who found online systems convenient.

General practice

Primary care themes in Taunton Deane showed a balanced picture, with both appreciation and concern appearing frequently. Many residents highlighted high-quality care, good clinical advice and professional reception teams, reinforcing the value placed on local practices. Concerns focused mainly on demand, availability and the pressure on appointment systems, but these were framed by an understanding of the volume of people using services in a busy urban area. Positive experiences once seen were a strong and consistent theme.

5. Feedback from different parts of Somerset

4. South Somerset

General findings

South Somerset feedback highlighted very strong themes around mental health and neurodiversity support, particularly among young people and parents. Rural transport difficulties, especially travelling to Yeovil Hospital, appeared frequently and with emotional intensity. People expressed high trust and appreciation for community hospitals and UTCs, which were viewed as reliable and accessible. Prevention and wellbeing activities were mentioned more often here than in any other district, reflecting strong local interest.

General practice

Primary care feedback reflected the importance of continuity, compassion and supportive reception teams, with many residents describing positive relationships with their practices. At the same time, concerns about waiting times, delayed referrals and challenges accessing mental health or neurodiversity pathways emerged consistently, especially among families. The tone of comments suggested people value their practices but feel let down by system pressures that delay access to the support they need.

5. Mendip

General findings

Mendip residents discussed a wide range of services, but the strongest and most consistent themes related to mental health support, community-based services and transport barriers. Voluntary and community organisations received particularly high praise, reflecting strong local reliance on VCSE support. Feedback also highlighted variation in community service availability and interest in prevention and wellbeing hubs, which were viewed positively across different parts of the district.

General practice

Mendip residents placed significant value on long-standing GP–patient relationships and the personalised care offered by practice teams. While people shared concerns about appointment availability, follow-up delays and access to mental health support through GP routes, these comments were generally balanced with recognition of how hard local staff work under pressure. Positive sentiment was especially strong where continuity was maintained and people felt known by their practice.

South Somerset feedback highlighted very strong themes around **mental health and neurodiversity support**

6. Focus on community services

Fit for the Future: 10-Year Health Plan for England was published by the Government in July 2025. The plan sets out three major "radical shifts" for the NHS: hospital to community, analogue to digital, and sickness to prevention.

These national priorities closely align with NHS Somerset's own direction of travel and will remain central to our work over the coming years.

Previous engagement programmes in Somerset have consistently shown that community services – including those provided through community hospitals – are particularly important to local people. Some community hospital beds in Somerset have been temporarily closed for several years, and people have been clear that they want to be involved in decisions about how community services should be delivered in their area.

Reflecting this, a key aim of Somerset's Big Conversation 2025 was to gather insight to inform the planning of future community services and to understand public views on the national shifts from hospital to community and sickness to prevention.

The importance of community services emerged as a major theme across the programme. In the online survey alone, over 62% of free-text comments referenced at least one aspect of community-based care.

Summary of findings

People described community services as essential and closely linked them to safe, timely care closer to home. This section explores what we heard about community hospitals, community beds, reablement services, home-based care, neighbourhood teams and primary care as part of the wider community system.

- Community services were widely viewed as the infrastructure that keeps people well, supporting prevention, avoiding unnecessary hospital admissions and enabling safe discharge.
- **Primary care remained central to how people understand community services.** Respondents expressed strong trust in staff across GP practices and pharmacies, though many described access challenges – particularly around appointments, waiting times and contact routes.

- People consistently prioritised maintaining and strengthening community hospitals and **improving access to therapy and reablement**, ensuring reliable home-based care, and improving coordination between health and social care. Across all engagement, people spoke about the need for consistent visits, timely therapy and confidence that support would be available when required.
- Community hospitals were often described as vital local assets, with some participants calling them "lifelines" – particularly in rural and coastal areas where travel to acute hospitals is more difficult. There was strong interest in community beds and **community hospitals were referred to as trusted, local spaces for recovery, rehabilitation and step-down care**, particularly in rural and coastal areas where travel to acute hospitals is more difficult.
- There was a desire to improve coordination between health and social care. Coordination issues were raised across all engagement channels. **People described repeating information to different teams**, unclear discharge planning and confusion about who was responsible for follow-up. They valued joined-up communication and smoother transitions between services.
- People wanted fair access for rural, coastal and isolated communities. People highlighted the challenges of long travel distances, limited buses and high transport costs when services are not available locally. **Feedback emphasised the importance of protecting local community hospitals and improving transport options to ensure fair access.** Feedback from carers, older adults, disabled people, young people and those in more deprived areas highlighted how gaps in transport, digital access, home care and community support can increase pressure on those already carrying the greatest burden.
- While experiences varied across localities and demographic groups, the overarching message was clear: **people in Somerset want well-resourced, coordinated community services** delivered by local teams who understand the communities they serve.

What 'community services' means to people

Across all engagement approaches, people consistently described community services in terms of proximity, safety, dependability and trust. At engagement events, we explained community services as those close to where you live.

People described community services as:

- reliable, accessible and local
- places where recovery feels safer and more personal
- services that support independence and dignity
- alternatives to acute care that reduce travel and stress
- a vital link between GPs, hospitals, home care and social care

In your words

"Community services mean knowing help is close by."

"It's about feeling safe and not being miles from home."

"Good community support is what stops people going back into hospital."

"Good community support is what stops people going back into hospital."

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Pauline's Story – a centrepiece for engagement on community services

Why we developed this activity

For this activity, we focused on one aspect of community care – recovery, reablement and rehabilitation after a hospital stay due to a fall. We were keen to know what people thought about the various places this care could be delivered and so presented them with brief information about advantages and disadvantages and asked them to make a choice.

A second question asked respondents to use the same information about those locations to choose where Pauline could get support following a diagnosis of early stages dementia.

How the activity was used

➔ Pauline's Story was used at in-person public events, where our teams used a script to guide conversations and invited people to place a 'Pauline' character on a magnetic board to show their choice.

➔ It was also promoted online as an interactive digital 'game', allowing participants to work through the scenario step by step and leave free-text comments.

➔ Pauline's Story was included as an activity in the Mentimeter online feedback work for VCFSE and other targeted groups in October.

The five options for the two questions – supported by information about the advantages and disadvantages of each – were:

- At home
- At a local village hall or community centre (delivered through neighbourhood working)
- At a Community Health and Wellbeing Hub (similar to a community hospital)
- A short term (NHS-funded) stay in a local care home
- At an acute hospital (like Yeovil Hospital or Musgrove Park Hospital in Taunton)

The scenario encouraged people to weigh up practicalities, risks and personal values, resulting in more reflective and realistic feedback than a standard survey question.

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A total of 786 people took part in the Pauline activity across the four engagement opportunities.

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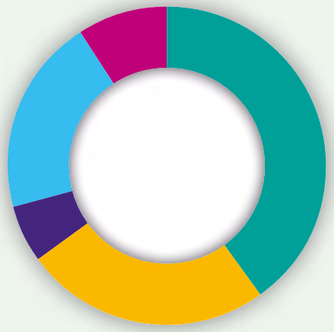
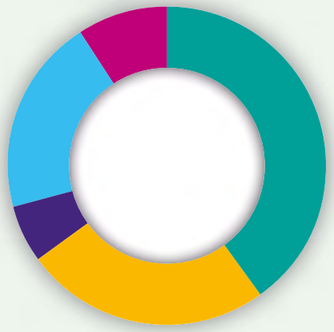
Quantitative findings

Participants by engagement opportunity

- Online engagement activity: **357 participants**
- In-person public events: **374 participan**ts
- VCFSE and workshop settings: **53 participants**
- Health Inequalities Mentimeter (carers and citizen hubs): **2 participants**

Total participants: 786





Q1 Where should Pauline recover after her hospital stay following a fall?

Home	481	40%
Community health and wellbeing hub	296	25%
Village Hall / community centre	72	6%
Short term care home stay	247	20%
Acute hospital	119	9%

Q2 Where should Pauline get support after her diagnosis of early stages dementia?

Home	184	18%
Community health and wellbeing hub	310	30%
Village Hall / community centre	281	27%
Short term care home stay	196	19%
Acute hospital	61	6%

What people told us

Question 1. Where should Pauline recover after her hospital stay following a fall?

- **The data shows that when it comes to reablement and rehabilitation, there is strong support (40%) for recovering at home.** The home setting was associated with comfort, familiarity, maintaining independence and a faster recovery. However, in our conversations with people, they often made it clear that they only supported this if home services were reliable, coordinated and well-resourced.
- Taken as a whole, community settings (home, health and wellbeing hub, village hall and short-term care home stay) received the vast majority (91%) of support, with remaining in an acute hospital only attracting around 10%.
- One in four people chose the health and wellbeing hub (25%), indicating faith in community in-patient beds.
- One in five people opted for a short-term care home stay (20%). In our conversations, it was apparent that there was some variation in people's approach to the care home stay depending on whether they imagined themselves (less likely to choose) or an elderly relative (more likely to choose) as the recipient of the care.
- When we were aware that the participant was a health and care professional, they were very likely to choose home as Pauline's destination.

The home setting was associated with comfort, familiarity, maintaining independence and a faster recovery.

Overall, community settings were the favoured locations at 94% with only around one in 20 (6%) choosing an acute hospital as appropriate.

Question 2. Where should Pauline get support after her diagnosis of early stages dementia?

- **At 30%, the most popular option was in a local community health and wellbeing hub, closely followed by 27% choosing a local village or community hall.** This suggests that people recognised Pauline needed services to help her stay well and manage her condition – such as peer support groups, support from VCFSE organisations and advice – and felt this support should be convenient and local.
- Overall, community settings were the favoured locations at 94% with only around one in 20 (6%) choosing an acute hospital as appropriate. These settings were viewed as safer and more structured alternatives to home that still feel local and non-medical, reducing the stress and travel burden associated with acute hospitals. This indicates support for Somerset and Government strategy to deliver a Neighbourhood Health Service.
- These patterns indicate broad support for Somerset's and the Government's direction of travel toward neighbourhood health services that strengthen local support, prevention and community-based care.
- The same preference patterns appeared across online participants, attendees at public events, VCFSE groups, younger and older people, and carers.

Focus on types of community services

A. Community hospitals

Across all engagement activities, people displayed high levels of enthusiasm about their community hospitals, describing them as calm, familiar and local places where recovery feels safer and more personal.

Being close to home, supported by staff who know the community, was described as central to people's confidence, wellbeing and rehabilitation. People consistently emphasised the value of local settings of care, urgent care access, rehabilitation services and the continuity offered by longstanding community hospital teams, often describing these services as essential – particularly for older adults, carers, people in rural and coastal areas, and those with limited transport options.

At the same time, people were not opposed to recovering at home or receiving care closer to home, provided important conditions are met. They stressed that home-based care must be reliably staffed, consistently delivered, well-coordinated with reablement and therapy, available seven days a week, and supported by clear communication across health and social care. A "home first" approach was therefore welcomed only when it feels safe, dependable and fully supported with the right resources.

In your words

"Being able to recover close to home makes such a difference. It feels safer and less overwhelming."

"The staff in our community hospital know us and know the area – that familiarity really matters."

"Rehabilitation works better when it's calm and personal. You get that in a community hospital."

"Without our community hospital, people would struggle. It keeps care local and dignified."

Main concerns

Comments expressing concerns about community hospitals appeared across multiple feedback, including public events, social media, the inbox and VCFSE feedback. Across these sources, recurring issues included:

- Perceived or real reductions in bed numbers
- Closure risks or service downgrades
- Travel difficulty when local facilities are unavailable
- Pressure on urgent treatment centres
- Limited weekend or out-of-hours provision

In your words

"If our community hospital closes or loses beds, where are people meant to go?"

"When the local unit is shut, the travel is impossible for some of us – especially older people."

"UTCs are stretched, and reduced hours mean more people ending up in A&E."

"There's hardly any weekend cover. It feels like services are being chipped away bit by bit."

Home-based care and reablement

People supported a "care at home first" approach if services were staffed, reliable and joined-up.

Key issues raised

- Inconsistent home-care support
- Limited reablement capacity
- Delays waiting for therapy
- Lack of weekend provision
- Pressure on carers
- Variable communication with families

Positive reflections

Where home-based services worked well, people praised:

- Caring, skilled staff
- Good communication
- Tailored support
- Continuity of carers

In your words

"Care at home is brilliant when it works – but it must be safe."

"Reablement is amazing but you can't get it when you need it."

"My carers are wonderful, but they are rushed off their feet."

Primary care as part of community services

Public feedback made it clear that most people experience "community services" primarily through their GP practice and wider primary care team.

In the online survey alone, difficulty accessing GP appointments was the single strongest theme, with 865 free-text comments analysed and GP access repeatedly identified as a key issue. People described primary care as the foundation of community services: the place where needs are first recognised, where care is coordinated, and where ongoing relationships with trusted staff develop.

Key issues raised

People talked about primary care as:

- The main gateway into the wider NHS and community services
- The place where long-term conditions are monitored and managed
- A key source of reassurance, advice and signposting
- A critical link between home, community hospitals, acute care and social care

When primary care worked well, people described GP practices as "anchors", and staff across GP practices, community nursing and pharmacies featured frequently in positive feedback.

People described primary care as the foundation of community services

6. Focus on community services

What is working well

Alongside concerns, there was strong positive feedback about:

- **Trust in staff** – positive examples of compassionate, skilled GP teams, pharmacists, reception staff and community nurses appear consistently across the online survey, social media and event feedback.
- **Continuity of care** – especially valued by older adults and people with long-term conditions. Older adults formed 33% of all survey respondents, and many praised long-standing GP relationships.
- **Proactive monitoring** – noted across free-text comments, particularly for people managing ongoing conditions supported by GP teams and community nursing.
- **Supportive reception and care navigation** – survey data shows significant positive sentiment related to reception staff who listen, explain processes and help people understand how to access the right care.

These strengths underpin wider confidence in community services and show what people value and want protected.

What people want to see improved

- **Access to appointments** – the strongest theme in the online survey and widely reflected across public events, social media and the anonymous feedback box.
- **Telephone and digital systems** – digital and telephone access issues were core parts of feedback, including long phone queues, automated systems and challenges with online forms.
- **Clarity about how the system works** – many people asked for clearer information on triage processes, same-day care routes, referral pathways and follow-up.
- **Face-to-face options** – requests for more consistent in-person appointments were common, especially among older adults, people with disabilities, and those with digital access barriers.

Importantly, across all engagement opportunities, people balanced criticism with empathy – acknowledging staff pressures even while describing practical barriers.

What this means for community services

Feedback suggests that any future model of community services will need to:

- **Treat primary care as a core part of the community system**
- **Strengthen access, communication and continuity in ways that reflect workforce pressures**
- **Improve links between GP practices, community hospitals, home-based care, mental health and social care**
- **Ensure digital tools are balanced with inclusive, non-digital routes – an issue highlighted by digital exclusion concerns across the survey, public events and social media feedback**

By addressing these issues, the system can build on high public trust in primary care staff while improving access, navigation and joined-up care – all of which strongly shape people's day-to-day experience of community services.

Variations by demographic group

Feedback from different demographic groups provided important insight into how community services work in practice and where the greatest pressures are felt.

Carers

Feedback from carers was sought through both general public engagement and targeted engagement.

At events, we spoke to many paid and unpaid carers and in October, carers organisations who are part of our engagement network were contacted about the small grant scheme to fund bespoke engagement with certain groups (see below). We also worked with Somerset Council colleagues to ensure that parent carers had the opportunity to share their feedback, as well as with Healthwatch Somerset, who helped to promote the engagement opportunity through the Carers Strategic Partnership Board, comprising representatives of Our Somerset partner organisations and those with lived experience.

Structured feedback came through the dedicated carers online Mentimeter feedback tool in October 2025, where around 10 unpaid carers took part. The feedback included insight from people supporting partners with dementia, caring for children with additional needs, juggling work and caring responsibilities, or managing multiple caring roles across generations. Carers spoke openly about:

- The pressure of repeating their story
- The strain created by limited weekend or evening support
- The importance of reliable home-based care and accessible community hospitals.

Carers also contributed extensively through public events, informal conversations, and the community roadshow. While demographic data was not collected at every setting, analysis of written comments makes it clear that many attendees identified themselves as unpaid carers. People frequently used phrases such as "I look after my mum," "I'm caring for my husband with Parkinson's," "I care for my disabled child," or "I'm supporting my neighbour daily," indicating a strong presence of carers across the engagement programme. From the number of qualitative pieces of feedback we recorded, we estimate that we spoke to approximately 45-60 unpaid carers.

Carers often contributed insight about gaps in coordination, the pressures of managing complex care at home, and the value of trusted local services. These contributions add depth to our understanding of how pressures in primary care, transport, digital access and community services directly impact those who take on caring roles. Carers consistently described gaps in coordination between hospital discharge, community therapy and home care, and emphasised how inconsistent communication can increase anxiety and risk for the people they support. They also praised individual staff for their compassion, continuity and local knowledge, and valued community hospitals, neighbourhood teams and responsive primary care when it was available

While this programme recorded valuable feedback from carers, we recognise that their voices need to be heard even more strongly in future work.

Older people

In the online survey, 24% of respondents were aged 65+, and this group was also well represented at public events.

Older people placed strong emphasis on:

- The value of local community hospitals and UTCs
- Challenges created by long travel distances
- The importance of continuity from familiar staff
- Difficulty using digital systems

Transport barriers and digital exclusion featured prominently in older adults' feedback, alongside strong appreciation for community nurses, GPs and rehabilitation staff.

Disabled people and those with long-term conditions

In the online survey, a significant proportion of respondents identified as having a long-term condition (reported in survey demographics), and this group contributed some of the most detailed feedback.

They highlighted:

- The importance of reliable home-based care and community nursing
- The impact of delays in therapy, reablement and specialist community support
- Transport and mobility barriers when services are far from home
- The value of staff who understand their condition and communicate well

Parents and families

Parents engaged through the online survey, public events and urgent-care Mentimeter activities.

They valued:

- Local, child-friendly urgent treatment centres
- Clear aftercare between hospital, primary care and community teams
- Continuity for children with long-term or complex needs
- Avoiding long trips for follow-up care

Families described the practical pressures of balancing travel, appointments, multiple children and work, emphasising the importance of accessible community-based support.

Young people

Young people were strongly represented through VCFSE-led engagement, youth organisations, Mentimeter sessions and health inequalities outreach. These channels collectively engaged over 230 young people across multiple settings.

Young people emphasised:

- The need for accessible, local mental health and wellbeing support
- Safe, youth-friendly community spaces
- Trusted relationships with youth workers or community teams
- Frustration with unclear mental health pathways or long waits

VCFSE sessions

VCFSE-led engagement provided deep, high-quality insight from people who are often under-represented, especially disabled people, neurodivergent people, carers, people with trauma histories and those with complex mental health needs.

Key points raised

- Strong emphasis on barriers to independence, including gaps in community support.
- Insight into the needs of people with neurodivergence, sensory sensitivities and communication needs.
- Positive feedback about trusted community spaces offering safety, understanding and tailored support.
- Calls for more accessible, person-centred community mental health and wellbeing support.

In your words

"When support is tailored to me, I can actually make progress."

"The community group is the only place I feel truly understood."

"I need consistency – new staff every week makes it hard."

Health inequalities (HI) targeted engagement

Health inequalities targeted engagement brought insight from people least likely to engage online or attend events.

This included low-income households, older adults, people with mobility issues and those living in isolated rural areas.

Key issues raised

People talked about primary care as:

- Transport and distance were major barriers to accessing community hospitals or therapy.
- Participants described language and communication challenges, especially for newer communities.
- High levels of digital exclusion made online pathways impractical.
- Feelings of social isolation increased reliance on local VCFSE groups and community hubs.

In your words

"I can't get to appointments if there's no bus – it's that simple."

"Sometimes I don't understand the letters I'm sent."

"I don't use the internet – I need someone to talk to."

"The local hub is the only place I see people some weeks."

Feedback from the areas around the county's community hospitals

These are 13 community hospitals in Somerset: Bridgwater, Burnham-on-Sea, Chard, Frome, Minehead, Shepton Mallet, South Petherton, West Mendip (Glastonbury), Wellington, Williton, Wincanton, Crewkerne, Dene Barton (Cotford St Luke).

For each of those areas, this section gives a summary of what we heard on any subject across all engagement approaches. It draws from feedback collected in the geographical area, mention of the given area in general feedback or where a relevant home location was given by the respondent. Naturally, the amount of feedback we received for some areas was less than others. In some cases, feedback may be based on a relatively small sample size.

→ People in the Bridgwater area told us they are experiencing growing pressure on the UTC and community services, making it harder to be seen quickly. Transport to Musgrove Park Hospital was a major challenge for those without a car, while staff were consistently praised for their kindness and professionalism.

In your words

"It's getting busier every year; sometimes you can't get seen when you need to."

"If you don't drive, it's really difficult to get to appointments in Taunton."

"The UTC staff are brilliant – they really put people at ease."

→ People in the Burnham-on-Sea area told us their hospital is essential for coastal communities, providing much-needed local care. Transport to Taunton was described as extremely difficult without a car, and many expressed concern about reductions or changes to services over time.

In your words

"Without Burnham Hospital, we'd have nowhere local to go."

"If you don't drive, getting to Taunton is almost impossible."

"It feels like we've lost more and more over the years."

→ People in the Chard area told us they value the personal, unhurried care from staff and rely on local clinics to avoid long travel to Yeovil or Taunton. However, limited public transport – especially early in the morning – creates barriers to accessing services.

In your words

"The care at Chard is always personal and unhurried."

"Having clinics here means I don't have to go to Yeovil or Taunton."

"Buses are infrequent, especially early in the morning."

→ People in the Frome area told us that the UTC is highly valued and provides excellent, accessible care. While local provision supports recovery close to home, people felt that limited bed numbers mean some patients must travel further, and pressure on primary care affects wider access.

In your words

"The UTC in Frome is excellent – they really look after you."

"There aren't enough beds, so people get sent miles away."

"It's so hard to get a GP appointment, which puts pressure on everything else."

6. Focus on community services

➜ People in the Minehead area told us the their hospital is a lifeline because of rural isolation and long distances to acute care. Travel to Taunton was described as extremely difficult without reliable transport, and people strongly valued the community-focused support from staff.

In your words

"Minehead Hospital is a lifeline – without it, we'd be cut off."

"It takes hours to get to Taunton if you rely on public transport."

"The staff really understand the community – they're brilliant."

"It's clean, calm and very well organised."

"Getting here without a car is really difficult."

➜ People in the Shepton Mallet area told us staff are consistently kind, supportive and reassuring. Reduced UTC hours were a concern, meaning people sometimes had to travel further, yet local clinics were strongly valued for keeping care close to home.

In your words

"The staff at Shepton are always lovely – they make you feel at ease."

"It's hard when the UTC isn't open – we have to go further."

