Proud to be part of Somerset Integrated Care System

NHS Somerset Integrated Care Board

ANNUAL REPORT 2022/23

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29 June 2023

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Jonathan Higman
Chief Executive
NHS Somerset Integrated Care Board
29 June 2023

INTRODUCTION

Welcome to the first NHS Somerset Integrated Care Board (ICB) Annual Report for the period 1 July 2022 to 31 March 2023. The ICB was established as the successor body to the Somerset Clinical Commissioning Group (CCG) on 1 July 2022 following the passing of the Health and Care Act 2022. We think these changes will better enable us to improve services and outcomes through stronger joint working, and to take shared responsibility for tackling growing health inequalities within the population.

We want all people of all ages who live and work in Somerset to live healthy and fulfilling lives. We want people to live well for longer, and for Somerset to be a fantastic place to grow families, create employment, and support one another to be the best they can be. We want communities in Somerset to be supported to create positive and sustainable futures for all people. We are committed to improving and putting the health and wellbeing of the people of Somerset at the heart of our approach, and to working together to address inequality by targeting our focus and resources towards prevention and early intervention, while ensuring the sustainability of our statutory services. We will underpin this with a wide approach to population health management and improvement. We have these ambitions because we know that the experience of all our people is not the same: particularly in our most disadvantaged communities, people are less likely to receive the support they need.

Somerset health and care partners have been working together for a number of years to make improvements. However, there is much more we can do collectively, as employers, volunteers, communities and carers to make more rapid and effective progress , and NHS Somerset ICB will be better able to convene partners from across our system in order to achieve the improvements required.

The Health and Care Act 2022 also required ICBs and local authorities to form a committee, the Integrated Care Partnership (ICP). A key responsibility for the ICP is to produce an Integrated Health and Care Strategy, setting out how the assessed needs of the local population will be met, and to do this alongside the Somerset Health and Wellbeing Board. The aims of this Strategy are to:

- **Improve the health and wellbeing of the population**: enable people to live socially connected, healthy, independent lives, promote early intervention and prevent avoidable illness

- **Provide the best care and support to children and adults**: ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting

- **Strengthen care and support in local communities**: develop and enhance support in local neighbourhood areas and bring care and support closer to home

- **Reduce inequalities:** value all people alike, targeting our resources and attention to where it is most needed, giving equal priority to physical and mental health

- **Respond well to complex needs: i**mprove outcomes for people of all ages with complex needs through personalised, co-ordinated support

While maintaining focus on our longer-term ambitions, we are responsible for ensuring the needs of the population are met in the here and now. During 2022/23, health and care in Somerset has continued to experience significant operational pressures underpinned by a number of factors including:

- increased demand for primary care, elective care, emergency care, and mental healthcare and support
- evolving healthcare needs and the lasting impact of the COVID-19 pandemic
- longer lengths of in-patient stays due to increased patient acuity and discharge delays due to increased demand and workforce pressures in social care
- increased prevalence of infection (including flu)
- workforce challenges (including the impact of industrial action).

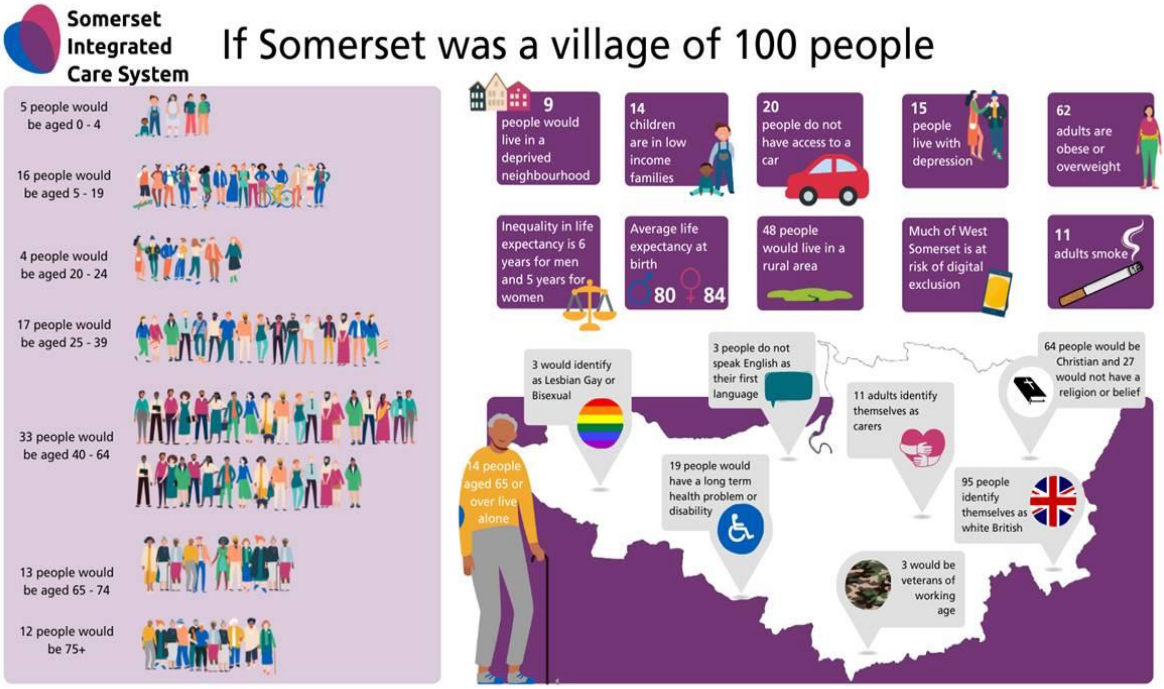
Performance against the key NHS operational standards has been closely monitored during 2022/23 and despite the challenges, has improved in a number of areas, including increasing the volume of elective operations undertaken and reducing the maximum wait for key diagnostic tests and operations. The performance analysis section of this report provides further detail for the period July 2022 to March 2023.

Lastly, I want to thank all my colleagues and wider system partners as we continue to work together to deliver our shared ambitions to improve the health and wellbeing of our Somerset population.

Jonathan Higman
Chief Executive
NHS Somerset Integrated Care Board
29 June 2023

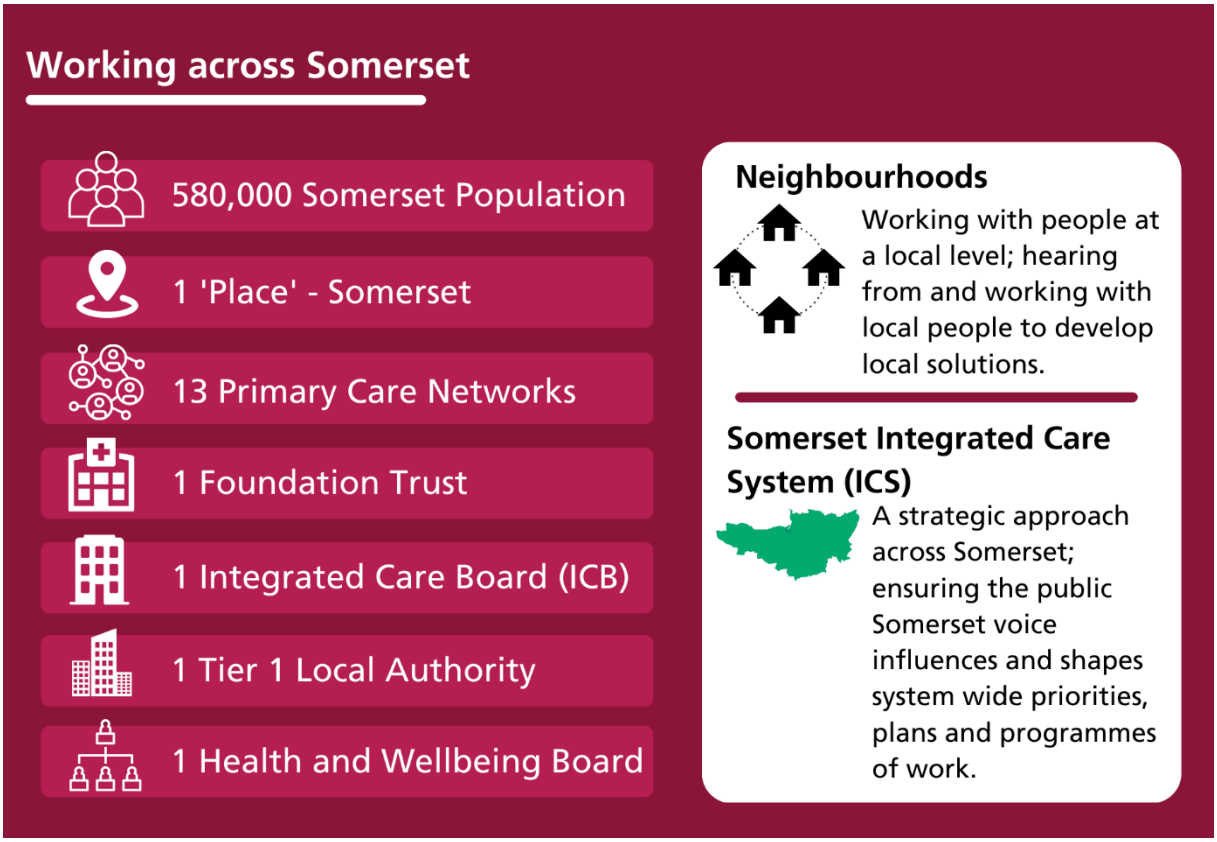
1 PROFILE OF SOMERSET

1.1 NHS Somerset Integrated Care Board (ICB), and the wider Somerset Integrated Care System (ICS), serves a population of approximately 580,000.



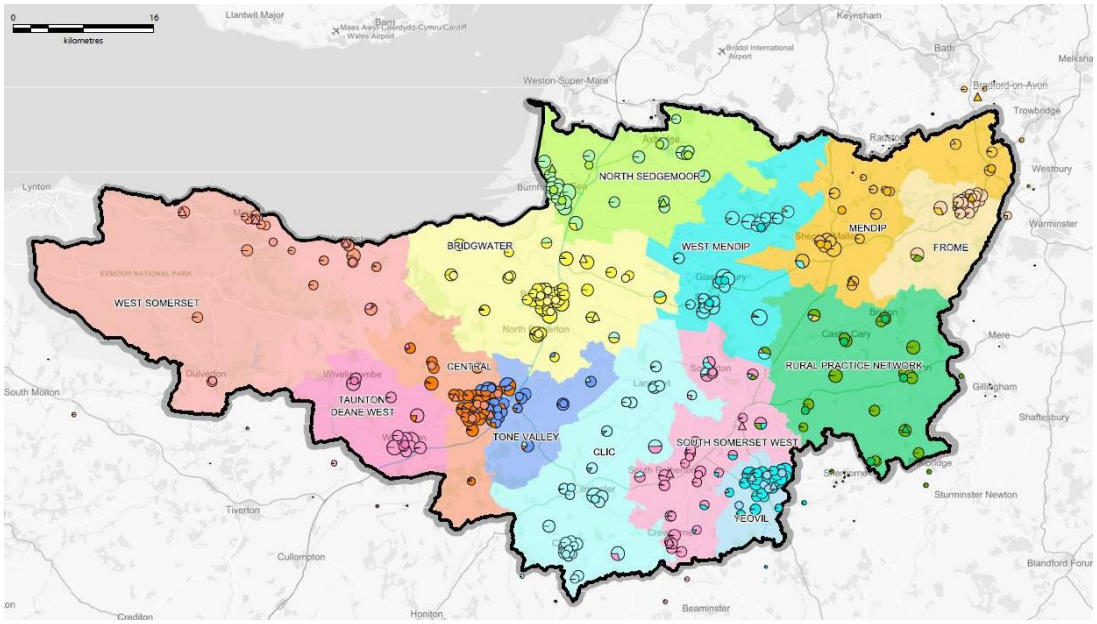
1.2 The organisational landscape in Somerset is of low complexity when compared to other ICSs and has a history of strong and established partnership working. Up to 31 March 2023 we had one ICB, one tier-one county council (Somerset County Council) and four district councils, which were coterminous with the county boundary and broadly related to a common population. The Secretary of State approved a bid for local government reorganisation, with all five existing councils in Somerset being replaced by a single Unitary Authority, 'Somerset Council', on 1 April 2023.

1.3 In addition, our two statutory NHS Foundation Trusts, (Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust) formally merged on 1 April 2023. The merger brings together all of Somerset's acute, community, mental health and learning disability services, with around a fifth of primary care, into a single NHS Foundation Trust.



1.4 We have 13 primary care networks (PCNs)[1] located within 12 neighbourhoods (see figure 1 below) and a single GP Provider Board. Decisions around health and care are made collaboratively across the PCNs with the local providers of health, care, the voluntary, community, faith and social enterprise sector (VCFSE) and our communities. This underpins the strong and well-established partnership arrangements within Somerset.

Figure 1: Map of Somerset showing primary care networks (PCNs) and GP Practices



[1] A group of practices working together to focus local patient care

2 TRANSITION TO AN NHS INTEGRATED CARE BOARD (ICB)

2.1 Our system benefits from strong working relationships between health, social care and voluntary sector partners based on a culture of openness, support and constructive challenge.

2.2 During 2020/21, the Government published the White Paper 'Integration and Innovation: working together to improve health and social care for all'. This paper set out the legislative proposals for a Health and Care Bill. It aimed to build on the collaborations seen through Sustainability and Transformation Partnerships (STPs) and the COVID-19 pandemic and remove some of the barriers that prevent systems from being truly integrated.

2.3 The Health and Care Bill set out plans to put ICSs on a statutory footing, empowering them to:

- **Improve outcomes** in population health and healthcare
- **Tackle inequalities** in outcomes, experience and access
- Enhance **productivity and value for money**
- Help the NHS support broader **social and economic development**

2.4 The subsequent Health and Care Act 2022 established 42 ICSs across England, each with two statutory elements, an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB).

- **Integrated Care Board (ICB)** - a statutory NHS organisation responsible for delivering a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. When ICBs were legally established, Clinical Commissioning Groups (CCGs) were abolished.

- **Integrated Care Partnership (ICP)** - a statutory committee jointly formed between the ICB and all upper-tier local authorities that fall within the ICS area. The ICP brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an Integrated Health and Care Strategy on how to meet the needs of the population in the ICS area.

2.5 It was originally expected that these changes would come into effect on 1 April 2022. However, this target date was changed to 1 July 2022 to allow more time for the remaining parliamentary stages and to enable organisations to manage their more immediate pandemic response priorities.

2.6 Robust processes were put in place to ensure appropriate due diligence was carried out for the safe and effective transfer of functions from NHS Somerset CCG to NHS Somerset ICB so that it was ready to operate as a new statutory organisation.

2.7 On 1 July 2022 NHS England, using its powers under the Health and Care Bill, made an Establishment Order to legally establish ICBs. NHS England also used its powers to transfer the staff, property and liabilities from the

existing CCG to the ICB by way of a statutory transfer scheme. Under the Bill, CCGs were abolished on the same day.

2.8 As part of the changes, a commitment was made to support our staff within the CCG by:

- not making significant changes to roles below senior leadership level
- minimising the impact of organisational change to colleagues
- preserving the terms and conditions to the new organisation (even if not required by law) to help provide stability and to remove uncertainty

3 HEALTH AND WELLBEING BOARD AND INTEGRATED CARE PARTNERSHIP

3.1 The Health and Wellbeing Strategy for Somerset 'Improving Lives', is developed and maintained by the Health and Wellbeing Board (you can view a copy of the 'Improving Lives Strategy 2019-2028' at Somerset Health and Wellbeing Board).

3.2 As already outlined, with the changes that came about by the NHS Health and Care Act 2022, a committee in common was established between the Health and Wellbeing Board and the Integrated Care Partnership (ICP).

3.3 Our ICP has an annual programme of work looking at the evidence of what works best to help target plans and resources, and addresses a number of key priorities which are informed by the Joint Strategic Needs Assessment (JSNA). This is in line with section 116b of the Local Government and Public Involvement Act 2007.

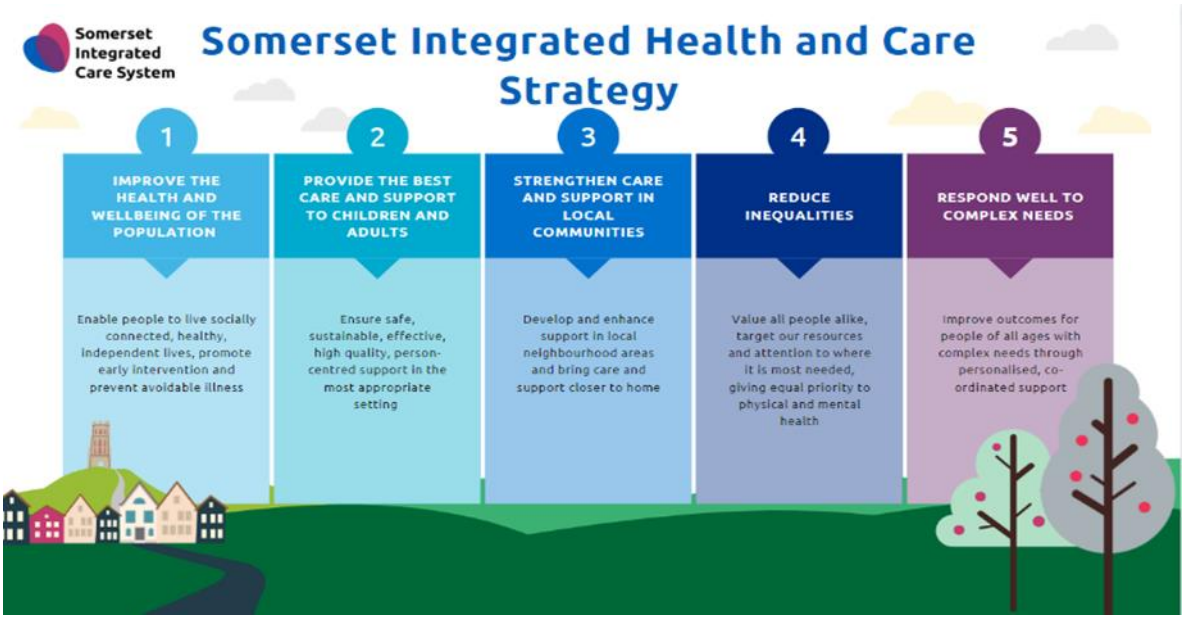
3.4 NHS Somerset ICB is an active member of the Somerset Health and Wellbeing Board and ICP, which comprised the following membership at 31 March 2023:

- Up to 5 County Councillors
- 3 x NHS Somerset Integrated Care Board (including Primary Care)
- 4 x District Councillors (1 from each District)
- Director of Public Health, Somerset council
- Director for Adult Social Services, Somerset council
- Director for Children's Services, Somerset council
- NHS England representative
- Healthwatch Somerset nominated volunteer representative
- Avon and Somerset Police representative
- VCFSE Representative
- 1 x Chief Executive of the NHS Provider Trust(s) in Somerset
- Chief Medical Officer from NHS Somerset ICB

4 HEALTH AND CARE STRATEGY FOR SOMERSET

4.1 As already mentioned, the ICP, working alongside the Health and Wellbeing Board, is responsible for producing an Integrated health and Care Strategy on how to meet the needs of the population in the ICS area. The Integrated

Health and Care Strategy will deliver the fourth element of the Improving Lives Strategy for Somerset: a county and environment where all partners focus on improving the health and wellbeing of all our communities.



4.2 Our published initial strategy can be found here: https://somersetcc.sharepoint.com/:p:/s/SCCPublic/ESpwCI7LDeVKhlY3BwPEwasBUfJDYQsKJ_trCNxakEOTBg?rtime=y5E_dTdG20g

4.3 During 2022/23, with the help of Healthwatch Somerset, we have carried out large scale engagement with our patients, public and stakeholders to help us develop our strategy further. The feedback is currently being analysed to ensure we understand what is important to the people of Somerset and will help inform Somerset's health priorities to ensure an inclusive health and care strategy that is fit for our population. We will publish an updated strategy later in the year.

5 PERFORMANCE OVERVIEW

5.1 The following sections provide an overview of the purpose of NHS Somerset Integrated Care Board (ICB), how we have performed during 2022/23 in achieving our objectives, and the key risks and challenges we have faced.

5.2 The sections include how the organisation has delivered its key workstreams, statutory responsibilities and the overall performance during 2022/23.

Vaccination Programme - Somerset

5.3 Somerset successfully delivered the Autumn/Winter 2022/23 vaccination campaign, finishing on 12 February 2023. The delivery approach for Somerset was a 'three-pillar collaboration approach' between Somerset NHS Foundation Trust, seven opted-in Primary Care Networks (PCNs) and community pharmacies. The Autumn programme offered a booster to:

- residents in a care home for older adults and staff working in care homes for older adults
- frontline health and social care workers
- all adults aged 50 years and over
- persons aged 5 to 49 years in a clinical risk group, as set out within defined guidance
- persons aged 5 to 49 years who are household contacts of people with immunosuppression
- persons aged 16 to 49 years who are carers, as set out within defined guidance

5.4 Somerset achieved an uptake of 70.3% compared to a national average of 65.8%. In England, more than 15 million people aged 50 years and over received an Autumn booster. During this programme, the childhood 1st and 2nd dose was offered, resulting in 5480 5 to11 year-olds receiving at least their 1st dose of vaccine: this equates to 12.2% against a national average of 10.6%. Throughout the Autumn/Winter booster programme, PCNs scoped the possibilities of co-delivering the 'flu vaccine and delivering approximately 9% of vaccinations in the same appointment. This learning will play an important part in our vaccination planning and implementation for the future.

5.5 The vaccination team have supported the PCNs to 'pause' throughout March 2023, during this time only delivering the evergreen offer (first and second dose). Somerset NHS Foundation Trust and some community pharmacies have remained operational. This has allowed the teams to plan for a Spring campaign, as per Joint Committee on Vaccination and Immunisation (JCVI) guidance, to commence 3 April 2023.

Hospital at Home

5.6 During 2022/23, we introduced Hospital at Home in Somerset (also known as Virtual Wards). This is an ambitious programme to establish 200 virtual beds in the community by the end of 2023. This means supporting patients who would otherwise be in hospital, to receive the care and treatment they need at home. Having started in July 2022 with frailty patients, the service has expanded to include a range of respiratory conditions. Since it started, the programme has supported more than 350 people to be treated outside of the hospital setting. Hospital at Home models can support faster recovery in a more comfortable, familiar environment, whilst at the same time removing the

risks associated with a hospital stay, such as deconditioning and hospital acquired infections.

5.7 Plans have been developed to scale-up the programme to meet our ambition to support 200 virtual beds in 2023. This will be through extending the number of patients who can be supported with frailty or respiratory conditions, as well as expansion to new specialities such as post-surgical recovery.

5.8 To support Hospital at Home, a remote monitoring solution has been procured which will enable people to record their own observations such as blood pressure, oxygen saturation levels and heart rate, and send these to the Hospital at Home team for review, rather than needing to remain in hospital. Plans have been developed to roll this out in April 2023.

Elective Care and Elective Care Recovery

5.9 2022/23 was a challenging year for delivering elective care in Somerset, as the Somerset system continued to address the backlogs in routine care created by the pandemic. We have strived to return activity levels to pre-pandemic levels and bring down long waiting times for patients, although this has been hampered by ongoing operational pressures and industrial action.