"It's great having clinics here so we don't need to travel."

➜ People in the South Petherton area told us they highly value the rehabilitation services and the calm, well-run environment. However, rural transport barriers make accessing the hospital difficult for people without a car.

In your words

"The rehab here is excellent – it really helps people."

➜ People in the Glastonbury area told us the UTC/minor injuries unit is highly valued and prevents long trips to Bath or Bristol. Transport barriers remain an issue for those without a car, but staff were frequently described as kind and caring.

In your words

"The UTC is fantastic – it saves a trip to Bath or Bristol."

"If you can't drive, it's incredibly hard to get to appointments."

"Staff here are always lovely – they really care."

➜ People in the Wellington area told us staff are consistently praised for being friendly, helpful and supportive. A reduction in UTC services caused concern, but people strongly valued the local clinics that reduce the need to travel to Taunton.

In your words

"The staff are brilliant – always friendly and helpful."

"We really need the UTC back."

"It helps so much having clinics here instead of going to Taunton."

6. Focus on community services

➜ People in the Williton area told us their hospital is essential due to rural isolation, with residents relying heavily on local care. Transport to Musgrove Park Hospital was a significant challenge, and people valued the familiarity and compassion of local staff.

In your words

"Without Williton, we'd have nothing local."

"It takes hours to get to Taunton by bus."

"The staff here know everyone."

➜ People in the Wincanton area told us staff provide friendly, personal care and local clinics are vital in reducing long trips to Yeovil or other acute sites. Transport barriers remained a concern, especially for those without access to a car.

In your words

"The staff are always lovely."

"I rely on the clinics here – it saves long trips."

"If you can't drive, getting to Yeovil is very hard."

➜ People in the Crewkerne area told us they value the caring, supportive staff and rely on local clinics to avoid long-distance travel. The loss of UTC services remained a notable concern.

In your words

"The staff here are always so kind."

"We need the UTC back."

"I'm grateful we still have clinics here."

➜ People in the area around Dene Barton community hospital told us staff provide kind, compassionate support and rehabilitation services make a meaningful difference to recovery. Transport to Musgrove Park Hospital was a particular challenge for those without a car.

In your words

"The staff at Dene Barton are wonderful."

"The rehab here is brilliant – it made a huge difference."

"Getting to Musgrove without a car is almost impossible."

7. Feedback from targeted VCFSE engagement

Through a small grant scheme, six voluntary, community, faith and social enterprise (VCFSE) organisations helped us engage with people whose voices are often missing from mainstream NHS engagement – including those facing poverty, disability, rural isolation, neurodivergence, bereavement, mental health challenges and social exclusion.

Using trusted relationships and familiar community settings enabled richer, more honest insight than we could have gathered alone. Although participation was partly self-selecting, we contacted a wide range of groups and reached communities that are typically under-represented.

This work engaged 192 people and generated over 1,000 pieces of feedback, contributing significantly to the overall themes in this report.

Across all six organisations, the feedback paints a consistent picture:

• Local, relationship-based community support helps people feel understood, safe and connected.

Participants consistently valued community groups, youth hubs and peer-led spaces as welcoming and non-judgemental. Trusted relationships and familiar environments made it easier for people to share their experiences openly, particularly those living with trauma, grief, autism, anxiety or long-term conditions.

• People appreciate mainstream services but sometimes find them harder to navigate, especially when living with complex or multiple needs.

Many valued the care they receive once in the system, but described times when processes felt difficult to access or understand. People said clearer pathways and earlier support would help them manage their needs more confidently and avoid reaching crisis points.

People appreciate mainstream services but sometimes find them harder to navigate

• People highlighted that factors such as rurality, disability, neurodivergence, low income, coastal isolation and LGBTQ+ identity can shape how easily they access or engage with services.

Participants valued services that recognise these different contexts and adapt support accordingly. They also appreciated staff and organisations who take time to understand individual circumstances, communication needs, travel barriers or personal identities.

• Staff were consistently praised, and people value joined-up, well-communicated care.

Individuals spoke highly of clinicians, support workers and therapists who showed kindness and commitment. Where pathways felt fragmented or communication was unclear, participants said they would welcome more coordination so they can focus on their health without repeatedly explaining their story.

Individuals spoke highly of clinicians, support workers and therapists who showed kindness and commitment

• Care at home is preferred when it feels reliable, well-resourced and supported by local services.

Most people valued the comfort and familiarity of receiving care at home or in community settings. They felt this works best when teams have the time and continuity to offer consistent support, and when people can easily access advice, mental health input and transport when needed.

8. Next steps: You said – we heard – we will

Summary

The insight gathered through Somerset's Big Conversation 2025 now forms a reliable evidence base for shaping future health and care services.

The next steps focus on turning what people told us into practical action, informing how programmes plan, invest and redesign services. We will also continue to let the public know what we have done with their feedback through our ongoing "you said, we did / we will" commitments.

How findings will shape system programmes

Insight from the engagement will be shared directly with leads across community services, primary and urgent care, mental health, children and young people's services, acute flow and discharge, digital, access, transport and health inequalities. Each workstream will use the feedback to inform redesign, improvement or investment decisions.

Strengthening neighbourhood and locality planning

Community-level findings – including detailed feedback from the 13 community hospital areas – will be used by neighbourhood-based teams, primary care networks and wider partners to support neighbourhood planning. This will help shape decisions about access, transport, community hospital development, prevention activity and local workforce considerations.

Informing the development of community services

Public feedback will directly influence work on developing community services in line with local strategy and the national 10 Year Health Plan to consider community bed capacity, reablement and therapy services, reliability of home-based care and integration between health and social care. The insight also helps identify where access is most affected by rurality, coastal isolation or deprivation.

Supporting prioritisation and future business cases

People across Somerset gave a clear mandate for investment in primary care access, mental health support, community hospitals, rehabilitation and neighbourhood-based services. These priorities will be used to shape business cases, commissioning plans and strategic investment decisions.

Ongoing involvement of the public, VCFSE partners and independent voices

We will share findings back with communities, work with VCFSE partners to co-design solutions and ensure there remains a clear and independent public voice. Engagement will continue to target groups most likely to experience inequality.

Strengthening engagement and insight, including the use of AI

We will continue to embed the AI Verification Framework to ensure that any AI-enabled analysis remains transparent, accurate and fully overseen by humans. We will also keep improving engagement tools and methods to reach a wider and more diverse range of people.

"You said – we will – we did"

To demonstrate how feedback is shaping action, we will share clear, public-facing commitment and also updates on our actions, to show how the public voice is at the heart of everything we do.

9. Methodology: Use of AI technology for engagement findings analysis and reporting

This report was produced using a structured methodology that combined detailed human analysis with carefully governed use of artificial intelligence (AI).

This enabled the Engagement Team to analyse thousands of comments consistently and transparently, while ensuring the public voice remained central.

AI Verification Framework

A dedicated AI verification framework – built around 11 principles, including human oversight, transparency, accuracy, fairness and alignment with ICS/NHSE guidance – ensured AI supported rather than replaced human judgement. These principles guided the safe, responsible and auditable use of AI throughout the project.

Approved AI use

Only approved AI tools (Microsoft Copilot) were used, and only for defined tasks such as grouping comments or producing first-draft summaries. All themes, interpretations, quotes and narratives were created, checked and approved by the Engagement Team.

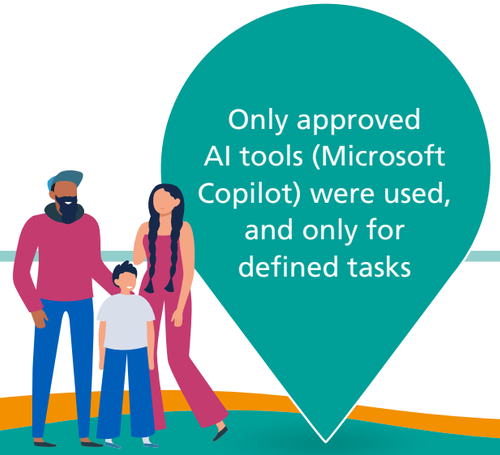
Analysis process and oversight

Analysis followed a three-stage process of data review, thematic analysis and report drafting, with full human control at every stage. Regular checks ensured accuracy and consistency, and a clear audit trail was maintained. Human oversight ensured the findings accurately reflected what people across Somerset told us.

Future development

The AI Verification Framework will continue to evolve as part of future engagement work, strengthening governance and ensuring AI is always used safely, transparently and under full human oversight.

For more information about the AI Verification Framework or the use of AI in this methodology, please contact **Kat Tottle, Engagement and Insight Lead Officer, NHS Somerset Engagement Team**.



10. Contact us

We are committed to continuing conversations with people and communities across Somerset as we develop and improve local health and care services.

If you would like to share your views, ask a question or request further information about this report or any of our engagement work, email Kat Tottle, Lead Engagement and Insight Lead Officer, **somicb.engagement@nhs.net**

This report is part of an ongoing programme of engagement across Somerset. Everything you share helps us build a clearer picture of what matters most and where services can improve.

Somerset's Big Conversation 2025 website **www.somerset.icb.nhs.uk/somersets-big-conversation**

For more on the Engagement Team's work, visit: **nhssomerset.nhs.uk/my-voice/**

Social media

Read news and find out about engagement opportunities on our social media channels:

- Facebook: NHS Somerset
- Instagram: @nhssomerset
- X (Twitter): @NHSSomerset

Accessibility and alternative formats

If you need this report in another format, such as Easy Read, large print or an alternative language, please email the Engagement and Experience Team on **somicb.engagement@nhs.net**

11. Acknowledgements

Somerset's Big Conversation 2025 was made possible through the time, efforts and generosity of thousands of people, partners and organisations across the county. We are sincerely grateful to everyone who shared their experiences and ideas to help shape the future of health and care in Somerset. We also thank the following individuals, teams and organisations:

NHS Somerset (ICB) Communications, Engagement and Marketing team – thank you to communications and engagement colleagues for all of their hard work and expertise.

Our Somerset partners – We extend our thanks to system colleagues, whose collaboration made this programme possible, including: VCFSE organisations; Healthwatch Somerset; NHS Somerset; Somerset NHS Foundation Trust; Primary Care Networks and GP practices; Somerset Council Public Health teams; health and care professionals, clinicians and multidisciplinary teams.

VCFSE sector organisations who worked with us - We are especially grateful to Somerset's VCSE organisations, whose trusted relationships and local insight helped us engage people who are often under-represented. This includes: VCFSE organisations funded through the small grants scheme, community groups, charities, faith groups and youth organisations and carers' organisations, peer support groups and volunteers.

Community providers, event organisers and venues – We also appreciated the many community venues, libraries, supermarkets, markets, festivals, community hospitals and local businesses who hosted us and helped make the engagement visible and welcoming.

We are sincerely grateful to everyone who shared their experiences and ideas

12. Appendices

Appendix A: Voluntary, Community, Faith and Social Enterprise (VCFSE) partners

Six VCFSE organisations were funded through an engagement small grants scheme to carry out targeted engagement with communities whose voices are often under-represented in mainstream engagement. Their insight forms a core part of this findings report. Below are further details of each organisation and a summary of their feedback. All feedback from these six groups has been included and helped to shape the findings shared in this report.

1. Minehead Eye

Website: www.mineheadeye.co.uk

Main contact: Paul Matcham

Email: reception@minehead-eye.co.uk

Phone: 01643 703155

Overview

Minehead Eye is a youth and community centre serving West Somerset. It provides a skatepark, bouldering cave, media/IT suite, creative spaces and youth clubs designed to help young people and families build confidence, skills and connection.

Who they support

Young people and wider communities across West Somerset, including children, teenagers, families and SEND groups.

Examples of work

- Youth clubs and targeted youth support in schools
- Outreach youth work
- Health and wellbeing workshops and professional support
- Parent and toddler groups
- Community groups and digital café
- SEND Bloom group
- Home education sessions and classes

Additional information

Minehead Eye also runs inclusive SEND groups, holiday programmes and community outreach across coastal and rural West Somerset.

Summary of Minehead Eye engagement feedback

Minehead Eye provides insight from coastal communities where distance, transport, and limited service availability shape almost every health experience. People describe long journeys to Musgrove Hospital, unreliable transport, and anxiety about ambulance delays. Young people report challenges from isolation, stigma and lack of local mental health support.

- "Musgrove is too far to be practical – especially when you're unwell."
- "For those reliant on buses, accessing services is incredibly difficult."
- "We need more local options – everything shouldn't require a long journey."

What is going well

- Strong sense of community and value placed on local youth and community spaces.
- Appreciation for some emergency and hospital staff despite pressures.
- Recognition that community-based options (if available) would significantly reduce barriers.
- Three areas for improvement
- Lack of a "proper local hospital," creating safety concerns.
- Poor or absent public transport to essential medical appointments.
- Long waits for mental health support, particularly for young people.

Three areas for improvement

- Lack of a "proper local hospital," creating safety concerns.
- Poor or absent public transport to essential medical appointments.
- Long waits for mental health support, particularly for young people.

2. 2BU Somerset

Website: www.2bu-somerset.co.uk

Main contact: Lisa Snowdon-Carr

Email: lisa@2bu-somerset.co.uk

Phone: 07799 136 552

Overview

2BU Somerset is a specialist youth service for LGBTQ+ young people aged 11–25. It provides safe spaces, mentoring, workshops, early-intervention support and training for schools and families.

Who they support

Young lesbian, gay, bisexual, transgender, queer and questioning people across Somerset.

Examples of work

- Mentoring and wellbeing support
- Safe group spaces
- Early-intervention and resilience work
- Awareness training for schools and families
- Peer-support and identity-affirming programmes

Additional information

2BU advocates positive identity, mental wellbeing, confidence-building and inclusion for LGBTQ+ young people.

Summary of 2BU engagement feedback:

2BU participants shared powerful insight into the challenges faced by LGBTQ+ and trans young people when accessing healthcare. They described supportive individual staff, but inconsistent practice, limited GP knowledge, long waits for gender care, and a frequent need to "educate" professionals. Experiences of being misgendered, ignored or pathologised create anxiety and avoidance of care. Mental health needs are high, and support is often reactive rather than preventive.

- "Being trans often means becoming the educator in the room."
- "It makes a huge difference when staff use my name and pronouns without any fuss."
- "Access to mental health support is very difficult; you often only get help in crisis."

What is going well

- Safe community spaces like 2BU where young people feel understood and affirmed.
- Some individual clinicians who use pronouns correctly, listen well, and show kindness.
- Peer support, creative spaces and youth-centred environments that reduce isolation.

Three areas for improvement

- GP and mainstream services need significantly better understanding of trans health.
- Long waits and unclear local pathways for gender-affirming care.
- Lack of mental health support that is trauma-informed, identity-affirming and timely.

3. Love Community CIC (GameChanger Project)

Website: www.lovecommunitycic.co.uk

Main contact: Becky Wright

Email: info@lovecommunitycic.co.uk

Phone: 07497 355 602

Overview

Love Community CIC is a strategic umbrella organisation supporting community-based initiatives across Somerset. Their mission is to reduce isolation, increase community engagement, support mental wellbeing, build confidence and help people learn new skills.

Who they support

Neurodivergent people, people with learning disabilities, autistic adults and young people, families, and wider community groups.

Examples of work

GameChanger Project

- A digital and gaming-based project created for neurodivergent people, people with learning disabilities and autism
- Uses video gaming and creative technology to build confidence and social connection
- Open to everyone but designed with inclusion at its core

Additional information

Love Community CIC works county-wide with inclusive delivery models and strong partnership working across community settings.

Summary of Love Community CIC engagement feedback:

Across two Love Community sessions, people spoke about the daily challenges of navigating GP access, long waiting lists, and siloed or inconsistent communication. Dental access is a major pressure, particularly for families on low incomes. Participants strongly favour investment in prevention, community support and local wellbeing hubs. They identify inefficiencies in poorly designed or over-medicalised services.

- "You shouldn't have to go to the doctor multiple times just to get a referral."
- "NHS dentists are almost impossible to find – it's affecting our health."
- "Local community support is what actually keeps people well."

What is going well

- Positive experiences with specific GP practices or clinicians once people are actually seen.
- Strong appreciation for community groups that offer connection, confidence and stability.
- Recognition that community-based health and wellbeing hubs make care more accessible.

Three areas for improvement

- GP appointment availability and referral thresholds remain too high.
- NHS dentistry is inaccessible, expensive or not available locally.
- Poor communication between services leads to duplication and people feeling "lost."

4. OpenStoryTellers

Website: www.openstorytellers.org.uk

Main contact: Charlotte Woodall

Email: info@openstorytellers.org.uk

Phone: 01373 454099

Overview

OpenStoryTellers is a community arts charity supporting people with learning disabilities and/or autism. Their work uses storytelling, creative arts, digital media and performance to help people build confidence, friendships, self-advocacy and communication skills.

Who they support

Adults with learning disabilities, autism, neurodivergence and communication needs.

Examples of work

- Storytelling workshops
- Creative arts and performance groups
- Digital media projects
- Self-advocacy initiatives
- Accessible communication activities
- Paid employment opportunities in creative roles

Additional information

OpenStoryTellers runs a social enterprise, Pigeon Productions, offering accessible media production, training and creative commissions.

Summary of OpenStoryTellers engagement feedback:

Participants emphasised the need for communication that is clear, direct and respectful. Many feel ignored, spoken over or have information directed at carers instead of themselves. Accessible, sensory-aware environments and reasonable adjustments are not consistently offered. People fear losing autonomy, particularly around decisions about care homes or hospital stays.

- "Sometimes doctors speak to my carer instead of me."
- "I get told different things by different people – it's confusing."
- "I want staff to talk to me clearly and explain things properly."

What is going well

- Creative and narrative approaches help people express their experiences safely.
- Some staff communicate well, take time and treat participants as equals.
- Positive experiences in community settings where people feel known and listened to.

Three areas for improvement

- Need for more accessible communication and direct engagement with the person.
- Services rarely accommodate sensory needs or neurodiversity-friendly practices.
- Fragmented care means people repeat their stories many times.

5. Seed of Hope CIC

Website: www.seedofhope.org.uk

Main contact: Kris Scotting

Email: hi@seedofhope.org.uk

Phone: 07969 816 110

Overview

Seed of Hope supports people experiencing mental health problems through recovery-based social and therapeutic gardening. They maintain community green spaces and use nature-based approaches to build confidence, hope and wellbeing.

Who they support

Adults living with anxiety, depression, trauma, long-term mental health conditions and social isolation.

Examples of work

- Therapeutic gardening sessions
- Peer-support groups
- Recovery-focused support
- Volunteering pathways
- Creative craft work
- Community garden management

Additional information

Seed of Hope operates multiple community gardens across Somerset and provides progression routes from volunteering to training and employment.

They also shared powerful participant stories illustrating the transformative impact of nature-based recovery.

Summary of Seed of Hope engagement feedback:

Participants describe long waits, inflexible talking therapies, and mental health provision that does not meet the needs of people with trauma, disability or multiple conditions. Community-based, nature-based and relational support is seen as life-changing. People want joined-up care that recognises how physical and mental health interact.

- "The community garden project lifted my mood and gave me space to think."
- "It felt like a box-ticking exercise – if you don't fit the model, you're discharged."
- "It's no good telling me to take up running when I can't walk properly."

What is going well

- A gardening and recovery project is described as a "lifeline" for wellbeing.
- Staff in community settings are experienced as understanding, relational and non-judgemental.
- Positive examples of specialist teams who take a whole-person approach.

Three areas for improvement

- Mental health support feels crisis-weighted and formulaic.
- Services often fail to understand trauma and neurodivergence.
- Advice and care are often unrealistic for people with multiple conditions.

6. In Charley's Memory (ICM)

Website: www.incharleysmemory.com

Main contact: Jamie Scanlon

Email: hello@incharleysmemory.com

Phone: 01278 557490

Overview

In Charley's Memory is a Somerset charity supporting young people aged 11–25 through counselling, early intervention, outreach and awareness training. The charity was founded in memory of Charley and is dedicated to preventing crisis and supporting emotional wellbeing.

Who they support

Young people, families, schools, and those needing mental health support and early intervention.

Examples of work

- 1:1 counselling
- Early-intervention mental health support
- School-based outreach
- Group programmes
- Mentoring
- Workshops and awareness training

Additional information

ICM works closely with families, youth services and education providers. Their support model focuses on resilience, recovery, prevention and continuity of care.

Summary of In Charley's Memory engagement feedback:

Participants highlighted extensive gaps in mental health care, especially for young people and bereaved individuals. While staff are seen as caring, services feel overstretched, formulaic and hard to access unless someone reaches crisis point. Carers report needing clearer communication and more reliable support for the people they care for. Early help and emotional support are frequently missing.

- "Mental health services need a major revamp – everything is crisis-first."
- "We waited years for an ADHD assessment – it was supposed to be quicker than that."
- "Support often disappears just when you need it most."

What is going well

- Strong appreciation for individual staff who show compassion and commitment.
- Peer-based and community forms of support are valued and trusted.
- Emotional safety and continuity offered by VCFSE settings.

Three areas for improvement

- Lack of early intervention and trauma-informed mental health support.
- Waiting times for assessments, therapy and referrals are excessively long.
- Services often feel "box-ticking" and not adapted for complex trauma or neurodivergence.

Somerset's
BIG
Conversation
2025

Thank you to everyone who took part in Somerset's Big Conversation 2025

NHS
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Bringing Together Somerset's Engagement Feedback & Insights Reports 2025

our SOMERSET
Together we care

Introduction

During 2025, NHS Somerset and system partners published a number of major engagement and insight reports, each capturing different perspectives on health and care across the county. Individually, these reports provide valuable depth within specific contexts – national policy engagement, large-scale local listening, Healthwatch experience feedback, place-based service change engagement, children and young people's priorities, and clinical-system reflections on neighbourhood health.

Bringing these reports together is important because:

- People's experiences of the health and care system do not sit neatly within organisational or programme boundaries
- Common issues appear repeatedly across different engagement approaches, populations and geographies
- Looking at insights across reports helps us tell the difference between ongoing pressures, new issues, and the gap between people's lived experience and planned services.
- A combined view strengthens assurance that future decisions are informed by a rounded, triangulated understanding of what matters most to people in Somerset

This report synthesises insights published in 2025 to provide a single, coherent picture of key themes, areas of convergence, and signals for action.

Documents used as source material for this report

1. **10 Year Health Plan Somerset Engagement Report 2025**
   Captures public, workforce and stakeholder feedback on the Government's 10 Year Health Plan, focused on the three national shifts: hospital to community, analogue to digital, and sickness to prevention. It highlights broad public support alongside clear conditions and concerns about implementation, equity and investment.

2. **Healthwatch Somerset – Quarterly Feedback Reports 2025**
   Bring together lived experience feedback from January to September 2025, primarily from people experiencing difficulty accessing services or concerns about care. They provide strong signals about access pressures, delays, dentistry, fragmentation and patient harm.