5.10 For 2022/23 (beginning in quarter one), the wider ICS identified the following priority projects:

- musculoskeletal (MSK) pathway redesign and capacity and demand management
- outpatient waiting times including transforming outpatient care
- optimising patients for surgery
- theatre productivity
- reducing health inequalities
- sustainable diagnostic services
- service repatriation

5.11 2022/23 saw the following achievements:

- reduction in long waits due the acute trusts creating additional capacity with increased weekend theatre sessions, insourcing and outsourcing capacity from other providers and the ongoing review of the patient tracking lists (PTL) to ensure accuracy.

- focus and care was taken on ensuring patients remained well whilst on the waiting list, with NHS Somerset adopting the use of My Planned Care [2]and implementation of processes to contact patients throughout the duration of their time on the waiting list to ensure their condition has not worsened. If the patient has deteriorated a review is undertaken and should the Consultant feel it is appropriate, the date for their Outpatient appointment or surgery is brought forward

[2] which provides advice and support while you wait and helps you to prepare for your hospital consultation, treatment or surgery

- elective activity recovered to 107.1% of 2019/20 levels in the period July 2022 to March 2023 with Somerset NHS Foundation Trust trialling a new innovative pathway looking to ensure patient lengths of stay in hospital are shorter, and moving some low-risk inpatient procedures to day case. This means that those patients can be assessed, operated on, and discharged from hospital on the same day, returning home to continue their rehabilitation and recovery, rather than spending, on average, two to three days in hospital, which created additional pressure on our inpatient bed capacity

- our NHS Somerset system peri-operative pathway pilot which aims to improve surgical outcomes for all patients on our elective surgical waiting list has reached its first full year of operation. Patients with modifiable risk factors have been identified with around 100 patients already achieving their target goal for optimisation.[3] The programme of work will continue into 2023/24

- in-depth analysis has been undertaken to understand the impact of expanding the use of Advice and Guidance across more specialties on the waiting list and the consequential impact on First and Follow up Outpatient appointments.

Diagnostics and Diagnostics Recovery

5.12 Largely due to the COVID-19 pandemic, diagnostic waiting times unfortunately grew during 2020/21, but in 2021/22 and into 2022/23 we made significant inroads to reduce waiting times, bringing the proportion of patients waiting under six weeks for their Diagnostic test from 65.59% in 2021/22 to 72.85% in 2022/23 with March 2023 performing at 77.1% exceeding the 75% regional ambition.

5.13 NHS Somerset ICB supported the acute trusts to increase capacity in order to deliver more timely diagnostic testing. Somerset NHS Foundation Trust worked in partnership with Taunton Diagnostic Centre and Yeovil District Hospital NHS Foundation Trust to create more capacity to tackle the backlog of patients waiting over six weeks for their tests, namely in imaging, echocardiography and endoscopy.

5.14 The Somerset Integrated Care System (ICS) continues to work in partnership with Taunton Diagnostic Centre, which opened in September 2021 and has increased capacity for diagnostic tests such as imaging, echocardiography, electrocardiography, phlebotomy and spirometry. Somerset ICS has submitted (and is waiting to hear the outcome of) a business case for funding for an East Somerset Diagnostic Centre which will help with additional diagnostic capacity. These improvements aim to recover diagnostic activity and reduce the long waiting times for diagnostic tests.

[3] this is the process of supporting and working with a patient to get their health in as good a state as possible before surgery.

Cancer Treatment and Restoration

5.15 Somerset continues to work collaboratively with the Somerset, Wiltshire, Avon, Gloucestershire (SWAG) Cancer Alliance, and in 2022/23 we agreed a cancer recovery plan which focuses on three main areas of achievement:

- restoring urgent cancer referrals to at least to pre-pandemic levels, where this remains clinically appropriate
- reducing the waiting time backlog of those waiting over 62 days
- continuing to ensure cancer patients are appropriately prioritised and treated in a timely way, and that sufficient capacity is in place to manage increased demand moving forward, including follow-up care.

5.16 During the period July 2023 to March 2023 only two of the ten operational cancer standards were delivered for Somerset patients. High levels of demand for cancer services created significant challenges in meeting the national cancer waiting times standards during the year, most notably in suspected colorectal and urological cancers, linked to high-profile celebrity deaths. At their peak, referrals were between 40% and 50% above pre-COVID levels and were sustained for a period of around five months. This increase in demand has had a significant impact on the diagnostic element of the pathway, and to support additional routine MRI and CT scans, capacity was delivered through the Taunton Community Diagnostic centre and supplemented by mobile scanning vans at key times. In addition, the breast service experienced a short-term reduction in capacity at Somerset NHS Foundation Trust due to workforce pressures. To mitigate this, evening clinics were established with additional support provided from Yeovil District Hospital NHS Foundation Trust, which has restored cancer performance.

5.17 We also experienced a decline in suspected skin cancer performance due to workforce shortfalls and increase in demand at University Hospitals Bristol and Weston (UHBW) NHS Foundation Trust where a large proportion of Somerset patients undergo skin cancer treatments. Significant transformation work is underway to develop an equitable and sustainable dermatology service across Somerset. This includes the roll-out of tele-dermatology and enhancement of the GP with Extended Responsibilities (GPwER) service across the county to deliver an integrated and seamless service between primary and secondary care. The first element of this over the course of 2023/24 will be repatriating services from Bristol, giving our patients a more local service.

5.18 The above increases in demand and workforce pressure cumulatively during 2022/23, have had a consequential effect on the cancer standards, namely, two-week wait, 28 Faster Diagnosis, and 62 days First Definitive treatment which has compounded in an increase in the waiting list for those waiting over 62 days. Somerset NHS Foundation Trust continues to work with stakeholders to redesign cancer pathways to enable patients to easily access the care they need.

Urgent and Emergency Care

5.19 In Somerset, we have seen exceptional levels of pressure within our urgent and emergency care system. We have worked together as a Somerset Integrated Care System (ICS) to respond to the demand experienced and ensure safe services are in place.

Think 111 First

5.20 Think 111 First is a nationally led campaign promoting 111 (both telephony and online) as the 'front door' to their local urgent care services. This campaign has been active since December 2020 with ongoing Somerset-wide work to embed and develop supporting initiatives further. The campaign was originally designed to help social distancing and infection prevention precautions within waiting areas in emergency departments (A&E) and that focus continues. Think 111 First also supports patients to access the right services for them first time. Given the ongoing pressures within urgent and emergency care services, it is even more important to support our public so they make the right healthcare choices and ensure their safety, as well as making sure they receive the right treatment in the most appropriate place for their healthcare needs.

5.21 Think 111 First means that Somerset urgent and emergency care services must ensure that:

- emergency departments are reserved for emergency patients: all patients still receive a timely response and are assessed safely and effectively regardless of how they make initial contact with urgent and emergency care services

- patients who do not need to attend an emergency department are directed elsewhere to the full spectrum of available health services (eg. community pharmacy, urgent dental services or voluntary services as appropriate)

- patients can go directly to the centre or clinic they need rather than via an intermediary department

- patients have an overall experience of NHS services that is as good as it can be and provide feedback when it is not

5.22 Building on the successes of last year we have achieved the following during 2022/23:

- since May 2022, NHS 111 (telephony and online) has become the 'front door' to accessing Somerset's Urgent Dental Helpline (delivered by Smiles Dental Triage). NHS Somerset continues to facilitate discussions between Meddcare Somerset and the NHS England regional commissioning team to support optimum 111 call handling response as well as highlighting system-wide impact of urgent dental care demand

- the Somerset Directory of Service (DoS)[4] has ongoing reviews to ensure it is up-to-date and directing patients to the best service according to their clinical need. This year, Somerset's DoS team continues to benefit from additional support through the pilot South West DoS regional team, which has provided further benchmarking and networking to support continuous improvement in DoS profiling

- NHS Somerset ICB is facilitating regular collaborative discussions with Same Day Emergency Care (SDEC) leads in a bid to enable development of alternative to ED (emergency department) services. We have also enabled system-wide discussions to support SDEC to take advantage of service development opportunities whilst finding solutions to challenges. Ongoing conversations will now continue in collaboration with other services, including the ambulance service, so that ongoing developments link with complementary initiatives to reduce ambulance handover delays

- clinical validation of low acuity 999 (category 3 t and 4)[5] and ED dispositions continues within the Somerset Clinical Assessment Service. This entails a patient-clinician conversation following an NHS111 initial assessment to check whether an ambulance dispatch or visit to ED is what is needed, or if the patient should be referred to another more clinically appropriate service. This process leads to better patient care whilst helping to support and manage overall service pressures. Between April 2022 and March 2023 a total of 9,242 low acuity 999 ambulance dispositions were prevented through this process; 5,736 ED dispositions were prevented during the same twelve month period

- the Community Pharmacy Consultation Service (CPCS) utilisation continues at a consistent level of performance. In the year 2022/23, a total of 10,956 eligible calls via NHS 111 were made to the service. For calls received by Meddcare Somerset, 83.8% were for urgent repeat prescriptions and 36.9% were for minor illness

- GP CPCS is a national service but Somerset is optimising this from a local perspective. 58 of our 62 GP Practices actively referred during the last financial year. During 2022/23, Somerset GP Practices completed 11,812 referrals into pharmacies for low acuity conditions. Of the referrals that were fully completed:

    - 72.3% were given appropriate advice, including referral to [6]Patient Group Directions (PGD) services, or were offered medication

    - 18.6% were dealt with in the community, with onward signposting to other services eg. dentist, physiotherapy, optometry or non-urgent GP

[4] a directory of NHS services,

[5] Category 3 An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting – 2 hours. Category 4 – A non-urgent problem such as stable clinical cases, which requires transportation to a hospital ward or clinic – 3 hours

[6] Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

- 9.2% were escalated for an urgent GP Appointment or UTC/MIU/ED attendance

- the DoS service CPCS statistics for the last six months are shown below:

	Q4	Q4	Q4	Q3	Q3	Q3
Pharmacy Utilisation by Type	**Mar-23**	**Feb-23**	**Jan-23**	**Dec-22**	**Nov-22**	**Oct-22**
Urgent Repeat Prescriptions	82.3%	90.8%	83.3%	83.5%	82.9%	84.6%
Minor Ailments / Illness	37.3%	41.0%	40.6%	35.8%	30.8%	34.0%

High Intensity Users

5.23 High Intensity Users (HIU)[7], while a relatively small percentage of patients, are known to generate a disproportionately high percentage of emergency department (ED) attendances and hospital admissions. In Somerset we have established an HIU Network Group which is taking a strategic view of the HIU offer. This group will be continuing to look at how work with HIUs can bring about improved outcomes.

5.24 NHS Somerset ICB has now funded the Ubuntu Service, to support those people identified as having high intensity use of our emergency services. This is a partnership project where the principles of the service are to de-escalate issues by one-to-one coaching and support services. Following the initial telephone consultation, a process of support will ensue with concordance underpinning changes in behaviour rather than compliance through fear of isolation from supportive services or fear of legal restrictions. The Ubuntu health coach will act as an advocate for each patient, guiding them through the complex journey and multi-faceted approach, to ensure appropriate use of unscheduled care.

5.25 Between April 2022 and March 2023, the Ubuntu coaches received 35 referrals, and are currently engaging with those patients. The coaches work on building a trusted and person-centred relationship with each client to try and understand the root cause for their behaviours. They work on setting small achievable goals, supporting their wellbeing: for one client, their goal was to open their curtains, a small goal which they managed to achieve and are now shopping for curtains. The Ubuntu coaches are working with Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust emergency departments as well as receiving referrals from South Western Ambulance Service NHS Foundation Trust and the 111 service.

Models of Urgent Care

5.26 Somerset has not yet designated the urgent treatment centres[8]. Models of urgent care need to be based on the different needs and infrastructure of our

[7] High intensity use is defined as attending ED more than five times in a year, and less than 1% of the England population attends ED at this frequency or more.

[8] Urgent treatment centres (UTCs) are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for.

rural county. In February 2022 the decision was taken for the overnight closure of the Minor Injury Unit in Minehead to become permanent. During quarter one (January to March) of 2022/23, we started engagement with the local community and local providers of care to develop our urgent care services to work collaboratively, based on local need and available resources. This approach will be expanded to review how our different areas can improve patient pathways and outcomes.

5.27 Somerset has now started work on the development of a same day urgent care workforce strategy, and this work will continue into 2022/23. Further work is being undertaken to develop and support primary care led same day urgent care and will be included in the Somerset Primary Care Strategy.

Somerset Doctor Ambulance Car (Previously GP 999 Car)

5.28 NHS Somerset commissions the Somerset Doctor Ambulance Car. The overall aim of this service is to provide rapid, effective treatment of patients of all ages in the 999 emergency incident stack, whose urgent care treatment needs may be amenable to management without hospital attendance or admission. The service utilises experienced urgent care specialist doctors who are used to pragmatically balancing 'risk' in the delivery of patient-centred treatment plans, and who have extensive working familiarity of community pathways in Somerset to optimise outcomes.

5.29 The start of the new contract went live on 1 July 2022 and to-date (end March 2023) the service has seen 1,721 incidents either treating the patient on scene, supporting crews with advice or by telephone triage. The Somerset Doctor Ambulance Car has treated 80% of patients within the community who would otherwise have been conveyed to hospital.

5.30 The service now has the added benefit of on-scene patient testing such as a blood analyser and an ultrasound, and this has been extremely beneficial to patients attended by the Somerset Doctor Ambulance Car, including a better patient experience, and quicker diagnosis on-scene rather than having to go for extra tests at hospital.

SAVES (Immediate Care and First Responder Enhanced Service)

5.31 The service is commissioned by NHS Somerset ICB to provide support to the ambulance service in responding to accidents and call outs, such as road traffic collisions. Specialist trained GPs are called out to such incidents to provide additional help and clinical accountability to paramedics, and are often first on the scene. The service was commissioned initially for remote areas of Somerset to create better outcomes for patients who require emergency services. Currently there are significant pressures on South Western Ambulance Service NHS Foundation Trust (SWASFT) in their delivery of Category 1 and 2 calls. These calls are the most serious and therefore need to be responded to quickly.

5.32 Between April 2022 and March 2023, SAVES were allocated to 121 emergency incidents by SWASFT and were first on the scene for 18% of those cases. They travelled a total of around 1,247 miles and volunteered

around 147 hours to treat patients across the county. The additional benefits that SAVES provided to SWASFT were that 15 ambulance resources were stood down; they accompanied 14 patients to hospital, and12 patients were treated/discharged on scene (otherwise normally conveyed by ambulance).

Intermediate Care[9]

5.33 The Somerset hub for co-ordinating care was established in response to the COVID-19 pandemic as a hospital avoidance and discharge service. This service supports both admission avoidance and hospital discharge through one central point. Our acute hospitals facilitate a rapid multi-disciplinary team discharge lounge function, and community health and social care co-ordinate all care from the hub, building on existing arrangements. The main components to the service model have been drawn from the lessons learned previously in reducing delayed transfers of care, successfully implementing 'home first'[10] pathways and achieving preparedness. Capacity has been expanded considerably in response to the pandemic:

- an expanded intermediate care service which includes discharge to assess, a central co-ordination hub and expanded reablement services. This will see the current capacity being able to support people in their own homes. The service also supports discharges from community hospitals

- a significantly enhanced rapid response service with increased capacity. The service is able to support rapid hospital discharge in addition to its established role in preventing admissions. This service also provides provision for the two-hour urgent community response

- co-ordination of all out of hospital services, ensuring people are seen by the most appropriate service, and can remain at home with supporting services wherever possible

- as proactive care services are developed and delivered across Primary Care Networks, direct referral pathways from intermediate care services will be established. This will ensure patients with ongoing needs will be picked up at the point of discharge from Intermediate Care, helping to avoid unplanned hospital admissions

Primary Care including Restoring and Increasing Access

5.34 Primary care forms an integral part of our integrated care model for Somerset and in 2022/2023 our priorities were to:

- increase our primary care workforce
- deliver improvements in access to primary care
- reduce health inequalities

[9] If you or someone you know has been in hospital or had an illness or fall, you may need temporary care to help you get back to normal and stay independent. This short-term care is sometimes called intermediate care, or aftercare.

[10] Take a 'Home First' approach, providing patients with support at home or intermediate care. Wherever possible, patients should also be supported to return to their home for assessment.

5.35 Increasing the General Practitioner (GP) workforce, as elsewhere in the country, has been challenging in Somerset. The number of partner GPs has decreased by 14 FTE (full-time equivalent) since February 2022 and now totals 185 FTE, whilst salaried GPs have increased relatively steadily to 95 FTE making the overall total static. During 2022/2023 we increased the primary care workforce and delivered our share of the national target of 15,500 additional primary care staff mainly through the Primary Care Network (PCN) Additional Roles Reimbursement Scheme (ARRS) scheme[11]. We continue to support the development of our PCNs and staff skill-mix, utilising the full range of ARRS roles including clinical pharmacists, physiotherapists and health coaches. The total number of employed ARRS staff has increased from 159 FTE in April 2022 to 235 in April 2023. Workforce capacity had been a key factor in determining resilience of GP Practices and a variety of workstreams have been taken forward to improve recruitment and retention, including a British Medical Journal advertising campaign, relocation package, development of a GP flexible pool, and support for practices to apply for visa licences to recruit doctors from overseas.

5.36 In February 2023, there were 285,500 appointments in primary care. The number of GP appointments has increased by 16.48% when compared to April 2022, with a 32.47% increase in face-to-face appointments. There was a 45.35% increase in home visit appointments. NHS Somerset ICB continues to work with GP Practices and NHSD (NHS Digital) to improve the data quality related to primary care access.

5.37 The NHS Community Pharmacist Consultation Service (CPCS) was launched by NHS England in October 2019, enabling patients to be referred into a same-day face-to-face or remote consultation with a community pharmacist for a minor illness or for an urgent supply of a regular medicine, improving access to healthcare services outside of general practice and providing convenient treatment close to patients' homes. The service is designed to alleviate pressure in general practice, emergency departments and NHS 111, and to support utilisation of the skills and medicines' knowledge of pharmacists.

5.38 From October 2022, referrals from NHS 111 online to the CPCS include those for minor illness consultations, as well as referrals for urgent medicine supplies. NHS 111 telephony referred 42.8% (4,691 out of 10,956) of eligible calls into the CPCS during 2022/23, including 83.8% (1,156 out of 1,380) of requests for urgent repeat medications and 36.9% (3,535 out of 9,576) of requests for support with treatment of a minor illness.

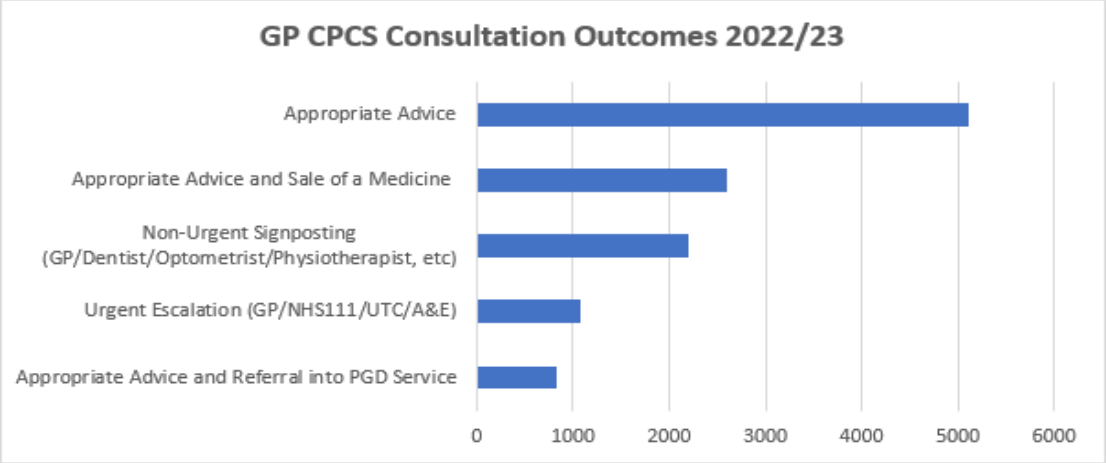
5.39 GP Practices across Somerset have significantly increased the utilisation of the GP CPCS pathway to support patients with appropriate, lower acuity minor illnesses accessing a same-day consultation with a healthcare professional. In 2022/23, 15,303 referrals were made from general practice into the CPCS, an increase of 55.1% (9,869 referrals) from 2021/22. Community Pharmacists across the county undertook consultations with

[11] introduced in England in 2019 as a key part of the government's manifesto commitment to improve access to general practice. Through the scheme, primary care networks (PCNs) can claim reimbursement for the salaries (and some on costs) of 17 new roles within the multidisciplinary team, selected to meet the needs of the local population. In expanding general practice capacity, the scheme improves access for patients, supports the delivery of new services and widens the range of offers available in primary care.

77.2% (11,812 out of 15,303) of patients referred into the service, supporting with the assessment and appropriate treatment for a wide range of minor conditions.

5.40 Where patients referred into the CPCS by General Practice undergo a consultation with a pharmacist, 72.2% (8,532 out of 11,812) of minor conditions are recorded as being fully resolved within the pharmacy setting. In 43.2% (5,102 out of 11,812) of cases, the consultation outcome involves support to the patient with appropriate advice around self-care and remedies already available to the patient, with an additional 22.0% (2,601 out of 11,812) of cases requiring the additional sale of a medicine. A further 7.0% (829 out of 11,812) were additionally referred into the Somerset Minor Ailment Scheme to access prescription only medications for the treatment of urinary tract infections, superficial bacterial eye infections or minor localised impetigo via a patient group direction (PGD).

5.41 The success of the CPCS in Somerset has been achieved through a concerted effort by the teams and their collaborative work with the Somerset Local Pharmacy Committee (LPC), NHS England South West, GP Practices, community pharmacies and PCNs to utilise these pathways. NHS Somerset ICB is committed to promoting the role of community pharmacy in same day urgent care and to take forward the recommendations to promote the wider integration of the four pillars of primary care as set out in the Fuller Stocktake Report (2022).



5.42 Throughout the COVID-19 pandemic period, addressing health inequalities and protecting vulnerable groups of patients was a key priority for the NHS in Somerset. GP Practices ensured that 65.7% of people with learning disabilities had a comprehensive annual health check during 2022/23 up to the end of February, compared to the national target of 75%. During 2023, an asylum hotel was established in Bridgwater and primary care has been instrumental in providing care to this vulnerable group of patients.

5.43 In 2022/2023, practices participated in the Quality and Outcomes Framework (QOF) without any protection arrangements, and the final outcomes will be published in Autumn 2023. The assurance framework has enabled NHS Somerset ICB and Practices to have a rounded discussion about the practice

and its vision, to discuss successes and challenges and agree further actions.

5.44 Digital Infrastructure is an integral part of the delivery of primary care services. We have continued to support the development of digital advancement by:

- procuring ongoing SMS messaging services and video consultation for all 62 GP Practices in Somerset, and more recently procuring additional functionality for Practices, including Florey and batch messaging, to recognise the importance of Practice/patient accessibility
- exploration into the digital infrastructure already in place at a local level to understand the wider investment needs for practices, PCNs and neighbourhoods moving forward
- local conversations exploring the non-clinical/clinical value of automation to address wider workforce and demand challenges, alongside other system partners such as in Dorset
- embracing forward-thinking practices and PCNs exploring new systems, PCN hub models and other approaches that support the management of primary care demand and promote efficiency across and between PCNs
- taking opportunities to work alongside our NHS Somerset ICB digital colleagues to embrace collaboration and efficiency for the provision of digital support to Practices and PCNs.

5.45 Demand has continued to be managed by:

- continuing to ensure the shift of minor conditions to self-care, NHS 111, community pharmacy and voluntary sector is clearly communicated
- prioritising vital screening, immunisations and vaccination appointments
- ensuring a digital first approach remained a priority, which included optimisation of triage services with face-to-face appointments where clinically necessary.