3. **Somerset's Big Conversation 2025 – Final outcomes report**
   A large-scale countywide engagement programme (May–October 2025) engaging nearly 4,000 people and generating over 8,000 pieces of qualitative feedback. It explores community services, neighbourhood models, access, digital inclusion, prevention and priorities for investment.

4. **Somerset NHS Foundation Trust – Community Services Engagement**
   Focuses on engagement linked to 'test and learn' approaches in multiple localities, exploring access to intermediate care, community hospitals, reablement, diagnostics and neighbourhood service models. Provides detailed place-based insight into access barriers, continuity and transport.

5. **Somerset Children and Young People's Plan 2024–30**
   Draws on the voices of over 6,000 children and young people to set priorities for health, wellbeing, education and mental health. It highlights early intervention, mental health support, inclusion, advocacy and access to trusted help.

6. **South West Clinical Senate Council Report: Implementing Neighbourhood Health**
   A system-level reflection bringing together evidence from practice, citizen perspectives and national guidance on neighbourhood health, with a strong focus on rural and coastal challenges, integration, workforce, digital exclusion and co-production.

Executive summary

Across all six reports, there is strong consistency in what people value in their experiences of NHS services, what works well for them, and what they feel needs to be strengthened as the NHS continues to change.

People across Somerset consistently express support for:

- Care that is local, joined-up and relationship-based
- The shift of services closer to home, where this is safe, reliable and well supported
- Prevention and early help, particularly for mental health and wellbeing
- Digital tools that improve convenience, alongside the continued option to speak to someone and access care in non-digital ways

Alongside this, people share concerns about a number of system-wide pressures that affect how easily and consistently care can be accessed. These include:

- The overall availability of appointments and services at times of high demand
- Waiting times and delays that can affect quality of life and create anxiety while people are waiting for care
- The need for clearer, more joined-up pathways so people feel supported and know what will happen next
- Workforce pressures that can make it harder to maintain continuity and familiarity in care
- Practical barriers such as transport and digital access, particularly in rural and coastal communities
- The importance of ensuring that service changes strengthen, rather than unintentionally reduce, local access

Children and young people, carers, disabled people, older residents and those living in rural and coastal areas are consistently highlighted as groups who may feel these pressures most strongly when access routes, continuity, transport or digital options do not work well for them.

Overall, the combined feedback reflects a strong willingness to support change, alongside clear expectations about how that change should be delivered. People want services to be properly resourced, inclusive and transparent, and to lead to tangible improvements in lived experience, with visible evidence of "you said, we did, we will" in practice.

Key themes

How the key themes were identified and ranked

The key themes were identified through a structured comparison of all six engagement reports. Each report was reviewed on its own terms, with common issues mapped across reports and grouped into shared, system-level themes. The analysis used a closed and agreed set of source documents, with no additional data or external sources introduced.

Themes were included where they appeared across multiple sources or reflected significant impact on people's experiences. They are ranked using a combined assessment of frequency and strength of sentiment, prioritising issues that are most widespread or most strongly felt. AI supported the organisation and comparison of evidence, while decisions on theme definition, emphasis and ranking were defined, sense-checked and approved by NHS Somerset's Engagement and Insight Lead.

1. Being able to access care when it is needed

Across all reports, people consistently emphasise how important it is to be able to access care in a timely and straightforward way. Feedback highlights that accessing GP appointments, NHS dentistry, community services and follow-up care can feel difficult and uncertain at times, particularly when services are under pressure. When access works well, people value it greatly; when it does not, it can affect confidence and lead to reliance on other parts of the system.

Illustrative quotes

- **"It is impossible to get through to the surgery… the online booking process is usually closed."**

- **"People struggle most just getting into the system."**

Why this is ranked first

This theme appears in every report, across all populations and geographies, and underpins many other concerns raised. It reflects a shared priority: being able to get help at the right time.

What people say would help

- Clear, visible and reliable access routes
- Face-to-face options alongside digital access
- Sufficient local capacity to meet need

2. Timeliness of care and the impact of waiting

People across Somerset highlight how waiting for appointments, tests, treatment or support can affect their quality of life and independence. Feedback reflects the importance of timely care, particularly where delays can lead to worsening symptoms or greater anxiety.

Illustrative quotes

- **"He's living on painkillers while waiting for surgery."**
- **"Help arrives too late, after people reach crisis."**

Why this is ranked second

While mentioned slightly less often than access, the impact of waiting is described in strong and personal terms, reflecting how central timeliness is to people's experience of care.

What people say would help

- Earlier intervention and clearer expectations
- Better communication and updates while waiting
- A stronger focus on prevention and early support

3. Valuing staff and continuity of relationships

Feedback consistently recognises the commitment, kindness and professionalism of staff. At the same time, people highlight how important continuity and familiar relationships are, particularly for those with ongoing or complex needs. Where continuity is harder to maintain, people notice the difference.

Illustrative quotes

- **"Staff are wonderful, but they don't have time."**
- **"You never see the same person twice anymore."**

Why this is ranked third

Strong emotional content across reports links people's experiences directly to staffing levels, workload and the ability to build trusted relationships.

What people say would help

- Investment in the workforce alongside service change
- Greater continuity and named contacts where possible
- Support for staff wellbeing and retention

4. Joined-up care and clear pathways

People place high value on care that feels coordinated and joined up. Feedback highlights that when communication flows well between services, experiences improve; when it does not, people can feel unsure about what happens next or who is responsible for their care.

Illustrative quotes

- **"No one seemed to own what happened next."**
- **"You get passed around until you give up."**

Why this is ranked fourth

This theme appears across multiple reports and is strongly felt when it affects people's ability to move smoothly through the system.

What people say would help

Better information sharing between services

- Clearer responsibility at transition points
- Pathways designed around the whole person's journey

5. Using engagement and digital tools in ways that include everyone

Digital services are welcomed when they make things quicker or simpler, but people are clear that they should complement, not replace, other ways of accessing care. Feedback reflects a desire for flexibility, recognising that not everyone can or wants to use digital tools.

Illustrative quotes

- **"The app is great – when it works."**
- **"I missed the appointment because it was only sent online."**

Why this is ranked fifth

This issue is raised frequently, with mixed sentiment. It reflects people's wish for choice and inclusion, rather than opposition to digital change.

What people say would help

- Digital as an option, not the only route
- Continued non-digital alternatives
- Designing systems with inclusion in mind

6. Confidence and reassurance during service change

People understand that services need to change and evolve, but they want reassurance that changes will improve access and outcomes locally. Feedback highlights the importance of trust, transparency and seeing how community views influence decisions.

Illustrative quotes

- **"The service works well – why change it?"**
- **"We're worried decisions are already made."**

Why this is ranked sixth

Concerns are often future-focused, but strongly felt and closely linked to people's experiences of access and reliability.

What people say would help

- Clear explanations of why change is happening
- Early and local involvement
- Visible "you said, we did / we will" feedback

7. Geography, transport and practical access

People consistently raise how geography and transport shape their ability to use services, particularly in rural and coastal areas. Practical considerations such as travel time, cost and availability are seen as an important part of equitable access.

Illustrative quote

- **"Getting there is harder than the appointment."**

Why this is ranked seventh

While not raised by everyone, this issue has a disproportionate impact on certain communities and is closely linked to inequality.

What people say would help

- Improved patient transport options
- Service design that reflects local geography

8. Mental health support and early help

Across reports, people emphasise the importance of early mental health support and trusted relationships, particularly for children and young people. There is strong support for help being available before difficulties escalate.

Illustrative quotes

- **"Support comes too late."**
- **"Train staff to advocate for those who struggle to speak up."**

Why this is ranked eighth

This theme is especially prominent in the Children and Young People's Plan and wider engagement focused on prevention and wellbeing.

What people say would help

- Earlier, local mental health support
- Better links with schools, communities and families

9. Feeling listened to and having a voice

People value opportunities to share their experiences and want confidence that their voices matter. Feedback highlights the importance of engagement feeling meaningful and inclusive, particularly for those who may find it harder to speak up.

Illustrative quote

- **"We want to know that what we say makes a difference."**

Why this is ranked ninth

Raised less frequently, but strategically important for trust, confidence and ongoing engagement.

What people say would help

- Clear feedback on how views are used
- Support for advocacy and inclusive engagement

10. Prevention, wellbeing and supporting independence

Many people highlight the importance of staying well and independent for as long as possible. Feedback reflects strong support for prevention, early help and community-based support that helps people manage their health and wellbeing.

Illustrative quote

- **"Help earlier would stop things getting worse."**

Why this is ranked tenth

Often expressed positively rather than as a problem, but consistently present as a shared value across reports.

What people say would help

- Greater focus on prevention and early support
- Community-based approaches that support independence

More detailed feedback by report

1. 10 Year Health Plan Somerset Engagement Report 2025

- Strong support for the direction of travel: care closer to home, prevention and better coordination
- Value placed on earlier intervention, community-based support and appropriate use of digital tools
- Recognition that change is needed to meet future demand
- Concern about delivery in practice, particularly workforce capacity, transport and local infrastructure
- Anxiety about digital exclusion and pressure on mental health services
- Feedback highlights the need to match national ambition with local investment, protect face-to-face access, prioritise equity and clearly demonstrate improved lived experience

2. Healthwatch Somerset – Quarterly Feedback Reports 2025

healthwatch Somerset

- High appreciation for staff compassion, professionalism and commitment
- Value placed on clear communication, continuity of care and feeling listened to
- Willingness among the public to share experiences to support improvement
- Ongoing challenges with access to GP appointments, NHS dentistry and long waits
- Experiences of unclear pathways and fragmented communication between services
- Feedback suggests strengthening access routes, improving coordination, maintaining non-digital options and using lived experience to address system pinch points

3. Somerset's Big Conversation 2025 – Final outcomes report

- Strong appreciation for local services, including community hospitals, urgent treatment centres and neighbourhood-based care
- Value placed on care that is local, joined up and delivered by staff who know their communities
- Widespread support for prevention, wellbeing and maintaining independence
- Concerns about access, consistency and fairness, particularly GP access, dentistry, transport and digital exclusion
- Anxiety about service change where local impact is unclear
- Feedback calls for protecting trusted services, addressing practical barriers, clearer communication and visible impact of engagement

4. Somerset NHS Foundation Trust – Community Services Engagement

- Positive feedback about the role of community services in supporting recovery and independence
- Strong appreciation for staff kindness, dedication and expertise
- Value placed on smooth transitions from hospital to home
- Variability in access, waiting times, transport and coordination raised as concerns
- Uncertainty about follow-up or eligibility can affect confidence in pathways
- Feedback highlights the need for improved consistency, better coordination with partners, adequate resourcing and clearer information about available support

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5. Somerset Children and Young People's Plan (2024–2030)

- Children and young people value being asked for their views and feeling listened to
- Importance of trusted adults, safe spaces and supportive relationships highlighted
- Strong emphasis on wellbeing, inclusion and early support
- Difficulties accessing timely mental health support and clear information
- Feelings that help often arrives too late or is hard to navigate independently
- Recommendations focus on strengthening early help, improving mental health access, better integration across services, clearer communication and stronger advocacy

6. South West Clinical Senate Council Report – Implementing Neighbourhood Health

- Positive support for neighbourhood health as a way to deliver integrated, person-centred care
- Recognition of potential to improve coordination, prevention and outcomes
- Challenges related to workforce capacity, transport, digital exclusion and rurality
- Caution about applying uniform models across different local contexts
- Feedback emphasises co-production, realistic workforce planning, flexibility in delivery and addressing structural barriers
- Importance of keeping citizen and professional experience central to implementation

How engagement feedback evolved across 2025: key trends over time

Overall pattern

- Core concerns remain consistent across the year: access, waiting, coordination, continuity and fairness
- Emphasis shifts over time from direction ➔ practical delivery ➔ local impact of change
- Feedback reflects increasing focus on how change is implemented, not resistance to change itself

Key trends across the year

- Persistent themes: access, waiting, joined-up care and valuing staff
- Growing emphasis on equity, particularly for rural, coastal and digitally excluded communities
- Shift from abstract support for change to concrete expectations about delivery and impact
- Strong desire to see engagement reflected in decisions ("you said, we did / we will")

January–March 2025: understanding direction and immediate pressures

- Broad support for the direction of the 10 Year Health Plan (prevention, care closer to home, integration)
- Strong focus on day-to-day access to GP appointments, dentistry and mental health support
- Waiting times and delays highlighted as affecting quality of life
- Digital innovation discussed with cautious optimism, alongside early concerns about exclusion
- Key question: "Will this make it easier to get help when I need it?"

April–June 2025: practical barriers and system reliability

- Continued emphasis on access and waiting, with growing focus on their cumulative impact
- Practical barriers (transport, rurality, digital access) become more visible
- Increased emphasis on continuity, communication and knowing what happens next
- Confidence in the system emerges as a theme, linked to reliability rather than policy direction
- Key focus: what needs to be in place for services to work consistently and fairly

July–September 2025: how change is experienced locally

- Strong support for community-based and neighbourhood approaches continues
- Increased focus on workforce capacity, coordination and continuity as enablers of change
- Transport and digital inclusion highlighted as critical to making neighbourhood models work
- Anxiety about service change becomes more explicit, centred on protecting local access
- Clear calls for transparency, early involvement and visible impact of engagement
- Key question: "How will this change affect services people rely on locally?"

Recommended next steps

NHS Somerset's Board is asked to support the following recommendations:

1. **Use this synthesis as a shared evidence baseline**

   Adopt this report as a common reference point for future engagement and insight work, enabling consistent comparison over time and supporting ongoing monitoring of change and improvement.

2. **Explicitly connect system programmes to what people told us**

   Ensure that major programmes and priorities – including community services, neighbourhood health, digital transformation and prevention work – are informed by, and clearly demonstrate how they respond to, feedback from the public.

3. **Strengthen feedback loops and visibility of impact**

   Build on existing approaches to provide clearer "you said, we did / we will" updates, particularly where service change is proposed, so communities can see how their feedback is shaping decisions and delivery. This, in turn, builds confidence in local people that taking the time to provide feedback leads to meaningful change.

4. **Continue triangulating lived experience with system data**

   Combine qualitative insight from engagement with operational and performance data to support well-rounded, people-centred decision-making and ongoing assurance that changes are improving lived experience.

Charlotte Callen
Director of Communications, Engagement and Marketing
NHS Somerset

Use of AI in analysing engagement and insight reports

Alignment with the NHS Somerset Engagement Team's AI Verification Framework

The approach to using AI in this analysis aligns with the end-to-end pipeline, also known as an AI verification framework developed through Somerset's Big Conversation 2025. The framework was developed in line with NHS Somerset, ICS and NHS England South West and national NHS guidance, alongside Information Governance advice, ensuring a transparent, proportionate and compliant approach. It is underpinned by 12 key principles, including use of a closed evidence set, human-led analysis, preservation of original voice and clear human accountability. This work applies that learning in practice for the second time. The framework that will continue to be adopted and developed by the NHS Somerset Engagement Team.

Purpose of using AI - AI was used to support the efficient and consistent synthesis of insight from six engagement reports published in 2025. Its purpose was to assist with organising, comparing and summarising large volumes of qualitative feedback, while ensuring that human judgement and accountability remained central throughout.

Scope of evidence - The analysis was undertaken using a closed and agreed set of six source documents. Only the content of these reports was considered, and no additional data, assumptions or external sources were introduced at any stage.

How AI was used - AI supported the work by helping to identify recurring issues across reports, map feedback to a shared thematic framework, surface illustrative quotations, and draft structured summaries. Similar issues described in different ways across engagement activities were brought together to support structured comparison.

How themes were identified and ranked - Final decisions about which themes to include, how they were defined, and how they were ranked were made by the engagement and insight team. Themes were prioritised using a combined assessment of frequency (how often issues appeared across reports) and strength of sentiment (the intensity of concern, impact on daily life or perceived risk described by people).

Human oversight and assurance - All AI-supported outputs were reviewed and refined to ensure accuracy, balance and a values-led tone. The engagement and insight team retains full responsibility for the interpretation, conclusions and final content of this report.

Transparency, learning and feedback - This approach provides a clear and auditable method for bringing together multiple engagement reports, using AI as a supporting tool rather than an independent decision-maker. While care has been taken to ensure accuracy, any errors or omissions are unintentional. We welcome feedback and learning to help improve future analysis and reporting.

NHS Somerset – Statement on the use of AI technology in the production of this report

This report was compiled with the support of AI technology to assist in analysing and summarising large volumes of public feedback. The use of AI followed NHS Somerset Engagement Team's 'AI Verification Framework', which ensures accuracy, transparency, ethical use and skilled human oversight at every stage. AI was used only to support data organisation and thematic analysis – it did not make decisions or replace human interpretation.

All data analysed was fully anonymised in line with NHS data protection standards. All outputs have been reviewed, checked and approved by the NHS Somerset Engagement and Insight Team to confirm their accuracy, clarity and alignment with local context and priorities. NHS Somerset retains full responsibility for the content and conclusions of this report.

If you identify any errors or omissions, please be assured these were not intentional. We welcome you contacting us so we can make any necessary corrections. Please email Kat Tottle, Engagement and Insight Lead Officer, NHS Somerset at somicb.engagement@nhs.net

REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **07**
DATE OF MEETING:	**29 January 2026**	
REPORT TITLE:	**Draft Strategic Commissioning Intentions**	
REPORT AUTHOR:	**Carmen Chadwick-Cox, Deputy Director of Strategic Commissioning**	
EXECUTIVE SPONSOR:	**David McClay, Cluster Place Director Somerset**	
PRESENTED BY:	**David McClay / Carmen Chadwick-Cox / Suresh Ariaratnam**	

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

LINKS TO STRATEGIC OBJECTIVES
(Please select any which are impacted on / relevant to this paper)

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

PREVIOUS CONSIDERATION / ENGAGEMENT

November Board 2025 – received an update on development of the Strategic Commissioning Intentions.

The Strategic Commissioning Committee discussed and approved this draft at its meeting on 14th January 2026.

REPORT TO COMMITTEE / BOARD

As part the new approach to Planning in the NHS, ICBs are required to develop five-year Strategic Commissioning Intentions, setting out how they will deliver the following for their local population:

- Improved population health

- Reduced health inequalities
- Better access to consistently high-quality services
- Optimised value from available resources.

Somerset ICB has outlined these areas in the attached Strategic Commissioning Intentions for the five-year period and in more detail for the year 2026/27 in the attached Excel document. These intentions have been developed through the ICB Management Board and have included a number of subject matter experts from across the ICB. These intentions have also been checked with Cluster partners and follow a similar format to BSW and Dorset intentions.

The Strategic Commissioning Intentions form part of the wider Commissioning Plan narrative which will be submitted to Board for final approval in February. Within the 5 year Plan, 2026/27 is presented as a transformation year in which the work of transitioning to strategic outcomes-based commissioning will start in earnest. The development of an Outcome framework, developing capacity and capability for reducing health inequalities, and creating the conditions for partnerships to mature around the formation of Integrated Neighbourhood Teams are set out as priorities. The enclosed list of Intentions are a summary of plans that have been developed by providers in response to the priorities identified through engagement work undertaken throughout 2025/26. There will be a window until the beginning of February to receive feedback from key stakeholders on the content of the plan. In future years the intent is to develop a more comprehensive model of co-production with providers and communities, with the overarching Somerset plan a sum of the neighbourhood 'parts'.

The overall strategic document was agreed at Strategic Commissioning Committee as the committee with overall responsibility for approval.

The detailed intentions document for 2026/27 is 'draft' will further be refined following discussion with all providers and relevant partners. The Board is asked to comment on the current draft version.

The final version will be submitted for approval at the extraordinary ICB Board in February as part of the full planning submission.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	The Strategic Commissioning Intentions set out how the ICB will commission services in a way that reduces inequalities and takes account of our responsibilities in relation to equality and diversity.
Quality	The Strategic Commissioning Intentions set out how the ICB will commission services that comply with quality standards.
Safeguarding	There are no apparent safeguarding risks associated with the Strategic Commissioning Intentions.
Financial/Resource/ Value for Money	The Strategic Commissioning Intentions set out how the ICB will commission services that deliver value for money and make the best use of available resources.
Sustainability	There are no impacts relating to sustainability from the Strategic Commissioning Intentions however, the commissioning of services must comply with sustainability requirements.
Governance/Legal/ Privacy	There are no Governance/Legal/Privacy issues identified in relation to the Strategic Commissioning Intentions themselves, however,

	future commissioning decisions taken in line with these will have to have regard to relevant Governance/Legal/Privacy requirements.
Confidentiality	There are no confidentiality concerns or relevant aspects to this report.
Risk Description	No risks currently recorded.

1. Population Health and developing our outcomes framework

Somerset will develop an agreed Population Health Outcomes Framework (aligned to the NHS England approach) which sets out agreed metrics (and a way of monitoring progress against them) for the 5 year period. This will inform progress towards our overall objective of improving Healthy Life Expectancy (HLE). This work will progress in early 26/27 and help inform a more comprehensive strategic planning exercise that will provide a clearer roadmap to the changes required to deliver on those outcomes. The approach set out in this document will therefore be subject to change following that work and wider engagement.

We will address unjust health and healthcare inequalities by using an integrated data set to develop a greater understanding health and healthcare inequalities. We will begin this using the lens of frailty and embed this within our neighbourhood programme. By the end of the five-year period, we aim to see a measurable reduction in identified areas of health inequalities, as captured in the Population Health Outcomes Framework.

We will move resources to support health improvement and tackle inequalities. Key investments will include supporting delivery of:

- Population Health Transformation Programme
- Developing our population insight capability
- Neighbourhood Health & Personalised Care Development Programme
- Prevention initiatives to reduce risk of CVD and early identification of cancers (particularly focussed on inequalities)

We will enable the left-shift through new strategic and agile commissioning methods. To support this, we will develop a greater range of tools that enable funding and value to better align, for a wider range of providers and partnerships to flourish in the county, and to empower people through increased involvement in their care. We will also harness efficiencies through greater economies of scale where feasible, acknowledging the need to balance this with local factors.

We will define required improvements and incentivise the system to ensures timely access to the care needed for our patients (in line with requirements set out in the Medium-Term Planning Guidance). We will ensure providers deliver key performance standards as part of our outcomes framework with associated incentives. We will have effective assurance measures in place for ensuring quality of services.

As an enabler we will strengthen joint commissioning and shared accountability across ICB and Local Authorities through the Better Care Fund and other pooled budgets.

We want to incentive understanding of healthcare inequalities and start to address where populations experience difference in access. We will explore new payments related to differential access rates and start to incentivise addressing these

2. Developing a Neighbourhood Health Service

We have a firm foundation of proactive care across the county – underpinned in many areas through the use of data. This is however scope to develop greater consistency in both the service offer and outcomes for our local population.