5.46 During 2022/2023 we have worked with NHS England and other Integrated Care Boards (ICBs) in the South West to ensure a safe transition for the delegation of commissioning responsibilities for pharmaceutical, optical and dental services with effect from 1 July 2023. The regional collaborative commissioning hub will retain responsibility for the operational commissioning of these services in Somerset, determining strategic approach and maximising the benefits of delegation through alignment of workstreams and integrated working.

The Better Care Fund

5.47 The Better Care Fund (BCF) was established by the Government to support the delivery of joint working between health and social care and to achieve specific national conditions and local objectives. These relate to supporting people to live as independently as possible in their own homes and avoid unnecessary admissions to hospital, long-term care placements or avoidably long stays in a treatment or care setting.

5.48 Further detail is included at page 150, paragraph 7.5.70.

Ageing Well Programme

5.49 NHS Somerset has an established programme team to oversee the Ageing Well Programme, comprising Urgent Community Response (UCR)[12], Anticipatory Care (AC)[13] and Enhanced Health in Care Homes (EHCH)[14]. Within Somerset there has been an increase in patient falls in the community, and several patients have chronic long-term and complex health conditions.

5.50 Over the next 12 months, the Ageing Well Programme will continue to work on a falls response, working with care homes and pendant alarm providers to deliver an appropriate response to a person having a non-injury fall, with an expectation of reducing demand on South Western Ambulance Service NHS Foundation Trust (SWAST) services, NHS 111 and conveyance to acute emergency facilities.

5.51 Falls Prevention: During Q3 2022/23 all care homes in Somerset were invited to receive a free Mangar Eagle (a lifting cushion) to assist residents that had fallen. By the end of December 2023, 88 homes had received training in the ISTUMBLE post fall assessment protocol and lifting equipment, resulting in a reduced number of calls to SWASFT for falls in care homes.

5.52 Urgent Community Response (UCR): NHS Somerset ICB and Somerset NHS Foundation Trust (SFT) have collaborated with various partners to directly divert category 3 and 4 calls away from SWASFT into urgent community response (UCR) services, enabling people to stay at home following a crisis in the place they call home:

- residential care homes - A pilot ran for six weeks in three care homes. It has now been expanded to all residential care homes and a trial is taking place in quarter one (April to June) 2023/24 with a domiciliary care provider

- Connected Living pendant alarms - a pilot took place in Frome to divert calls away from 999 when a customer's key holder is unavailable. It proved to be very successful in the initial three weeks and has now been rolled-out to the 1,000 customers in Somerset

[12] UCR teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer.

[13] Anticipatory Care Planning (ACP) is where you talk about what matters most when making plans for your care in the future.

[14] This model moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach.

- Somerset Council has merged its three district council pendant services to become Somerset Lifeline which supports 13,000 customers. Initially a pathway was set up for responders to refer directly to UCR where they have attended a customer but are still concerned. Now the merger is complete, referrals will also be accepted when a key holder is not available

- SFT and SWASFT agreed a Memorandum of Understanding (MOU) to direct level 1 and 2 falls' activity from the ambulance stack to UCR. Activity remains low but work continues to increase referrals

- UCR services are integrated into Hospital at Home and proactive care pathways to promote full community integration and avoid hospital admission.

5.53 In quarter three (October to December) 2022/23 the programme team was successful in a bid for a UCR communications campaign from the national winter funding stream. This funding has enabled a range of resources to be produced to explain UCR to referrers and the public. A three-minute video explains the service to referrers, whilst another raises awareness with the public encouraging them to ask for UCR when seeking urgent assistance.

5.54 Alongside the video we have produced posters for display in staffrooms and public waiting rooms. An A5 flyer provides referrers with the criteria and referral process.

5.55 A successful paid for social media campaign ran between January and March 2023 raising awareness with the public. It is noted by colleagues in communications that it has been exceptionally successful in engaging people in all age ranges, and unusually, there has been near equal engagement from males and females.

5.56 We have some exemplary complex care services in place across Somerset and plan to develop these further in line with the anticipatory care model. Co-production workshops have taken place, with primary care colleagues developing processes to identify those people with greatest risks and needs to ensure they are offered support for their physical and mental health, including holistic assessment, links with community services, musculoskeletal conditions, cardiovascular disease, dementia and frailty.

5.57 We are working with primary care colleagues to establish communication channels with care homes and Primary Care Network (PCN) care co-ordinators, to understand the challenges being faced and highlight the great working practices being developed with the Somerset care home network.

5.58 Continuing engagement with primary care, and the voluntary, community, faith and social enterprise (VCFSE) sector, social care and community services will take place to ensure a system-wide approach to improving health outcomes and addressing inequalities for the whole population.

5.59 Enhanced Health in Care Homes: PCNs continue to provide vital support to care homes. Occupational therapists supported the Re-Conditioning games which ran between 1 November 2022 and 30 April 2023. Activities included:

- seated table ping pong
- virtual bike rides using seated pedals and iPads
- curling
- target practice

5.60 In December 2022, Helen Rostrum, care co-ordinator in North Sedgemoor, was recognised for her work by winning the “Seeing Me” Award at the South West Personalised Care Awards. Through understanding the interests of a gentleman with dementia she was able to get him back on his feet through his love of cycling. She used cycling terminology to help him use standing equipment, and since then his strength has improved through a regular cycling session with seated pedals and virtual cycle routes from Somerset Activity and Sports Partnership’s (SASP) online library.

5.61 The Proactive Care Programme is a national programme of work. In 2022, Somerset CCG (as was) made a commitment to level up the current complex care offer across the county through the Anticipatory Care Programme, to ensure equality of access to services which would meet the needs of the population, by offering earlier interventions to improve the health and wellbeing of our communities.

5.62 During 2023, the programme team met with primary care colleagues, representatives and stakeholders from across NHS Somerset to develop a Somerset Proactive Care model which would deliver against the national requirements to use population health data to develop proactive care services. The key focus of the model is on prevention, early intervention and reducing the need for admission and dependence on bedded facilities, to enable people to stay well at home for longer.

5.63 Currently, NHS Somerset ICB invests £1,234,622 across six Primary Care Networks (PCNs) for the delivery of well-established and successful complex care services. In line with the commitment to level up in 2023/24, we have committed a further investment of £946,437 which will support the remaining seven PCNs to develop and operationally deliver proactive care services.

5.64 Key priorities for year one:

- people living with moderate or severe frailty, a population group likely to be predominantly but not exclusively older adults

- people experiencing health inequalities, defined as the top 20% most deprived populations and those within health inclusion groups

- people relying on unplanned care to manage their conditions, where integrated community-based support could better support individuals to manage physical and mental health needs

5.65 Through monthly proactive care operational steering group and task and finish group meetings, we will work through each element of the model to develop the processes of operational delivery.

End-of-Life Care

5.66 Our End-of-Life Care Programme Board oversees the Somerset End-of-Life Care Strategy for Somerset Integrated Care System (ICS), and holds the following shared vision:

"Helping people to die well is a fundamental human and societal need. It really matters. We are committed to support people to die with dignity and in as much physical and psychological comfort as possible. We will achieve this by listening to what matters to people and helping them express, share and realise their wishes."

5.67 Work has continued to make progress on important strategic developments:

- a Somerset Just in Case Policy has been developed and has been refreshed for another year. This policy update will recognise how appropriately trained family members can safely administer their medications to dying relatives, mitigating against the distress experienced when acute response services are unable to respond in a timely manner

- the dedicated End-of-life Care education team at Somerset NHS Foundation Trust (SFT) delivers training and learning sessions to Trust staff so that well-informed, high-quality care can be delivered by confident and competent staff and volunteers to support people wherever they happen to be. Training has included the virtual sessions from Health Education England, an in-house Treatment Escalation Plan (TEP) learning module, 'An introduction to Advance Care Planning in Somerset', an e-learning module, and face-to-face courses to support teams

- the Somerset end-of-life care and bereavement support website was launched on 1 March 2022. The website has been developed to enable patients' families and carers access services within Somerset. It currently stands at number one on Google for the term 'Somerset end-of-life care' and in second place for 'Somerset palliative care' and shows good initial engagement figures

- a video has been produced supporting people with learning disabilities to express and share their end-of-life care wishes and preferences

- our Programme Board wishes to engage in the roll-out of the Patient Safety Incident Response Framework (PSIRF)[15], to ensure that system level complaints about end-of-life care are appropriately handled and that people's experience is improved in future

[15] The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

- community teams have been supported to roll-out new Syringe Pumps (BD Bodyguard T) to key partners alongside relevant education, to ensure that healthcare professionals are able to deliver safe, high quality drug administration

- an audit of end-of-life patient care was conducted, leading to an in-depth analysis of health needs' assessment for the people of Somerset; this is ongoing.

5.68 The project supporting Advanced Care Plans[16] has unfortunately lost its current revenue stream and teams are working to develop the next steps for this key development area.

Mental Health – Adults and Children

5.69 Interest and investment in mental health services was accelerated due to the pandemic and in line with the commitments made in the NHS Long-term Plan. This has gone some way to addressing the historic underfunding of mental health services and has helped us to expand and develop local services to meet the needs of more people.

5.70 Both nationally and locally, there continues to be a strong emphasis on prevention, earlier intervention, and a better integration of services (health and social care, primary and secondary care, mental health and physical health care). This has increased the focus on community-based support, on improving the overall mental wellbeing of the population, avoiding crises, and managing them better when they do occur.

5.71 Building on NHS Somerset CCG's successes of 2021/22, we continued to make progress towards realising the ambitions set out in the NHS Long-term Plan, ensuring that they are fit-for-purpose for the unique population of Somerset. This has included meeting the Mental Health Investment Standard.

5.72 NHS England required all CCGs, and now ICBs, in England to deliver the Mental Health Investment Standard (MHIS)[17], a target that requires an increase in planned spending on Mental Health services by a greater proportion than the overall increase in budget allocations each financial year. The aim of this target is to support the ambitions within the NHS Long-term Plan to ensure that essential investment is made in developing the provision of mental health services.

5.73 We have reported full compliance with our obligations for the required levels of investment in mental health services for both financial years 2021/22 and 2022/23. The reported investment values will be subject to review by an independent auditor and the outcomes of these reviews will be made available on the NHS Somerset website when complete.

[16] Advanced care planning is a voluntary process of person-centred discussion between an individual and their care providers about their preferences and prioriies for their future care

[17] The Mental Health Investment Standard (MHIS), set by NHS England, requires all CCGs in England to increase their planned spending on Mental Health services by a greater proportion than their overall increase in budget allocation each year.

5.74 The table below demonstrates the amount of reported mental health expenditure incurred by us during the financial years 2021/22 and 2022/23, and the proportion of this expenditure against the total of the organisation's programme resource allocation.

Financial Years	**2021/22 £'000**	**2022/23 £'000**
Mental Health Spend	91,398	98,653
CCG/ICB Programme Allocation	1,123,581	1,206,044
Mental Health Spend as a proportion of ICB Programme Allocation	8.13%	8.16%

5.75 With reference to service delivery and outcomes, in 2022/23 we have achieved the following:

- increased the uptake of Talking Therapies for adults experiencing mild-moderate anxiety and depression

- increased the number of children and young people accessing mental health support services, including formally commissioning TellMi, a peer support offer

- Phoenix Service: we are providing increased support to children and young people who have experienced sexual assault and consequent trauma. Our local provider, Phoenix, has been able to achieve powerful and beneficial outcomes as a result of their careful and skilled therapeutic offer. The Phoenix Service is an important part of our wider response to providing a trauma-based offer to our children and young people across Somerset. Our work with regional colleagues will enable an increased offer to be made available for adults who have experienced sexual assault

- improving Children and Young People (CYP) access to earlier interventions for well-being and mental health: We welcomed the considerable efforts that our provider, Young Somerset, has made to reduce waiting lists and provide more timely engagement to CYP as part of the schools' focused Mental Health Support Team's programme. Not only are our colleagues able to see more CYP but a more creative offer has made for better engagement with busy schools and their leadership team. The ongoing work between our Child and Adolescent Mental Health Service (CAMHS) colleagues and Young Somerset (YS) has been exemplary and is a mark of the openness of both our local leaders in the CAMHS service and their YS colleagues

- made significant improvement in our waiting times for Eating Disorder services for children and young people

- increased the capacity of our maternal mental health services so that more people can receive the support they need, including expanding our offer to non-birthing partners

- completion of a service provision mapping exercise and gap analysis for adult eating disorders, including formation of a system-wide forum

- contribution towards a successful bid for a parent-infant relationship service pilot

- as a Somerset ICS, we worked together to design the Somerset Dementia Wellbeing Model and submitted a successful Somerset Integrated Care System (ICS) business case which received a recurring investment of £350,000 (70% of the minimum amount we sought for year one) for implementation. We used some of this funding to double the number of dementia support workers across the county, to increase the Memory Assessment Service's staffing and employ care home liaison staff and to grant funding to Spark Somerset to employ a voluntary, community, faith and social enterprise (VCSFE) Co-ordinator to build our VCSFE Dementia Alliance

- our Somerset Dementia Wellbeing Service is now deep into the implementation phase. We are running a series of 13 roadshows across the county (one in each Primary Care Network) which are being featured on national TV on the BBC Breakfast show and have received very positive feedback from attendees. As part of this, we are providing at least 312 free training places for care staff on the Virtual Dementia Simulator. We are also launching a new website for the service in April 2023 which will bring together local dementia services and resources and make them easy to find and navigate, rolling-out localised Information Packs for people with dementia and their carers in partnership with Community Council Somerset, and running an ongoing series of free-to-access Carer's Education Courses for at least the next two years

- our Somerset Emotional Wellbeing podcast has now released 105 episodes which have been listened to a total of 35,776 times by people across the globe. It has been shortlisted for an HSJ Digital Award 2023 for "Improving Mental Health through Digital" and is also being nominated for the Parliamentary Awards 2023

- a significant increase in the number of people in Somerset with serious mental illness receiving an annual physical health check

- launched a web-chat option for our 24/7 all age mental health crisis line, to ensure that people can access support in the way best suited to their needs

- worked with partners to introduce a community mental health treatment requirements initiative, which will divert people from prison into treatment

- worked with partners to implement control room triage. This aims to reduce the number of people with mental health issues who have to be detained by the police under section 136 of the Mental Health Act. The

triage service works by placing a team of mental health nurses in the Avon and Somerset Police Control Room.

Autism and Learning Disabilities

5.76 In Somerset our overarching principles are as follows:

- to make health and care services better so that more people with a learning disability, autism or both can live in the community, with the right support, close to home
- to do things with people, not for them or to them
- to promote rights, respect, choice, and control
- to improve equity of access and provision in mainstream services
- to reduce health inequalities for people with a learning disability, autism, or both
- to reduce premature mortality in people with a learning disability, autism, or both.

5.77 Notably during 2022/23 we have**:**

- continued with the delivery of our three-year plan (from 2021/22 to 2023/24), including phased growth in investment
- established Somerset's Keyworker offer, with the LINKLDA service
- ntinued to maintain stable numbers of people placed in specialist hospital beds and successfully discharged people to the community. We continue to have low numbers of people cared for in inpatient settings compared with other regional and national systems
- continued to improve processes around commissioner oversight visits, care education and treatment reviews/care treatment reviews (CETRs/CTRs) and the Assuring Transformation (AT) database
- continued to work with partners to make improvements in Learning Disability and Autism services for adults, children and young people, and we continue to work with partners and people with lived experience to develop an all-age Learning Disabilities and Autism Strategy
- continued work on the Learning Disabilities Mortality Review (LeDeR) programme.

Women and Children's and Families Services

5.78 The NHS Long-term Plan has provided an opportunity to place the needs of women, infants, children and young people at the heart of England's health services, and this has gone some way to support a focus on children and

young people within Somerset's health and care services. There continues to be a strong emphasis on prevention, earlier intervention, and a better integration of services across health and care.

5.79 In March 2023, the Maternity three-year delivery plan was published. This document combines the 2021/22 deliverables around equity and personalisation and adds in objectives for workforce support, culture and safety, to achieve the requirements of the (Donna) Ockenden 2 report and the (Dr Bill) Kirkup report.

5.80 Building on the previous successes, we continue to make progress towards realising the ambitions set out in Better Births[18], the NHS Long Term Plan and the 2022/23 deliverables, ensuring they are fit-for-purpose for the unique population of Somerset.

5.81 We have a set of principles and a vision for care provision to ensure that:

'Every woman, child and their family will have access to the information they need to enable them to make decisions about their care: their needs will be considered and assessed holistically to ensure that support is focussed on their individual needs and circumstances, no matter where they live in Somerset'.

Local Maternity and Neonatal System Transformation

5.82 Workforce remains the main threat to Somerset's maternity services, with the ongoing national shortage of midwives and obstetricians continuing to cause pressure. We have been successful in recruiting midwives and obstetricians to start during September and October 2022 to ease some of the pressure, and a rolling recruitment remains in place. Work continues with NHS England to identify opportunities to attract new staff, including international recruitment, whilst supporting staff retention through wellbeing support. We are running a pilot scheme supporting our newly qualified midwives to reduce burnout and stress, as well as recruiting a retention lead to support the maternity and neonatal workforce.

5.83 Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust merged into one Somerset Foundation Trust in April 2023. This is supported by a three-year digital maternity strategy, including the procurement of one maternity software system, implemented in February 2023, and the development of a new Somerset maternity website with a single point of access which is due for launch by June 2023. Work is ongoing to align pathways and guidelines, and additional clinical support continues to be recruited to support the safe transition into one maternity service. The goal remains to level up care to the highest standards. Supporting staff through this process is a priority and developing the joint working culture will be key.

5.84 Keeping women, pregnant people and babies safe will always be the first aim for Somerset and work continues to meet all safety recommendations, including Ockenden, Saving Babies Lives and PeriPrem, as well as the

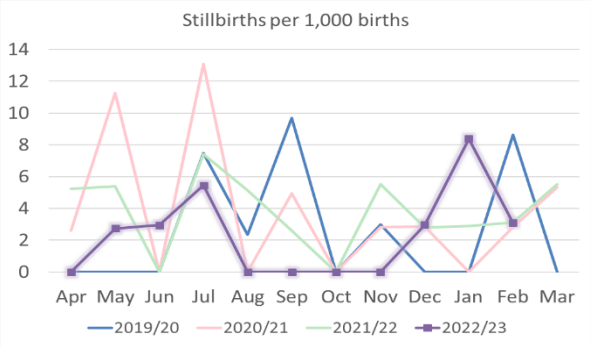
[18] Better Births – National maternity review – Improving outcomes of maternity services in England

British Association of Perinatal Medicine (BAPM) standards. Saving Babies Lives version 3[19] is due to be published imminently and compliance will be a requirement of the three-year delivery plan.

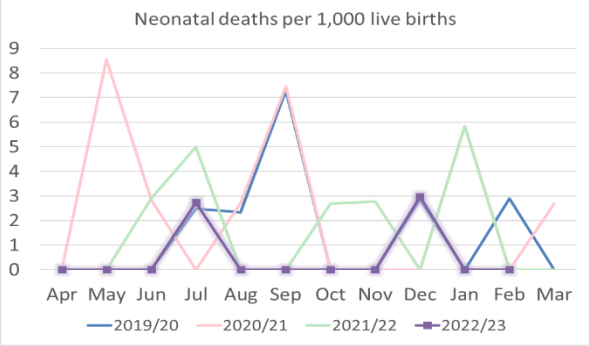
5.85 We successfully applied to pilot the Maternity and Neonatal Independent Senior Advocate role, which is a requirement of the Ockenden report. We have now recruited into this role and the successful candidate will take up post in May 2023.

5.86 A joint safety group has been established with Dorset Integrated Care System (ICS) to gain external peer review of serious incidents and shared learning, and this is giving valuable insight into common themes.

5.87 Both of the Somerset acute trusts are rated Good for safety by the Care Quality Commission (CQC), and a culture of identifying areas for improvement is encouraged.



The rate of stillbirths in the cumulative period April-February 2022/23 are the lowest in the past five years



The rate of neonatal deaths in the cumulative period April-February 2022/23 are the lowest in the past five years.

5.88 Prevention: The Somerset Local Maternity and Neonatal System (LMNS) employs a Public Health lead midwife who works collaboratively across maternity and the public heath teams in the Local Authority, with the aim of embedding prevention principles throughout the maternity journey.

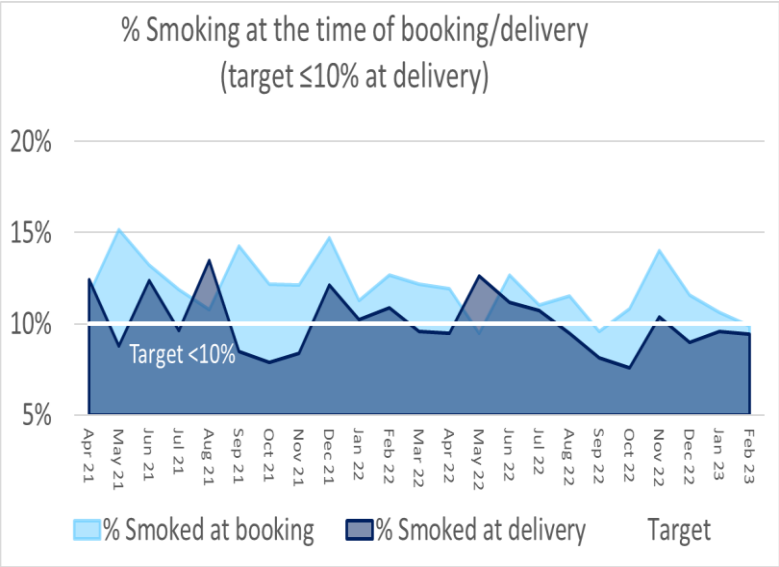
5.89 Smoking during pregnancy is the leading modifiable risk factor for poor birth outcomes, including stillbirth, miscarriage, and pre-term birth. Smoking during pregnancy also increases the risk of children developing respiratory conditions, attention and hyperactivity difficulties, learning difficulties, problems of the ear, nose and throat, obesity, and diabetes (ASH, 2021).

5.90 Somerset data shows that women who smoke equate to 18% of stillbirths, 20% of small for gestational age (SGA) babies, 16% of pre-term births, 17% of neonatal deaths and 13% of Newborn Intensive Care Unit (NICU) admissions.

[19] The Saving babies' lives care bundle provides evidence-based best practice for providers and commissioners of maternity care across England to reduce perinatal mortality.

5.91 In 2021/22, 10.3% of pregnant women in Somerset were smoking at time of delivery. Carbon monoxide (CO) monitoring at this time was paused, so we were expecting an increase when CO monitoring was restarted. However, this number has reduced consistently during 2022/23 and is now below 10%. Additional support is being provided through our Treating Tobacco Dependency programme, and we are confident this downward trend will continue.

5.92 Pre-term and Small for Gestational Age (SGA) babies have an increased risk of a number of long-term conditions and having special educational needs.



5.93 The smoking at time of delivery target was achieved in February 2023, and on a cumulative, year-to-date basis this is the best performance in the past five years, being at 9.8% compared to the 10% threshold.

5.94 Obesity is associated with increased risk of almost all pregnancy complications: gestational hypertension, pre-eclampsia, gestational diabetes mellitus, delivery of large for gestational age (LGA) infants, and higher incidence of congenital defects, all occur more frequently than in pregnant women with a normal BMI. Evidence shows that a child of an obese mother may suffer from exposure to a sub-optimal, inutero environment, and that early life adversities may extend into adulthood (Poston, L., Harthoorn, L., van der Beek, E. *et al*, 2011):

- 24% of pregnant women in Somerset had a BMI of >30 in 2021/22
- in Somerset, pregnant women with a BMI>30 account for 25% of stillbirths and 31% of pre-term births.