Nationally we are leading best practice models in areas such as Frailty, and an advanced early support offer through the Councils Somerset Connect for CYP.

We have already developed a local framework for Neighbourhood working – with work on the enablers progressing at pace.

We want INTs to become a component of healthy and engaged neighbourhoods and the long-term vision is of INTs operating within a local ecosystem of highly engaged and healthy communities that have the resources and resilience to support one another. INTs must be developed within that wider context – in some areas they will have a central to role to the wider agenda, in other areas we expect other stakeholders (such as VCFSE colleagues) to lead and organise their local capacity and capability building.

We will explore with partners the most effective way of developing our Neighbourhood Health Improvement Plan and detail within that the most effective way of delivering it.

The development of a wider vision of how the INTs will nest within neighbourhood health plans spanning a range of council services.

To develop our neighbourhood approach, we will use the test case of Frailty services. This will also help us develop our strategic commissioning approach and will explore:-

- Understanding local context, assessing population health need and what services we currently commission (including variation, inefficiencies and healthcare inequalities)
- Agree how do we want to redesign the pathway to maximise value
- How would we want to commission differently, what would we want to incentivise and what outcomes would we want to see delivered?
- Agree how we monitor and evaluate the service

3. Improving access in Primary Care

We will ensure practices are delivering the GP contract including improving and providing good access whether by phone, online or walk in throughout core hours.

This includes all patients knowing on the day how their request will be managed and increasing the number of people who can see their preferred healthcare professional.

We will provide support to transformation for primary care, and tackle unwarranted variation, including identifying and planning how to support those struggling to deliver access or other elements of the GP contract

We will support meeting urgent demand through ensuring additional capacity is commissioned to meet demand out-of-hours and over surge periods including bank holidays and weekends

We will embed pharmacy-first approaches, ensuring that local commissioning discussions utilise available pharmacy capacity to support primary care pressure, including expanding access to emergency contraception through community pharmacies.

We will increase access to NHS dental services and the proportion of Somerset residents that have received NHS dental care.

We want to develop an integrated neighbourhood model for community ophthalmology, supporting the transition towards a fully integrated neighbourhood delivery model.

4. Commissioning a comprehensive review of our urgent and emergency care pathway

We need to develop a greater understanding of our population health data and the access requirements of our whole population both now and over the next 5-10 years. We will start this in early 2026 working with all system partners. We also need to engage differently with our population to understand when, why and how they currently use the range of services we have and better understand their experiences of care and our UEC Pathways. This “diagnostic” will inform how the achieve the commissioning intentions outlined below and be overseen by our UEC Delivery Board.

Our focus over the next year will be in ensuring performance across our UEC system is optimised in line with the medium term planning guidance as well as starting the alignment of urgent care and same day urgent care services with a neighbourhood approach, focusing on frailty initially, given consistent growth in demand. Through this acute emergency care can be protected for those that need it most and ensure our hospital stays are only as long as is clinically appropriate.

This will require the urgent care needs of patients as much as is appropriate to be delivered in the community, aligning with integrated neighbourhood teams. This will require maximising the use of alternative pathways to ED and community services including hospital at home, UCR, District Nursing and intermediate care as well as ensuring treatments and diagnostics normally provided in hospital can be moved in to our community. We will work with partners to ensure that the temporary closures to

UTC’s are minimised. The UEC clinical framework, which is currently in draft will help shape our ambition here. This work will start in 2026

Avoidable ambulance conveyances must be reduced and we will support the Ambulance Trust to ensure it meets its targets for achieving hear and treat and see and treat outcomes.

A Single Point of Access will be central to our system, ensuring where possible community management of our patient’s urgent care needs are achieved, enabling the ambulance service and emergency departments to focus on the most urgent patient needs.

To enable all of the above, care, service availability and performance need to become more consistent across days, evenings and weekends. Detailed plans for achieving this will need to be developed and will be aligned with neighbourhoods.

Achieving this vision will require optimisation of our IUCS provision and greater integration with our SPOA

5. Transforming Delivery of Planned Care

Through our system Elective Care Board we will agree required improvements and timeline to meet the performance commitments set out in the Medium Term Planning Framework for elective care, cancer and diagnostics, ultimately leading to a return to the 92% RTT constitutional standard by 2029.

A key focus will be to ensure a partnership between primary, community and secondary care so that most people are managed in neighbourhoods, avoiding unnecessary attendances and keeping hospital capacity focused on complex care. We will continue to push Advice and Refer as the first option for seeking support to patients.

The ICB has one main acute provider, and we will work with them to identify and act on opportunities to improve productivity and ensure timely access, with a focus on Outpatient opportunities from standardised clinic templates, PIFU optimisation and reduction in low clinical value follow-ups. We will also ensure the independent sector works as a supporting partner to NHS services, helping to deliver appropriate and timely care to those who can access it.

We already have a good network of Community Diagnostic Centres and Community Investigation hubs; we will work to ensure this capacity is used in the most effective way possible to maximise improvements to key pathways. We want to ensure that the commissioning framework makes the most of new capacity coming online such as the diagnostic centre at Bridgwater.

The Somerset system is already an exemplar for cancer self-referral, and we want to build on this work, rolling out to more tumour sites. We will explore different payment

methods for self-referral and other innovative pathways such as single front door, straight to test and one-stop clinics where clinically appropriate, to begin to ensure the ‘left shift’ is incentivised.

We will continue to identify and work as a system on priority pathway improvements, for 2026/27 this will be in the following areas-

- MSK services
- Weight Management
- Peri-Operative Care
- Ophthalmology

We will plan for new neighbourhood health approach for elective pathways in line with the model neighbourhood framework.

6. Women’s and Children’s Health

We will develop CYP transitions strategic oversight and collaboration through exploring opportunities for joint and/or aligned commissioning arrangements. This will be linked to the development of an outcomes-based framework which will include relevant outcome measures for this section of the population.

We will improve elective performance for our CYP population – including developing ringfenced CYP capacity or dedicated paediatric surgery days in either a day surgery or hub setting

We will work with the Community Diagnostic Centre (CDC) to identify options to reduce the number of women on elective waiting lists. Linking to our work on women’s health hubs we will ensure pathway developments in key areas such as the diagnosis and treatment of heavy menstrual Bleeding and improved access and support for pelvic health issues.

We will ensure delivery of the SEND programme, including the alignment of strategic partnership, enhancing engagement and improving outcomes of the SEND cohort.

7. Mental Health and learning disabilities

A key priority is to ensure our population with Learning Disabilities and Neurodiversity receive timely diagnosis and care, improving waiting times to assessment and reducing the number of people with LD or autism in our specialist mental health hospitals.

Develop a sustainable model and delivery vehicle to enable the VCFSE sector in Somerset to be commissioned effectively, equitably and in alignment with system priorities. This includes establishing the relationships, insight, skills and structures needed for providers to collaborate, respond to opportunities and deliver high-quality CYP mental health support.

We will conclude the pathway review and redesign of the dementia pathway in Somerset to deliver key pathway improvements identified during the review process

through consultation and codesign with people with dementia, carers and system partners. This includes working with our cluster partners to identify opportunities for joint commissioning where this will enable consistency of offer and maximise value for money

Our focus will be on implementing the recommendations of the new Modern Service Framework for mental health (including severe and enduring mental illness) when published in 2026.

We will develop model for MH Emergency Departments (Crisis Assessment Centres), working with partners in VCFSE as appropriate, which will support attendees to access the most appropriate support in the event of a crisis, and seek access to national capital funding accordingly, in line with NHS England specification

8. Somerset Financial Plans

NHS Somerset has a reputation for strong financial delivery and control, however we need to do more to deliver transformational change. The medium-term planning guidance and the multi-year settlement provides the foundation on which we can move away from annual to medium-term financial and delivery planning cycles. This approach enables:

- better alignment of incentives to enable more robust delivery
- a move to fairer distribution of funding across the NHS
- longer-term planning
- a new approach to capital

This new approach will be underpinned by far greater transparency of increasingly granular financial data – with NHS England committing to publish trust-level productivity statistics on a routine basis to provide transparency on performance.

We currently contract with a number of providers both within and outside of Somerset, with NHS contracts based on an aligned payment incentive arrangement, which includes fixed and variable elements, and Non-NHS contracts usually based on a payment by activity basis. Historically, the latter has driven a ‘treatment’ based approach to finances, whilst current financial and contractual frameworks don’t incentive outcome delivery or encourage shifting of costs. Our current contracts tend to have performance measures that are specific to them and don’t necessarily read across to other contracts. Existing performance measures also tend to be ‘process’ in nature.

The vision for ICBs is to become strategic commissioners, moving resources into prevention and community capacity, tackling inequalities and commissioning for value (quality of care and optimal efficient cost). Key to this will be ensuring we have processes for identifying opportunities for efficiency and improvement, robustly reviewing at system level and agreed opportunities being pursued. This will be via a financial and contracting system that promotes innovation, and for providers and

partners to take decisions and balance risk on a delegated basis (as agreed supported by the ICB as strategic commissioner).

We want our Neighbourhood teams, Integrated health Organisation and providers at large to be incentivised to address health inequalities, particularly where these are geographical. We will use the integrated data platform to ensure we have a good understanding of our population health and where the left shift can deliver better value for money as well as outcomes for patients.

We expect to see different payment models in place that allow Integrated Health Organisation to commission services on behalf of the strategic commissioner (e.g. VCFSE sector or GP Enhanced Services). Key to this will be the agreement and incentivisation of the Outcomes framework.

9. Digital developments

Over the past two years, as part of the Population Health Transformation Programme, Somerset has shifted its focus to the development of an integrated health and care data set. This work is critical to enable a Population Health Management Approach and develop a deeper understanding of the drivers of population health and inequalities.

At the heart of this shift is a platform approach to population health analytics — one that treats data not just as an asset, but as a *product*, ready to be consumed, reused, and trusted. Traditional health analytics across a partnership often operate in project-based silos. Data is extracted, transformed, and analysed for a specific purpose, and then archived or abandoned. This results in duplicated efforts, fragmented insights, and low return on investment.

Somersets **platform approach** flips this on its head. Rather than building one-off solutions, we, at an ICS level, are investing in shared infrastructure —a **linked data platform** — designed to support multiple use cases, users, and partners over time.

This will enable:

- **Scalability:** Our platform will support many analytical products and services.
- **Reusability:** Once data is cleaned, linked, and modelled, it can serve multiple teams.
- **Security and Governance:** Centralised control ensures compliance across partners.
- **Innovation:** Common infrastructure reduces barriers to experimentation and iteration.

Our current partners include, Somerset GP Practices, PCN’s, Somerset Council, Somerset Foundation Trust, SWAST, HUC, Hospices, Care Homes, Somerset Fire & Rescue, Somerset Active Partnership, Thrive (Village Agents), Housing Associations and local and national Charities.

Data will be shared anonymously with partners to support research and more effective commissioning of health and wellbeing services. When research indicates

specific cases within a neighbourhood or GP practice, the platform will allow GPs to re-identify those patients to offer health interventions.

Ultimately it will give us one version of the truth across all partners and will allow new and existing population health tools to sit on top of it.

Somersets Linked data platform will feed all partners at a local and national level, specifically it has been built in collaboration with the SWSDE and will feed our local FDP instance for comparisons with the national data sets.

This has not just been a significant partnership, IG and technical challenge but has also required us to think about building capacity, resources and skills across the system. Newly formed communities of practice are being encouraged to share best practice and case studies. And partners across the system have been testing tools to maximise the usefulness of the canonical data set that will soon be available, including risk stratification software, inequalities dashboards, and integrations to support a more agile commissioning process.

10. Engagement and communications

Alongside the development of intelligence from integrated data, Somerset has been seeking views from Somerset residents through the 'Big Conversation', having had over 3,000 conversations about health and healthcare experiences and priorities. We are now collating this information and reflecting on how it can inform our commissioning intentions for now and in the future.

In addition, the ICB has commissioned specific work through the VCFSE Sector to engage and seek the views of people with protected characteristics and those in inclusion health groups.

11. Our priorities for 2026/27

We want to begin commissioning differently to address the three shifts of the 10 Year Health Plan. In order to do this, we have identified a small number of areas where we will change how we incentivise delivery across the system. This will enable us to be more purposeful in how we work together as a system to deliver tangible benefits and address healthcare inequalities - we may make funding available to support this.

- Co-design a model for Integrated Neighbourhood teams – with an initial focus on Frailty.
- IUCS – develop cluster plan for reviewing front door services for urgent and emergency care
- Elective care – commission a model for outpatients that tests new ways of working and moves away from normal payment methods and ways of delivering services.

- Neighbourhood based Peri -operative care model to control front door into elective services and reduce unnecessary treatment as well as variation and healthcare inequalities.

- Commission cancer front door model on a risk share basis

- Advancement of a non-medical model of healthy weight.

- Children’s mental health

Stream	Where we are now	Longer Term Aim	Priority for 2026/27	Implications for providers
Commissioning Framework Development	Currently, Commissioning is mainly undertaken on a service basis which can perpetuate silo working. Good examples of co-design and outcome based models in Somerset Open Mental Health service (OMH) which can act as a template for wider application. More advanced forms of outcome-based contracts developed in BSW. Good integrated reporting and monitoring models in Dorset.	To have an integrated model of strategic commissioning that enables a clear join-up at Neighbourhood/Place/Cluster levels. Also a framework that works for all partners within Somerset, providing Utilisation of the framework to deliver the 3 aims within the 10YP	1. Development with providers of a Population Health Improvement Plan at cluster level with associated Outcomes Framework. This will be underpinned by a review of financial incentives, quality requirements and a commitment to co-production with residents.	This will primarily affect NHS providers holding or seeking system, place or neighbourhood-level contracts, including acute trusts, community providers and primary care provider collaboratives. These providers will be expected to engage in the development and testing of outcomes-based commissioning approaches and contribute to defining how outcomes are measured and delivered. Over time all providers commissioned by the ICB will be expected to commit to Partnership working that prioritises population outcomes, prevention and personalised care over activity. Providers will need to demonstrate how their services contribute to agreed system priorities, work collaboratively across organisational boundaries, and adapt to commissioning arrangements that increasingly reward outcomes, value and integration rather than volume.
Neighbourhood Development	Somerset has a draft framework for Integrated Neighbourhood Team (INT) development. Early thinking has been applied to a wider model of Neighbourhood Development spanning universal Council services, resilient communities and the VCFSE sector. A common vision and principles have been drafted.	To have vibrant, resilient communities within which health, care and wellbeing support is fully integrated and service delivery optimised and efficient.	1. Co-production of a Target Operating Model for INT that supports the emerging vision for Neighbourhoods in the county. 2. Drawing on models within BSW and Dorset, we will utilise national contracting mechanisms to incentivise Partnership working within neighbourhoods. In 26/27 this will focus on the commissioning of a consistent Frailty outcomes (as a use case for wider application in future years). Alongside investing in the new Frailty Model the ICB will review and look to decommission services which duplicate or overlap the new model. Details will be worked through with existing providers. 3. The ICB will lead on the development of key enablers for INTs such as the provision of integrated data (due Apr 26) and a comprehensive Estates plan for the provision of Neighbourhood health centres.	This will primarily affect primary care, community health providers, mental health providers and VCSE partners, particularly those working in early neighbourhood priority areas. These providers will be expected to participate in integrated neighbourhood teams, support proactive care for defined populations, and work more closely with local authority services. Over time acute providers will increasingly be expected to align services to neighbourhood models, including supporting care closer to home, providing specialist input into neighbourhood teams, and adapting pathways to reduce avoidable hospital activity. All providers will need to operate as part of neighbourhood-based delivery models, with shared accountability for outcomes rather than siloed service delivery.
Population Health & Prevention	The ICB has an established Pop Health & Prevention Programme that has funded a number of successful interventions to combat health inequalities and improve prevention capacity. A recent exmaple is the 'know your numbers campaign' and the Homelessness Service	Is to develop a culture of prevention, pop health manaement and a focus on reducing health inequalities in all our commissioning activity. Through this the wim is to grow the % spend within Somerset on prevention and have a greater focus on improving long term health outcomes	1. Contniued work on Hypertension and CVD. 2. Obesity and healthy weight pathway redesign. 3. Full programme of work on Core20Plus5 in line with Outcome Framework	Active participation within the Population Health Trasnformation programme and through 26/27 a requirement to embed the Outcome framework within provider contracts for future years.
Primary and Community Based Provision	Primary care has a central role within Integrated Neighbourhood Teams (INTs). Somerset has good models of GP access within the patch, however experience is variable. Nationally, dental access is a challenge, good progress has been made within the County to improve access, but significant work remains	Over time, and subject to contracts, primary care services will work in partnership with other agencies to deliver personalised care to those most in need and to offer on-the-day services in the most effective way. Clinical leadership, local engagement and good data and digital provision at a local level as critical enablers of success.	1. We will reduce the variation in on-the-day access times for people to General Practice, and develop models of integrated on-the day-access including MIU and UTC provision in certain areas. 2. We will support meeting urgent demand through ensuring additional capacity is commissioned to meet demand out-of-hours and over surge periods including bank holidays and weekends. 3. We will embed pharmacy-first approaches. 4. We will increase access to NHS dental services and the proportion of Somerset residents that have received NHS dental care. 5. We will develop an integrated neighbourhood model for community ophthalmology.	This will mainly affect primary care, community health providers and relevant specialist services, with a focus on strengthening community-based pathways for long-term conditions and personalised care. Providers will be expected to work more closely across traditional boundaries, align workforce and skills to neighbourhood delivery, and expand proactive, preventative and self-management approaches. Over time acute providers will be expected to redesign pathways to support a sustained shift of activity into primary and community settings, including greater use of advice and guidance, shared care models and neighbourhood-based follow-up. All providers will need to demonstrate a reduction in avoidable hospital use and increased contribution to community-based, personalised models of care.
Urgent and Emergency	Patient experience is inconsistent with some people experiencing good timely access to same day care whilst others feel the need to shop-around between their GP, ED, NHS 111 and local Urgent Treatment Centre	To have a seamless model of same-day urgent care that is available when local residents need it.	1. We will engage with providers during early 26/27 to undertake a diagnostic exercise that will determine our commissioning priorities for Urgent and Emergency Care, 2. In certain neighbourhoods we will look to commission an integrated same-day urgent care offer for people that better utilises existing GP and UTC capacity. The initial areas of focus will be Frome, Shepton and Burnham.	Support from all providers required to complete the diagnostic through provision of data, feedback and experiences. New ways of working may result including integrated working with primary care for example in relation to the UTC's
Acute Service Configuration	Nationally leading model of Integrated provision within the County however scope for strategic planning application to acute service provision and consideration of scale and quality.	Opportunity to strategically plan acute provision across the Cluster to improve safety, continuity and quality.	1. Implementation of the Stroke Reconfiguration Business Case from May 26. 2. Review the output of the Dorset Vista programme and seek to replicate a version at Cluster level, delivering a clearer strategic plan for acute provision within Somerset.	Providers will need to monitor the implementation of the revised stroke pathway to ensure that the clinical pathway is operating effectively including TIA and outpatient clinics. Shared protocols, escalation pathways and performance oversight arrangements need to be in place and regularly monitored. Providers must participate in strengthened governance structures for monitoring patient outcomes, pathway performance and continuous improvement across the system.
Outpatients	Somerset has a growing range of self-referral pathways into outpatient services. The introduction of Cinapsis has improved clinical communication over patient management options.	To improve the responsiveness of cancer diagnosis and treatment provision, for non-cancer pathways seek to replace existing routine referrals with community-based models and MDT working between clinical teams.	1. Commission a model for outpatients that tests new ways of working and moves away from normal payment methods and ways of delivering services. 2. Neighbourhood based Peri -operative care model to control front door into elective services and reduce unnecessary treatment as well as variation and healthcare inequalities. 3. Commission cancer front door model on a risk share basis	1. Will require continued change to outpatient working but is an essential part of the required improvements in RTT performance and the wait to first OPA. 2. Potential expansion and further change to existing peri-operative care service. 3. Cancer front door model currently in place but requires sustainable commissioning to support continued achievement of cancer targets. Likely further expansion of self-referral pathways.
Women & Children's Health	Somerset has an established partenrship arrangement to oversee the development of children's services. There is a share CYP strategy. There is scope to develop the goverance arrangement to support increased accountability of outcomes, and enable creative innovation. There is a ranege of work taking place within the Women's Health portfolio - including working the SFT and primary care to develop pathways and improve the experience of women in Somerset. A programme of work has been developed and is being overseen by the Women's Partnership Board.	There's an opportunity to align and combine the strategic commissioning of Women's and CYP health and wellbeing services across the County to better ensure that support to Women, Children and Young People are optimally coordinated and person-centred.	1. We will develop CYP transitions strategic oversight and collaboration through exploring opportunities for joint and/or aligned commissioning arrangements. 2. We will improve elective performance for our CYP population – including developing ringfenced CYP capacity or dedicated paediatric surgery days in either a day surgery or hub setting. 3. We will work with the Community Diagnostic Centre (CDC) to identify options to reduce the number of women on elective waiting lists. Linking to our work on women's health hubs we will ensure pathway developments in key areas such as the diagnosis and treatment of heavy menstrual Bleeding and improved access and support for pelvic health issues. 4. We will ensure delivery of the SEND programme,	Check deliverability of these - include wider MH ...implication for providers are: active engagement with providers regarding the development, implementaton, and monitoring of children' services and the associated outcomes (SFT - 2026/27); potential discussions regarding the flexibility of provision to meet the complex needs of indiviudal children / personalisation; demand management modeling to support eatrly intervention and appropriate referral model (residential providers, (SFT - 2027/28). Increases in the demand in SEND, particularly ND assessments, therapy services, support for health services in schools (SFT - ongoing/ current)

Mental Health, LD and Autism	There has been significant development, improvement and expansion of mental health services over the last ten years, with particular focus on the community offer. There are opportunities to further develop the urgent and emergency mental health offer and improve integration with the community offer, which will promote prevention, early intervention and an holistic approach bringing together medical need and the wider social determinants. Demand for ADHD, autism and dementia diagnosis, and associated pre-and-post support is rapidly rising and waiting lists are growing.	To streamline the pathway for people experiencing an urgent mental health need and ensure robust integration with community mental health services, as close to home as possible. To improve waiting times for dementia, autism and ADHD assessments and associated pre-and-post diagnostic support	1. Implementing the recommendations of the new Modern Service Framework for mental health (including severe and enduring mental illness) when published in 2026. 2. We will develop model for MH Emergency Departments (Crisis Assessment Centres), working with partners in VCFSE as appropriate, which will support attendees to access the most appropriate support in the event of a crisis, and seek access to national capital funding accordingly, in line with NHS England specification	Respond to the Modern Service Framework Access to capital funding to make any site based improvements. Review of service delivery locations for CMHS and mental health crisis/urgent care staff. Ongoing pathway development work across VCFSE and statutory partners. Pathway improvement work across dementia, autism and ADHD
Pathway Improvement	These pathways have been identified as being priority projects for the elective care board. The focus is on reducing demand into secondary care by streamlining the referral process and offering alternative provision in the community.	To commission and incentivise pathways which are streamlined. Increase provision within the community as a means of avoiding need for referral to acutes.	We will continue to identify and work as a system on priority pathway improvements, for 2026/27 this will be in the following areas- • MSK services • Weight Management • Peri-Operative Care • Ophthalmology	MSK, Weight and Ophthalmology are 3 key high volume elective pathways for providers. Work on these remains a key area for elective recovery and improvement and will likely be necessary to support reaching RTT and long wait targets. Peri-operative care remains an ongoing programme to support reduced variation/improved optimisation in surgical pathways with potential for change to neighbourhood model of delivery.

REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **08**
DATE OF MEETING:	**29 January 2026**	
REPORT TITLE:	**Intermediate Care: 12-week Test and Learn Evaluation**	
REPORT AUTHOR:	**Kate Smith, Associate Director of Strategic Programmes**	
EXECUTIVE SPONSOR:	**David McClay, Cluster Place Director Somerset**	
PRESENTED BY:	**Kate Smith, Associate Director of Strategic Programmes**	

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

LINKS TO STRATEGIC OBJECTIVES
(Please select any which are impacted on / relevant to this paper)

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

PREVIOUS CONSIDERATION / ENGAGEMENT

To support Somerset's System Flow Priority Programme, a 'test and learn' has recently been undertaken to change the way in which Intermediate Care services are delivered in Somerset. This test and learn formally started on 29th September 2025 and an evaluation of the findings was conducted at week-12.

The findings of the Test and Learn were presented to ICB Management Board on 12th January 2026 and this group were supportive of the recommendation to extend the test and learn from 12 weeks to 12 months.

In February 2026, the 12-week evaluation findings will be presented to the Somerset Council Scrutiny Committee – Adults and Health.

REPORT TO COMMITTEE / BOARD

The test and learn has set the direction for more locally delivered health and care in Somerset. The test and learn provides a foundation for the left shift from hospital to community. Findings at

week-12 indicate that home is the preferred choice of setting for patients and carers to recover after a hospital stay. An extended period of testing is required to:

- Enable consolidation of the early positive findings
- Allow the changes to be tested under a range of seasonal system flow scenarios
- Provide the opportunity to continue to respond to service user feedback.
- Further better understand and respond to pathway 1 demand, ensuring that waiting times reduce to the target of 2 days.

Management Board were supportive of the recommendation to extend the test and learn period from 12 weeks to 12 months.

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	A Quality, Equality Impact Assessment (QEIA) has been undertaken and has been reviewed by the Somerset ICB QEIA panel.
Quality	Quality of services has been considered in the QEIA and through ongoing monitoring of metrics and feedback from staff, local people, local politicians and service users.
Safeguarding	There are no apparent safeguarding risks associated with the test and learn. If potential risks are identified, then actions will be enacted to mitigate against these risks.
Financial/Resource/ Value for Money	Resource implications have been identified as part of the increase in Pathway 1 capacity, and this has been reviewed as part of the test and learn
Sustainability	The publication of the 10 Year Health Plan sets out a long-term vision to transform the NHS in England by shifting care closer to communities and therefore this will have a positive impact.
Governance/Legal/ Privacy	No legal or privacy concerns. Engagement with the public has commenced to ensure their views are incorporated into plans
Confidentiality	N/A
Risk Description	Risks and issues are constantly being considered, recorded and mitigating actions taken.

Intermediate Care Test and Learn

12 Week Evaluation Findings

29 January 2026

Contents

- Summary of the Test and Learn
- What we said we would measure
- Findings at week-12
- Summary
- Recommendations
- Next Steps

Prior to the test and learn

- **Pathway 1 (reablement at home)**
- In March 2025 people waited on average 6.5 days, against a target of 2 days
- Demand higher than supply

- **Pathway 2 (reablement in a community bed)**
- In March 2025, an audit showed 2/31 people accessed a bed within the 2 day target. 22/31 waited over 8 days
- Somerset was an outlier with high volumes of referrals to beds

- **Pathway 3 (most likely to need long term placement)**
- No good solution for this group
- Had to travel through a community bed before being able to access a long-term place of residence. Often with long stays whilst assessments and sourcing processes were undertaken

Test and learn – strategic intentions

- Aimed to set the direction for the delivery of more locally driven health and care in Somerset
- The notion was that if people could be supported to receive their post-hospital reablement in the ‘right bed’ then experiences for people would be better, and flow through hospitals would improve
- For most people, the ‘right bed’ would be in their own home
- The learning, alongside NHS Somerset’s engagement with local people should shape how the NHS in Somerset shifts care to neighbourhoods to achieve better health outcomes and less pressure on acute hospitals

Test and learn – the changes

1. **Expansion of the Pathway 1 service** – delivering 83 new starts per week, an increase from 67

2. **A dedicated Pathway 3 bed base** – meaning those who are likely to need new long-term placement can move directly from hospital to a care home with the option to stay there

3. **Testing the reduction of Pathway 2 beds** – temporarily reducing beds in community hospitals and some of the intermediate care homes

Test and learn – sequencing

- The test and learn changes were phased in incrementally, with the home-based pathway 1 expansion taking place first.
- By the end of September 2025, the new pathway 3 beds were in operation and the community hospital temporary bed reductions had occurred.
- 29 September therefore marked day one of the 12-week evaluation period.

Test and learn – high-level timeline

NHS Somerset

1 August
Pathway 1 expansion complete

11 August
Phased P2 bed reductions and P3 spot-beds go live

19 August
SFT face-to-face public engagement starts

28 August
SFT Social media campaign go live date

START

29 September
Phased bed reductions complete therefore the 12-week test & learn period officially begins.

October-November
Stakeholder reference group recruitment

Pathway 1 service user feedback support

25 October
Switch from block care homes to spot-purchased P3 care homes complete

End Nov-Dec
Neighbourhood Stakeholder reference Groups established

WEEK-12

22 December
12-week test & learn period ends

January 2026
ICB reviews performance against metrics which will inform the decision whether to extend

26 February
Present findings to Somerset Council's Scrutiny Committee – Adults & Health

Aug-25 | Sept-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26

What we said we would measure

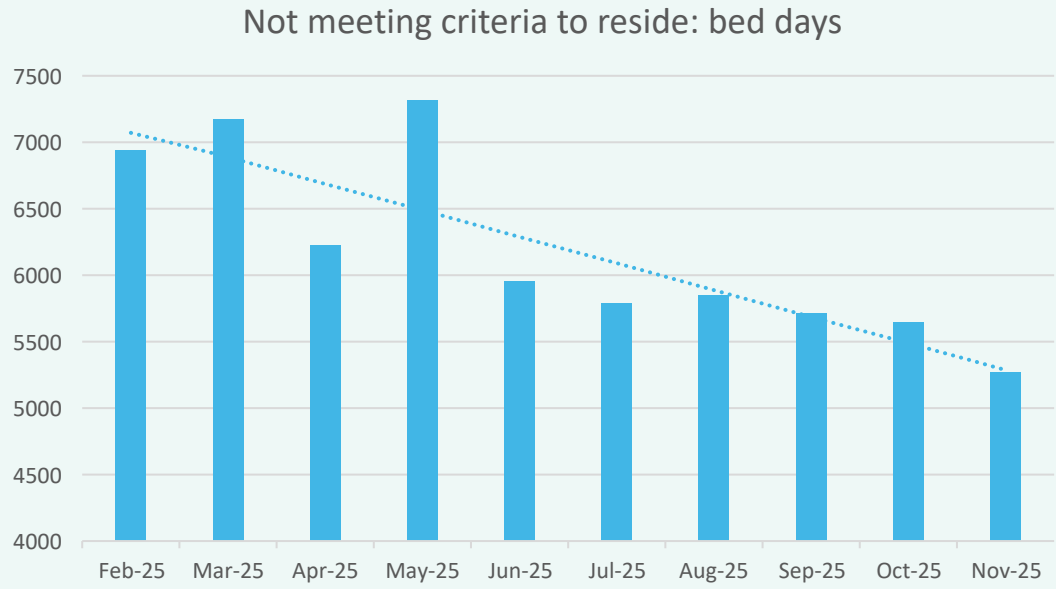
- The number of patients whose discharge from Yeovil Hospital or Musgrove Park Hospital is delayed
- How long patients' discharge from an acute hospital is delayed
- The size of intermediate care waiting lists
- The length of time that patients wait to access intermediate care services. The target for pathways 1 and 2 is two days
- Community hospital occupancy broken down by Primary Care Network. To identify if the changes result in people having to travel further to access a community hospital bed if that was best suited to their needs
- Delays leaving community hospital beds. We know that delays cause harm and prevent other people from being able to access the beds
- Patients' length of stay in those community hospitals where there are temporary bed reductions in place
- The proportion of patients who need to be readmitted
- Feedback from patients and carers
- Patient outcomes including the proportion who are discharged home, able to remain at home, and what proportion require care packages

12-week findings – ‘No criteria to reside’

When a patient is medically fit for discharge from a hospital but their discharge is delayed, it is known as No Criteria To Reside (NCTR).

The number of NCTR patients at the start of the test and learn was 192. This had reduced by 34 to 158 at week-12 of the test and learn.

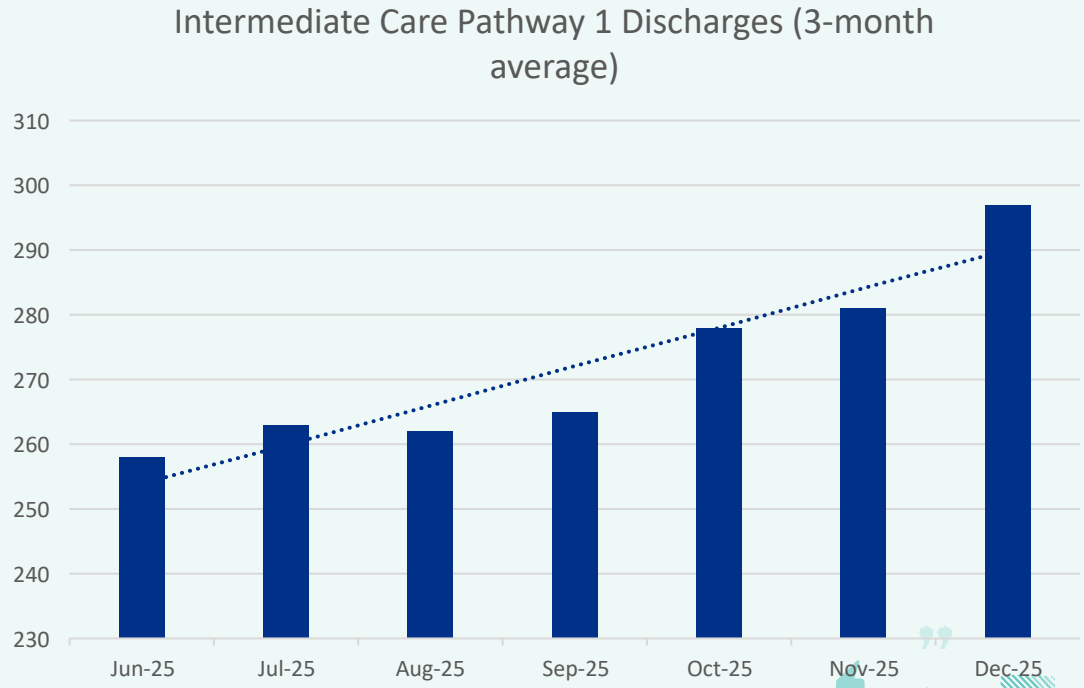
As of 30 November 2025 (the latest published data) SFT is ranked 79 out of 118 Trusts (up 22 places since the start of the test and learn), and ranked six out of the 13 South West trusts – the best ranking since the Trust began monitoring NCTR in January 2024.



Monthly bed days were higher in May 2025 prior to the phased introduction of expanded pathway 1 resource. The last published data on 30 November 2025 shows 5,270 bed days attributable to NCTR, compared to 5,712 in September and 7,313 in May 2025. This is a 28% improvement between May and November.

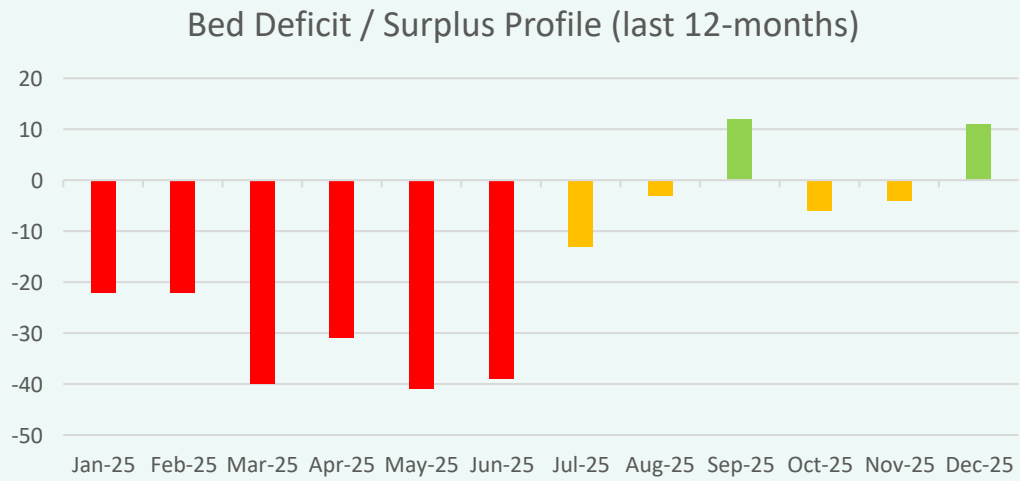
12-week findings – Pathway 1

- The size of the pathway 1 (P1) wait list did not reduce during the test and learn period
- Wait times varied. At week 12, wait times were 3 days, compared to 4.4 days at the start of the test and learn
- The demand for pathway 1 was higher than anticipated
- The target of 83 P1 discharges per week (356 p/m) was not consistently achieved. The graph shows that despite not achieving 83 per week, numbers of P1 new-starts is increasing month on month
- There was no significant change to readmission rates for people receiving access to reablement at home



12-week findings – pathway 2

- Prior to the temporary changes, we heard concerns there would be a potential shortage of community hospital beds
- The numbers of people waiting for pathway 2 beds has fallen as a result of the changes
- This has led to people being able to access pathway 2 beds more quickly
- At times Somerset now has a bed surplus, rather than a bed deficit
- Average length-of-stay and delays in community hospitals have fallen

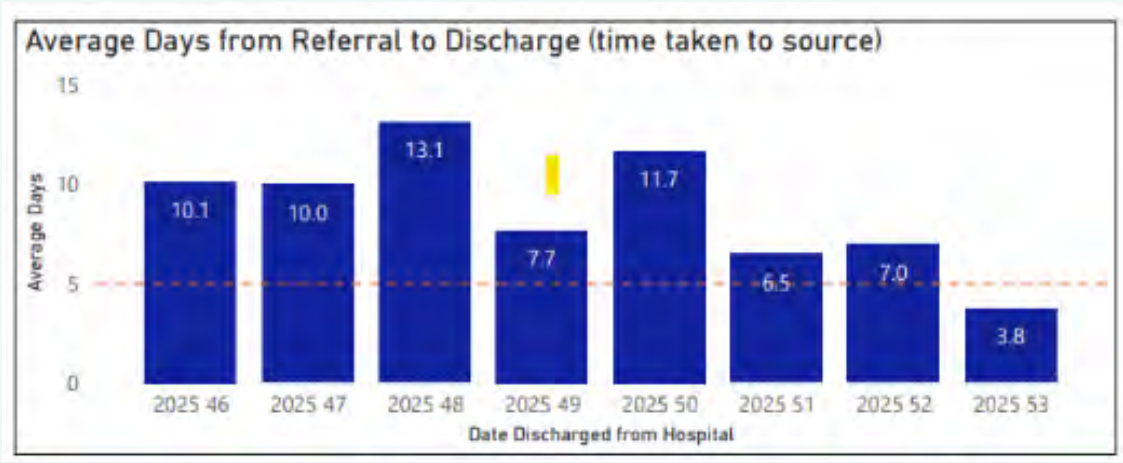


Average wait times for P2 beds

	Ambition	MONTH END POSITION								
		Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
MPH Monthly average P2 wait time (days)	2 days	5.5	6.12	5.17	4.04	4.54	3.03	4.03	2.83	2.24
YDH Monthly average P2 wait time (days)	2 days	3.82	3.77	4.94	3.53	2.63	2.71	2.57	2.47	1.83
RUH Monthly average P2 wait time (days)	2 days	3.56	6.36	6	3.82	4.06	2.23	3.65	2.87	2
WGH Monthly average P2 wait time (days)	2 days	7.54	6.25	5.33	5.4	2.4	1.73	2.38	1.8	3.4

12-week findings – Pathway 3

- At week 12, 59 people had completed their pathway 3 episode of care
- On average, the pathway 3 episode of care was on target at 28 days
- 12-week findings show that 91% of people accessing the pathway 3 service choose to stay in the same care home, preventing the need for multiple moves
- As the new model is maturing, people are accessing pathway 3 beds more rapidly from the acute setting. This can be seen in the graph to the right



12-Week Findings – what people have told us

- During the 12-week period, 891 people received support through pathway 1. Feedback was received from 5% of users
- 25 people (patients or carers) provided feedback via a QR code questionnaire. Sixteen people gave feedback via phone
- Via questionnaire, 100% of people reported that the service helped them to feel more confident at home. 100% of carers felt the service left them feeling confident to continue to care for their loved one. 96% felt they had achieved their reablement goals
- Via phone, individuals expressed high levels of satisfaction. Carers were described as compassionate, professional, reliable, and supportive of confidence building. The home environment was overwhelmingly viewed as the preferred and most effective place to recover. Users reported improvements in mobility, strength, and wellbeing after returning home. Therapy input, where available, contributed significantly to confidence and progress. Family carers appreciated clear information, practical advice, and reassurance provided throughout the service
- Negative experiences were isolated. Where these occurred, they related to care visit scheduling issues with inconsistent and/or long-time windows and occasional limited therapy access

Recommendations and next steps

- Continue the test and learn from a 12-week period to a 12-month period, allowing the changes to be tested under varying system flow conditions
- Promote further feedback from service users, local people and politicians
- Optimise pathway 1 demand and improve how we respond to this demand, ensuring that two-day wait times are achieved
- Continue to mature the pathway 3 model, aiming to reduce wait times to 5 days. Obtain service user feedback for this part of the test and learn
- Review findings after 12-months of testing. At this point make a permanent decision about how intermediate care services are delivered in the future

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Thank you for listening

Kate.Smith103@nhs.net

Associate Director of Strategic Programmes

REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **09**
DATE OF MEETING:	**29 January 2026**	
REPORT TITLE:	**Integrated Board Assurance Dashboard and Exception Report from the System Assurance Forum 1 April 2025 to 30 November 25**	
REPORT AUTHOR:	**Alison Henly – Chief Finance Officer and Director of Performance and Contracting**	
EXECUTIVE SPONSOR:	**Alison Henly – Chief Finance Officer and Director of Performance and Contracting**	
PRESENTED BY:	**Alison Henly – Chief Finance Officer and Director of Performance and Contracting**	

PURPOSE	DESCRIPTION	SELECT (Place an 'X' in relevant box(es) below)
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	
Discuss	To discuss, in depth, a report noting its implications	
Note	To note, without the need for discussion	
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	X

SELECT (Place an 'X' in relevant box(es) below)	Links to Strategic Objectives (Please select any which are impacted on / relevant to this paper)
X	Objective 1: Improve the health and wellbeing of the population
X	Objective 2: Reduce inequalities
X	Objective 3: Provide the best care and support to children and adults
X	Objective 4: Strengthen care and support in local communities
X	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
Following discussion at the Finance Committee meeting, System Assurance Forum, People Board and the Quality Committee the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2025 to 30 November 2025.

REPORT TO COMMITTEE / BOARD
The report provides an overview for the following areas: • Quality • Performance • Workforce • Finance The Board is asked to discuss the performance position for the period 1 April 2025 to 30 November 2025.