5.95 Somerset NHS Foundation Trust (as a single Trust) achieved Unicef Baby Friendly Initiative (BFI) gold status for both maternity and neonatal; Yeovil District Hospital NHS Foundation Trust, and Public Health nursing, are working towards this goal. A breast-feeding strategy is currently in development to support our ambition to make Somerset the first BFI gold county in England.

5.96 Equity and Equality: An in-depth analysis of equity in Somerset maternity services was completed in 2022 and clearly demonstrates the links between smoking and stillbirth, neonatal death, pre-term birth and small for gestational age babies, with a clear but lesser link between obesity and poorer outcomes:

- Somerset maternity equity analysis shows women living in deprived areas are more likely to smoke and have a high BMI
- 22% of pregnant women in the most deprived areas smoke at time of delivery, compared to 5% in the most affluent areas
- 35% of pregnant women in the most deprived areas start their pregnancy at a healthy weight, compared to 54% from the most affluent areas
- 58% of women in the most deprived areas breast feed, compared to 90% from the most affluent areas

5.97 Data for women of black and Asian heritage is more difficult to analyse as numbers in Somerset are small, albeit increasing. However, indications are that the national findings of increased likelihood of stillbirth and neonatal death are replicated in Somerset, so women from these groups remain a priority, alongside women from the gypsy/traveller community.

5.98 The Somerset five-year maternity equity and equality strategy was published in 2022 and a steering group has been established to achieve the actions identified.

5.99 Working with services users: The Somerset Maternity and Neonatal Voices Partnership (MNVP) continues to be a key stakeholder in Somerset LMNS. Ensuring we listen to women and families is a key requirement in the three-year delivery plan, as well as having service user representation on the LMNS Board. Our LMNS Board engages with a diverse range of pregnant women, sharing feedback and reviewing services to make sure they meet the needs of our Somerset population.

5.100 Transformation: work continues at pace with particular focus on:

- personalisation and choice, with the launch of personalised care and support plans in early 2023
- continuity of carer - targets have been eased due to the ongoing national recruitment issues but remain on our priority list when safe staffing allows, particularly for women from a black or minority ethnic background, or that live in a deprived area

- bereavement support, including implementation of the National Bereavement Care Pathway[20]. This also includes a Rainbow team, who support women and people who are pregnant following a baby loss

- pelvic health - we were successful in applying for additional NHS England funding to provide Pelvic Health clinics, and these are now in implementation

- peri-natal and Maternal Mental Health clinics - these are continuing to expand and are now supporting women and partners up to 24 months after delivery

- working with colleagues in the Local Authority to develop an Enhanced Parent Pathway, to support our more vulnerable families

- continuing to embed neonatal colleagues into the LMNS, with enhanced service user feedback via Somerset Maternity and Neonatal Voices Partnership.

Special Educational Needs Disabilities (SEND)

5.101 The SEND written statement of action[21] has now transitioned into an accelerator programme following the SEND re-inspection in November 2022. The accelerator programme has three key areas of focus.

5.102 Significant work has occurred at a system level to improve the service provided to children and young people with SEND and their families. Specifically for health, this includes:

- our SEND structure and roles have now been established in NHS Somerset ICB following the transfer from NHS Somerset CCG

- investment in increased capacity and roles in the SEND Designated Clinical Officer (DCO) Health team

- a pilot of the DCO role across the ICB and Somerset NHS Foundation Trust (SFT)

- a revised process for supporting medical needs in schools from September 2022

- a review of medical tuition criteria and referral is underway to improve clarity for all partners

- a single point of contact email for the Designated Clinical Officer (DCO) team for schools, Assessment and Reviewing Officers, partners and parents

[20] The NBCP pathway I there to equip healthcare professionals to provide the best possible bereavement care to parents and families after pregnancy loss or the death of a baby.

[21] The SEND Written Statement of Action is a detailed plan to improve key areas identified in the SEND Ofsted/CQC inspection

- training is being rolled-out to health providers on Education, Health and Care Plans (EHCPs)[22], the Graduated Response Tool, report-writing and Section 23 duty and process

- a new report template and guidance for therapies to ensure that provision is specific and is included in the correct part of the EHCP

- a quality improvement project is underway to improve health input into Annual Reviews of EHCPs

- an audit of the quality of health contributions to EHCPs has provided a baseline for improvement work and can be repeated to measure progress

- we are currently mapping projected future demand and capacity, to include staffing and the resource required to meet future demand, through business planning

- pre-assessment and assessment aspects of the Autism Spectrum Disorder/Attention Deficit Hyperactivity Disorder (ASD/ADHD) pathway have been published

- work is being progressed to establish robust joint commissioning governance for children and young people.

Children and Young People's Transformation Programme

5.103 Children and young people (CYP) represent a third of our country and their wellbeing will determine our future. They are a key area of focus for prevention, early intervention and supporting a best start approach. Children and young people need services that support them to be able to live happy and healthy childhoods and to grow through adolescence into resilient adults who live long and healthy lives.

5.104 Based on commitments made in the NHS Long-term Plan, the Children and Young People's Transformation Programme has been established to improve outcomes and reduce health inequalities for all those aged 0 to 25 years. Key regional areas of focus are as set out below:

- Integration - Key delivery area across programme, successful funding to pilot test site in Chard, building into system response around family connections. Key local and system issues identified through engagement with professionals and service users and being progressed through separate workstreams. Principal areas of focus include communication, pathways, parenting support and reducing inequalities

- Palliative care - A quarterly working group has been formed, with good representation from clinical and operational teams. A joint post has been secured with Children's Hospice Southwest, an innovative project

[22] An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs.

to support personalised care for our children, young people, and their families. Principal workstreams of focus are psychology provision, transition into adult health services, and co-production. We made a successful bid for national funding to support an innovative way of providing psychology to our most vulnerable children, and to support resilience and retention in a highly specialist service

- Diabetes - Specific areas of focus include technology to support management of care, workforce and transitioning into adult health services. This is being monitored through our CYP diabetes transformation group

- Asthma - A clinical team is now in place to support implementation of the national paediatric asthma care bundle. We are working in collaboration with system colleagues in health, social care, public health, and education to ensure a system-wide approach around the management of asthma, training for professionals and an understanding of environmental factors which impact on children's health. Our current focus of work is on a Somerset asthma pathway for children and young people

- Healthy Weight - A family-focused approach through joint working with public health to secure a 12-month project manager. This post will lead an all-age healthy weight programme, with system focus supporting an early intervention approach to weight management and tackling environmental factors which impact on healthy weight. A pilot project is currently underway at Somerset NHS Foundation Trust which will link to a wider early help community-based service hosted by public health nursing, focusing on a best Start approach.

- Transitions - Transitioning into adult health services is a key area of focus across all transformation workstreams. Work is underway with secondary care providers to support a system-wide approach to transitions, focusing on specific clinical pathways and clinical engagement across paediatric and adult specialist areas.

- Children and Young people in Urgent Care - Six clinical conditions for focus have been identified, supporting clinical pathways across primary and secondary care. HandiApp is now commissioned across the county, and we are linked in with Think 111 and urgent care NHS Somerset ICB meetings. An integration project has been established to look at test and learn around the care of CYP in the community to ensure care is available in the right place at the right time.

Women's Health Strategy

5.105 Women live on average for longer than men but spend more of their life in poor health, often limiting their ability to work and participate in day-to-day activities. Closing the gender health gap and supporting women to live well will not only benefit the health and wellbeing of women, but also the health of the economy.

5.106 A national 10-year strategy was launched in July 2022 that sets out a range of commitments to improve the health of women everywhere. The strategy sets out an approach to priority areas related to specific conditions or areas of health where the call for evidence highlighted particular issues or opportunities:

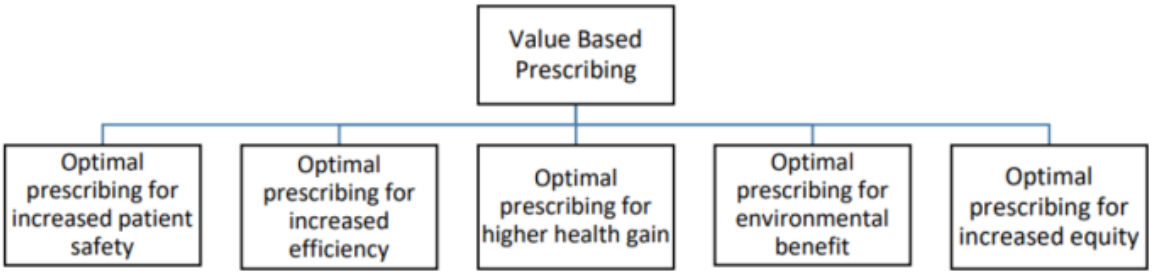
- menstrual health and gynaecological conditions
- fertility, pregnancy, pregnancy loss and postnatal support
- menopause
- mental health and wellbeing
- cancers
- the health impacts of violence against women and girls
- healthy ageing and long-term conditions.

5.107 In June 2022, a pilot specialist menopause clinic was launched in Glastonbury which has to-date seen more than 100 women to provide specialist advice and help. In addition, innovative webinars have been launched attended by more than 150 women. Additional funding has been secured to extend the project for a further 12 months.

Medicines Optimisation

5.108 The annual medicines spend in Somerset accounts for over £100 million of the overall NHS budget. Somerset continues to promote getting value for money from that spend and at the same time identifying unmet need and achieving the best outcomes for patients from their prescribed medication.

5.109 During the six months of 2022/23 NHS Somerset ICB continued to implement its medicines optimisation strategy for high quality, value-based prescribing, working with primary care colleagues to identify and treat unmet need and reduce inappropriate polypharmacy.



5.110 Despite challenging conditions, Somerset performed in the best 10% of systems in many of the national prescribing indicators including:

- High dose inhaled corticosteroids.
- Antibiotic stewardship: three-day courses for uncomplicated UTIs (urinary tract infections)
- Short acting beta agonist inhalers
- Antibiotic stewardship: co-amoxiclav, cephalosporins and quinolones (KTT9) prescribing volume

- Antibiotic stewardship: co-amoxiclav, cephalosporins and quinolones (KTT9)
- Soluble/effervescent forms of paracetamol and co-codamol
- Seven Day Prescribing for Long-term Conditions
- Desogestrel prescribed as a branded product
- Prescribing of Amino Acid Formula (AAF) and Extensively Hydrolysed Formula (EHF))
- NHS England Low Priority Treatment - liothyronine (including Armour Thyroid and liothyronine combination products)
- High-cost PPIs
- Possible excess quantities of semaglutide
- Antibiotic stewardship: prescribing of trimethoprim vs nitrofurantoin
- Prescribing of high cost tramadol preparations.

Quality and Patient Safety

5.111 Quality, patient safety and improvement are key strategic and operational priorities for NHS Somerset ICB to ensure safe and effective delivery of health and care services, with quality improvement being one of our core values.

5.112 Our key focus in 2022/23 (and for the forthcoming year) was to ensure that quality, patient safety and opportunities for improvement are built into our everyday practice. Our NHS Somerset Clinical Strategy aims to ensure the provision of safe, high quality, person-centred care in the most appropriate setting and has five health and care aims:

5.113 While each Somerset ICS partner retains ownership of their organisational strategies and frameworks, our NHS Somerset Quality Strategy and accompanying framework encompasses the principles to enable quality, outcomes, improvement and experience to be a common thread throughout the operation of the NHS Somerset ICB.

5.114 NHS Somerset ICB works to ensure continuous improvement in the quality of services provided, and in the prevention and diagnosis of illness. Our quality priorities look at outcomes and preventing ill-health, and will use the Core20PLUS5 (adults and children and young people) approach to ensure inequalities are considered.