Impact Assessments – key issues identified (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	Equality and diversity are at the heart of Somerset ICB's work, giving due regard to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management
Quality	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.
Safeguarding	We are dedicated to ensuring that the principles and duties of safeguarding children and adults are applied to every service user and that safeguarding is integral to service development, quality improvement, clinical governance, and risk management arrangements
Financial/Resource/ Value for Money	ICB revenue resource limit as of 30 November 2025 was £ 3,078,960,000 which includes Delegated Specialised Commissioning
Sustainability	Outline how you have considered the underlying objectives of the Somerset ICS Green Plan 2022-2025. This includes core work elements around sustainable healthcare, public health and wellbeing, estates and facilities, travel and transport, supply chain and procurement, adaptation and offsetting and digital transformation.
Governance/Legal/ Privacy	Financial duties of NHS Somerset not to exceed its cash limit and comply with relevant accounting standards.
Confidentiality	No issues are identified
Risk Description	NHS Somerset must ensure it delivers financial and performance targets

Integrated Board Assurance

Exception Report

November 2025

Performance declining | National ambition **
Performance Improving | Operational Plan *
Performance unchanged

Quality

Areas of Focus	Current Plan/Target	Performance
• SFT - Rate of acute hospital acquired pressure ulcers (category 2 and above) per 1000 bed days - (current position 1.28)	0	↑
• % of VTE assessments completed within 24 hours of admission (Acute setting)- (current position 89%)	95%	↓
• % of VTE assessments completed within 24 hours of admission (Community setting) - current position 83%)	95%	↓
• CLA (Children Looked After) Initial Health Assessments - (current position 25%)	90%	↑
• CLA (Children Looked After) Dental Checks - (current position 83.3%)	90%	↑
• Somerset Overall C.Diffs. Rate (current position 15)	12.25	↑

Performance

Areas of Focus	Current Plan/Target	Performance
• Type 1 A&E 4-hour performance (SFT)*	57.0%	↑
• All Types A&E 4-hour performance (SFT)*	75.2%	↑
• Adult G&A Bed Occupancy (SFT)*	94.7%	↑
• % of adult G&A beds occupied with NCTR patients	13%	↓
• Number of patients with No Criteria to Reside	108	↑
• Number of incomplete pahways (SFT)*	67,710	↑
• Referral to treatment - Patient waiting >52 weeks (ICB)	1,307	↓
• Referral to treatment - Patients waiting >65 weeks (ICB)	0	↑
• Diagnostics waiting list <6 weeks CT*	78.0%	↑
• Diagnostics waiting list <6 weeks Flexi Sigmoidoscopy*	80.2%	↑
• Diagnostics 6 week performance %	86%	↓
• 28 Day Faster Diagnosis Pathway - Breast cancer	77%	↑
• 28 Day Faster Diagnosis Pathway - Urological	77%	↑
• Talking Therapies 1st to 2nd treatment wait >90 days**	10%	↓
• Talking Therapies - patients seen <6 weeks **	75%	↑
• IPS (Individual Placement and Support) Access	528	↑

People

Areas of Focus	Current Plan/Target	Performance
• Workforce retention & attrition (SFT)	11.0%	↑
• Sickness absence (SFT)	5.16%	↑
• Agency WTE vs Plan (SFT)	117	↑
• Total General Practice & PCN Workforce vs Plan (Primary	2,213	↑
• Use of off-framework Agency shifts (SFT)	0	↓

Finance

Areas of Focus	Current Plan/Target	Performance
• System underlying financial position	£42.8m deficit	↓
• System financial performance YTD & forecast vs plan (revenue)	Balanced	↑
• System financial performance YTD & forecast vs plan (capital)	Fully utilise	↑
• Agency workforce spend YTD & forecast vs plan	£17.7m plan/£22m cap	↓
• Bank workforce spend YTD & forecast vs plan	£32.5m plan/£32.5m cap	↓
• Savings Programme	£47m recurrent	↓
• Mental Health Investment Standard	£6.1m	↔
• Risks and Mitigations	£30m net risk	↑

Quality Summary

Quality Matrix

VARIATION	P	?	F	No Target
H				Rate of Falls per 1000 bed days - Acute
L				
same		Rate of community hospital acquired pressure ulcers (category 2+) /1000 bed days Number of ligature incidents % of adult inpatients (acute) having nutrition screening <24 hours % of adult inpatients (community) having nutrition screening <24 hrs Somerset overall C.Diffs rate Somerset overall E.Coli rate Somerset overall MSSA rate Somerset overall Klebsiella rate Somerset overall Pseudonomas rate % 3rd & 4th degree tears for assisted birth	MPH - Rate of acute hospital acquired pressure ulcers (category 2 +) /1000 bed days YDH - Rate of acute hospital acquired pressure ulcers (category 2 +) per 1000 bed days CLA - Dental Checks SFT - Rate of acute hospital acquired pressure ulcers (category 2+) per 1000 bed days	Rate of Falls per 1000 bed days - Community Rate of Falls per 1000 bed days - MH Rate of PPH≥1500 ml per 1,000 births
H		% VTE assessments <24 hrs (community) Somerset overall MRSA rate	% of VTE assessments <24 hrs (acute) CLA - Initial Health Assessments	Number of carers who have been offered a carers assessment
L				

ASSURANCE

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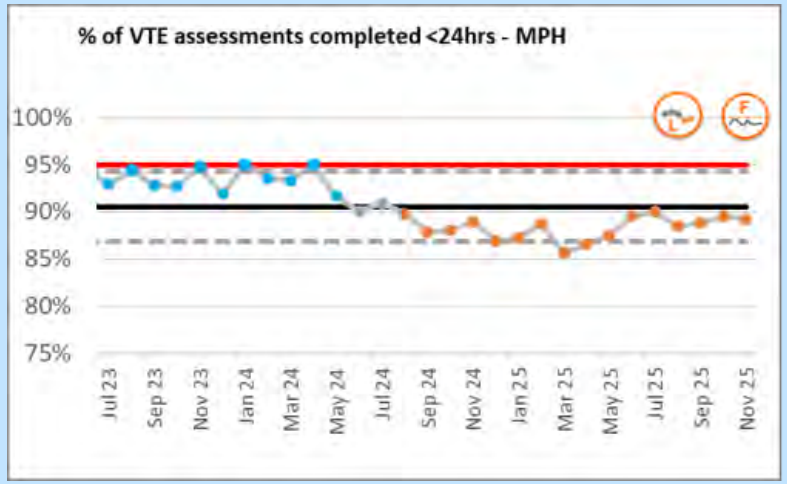
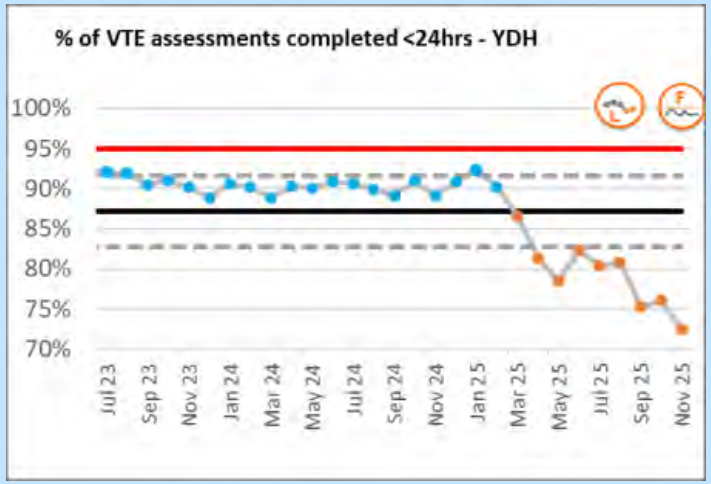
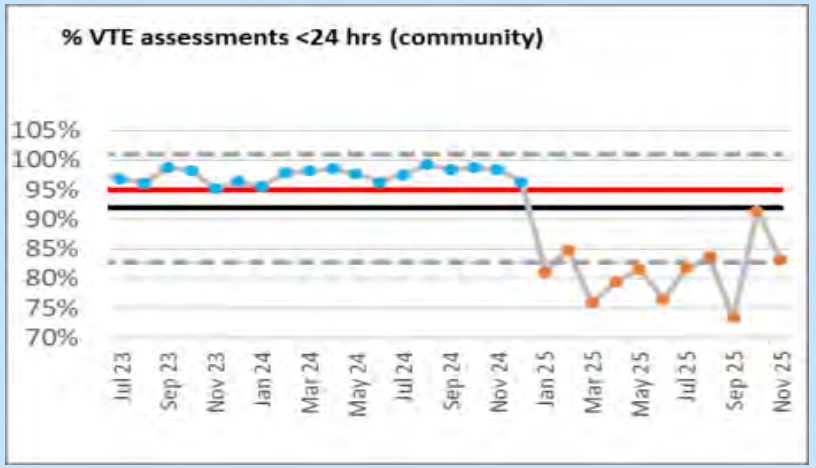
Quality Summary



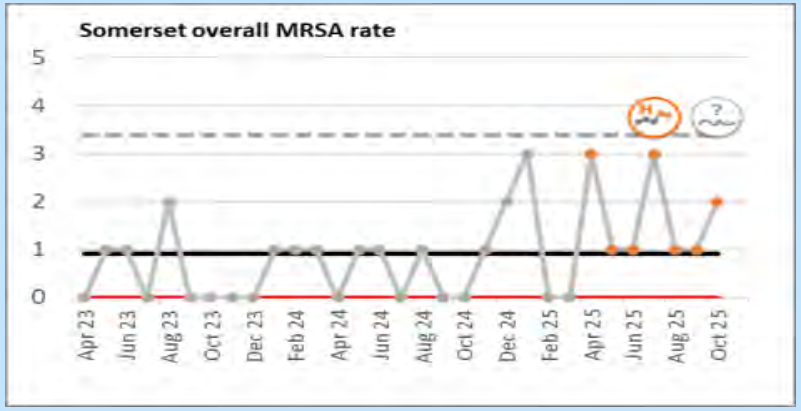




VTE (Venous Thromboembolism) assessment

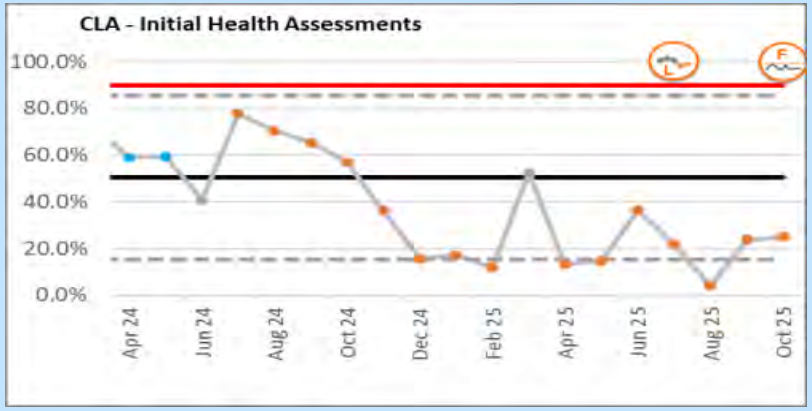
- Compliance remains below national standard: MPH at 89%, community hospitals at 83%, Yeovil at 72%.
- Digital VTE charts via Better Portal improve consistency, but reporting remains manual; automated solution in development. Audits confirm assessments are completed, often recorded in progress notes.
- ICB Quality Lead attends VTE Committee and actively seeks updates; pilot in mental health ongoing with findings due January.
- Deep dive into VTE performance review scheduled for January System Quality Committee

Quality Summary



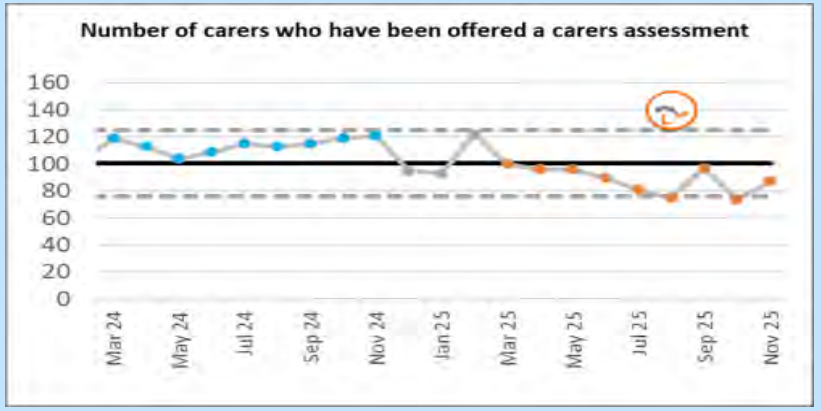
Somerset's overall MRSA rate

- 10 cases reported (Apr-Nov), 50% attributed across acute settings and primary care.
- National performance has deteriorated from the 2nd to the 4th quartile, while regional performance has improved from the highest to the 2nd highest ICB.
- Workstreams from learning:
  - Ward level: Review and improve MRSA decolonisation practices; ensure adherence to evidence-based protocols and reinforce consistent post-decolonisation screening.
  - Community handover: Strengthen discharge communication within discharge teams to maintain continuity of care and reduce catheter-associated infection risk
- Somerset is working with the Southwest MSSA Collaborative to investigate a proactive , risk-based approach focussing on proactive infection prevention rather than reactive single-pathogen interventions.



CLA (Children Looked After) – initial health assessments

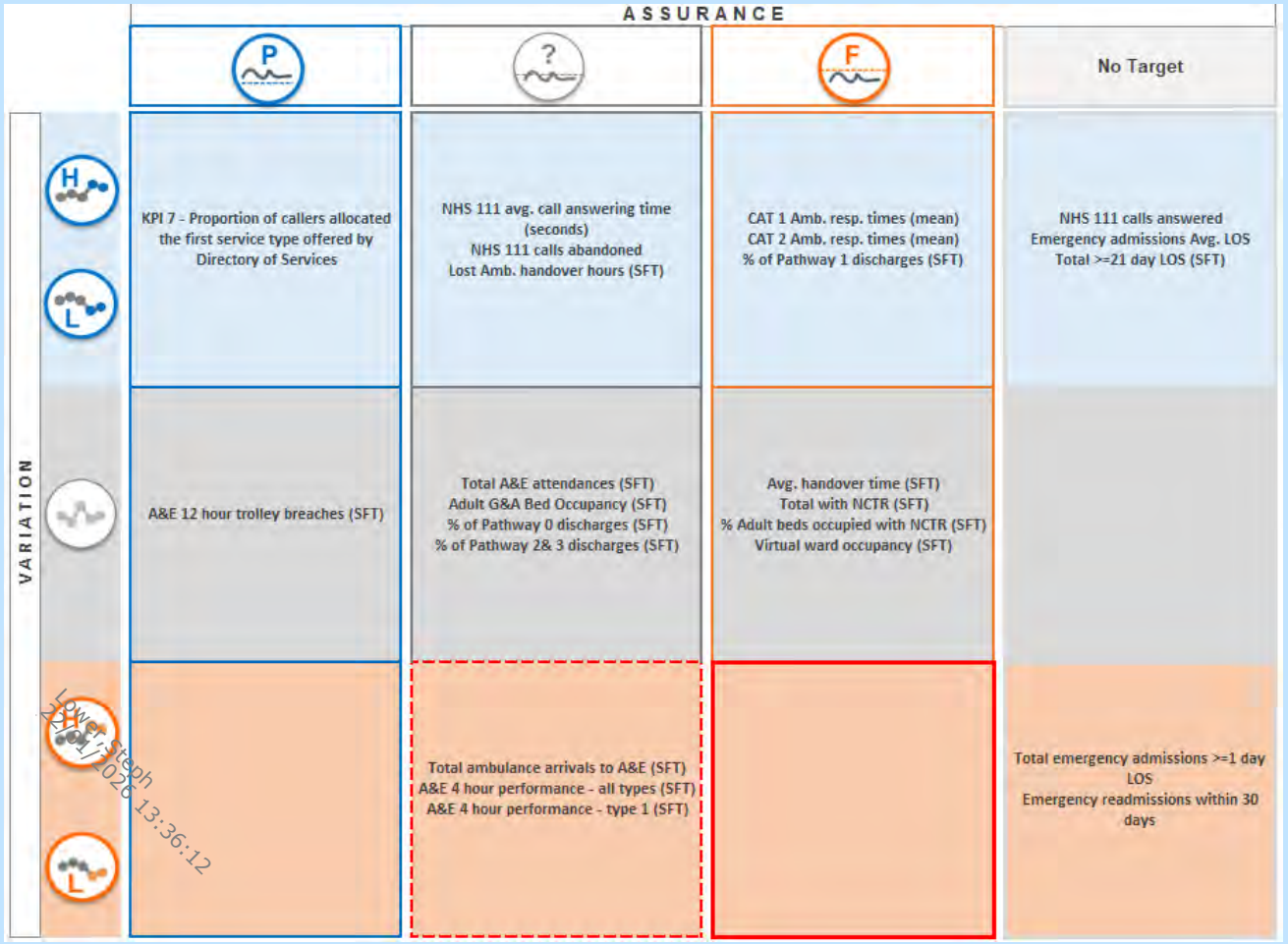
- September data shows IHAs remained significantly below target, though slightly improved from August; overall compliance still below standard.
- Revised IHA request form introduced in September; October and November data show marked improvement in timeliness despite high numbers of children entering care.
- CLA Health Service and Children's Social Care teams working jointly to sustain improvements.
- Multi-agency review scheduled for January 2026 to assess impact and identify further refinements.



Number of carers who have been offered a carers assessment (Carers of people in mental health services)

- Somerset Council reviewed commissioned carers services in 2024/25, as a result reducing their contribution to the funding for Somerset FT's Mental Health Carers Support Service from April 2025
- Service operates with a smaller workforce and stricter eligibility with support now limited to carers of individuals currently in mental health services or discharged within six months.
- Reduced team uses triage approach, around 60% receive full carers assessment; others receive advice/signposting. This explains the drop in completed assessments.
- ICB Quality Lead seeking confirmation of Equality Quality Impact Assessment (EQIA), oversight via Somerset Carers Strategic Partnership Board and commissioned services governance routes.

Urgent & Emergency Care Matrix



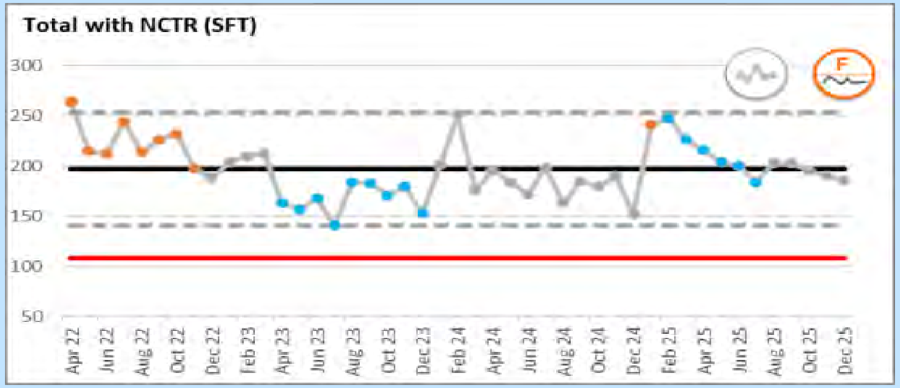
In December 2025 no urgent and emergency care metric are demonstrating special cause concerning variation and consistently failing the plan/target.

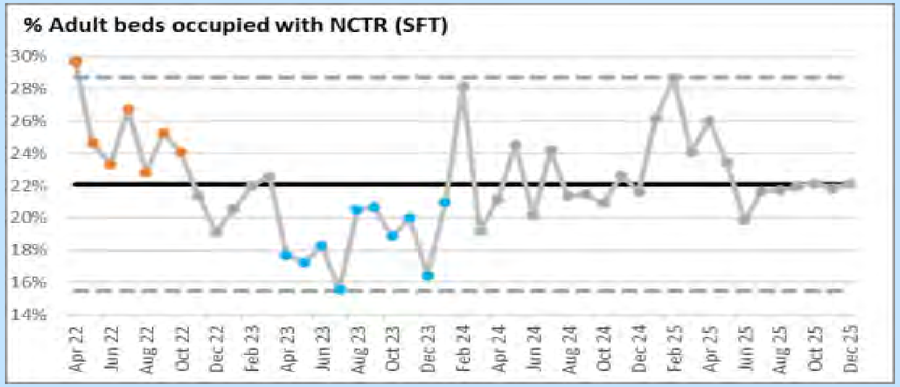
Those measures contained within the dotted red box have triggered special cause variation but have not consistently failed the 2025/26 Operational plan and if performance does not improve will be re-assessed as a metric with special cause concerning variation **and** not achieving the plan/target.

In addition, the following measures are kept under observation:

- A&E 4-Hour Performance (Type 1 and all types)
- Number of patients with NCTR
- % Adult beds occupied (bed occupancy)
- % Adult beds occupied with NCTR patients
- Total ambulance arrivals to A&E (Somerset FT)

Urgent & Emergency Care Performance Summary





Patients in hospital with No Criteria To Reside (NCTR) - the number of patients with NCTR at Somerset FT remains significantly above (higher) than plan. The average Adult G&A beds occupied by patients with NCTR in December was 22.1% against the revised trajectory of 16%. On the 1st January 2026 (weekly census date), there were 177 patients with NCTR against the revised trajectory of 137, who occupy 20.3% of the adult beds against the revised trajectory of 16%, which impacts on the performance of other UEC measures including ambulance handovers and 4-hour performance. Despite being below trajectory, comparing the December average to previous months, NCTR is steadily decreasing, and December has the lowest average number of NCTR this financial year (164 vs 222 of April). The number of occupied acute beds is a variable figure day by day so reduction in the number of patients with no criteria to reside does not necessarily reflects in reduction in the proportion of occupied acute beds. Somerset FT is operating on approximately 7% less (-67) acute beds (adult G&A Beds) in December 25 when compared to December 24

One of Somerset ICS priority areas for 2025/26 continues to be System Flow. A multi-partner working Group meets weekly to review the detailed NCTR dataflows; these dataflows report MPH and YDH acute hospital and Intermediate Care (Community Hospital and Care homes) delays by pathway and by locality which compliments other locality reporting to provide granularity at a geography level.

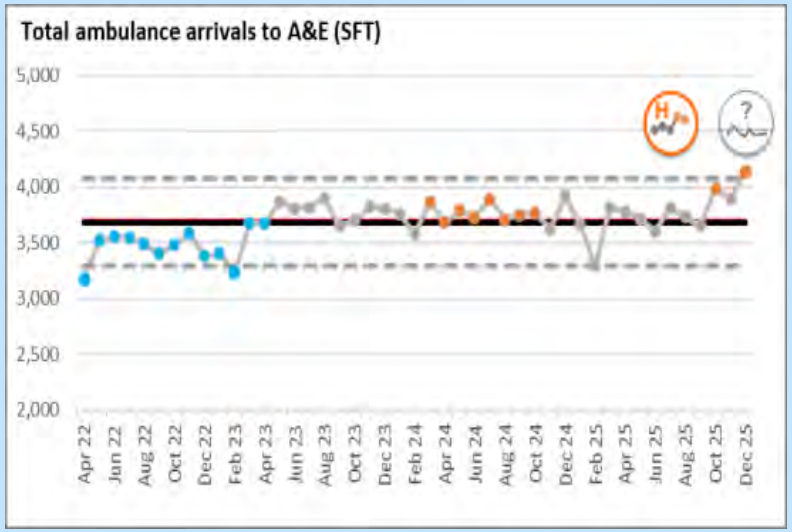
Key Achievements within last reporting period

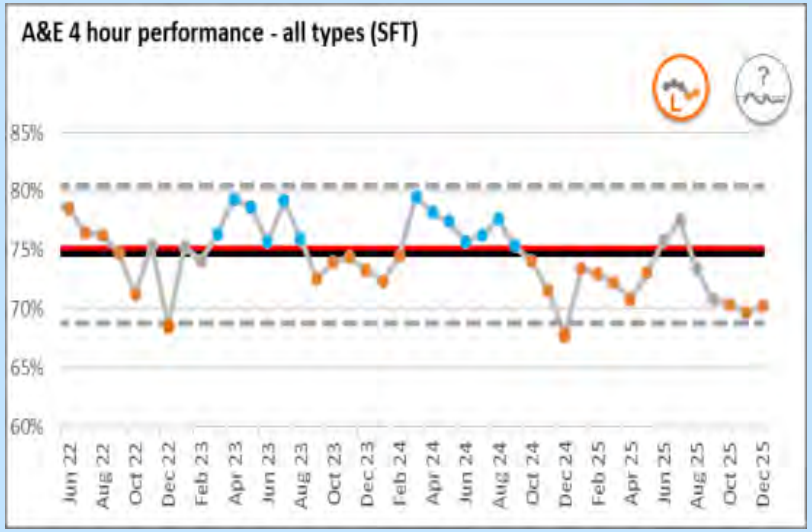
- 3-month rolling average reduction in NCTR in Somerset
- The last published data on 30th November shows Somerset FT is ranked 79th out of 118 Trusts, up 22 places since September 2025 prior to full roll-out of the system flow projects
- 3-month rolling average Intermediate care P1 discharges in Somerset is on the rise, with wait times at 3 days against a target of 2 days which is a reduction from 4.4 days prior to full project rollout

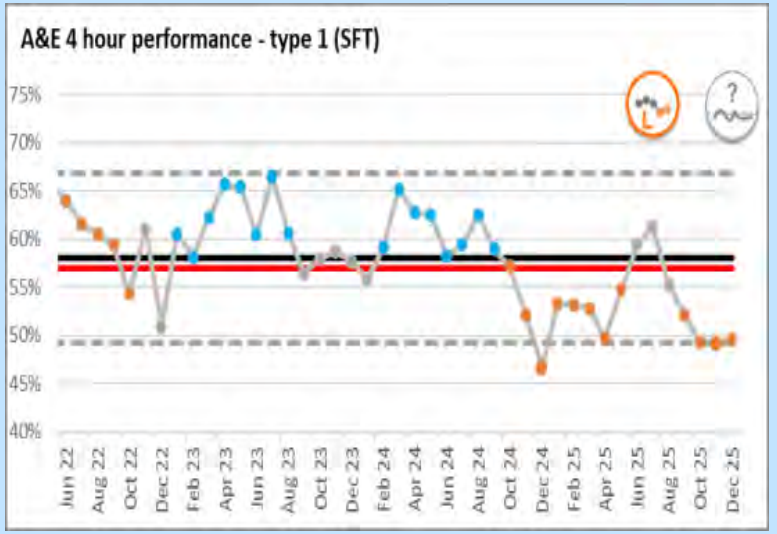
Areas of improvement focus for the next reporting period:

- Continue to improve P1 demand and capacity management – keep P1 demand within target and ensure P1 care providers deliver against commissioned targets
- Continue to work towards reducing the time to access a long-term care bed (Pathway 3)
- To provide closer support to ward-based staff to reduce the in-hospital process delays
- Exec support with Dorset delays (which current make up approximately 25% of the delays at Yeovil Hospital)

Urgent & Emergency Care Performance Summary







The number of ambulance handovers have been increasing and in December breached the upper control limit. Most of the increase is attributed to YDH in December, where the number of handovers increased by 11.8% compared to November and 13.7% compared to December 2024. This is due to the surge in winter illnesses, high bed occupancy and flow out of A&E.

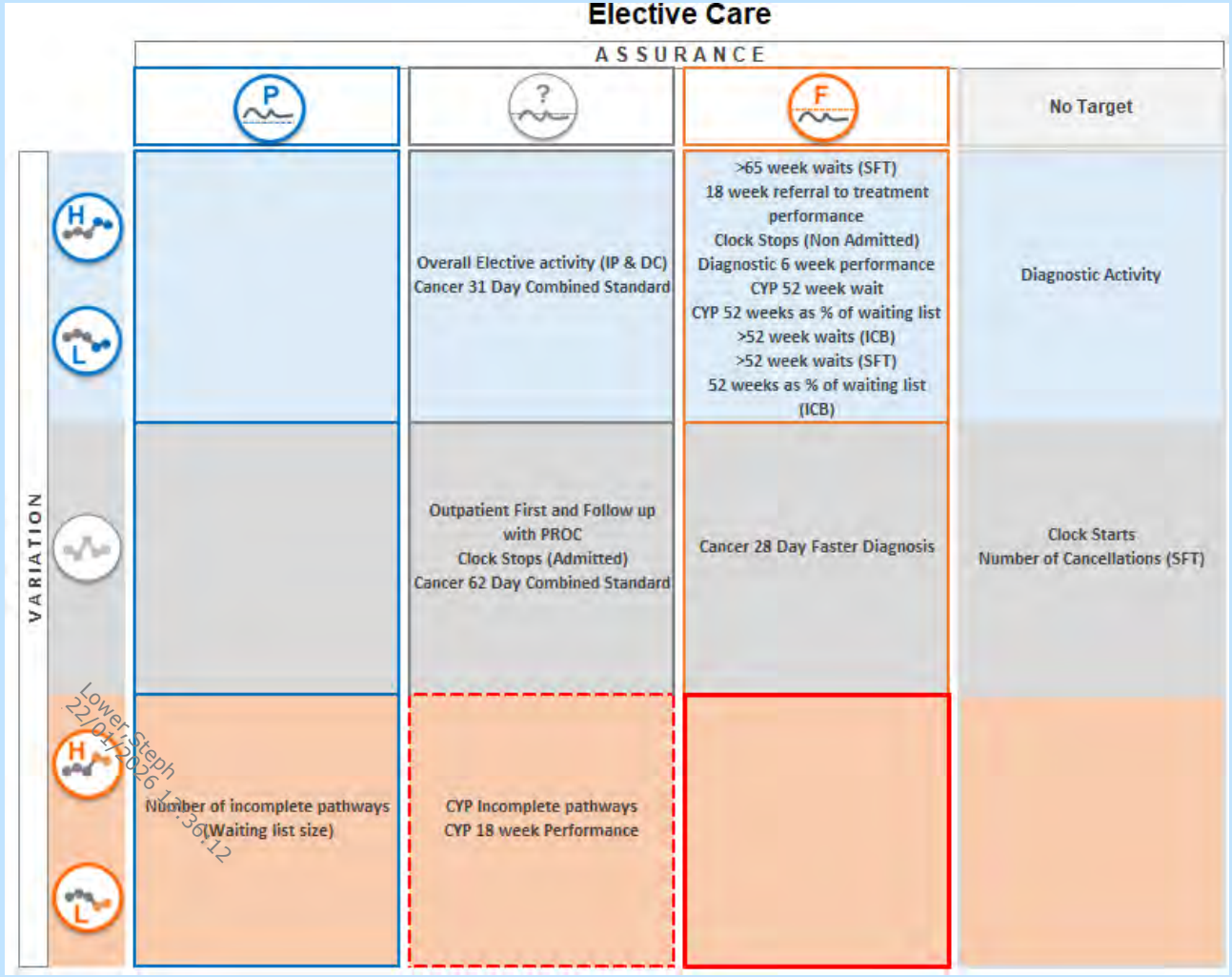
Despite the wider system pressures, the average handover time is significantly better than the planning trajectory. During December, the average handover time at YDH was 28 minutes (against the plan of 40 minutes) and at MPH 19.5 minutes (against the plan of 34 minutes)

The proportion of patients seen, admitted or discharged within 4 hours in A&E (Type 1 Emergency Departments) and in combined (All Types) Urgent Treatment Centres and Emergency Departments improved compared to November, with performance of 70.2% against the 75.2% plan, and Type 1 A&E performance was 49.6% against the plan of 57% (MPH 48.7% and YDH 59.6%). The statistical process control charts above shows declining performance from July. The underpinning factors affecting flow out of the emergency department is the high level of patients with No Criteria To Reside and resulting high bed occupancy within the Acute Hospitals.

Focused actions to improve A&E performance include:

- Low acuity conditions to be booked to re-attend the next day. Trial starts in January
- Recruitment day for and ED Advanced Clinical Practitioner role at MPH is planned for January 2026
- Frailty Same Day Emergency Care ACPs (Advanced Care Practitioners-trainee) successfully recruited at YDH
- Option for AI technologies are being explored (triage and streaming, chest pain and head injury pathways and staffing models)

Elective Care Matrix



Any measures contained within the dotted red box have triggered special cause variation but have not consistently failed the 2025/26 Operational plan. Currently no measures overall are seen within this area or in the solid red line box.

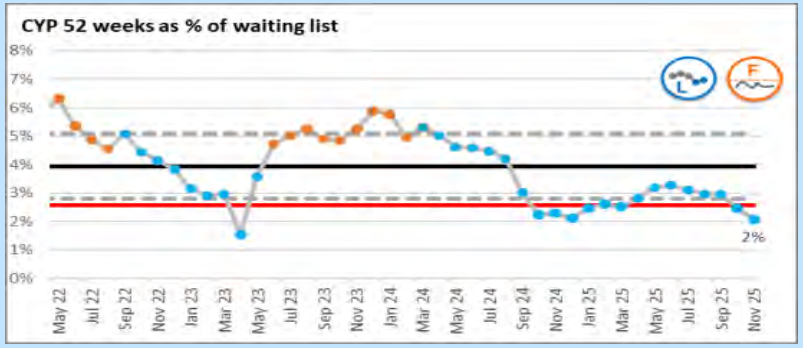
In addition, the following measures are kept under observation:

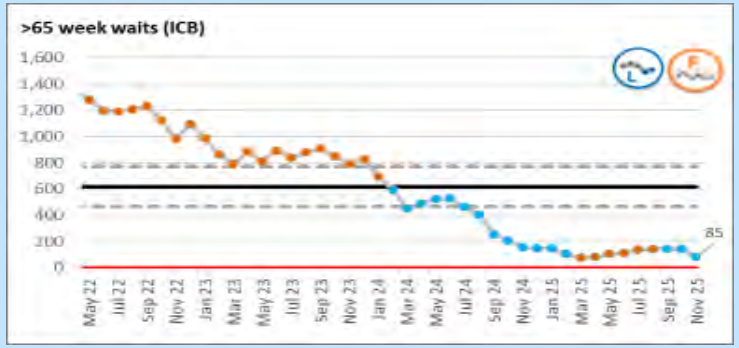
- **Referral to treatment Overall waiting list**
  We have reviewed this metric at a speciality level, and no specific area is flagging as not meeting the plan **with** special cause concerning variation, the waiting list continues to reduce and is better than plan.

- **RTT 18-week Performance & overall waiting list for Children and Young People**
  This metrics has been flagged as “at risk” of special cause concerning variation with 4 data points below the mean and the overall waiting list above the mean and plan however weekly data indicates this metric is improving with the overall waiting list and 18 week waits better than plan but 18 week performance worse than plan. We continue to monitor.

- **Cancer**
  28-day Faster diagnosis has seen improvements in October and November. We have reviewed this metric at a Tumour site level with Breast Symptoms flagging with special cause concerning variation, however performance is improving from its lowest point in April 25. Additionally, although not showing special cause concerning variation, challenged tumour sites include Lower Gastrointestinal and Gynaecological.

Elective Care Performance Summary





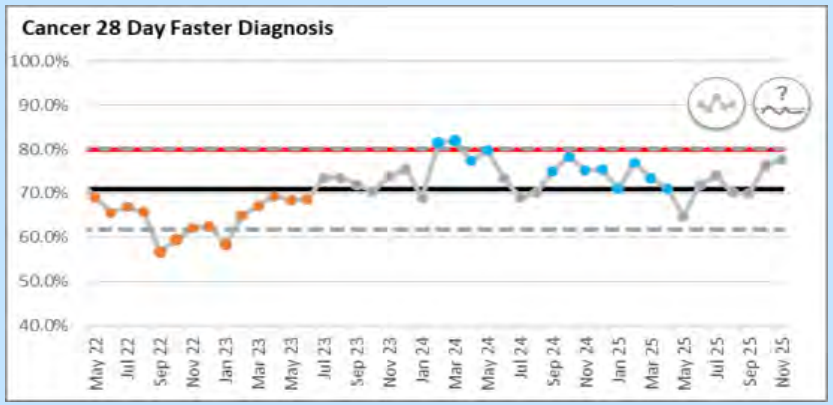
>52 week waits & 52 weeks as % of overall waiting list

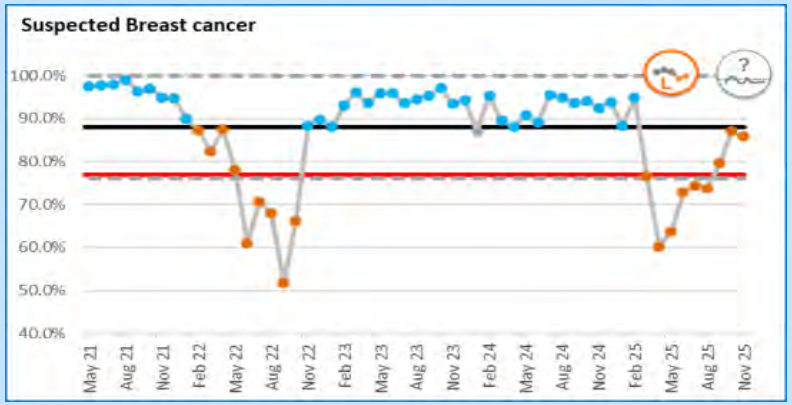
- There is significant national focus on the clearance of long waits; with a commitment to eliminate 65 week waits by end of January 2026 and to meet the 52 week wait 1% of waiting list ambition by 31 March 2026, alongside maintaining focus on 18-week delivery and managing the overall size of the waiting list. In addition, ICBs will be required to ensure plans are in place to address demand growth and ensure that Advice and Guidance is optimised across their system
- The numbers of patients waiting > 52 weeks has reduced on both a Trust and ICB basis from its highest point in August 2025 to 1,345 and is slightly above the ICB plan of 1,307 in November 2025. Many of the waits are at Somerset FT with the remainder at other inter-system or out of area providers. The number of 52 week waits equates to 2.01% of the overall waiting list which is above the November plan of 1.93%, this is an improved position when compared to April 2025. Somerset FT has submitted a revised 52 week wait trajectory which brings them back on track with their March 26 trajectory, currently Somerset FT are better than their revised Novembertrajectory.
- The Overall waiting list size continues to reduce and remains below the level set out in the operational plan (67,011 vs plan 67,710),
- Most long wait breaches are within Trauma and Orthopaedics (T&O), Urology, Upper GI, ENT and Gynaecology and actions are in place at Somerset FT which include (but not limited to), increased capacity in the above-named specialties with support from the Independent Sector, increased number of clinics for T&O and increased theatre lists. Actions to increase outpatient capacity through validation of the waiting list and the implementation of Advice and Refer across 4 high volume specialties which went live in late November/early December 2025.
- Some specialties without a substantial number of 52 week waits have been identified at Somerset FT which may impact on the future 52 weeks position which include Maxillo Facial, Weight Management and Pain Management, the later of the three experiencing increases in demand. Somerset FT continues to monitor the position for these specialities.

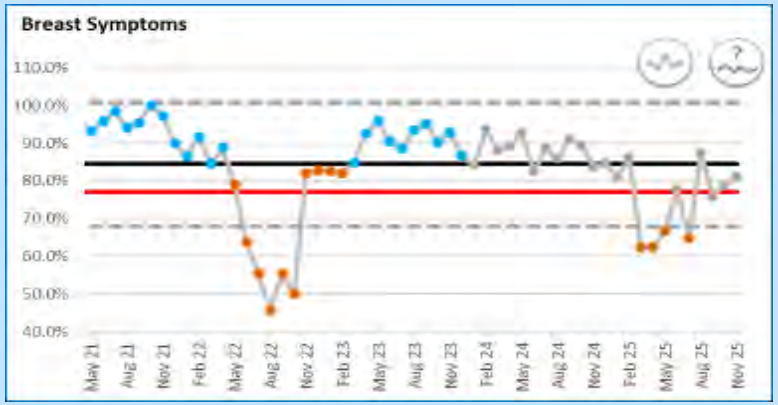
>65 week waits

- Although significantly reduced, Somerset ICB is tracking above the national ambition of 0 with 85 breaches remaining as of November 2025. 87.1% of breaches are at Somerset FT with the remaining breaches at providers outside of Somerset. T&O, Urology, Other surgical services and ENT make up 87.1% of the 65 week wait backlog
- In November 2025 Somerset FT had 79 breaches with a forecast of 8 breaches for the end of January 2026, all of which are clinically complex.
- Somerset FT continue to track patients waiting >65 weeks on an individual pathway basis.
- A risk has been identified in the Upper GI specialty and plans are being reviewed due to less than expected numbers of patients wanting to transfer to Yeovil or being appropriate to transfer to the Independent Sector.

Elective Care Performance Summary







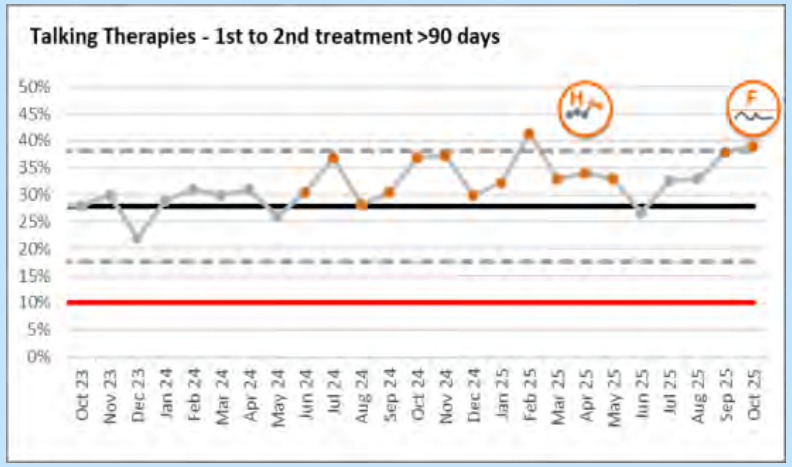
Cancer 28 day Faster diagnosis

- Cancer 28-day Faster Diagnosis performance has not trigged special cause concerning variation but has been included due to Somerset FT moving into Tier 2 targeted support for cancer due to the decline in performance in May 2025. This was due to issues in the suspected breast cancer pathway, suspected lower gastrointestinal pathway and suspected head and neck cancer pathway. November has seen an improvement to 77.61% vs plan of 79.9% on a Somerset ICB basis, this is driven by improved performance at Somerset FT which is at 78.4% and Royal United Hospitals Bath which has to improved to 73.9% for Somerset patients. The suspected breast and Head and neck cancer pathways have both seen improved performance in October and November with concerns remaining in the suspected Lower GI cancer pathway and now in Suspect Gynaecological cancer pathway.

- Issues at Somerset FT include:
  - Delays in the diagnostic phase of the pathway, particularly in Endoscopy where Somerset FT have had endoscopy nurse vacancies affecting Lower GI suspected pathway
  - Increase in demand into the gynaecological pathway with delays in the administrative part of the process

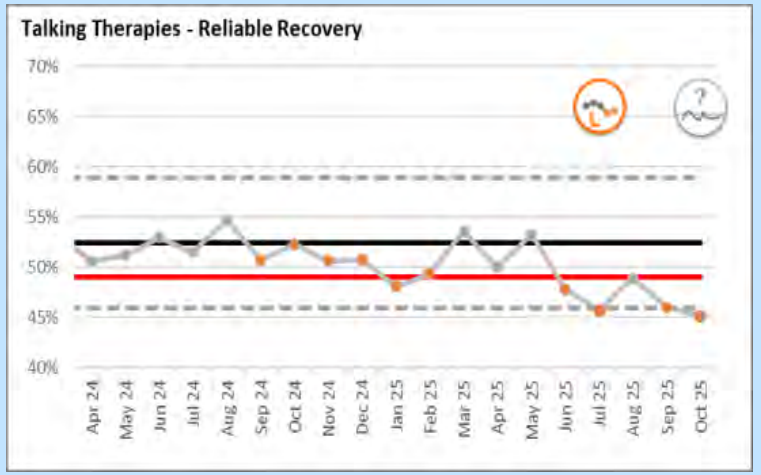
- Actions at Somerset FT to improve the position include:
  - Although improved, the Breast Cancer pathway is still experiencing challenges as Somerset FT have been unable to recruit to their breast radiology post, however the trust are progressing an alternative option. Somerset FT radiology team are also diverting capacity to the breast pathway where possible.
  - In Endoscopy action include (but not limited to) recruitment to nursing vacancies utilisingagency nurses to backfill in the interim, additional capacity through insourcing in endoscopy continues and the trust is reviewing the option for transferring patients between Musgrove and Yeovil to utilise capacity from the Yeovil Diagnostic centre when it comes online in January.
  - Colorectal and Urology team are taking part in the 100 days matter national challenge which has already delivered above the ambition of 5% improvement
  - A review of demand is being undertaken for the Gynaecology pathway to identifywhich tumour site is increasing, in addition the pathway is under review to understand where improvements can be made which include the reporting of benign results to patients.

Mental Health Performance Summary



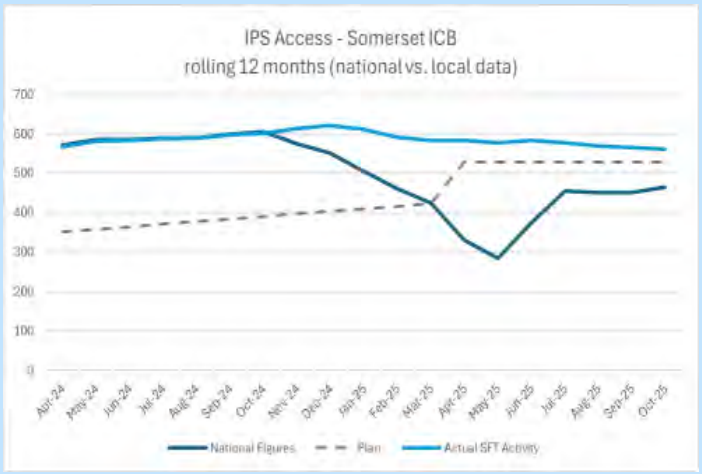
Talking Therapies - 1st to 2nd treatment within 90 days

- The national ambition for this metric is that no more than 10% of patients should be waiting greater than 90 days for their second treatment. Performance in Somerset has seen further decline in October 2025 to 39% (equating to 195 patients) against the 10% threshold and is worse the National average of 23% and the regional average of 30%.
- Almost all cases are very complex and require highly skilled therapists.
- Ongoing actions to improve performance include work on the Step 2 offer which include courses, workshops and low intensity Cognitive Behavioural Therapy (CBT). Bespoke assessment training is also being offered to ensure people are on the right pathway. Over the longer term, our planning submission for 2026/27 includes expanding our group session offer to other conditions, such as endometriosis. Also implement two new digital solutions; one for assessment and one for digital therapy for PTSD. Somerset is also recruiting additional staff to increase capacity - 5 trainees started in December in 2025, and a further 9 are to be recruited for the December 2026 intake.



Talking Therapies – Reliable Recovery

- This metric measures the proportion of patients that have moved from being a clinical case at the start of treatment to not being a clinical case at the end of treatment.
- National reporting for Reliable recovery is currently updated to October 2025 at 45% vs plan of 50%. Somerset FT which take almost all Somerset cases have reported an improvement in November 2025 locally to 50.7% which is above plan.
- Actions to improve performance include recruitment of 3 additional therapists, productivity improvements over the last year moving from 9 hours patient facing time per week to 17.5 per week per WTE which will support reduction in the waiting list and waiting times



Individual Placement Support (IPS)

- A data quality issue has been identified, which has resulted in an incorrect decline in IPS Access being reported within national data dipping below the operational plan since March 25.
- As a result of the rules on how the data is refreshed, NHSE are unable to correct the nationally reported position
- Local reporting shows in 570 vs plan 528 in November 2025.

People Summary (Somerset FT Workforce)

Somerset FT Workforce Overview: For the 2025/26 financial year, Somerset FT is focusing on reducing temporary staffing spend and non-clinical / corporate workforce spend, whilst also reducing risks relating to key clinical (primarily Medical and Nursing) vacancies. Strong controls exist across the Trust to authorise both substantive vacancies, and for agency usage.

Workforce Turnover rate (Somerset FT) and Sickness absence 12-month rolling (Somerset FT):
- In September 2025 (M6), Turnover at Somerset FT was 10.30%, lower than the planned 11.00%.
- In September 2025 (M6), Sickness at Somerset FT was 5.22%, higher than the planned 5.11%.

Total Workforce vs 2025/26 Operational plan (Somerset FT) **WTE figures rounded to nearest integer*

2025/26 Operational Plan	Total Workforce	Substantive	Agency	Bank & Medical Locums
In Month Actual (WTE)	12,974	12,322	113	539
In Month Plan (WTE)	13,084	12,423	133	527
Variance to Plan (WTE)	-110	-101	-20	+12
Temporary Staffing (WTE) as a Percentage of Total Workforce			0.87%	4.15%

Ceasing use of Off Framework Agency contracts (Somerset FT):
In September 2025 there were 0 off framework shifts within the Trust.

People Summary (General Practice Workforce)

General Practice Workforce Overview: For the 2025/26 financial year, the General Practice workforce is planned to grow by 1.5% overall, with 6.5% of that growth coming through an increasing in Practice Nursing, and 3.0% of that growth coming through an increase in GPs.

General Practice Workforce vs Operational Plan (as of M6):

2025/26 Operational Plan	GPs	Nursing	Direct Patient Care	Admin / Non-Clinical	Overall
Planned (WTE)	411	241	252	960	**1,864**
Actual (WTE)	426	218	243	888	**1,775**
Vs. Previous Month (WTE)	0	-1	-4	-2	**-7**
Variance to Plan (WTE)	+15	-23	-9	-72	**-89**

Finance Summary

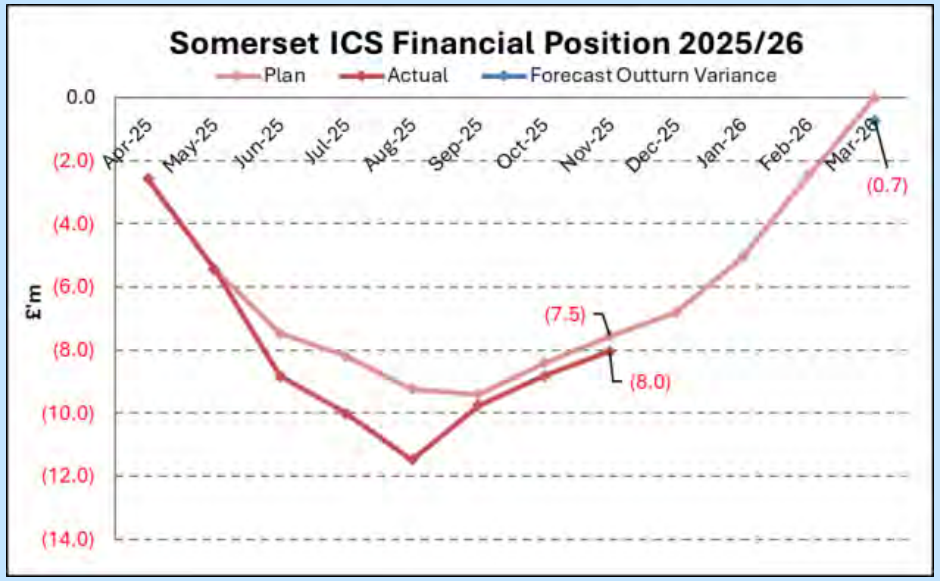
- **System underlying financial position – above plan**

As at month 8, there has been a further deterioration in the assessed underlying position at the end of 2025/26 from a £56.1m deficit at month 6 to a £66.5m deficit. The main drivers of this change relate to the shortfall in recurrent savings delivery of £6.8m, and increases against CHC fast tracks of £3.0m and ADHD right to choose providers assessments/titration of £1.5m.

- **System financial performance YTD & forecast vs plan (revenue) – above plan**

Performance against organisation-specific and system control totals									
£'m	Month 8			YTD Month 8			Forecast Outturn 2025/26		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
NHS Somerset ICB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Somerset NHS FT	(0.9)	(0.9)	0.0	(7.5)	(7.5)	0.0	0.0	0.0	0.0
Somerset Council*	0.0	(0.1)	(0.1)	0.0	(0.5)	(0.5)	0.0	(0.7)	(0.7)
Somerset ICS	**(0.9)**	**(0.9)**	**(0.1)**	**(7.5)**	**(8.0)**	**(0.5)**	**0.0**	**(0.7)**	**(0.7)**

*Somerset Council forecast outturn relates to month 6 budget reporting, with monthly/year to date positions pro rated from forecast outturn



At month 8, Somerset ICS is showing a £0.5m deficit position this financial year. This is driven from the Somerset Council month 6 budget reporting that is forecasting a £0.7m overspent position in 2025/26. NHS Somerset is currently in a balanced year-to-date position and is forecasting to deliver a balanced outturn position for the 2025/26 financial year.

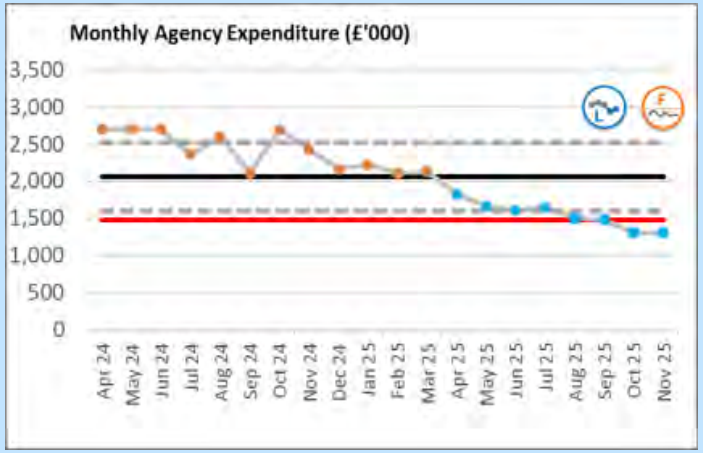
- **System financial performance YTD & forecast vs plan (capital) – below plan**

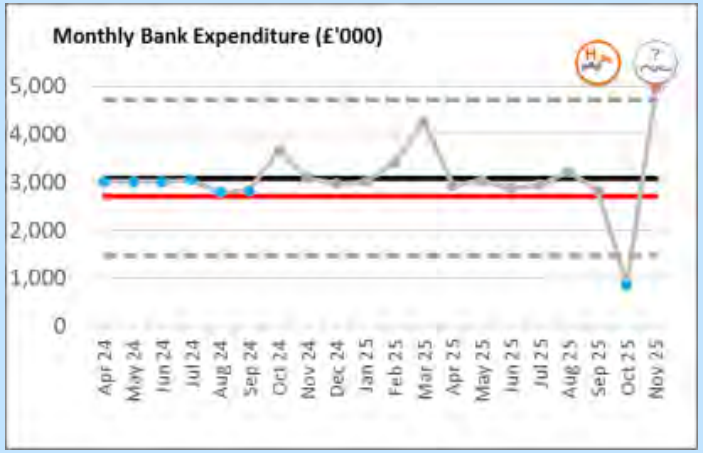
At month 8, NHS Somerset's capital scheme expenditure is currently £8.4m behind plan year-to-date, predominantly relating to routine and backlog maintenance. However, the system capital programme is forecasted to fully utilise our CDEL this financial year.

Finance Summary

- **Agency workforce spend YTD & forecast vs plan – on plan**

At month 8, spend is below plan with a year-to-date underspend of £0.3m. Total annual spend is forecasted to be in line with plan this financial year.





- **Bank workforce spend YTD & forecast vs plan – above plan YTD**

At month 8, there is an adverse £1.8m year-to-date overspend against plan. Despite the year-to-date overspend, the total bank spend is forecasted to be below plan/cap by £0.3m this financial year – a 0.8% underspend against plan. An incorrect adjustment against bank spend at month 7 has been corrected at this month.

The charts opposite detail the monthly agency and bank expenditure since the start of the last financial year (the red target line is a 12th of the 25/26 plan)

- **Savings Programme – below plan recurrently**

NHS Somerset has total savings programme of £83.0m this financial year. At month 8, whilst NHS Somerset's year-to-date total savings programme is ahead of plan by £1.2m, the shortfall in recurrent savings has increased to £8.9m against plan. Forecasted shortfall in recurrent savings delivery is £16.5m against plan, a deterioration of £0.8m this month. Unidentified savings have reduced by £0.3m this month, with £6.8m of additional savings to be identified to achieve the full programme.

- **Mental Health Investment Standard (MHIS) – on plan**

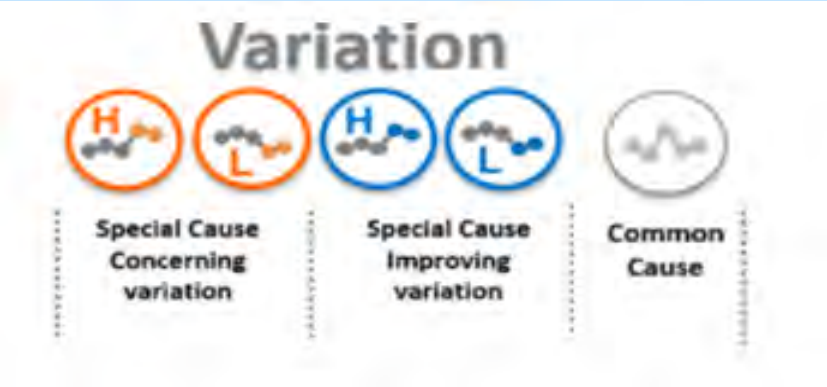
NHS Somerset are forecasting to comply with the requirements of the MHIS to increase MH spending rising by 4.93% (£6.1m) this financial year.

- **Risks and Mitigations – on target**

At month 8, NHS Somerset has an adverse net risk position of £12.8m - a reduction of £2.1m compared to last month. Included within our risk position are risks relating to system elective care programme, savings programme, resident doctors industrial action, ICB cost of change and other system cost pressures.

APPENDIX - Guidance on the use of Making Data count SPC Charts and Matrix

SPC Variation Icons



- **Orange** indicates **concerning** special cause variation, requiring action.
- **Blue** indicates **improving** special cause variation, no action required.
- **Grey** indicates no significant change due to **common cause variation**

SPC Assurance Icons

- **Blue** indicates that you would consistently expect **to achieve** a target.
- **Grey** tells you that sometimes the target will be met and sometimes missed due to **random variation.**
- **Orange** indicates that you would consistently expect **to miss** the target.

Agenda item 09

REPORT OF THE ICB QUALITY COMMITTEE MEETING HELD ON 17 DECEMBER 2025

1 ITEMS DISCUSSED

1.1 Somerset Foundation Trust maternity services
Somerset Foundation Trust paediatric services
System flow and winter planning
Digital clinical safety
Quality report
Quality risk report
Feedback from System and Regional Quality Groups
Patient experience quarterly report
Safeguarding quarterly report
Oliver McGowan training
Medicines management bi-annual update
Freedom to Speak Up bi-annual update

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 The Committee noted emerging concerns from primary care regarding potential inefficiencies in communication and delays where the Care Coordination Hub are supporting processes, which may be contributing to unnecessary referrals into Emergency Departments. A thematic review is underway, and findings will be reported at the next Quality Committee meeting.

2.2 The Committee noted a new risk regarding access to FGM (female genital mutilation) services. Somerset women will be seen at a regionally commissioned clinic; however, current waiting times are approximately four months. Work is underway to ensure appropriate emotional support is available during this period.

3 DECISIONS TAKEN BY THE ICB QUALITY COMMITTEE UNDER DELEGATED AUTHORITY

3.1 The Committee approved a new Standard Operating Procedure enabling a pilot with University Hospitals Bristol and Weston to safely reuse ventilators for children discharged into Somerset. The Committee noted that the approach reduces waste and avoids unnecessary equipment purchases. The pilot was assessed as low risk, with established stock management and communication processes already in place.

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

4.1 The Committee received an update on **maternity services**, noting continued oversight through the Maternity Enhanced Oversight Group and confirmation that the CQC action plan has now been closed. Preparations continue for the planned relaunch of Yeovil District Hospital maternity services in April 2026. Musgrove Park Hospital is managing increased activity although staffing pressures remain a concern with particularly high sickness levels in maternity and neonatal teams, recruitment and staff-engagement work is underway. The Committee took assurance from the improvement activity and the introduction of the new Maternity Outcomes Signals System (MOSS). Formal feedback is awaited from Baroness Amos' visit in November.

4.2 The Committee received an update on **paediatric services**, noting continued oversight through the Paediatric Quality Improvement Group and ongoing work to address workforce challenges. Recruitment is progressing well, with several new consultants due to join Yeovil District Hospital in the coming months. All new consultants will receive tailored induction programmes. Approximately one-third of CQC actions have been completed, with others awaiting governance sign-off. The Committee was assured that paediatric improvement work remains a priority and is being closely monitored.

4.3 The Committee received an update on **system flow and winter planning**, noting strong vaccination uptake across Somerset and improved ambulance handover performance compared with last year. Pressures remain in emergency care, including challenges with 12-hour and four-hour performance, and work continues to improve flow and support acute capacity. Discharge processes have strengthened, though Hospital at Home utilisation remains below the system ambition. Infection prevention and control risks continue to be monitored closely. Early evaluation of winter schemes is showing positive results, including the GP 999 car. The Committee welcomed the progress made while recognising areas requiring continued focus.

4.4 The Committee received an update on **digital clinical safety**, noting significant progress in strengthening capability within primary care. A number of colleagues have been trained as Digital Clinical Safety Officers, providing coverage across all Primary Care Networks and forming the basis of a new Somerset-wide network. Work is now focused on developing a community of practice and supporting primary care to embed these processes.

4.5 The Committee received the **Quality Report**, which outlined areas under intensive, enhanced, and routine surveillance and oversight. Following concerns about an at scale **Pharmacy provider**, six of the eight affected sites have now reopened under a new provider, stabilising access for patients. **Non-emergency patient transport** remains a significant area of

concern under enhanced oversight, Quality and Contracting teams continue to work closely with the provider. The Committee noted the de-escalation of **All-Age Continuing Care** to enhanced oversight following improvements in key performance indicators, alongside continued work with the local authority on the **learning disability pooled budget** to ensure appropriate assessment and funding arrangements. The Committee also noted ongoing pressures in **children and young people's services**, due to the number of children waiting extensive times for elective procedures.

4.6 The Committee received the **Q3 safeguarding update**, noting ongoing work to resolve challenges in sharing domestic abuse notifications between agencies; a short-term manual process is being explored while a longer-term digital solution is sought. The Committee welcomed the significantly improved position for looked-after children, with Somerset exceeding national and regional benchmarks for dental checks, immunisations and health assessments. Preparations are also progressing well for the establishment of multi-agency child protection teams by April 2026, bringing together health, police, and social care staff to strengthen safeguarding decision-making.

4.7 The Committee received an update on the **Oliver McGowan Mandatory Training programme** and noted strong progress despite the complexity of implementation. Over 1,200 staff have completed Tier 1, more than 4,000 social care staff have been trained across both tiers. 17 experts by experience are now supporting delivery, and there has been positive feedback on improved confidence and person-centred care from those attending. Next steps include securing funding for 2025/26, continuing work with Somerset Foundation Trust to train remaining staff, and exploring digital options for hospital passports.

4.8 The Committee received the bi-annual **Medicines Management update**, noting strong progress across key safety and prescribing indicators, including reductions in antimicrobial use, antipsychotic prescribing, and the use of hypnotics and anxiolytics. The team is addressing national safety alerts, including penicillin allergy documentation and propranolol prescribing, and continues work on sodium valproate and topiramate safety for women and people of childbearing age.

4.9 The Committee received the bi-annual **Freedom to Speak Up** update, noting a small number of cases across the ICB and GP providers were raised with the Guardian across Q1 and Q2, relating to staff behaviours, safety, and wellbeing. Most cases were resolved promptly, with one GP provider case remaining under review with national support. No new cases were reported in Q3. Champions highlighted that formal reporting does not capture informal "soft touch" contacts, and work is underway to understand barriers to speaking up and improve visibility through drop-in sessions, updated communications, and strengthened signposting.

Reports for information for future Board agendas

4.10 Nil

5 CHAIR'S SUMMARY

5.1 I confirm that the summary above indicates the Committee's assurance in the matters listed and further work we expect; in particular the quality and safety report, and the detail provided in relation to risks, patient safety and quality of care.

5.2 The Committee will expect further updates on the progress with maternity and paediatric services, non-emergency patient transport services and the thematic review into concerns raised regarding Care Coordination Hub processes.

Chair: Caroline Gamlin

Date: December 2025

Agenda item 09

REPORT OF THE FINANCE COMMITTEE MEETINGS HELD ON 12 NOVEMBER and 15 DECEMBER 2025

1 ITEMS DISCUSSED

1.1 Better Care Fund (1)
Somerset Health and Care Academy (2)
System Productivity update
Financial Principles (3)
Planning Submission (for System and Specialised Commissioning) (4)
Financial Performance (5)
Cost savings (6)
Procurement (7)
Contract Extensions noted
BAF, Risk and BAS

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 Deterioration in underlying financial situation (to reflect in BAF)
Transition

3 DECISIONS TAKEN BY THE COMMITTEE UNDER DELEGATED AUTHORITY

3.1 Draft planning submission (see 5.5) as delegated at November Board with invitation to all Board members to attend December committee meeting.

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

Items for Consideration/Decision

4.1 None

Reports for Information for Future Board Agendas

4.2 None

5 CHAIR'S SUMMARY

5.1 1. The BCF quarterly submission was reviewed, noting overall performance and key metrics were on track with national targets. Key local challenges were noted, including the number of patients with NCR. It was agreed that future reports to committee should include local as well as national metrics.
2. Statement of Intent, between Somerset Council, SFT and ICB, was considered noting a conservative anticipation of an initial c£1.2m pa

turnover and a surplus of c£100m. Further discussion with partners was agreed with the intention to agree a legal agreement in January/February 2026.
3. Draft medium term planning principles were reviewed, noting that these would be refreshed as the planning process develops.
4. As delegated by the Board the draft plan (2 years for revenue and 4 years for capital) was agreed for submission showing a £5m projected deficit in 2026/27. Work will continue to return the plan to balance before final submission.
The draft Specialised Commissioning plan for 2026-27 was agreed.
5. The committee continued to see in year month 6 and 7 financial reports (and with reassurance of similar in month 8) that a year end break-even position was expected. Unidentified savings had reduced at month end 7 to £7.1m and ~~es.~~ residual net risk had declined to £4m. The capital programme, workforce, agency and bank costs, were all on plan.
6. Cost savings continued to be on plan, but recurrent savings continued to fall short and were anticipated to have £18m shortfall.
7. The committee was updated on an OPIP funding bid for a digital system across 3 PCNs to integrate distinct commissioning services. It was agreed to proceed to the next stage with the bid, with the committee and the Strategic Commissioning Committee receiving further information.
8. See 2.1 above. The committee noted the impact of recurrent savings shortfall would impact the NAF financial risks going forward and noted that transition risks need to be closely monitored.

Chair: Christopher Foster

Date: 16 January 2026

REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **10**
DATE OF MEETING:	**29 January 2026**	
REPORT TITLE:	**Key Meeting Reports**	
REPORT AUTHOR:	**Non-Executive Directors and System Group Chairs**	
EXECUTIVE SPONSOR:	**Jonathan Higman, Cluster Chief Executive Officer**	
PRESENTED BY:	**Non-Executive Directors and System Group Chairs**	

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

LINKS TO STRATEGIC OBJECTIVES
(Please select any which are impacted on / relevant to this paper)

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

PREVIOUS CONSIDERATION / ENGAGEMENT

N/A

REPORT TO COMMITTEE / BOARD

The Key Meeting Reports are a record of the most recent Board Committee and System Group meetings. They are presented to the ICB Board 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 Key Meeting Reports are provided for **Assurance.**

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	N/A
Quality	N/A
Safeguarding	N/A
Financial/Resource/ Value for Money	N/A
Sustainability	N/A
Governance/Legal/ Privacy	N/A
Confidentiality	N/A
Risk Description	N/A

Agenda item 10

REPORT OF THE AUDIT COMMITTEE MEETING HELD ON 9th December 2025

1 ITEMS DISCUSSED

1.1 The committee heard from the central Counter Fraud team as to structures and initiatives underway.

1.2 Our External Audit colleague updated the committee on current issues.

1.3 Internal Audit walked us through;

- Internal Audit Progress Report
- Cyber Security Internal Audit Report
- Internal Audit Follow up Report – where audit items are being cleared according to the agreed timetable

1.4 Counter Fraud provided an update and the Audit Committee ratified the push on cyber fraud awareness for all staff

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 No new items identified at this time

DECISIONS TAKEN BY THE AUDIT UNDER DELEGATED AUTHORITY

3.1 None

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

Items for Consideration/Decision

4.1 None

Reports for Information for Future Board Agendas

4.2 The committee received an update on the national roll out of the accounting platform (ISFE2) which continues to experience issues. Further progress reports will be given.

5 CHAIR'S SUMMARY

5.1 The committee recognised the preparation underway for the external audit. The key risk update assured members that risk processes were working robustly.

Chair: Grahame Paine

Date: 5th January 2026

Agenda item 10

REPORT OF THE STRATEGIC COMMISSIONING COMMITTEE MEETING HELD ON 14 JANUARY 2026

1 ITEMS DISCUSSED

1.1

- Primary Care Operating Group Update
- Strategic Commissioning Narrative Plan Update
- Strategic Commissioning Intentions Update
- SWASFT Commissioning Intentions
- BCF Audit Recommandations Implementation Update
- Somerset OPIP Bid Update
- ICB Cluster Governance Update

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 None

3 DECISIONS TAKEN BY THE COMMITTEE UNDER DELEGATED AUTHORITY

3.1 None

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

Items for Consideration/Decision

4.1 None

Reports for Information for Future Board Agendas

4.2 None

5 CHAIR'S SUMMARY

5.1 As above, the committee received a number of updates including relating to Jhoots Pharmacy. As requested in the previous SCC report, it will be beneficial for the ICB board to continue to receive updates regarding the latter on a regular basis.

The strategic commissioning narrative plan and intentions continues its developmental progress. Discussions at committee aided this and in particular highlighted the importance of retaining focus on health inequalities in their development.

The committee would like to thank Mel Lock (Somerset Council) for her contribution and noted that this was her final attendance.

Chair: Suresh Ariaratnam

Date: 18 January 2026