5.115 During 2022/23 we have worked in collaboration with Somerset Drugs and Alcohol Service, Public Health and UK Health Security Agency (UKHSA) to improve the pathway to prevent people who are homeless with a drug addiction from being admitted to hospital with a Methicillin-Resistant

Staphylococcus Aureus (MRSA) blood stream infection. The number of MRSA infections across Somerset reduced by 70% in 2022/23.

5.116 In Somerset, safety, quality and improvement exist in partnership to ensure that avoidable harm is reduced, that people feel safe to be treated in or work within our system, and that continuous learning and improvement is embedded in all that we do.

5.117 In Somerset we have a 'just culture' where discussions, concerns and improvement ideas are facilitated in a safe space, where innovation and courage is celebrated and where we consider learning, improving and testing the outcomes and effectiveness of improvement activity to be 'business as usual'. We consider keeping our people safe to be everyone's priority.

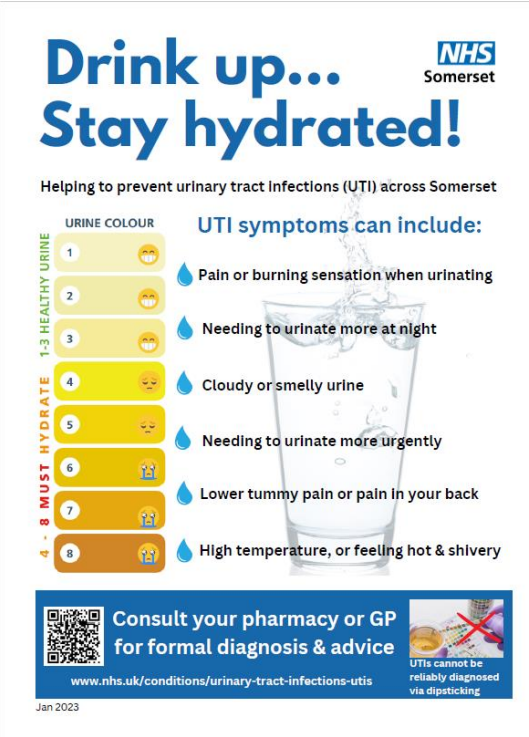
5.118 Following national publication of the Patient Safety Incident Reporting Framework (PSIRF)[23] in August 2022, we have been working our system partners in its implementation. This is a very different way of working that takes us from investigating individual incidents to reviewing themes and focussing on improvement. During 2022/23 we completed the orientation, diagnostic and discovery phases of PSIRF and engaged with all health and care providers in our PSIRF journey and culture change. We plan to implement PSIRF by the Autumn of 2023.

5.119 The effectiveness of our services and the outcomes these deliver to our whole population was an increasing area of focus for all partners. We took the opportunity to evaluate the effectiveness of our work, ensuring that equity and quality of outcome became an increasingly important measure to reduce health inequality and unwarranted variation.

5.120 NHS Somerset ICB uses evidence, guidelines, innovation, recommendations and standards to implement best practice and to review and improve access, pathways and experience.

5.121 Somerset is a regional and national outlier for the number of E.coli infections. This gram-negative bacteria is mostly associated with urinary tract infections (UTIs), which can be avoidable. During 2022/23, NHS Somerset ICB worked with health and care partners to identify the causes of UTI infections across all age groups in the county, and were supported in this work by the South West Leadership Academy. Whilst this work is not yet fully complete, a co-designed poster has been produced and is now displayed on public toilet doors across the county to provide advice about the prevention of UTIs and where to seek additional help.

[23] The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.



5.122 Personalisation is a key component to ensure that the desired outcomes are achieved for our population of individual people with needs, wants and wishes. Following the appointment of a personalisation lead, this will be a key focus for the ICB in 2023/24.

5.123 We are increasing our focus on understanding the experiences of our population when using our services, and we have agreed data sets to measure, learn, improve and evaluate the effectiveness of any changes made.

5.124 We work with providers (including Somerset Healthwatch), across pathways and in localities to embed a culture of learning, and act on experience-feedback across health and social care.

5.125 During 2022/23 we have undertaken several learning reviews to look in detail at a person's life, the experiences they had and opportunities for improvement. One such review included the life of a young woman with Prolonged Disorder of Consciousness. The outcome indicated the importance of having difficult conversations at an earlier stage, and for those conversations to take place with those who know the person well in a 'best interests' meeting. A county-wide learning event took place in March 2023 to share the improvement work that had been done and was an opportunity hear from national speakers.

5.126 During 2023/24, NHS Somerset ICB will look to embed a co-production by default ethos and will seek to understand if our population recognises the changes made as a result of their feedback/involvement.

5.127 [24]Safeguarding: NHS Somerset ICB works seamlessly across our Integrated Care System (ICS) to safeguard children, young people and adults at risk, linking with other services outside of health including education and the justice system to effectively safeguard our population. Our Somerset ICS principle, that safeguarding is everyone's business, is 'written large' across all that we do.

5.128 We work with partner agencies in addressing the priorities of local and regional safeguarding boards and partnerships. The Somerset ICS strategic safeguarding priorities for 2023/24 have been agreed as domestic abuse, transitions, neglect and hardship.

5.129 During 2022/23, we worked with partners in meeting all statutory NHS Somerset ICB safeguarding duties, including those relating to domestic abuse, sexual violence and serious violence, undertaking a strategic needs' assessment and co-producing a plan to tackle serious violence in Somerset. Some of this work entailed thematic reviews and led to county-wide improvements. An example included non-accidental injuries to infants under two years old. A learning outcome was the need to share information between the police and General Practice for those with a history of domestic abuse, to enable timely information to be shared during pregnancy.

5.130 NHS Somerset acknowledges the requirement to reduce inequalities at individual, community and population demographic group level, with regard to their ability to access and engage with services, and the need to facilitate adjustments and approach in the provision of services such that all needs are met and any unmet need is understood and addressed.

5.131 We have worked and continue to work to ensure the delivery of high-quality healthcare for all, leading to equitable access, excellent experience and optimal outcomes.

Our Quality Improvement and Accountability Framework

5.132 During 2022/23, the NHS Somerset Quality and Safety Framework was produced with its foundations set around the National Quality Board's Shared Commitment to Quality, focussing on quality improvement and assurance as we develop our Integrated Care System.

5.133 The framework sets out a vision for our future using the foundations laid by the Somerset CCG, and includes our ambitions to improve quality, safety and access for all, reduce inequality and manage risk effectively.

5.134 Our statutory quality duties and functions:

- Duty to promote involvement
- Duty as to patient choice
- Duty to obtain appropriate advice

[24] *NB: for the purposes of this annual report safeguarding includes but is not limited to: Safeguarding Children, Safeguarding Adults, Children Looked After, Care Leavers, Domestic Abuse, Prevent, Exploitation, Serious Violence, Mental Capacity, Deprivation of Liberty, and Liberty Protection Safeguards.

- Duty to promote innovation
- Duty in respect of innovation
- Duty in respect of research
- Duty to promote education and training
- Duties as to climate change

- securing continuous improvement in the quality of services provided in Somerset to prevent, diagnose or treat poor health and promote wellbeing

- securing continuous improvement in the outcomes that are achieved from the provision of services. The outcomes include effectiveness of services, safety of services and the quality of experience

- ensuring the integration of services where quality, responsiveness and access to services can be improved, and where inequalities can be reduced by using a person-centred approach

- ensuring that the health and wellbeing of individuals, the services provided to them, service efficiency and sustainability, are considered when making decisions.

Monitoring Quality

5.135 Since becoming an ICB, the quality and safety of commissioned health and care services is monitored through a more collaborative arrangement for governance, with our Chief Nursing Office attending Somerset NHS Foundation Trust's Quality and Risk Committee, and Quality Leads attending our provider Quality Committees. This provides an opportunity to seek assurance first hand and to be part of the quality improvement journey with our providers.

5.136 In Somerset we have a defined governance and escalation process and this is formally linked to the NHS Somerset ICB Quality Committee, the Somerset System Quality Group and the Regional Joint Strategic Oversight Group.

Complaints

5.137 NHS Somerset ICB values complaints, which are vital to continuously improve the quality of local health services and are a measure of how services interact and are co-ordinated across the patient pathway. Formal complaints are captured, investigated, analysed and categorised.

5.138 The following figures reflect the formal complaints which have been managed by NHS Somerset for the period July 2022 to March 2023. It should be noted that NHS England have retained responsibility for managing primary care complaints and therefore any complaints solely relating to this are not included in this report.

5.139 For this period NHS Somerset ICB closed 41 formal complaints. The main themes arising from these complaints were:

- dissatisfaction with the NHS Continuing Healthcare assessment process and funding decisions (seven formal complaints)

- delayed treatment (six formal complaints)
  - cancellation/delays with orthopaedic surgery
  - gastroenterology
  - urology
  - secondary care dermatology referrals

- access to medication/medical devices (five formal complaints)
  - Continuous Glucose Monitoring devices for children/young people
  - non-formulary medication.

5.140 The outcomes from complaints which involve a patient who has died is shared with the Somerset Learning from Deaths Forum and/or the Somerset End-of-life Improvement Board for wider learning across the system.

5.141 Our Continuing Healthcare (CHC)[25] team use learning from complaints to improve communication with patients/families/their representatives and to improve training for community services.

5.142 Further analysis about closed formal complaints will be available in the NHS Somerset CCG and Somerset ICB Annual Complaints Report for 2022/2023.

Safeguarding Children

5.143 Everyone has the right to live their lives free from abuse and neglect. The core business of NHS Somerset ICB is to safeguard and promote the welfare of children and young people in Somerset. We are also responsible for ensuring that statutory responsibilities to safeguard and promote the welfare of children are embedded in the services we commission, and that they work within legislation, national, regional and local guidance.

5.144 The Named GP for Safeguarding Children post became vacant in October 2021 when the post holder was successfully appointed into the Designated Doctor for Safeguarding Children role. The Named GP post has remained vacant since then despite several recruitment attempts.

5.145 The Designated / Deputy Designated Nurse and Designated Doctor for Safeguarding Children continue to support primary care through the following:

- provision of safeguarding training in partnership with safeguarding adults team colleagues

- provision of formal safeguarding supervision sessions to GP safeguarding leads, GP safeguarding administrators and Practice Managers, to support their knowledge and understanding of safeguarding children

[25] Some people with long term complex health needs qualify for free social care arranged and funded solely by the NHS. This is known as NHS continuing health care.

- responding promptly to GP Practice requests for advice and support in relation to concerns they have regarding unborn babies, children and young people

- provision of regular updates are shared via the NHS Somerset ICB Safeguarding newsletter and through contributions to the Local Medical Committee (LMC) newsletters

- sharing updates on all things relating to safeguarding children at a quarterly GP safeguarding best practice meeting

5.146 As well as providing specialist advice and support to primary care, our Safeguarding Children team maintains positive working relationships with our NHS hospitals, community services and other providers, monitoring how all Somerset commissioned NHS services safeguard and promote the welfare of children in Somerset. We also monitor how they work with other agencies. We do this by requiring our provider Trusts to provide monthly information on a safeguarding dashboard. Our smaller providers and GP Practices are required to complete an annual safeguarding report. We also attend provider Trusts' and other providers' safeguarding committee meetings. Performance and risk is reported to our NHS Somerset ICB's Patient Safety and Quality Assurance Committee.

5.147 The Safeguarding team continues to deliver the Safeguarding aspect of NHS Somerset ICB's induction to ensure all staff have the appropriate level of knowledge to support in identifying safeguarding concerns and are aware of whom to contact if they have safeguarding concerns.

5.148 Despite the additional pressures on our provider Trusts during the post pandemic recovery period, they have continued to send us the monthly information on the safeguarding dashboard, so we have been able to continue monitoring performance in relation to safeguarding children. The dashboard information confirms that, despite the extreme pressures continuing to be experienced across the system, the majority of staff have been able to stay up-to-date with their basic safeguarding children training.

5.149 Our Safeguarding Children team are members of the Somerset Safeguarding Children Partnership (SSCP) and the Safer Somerset Partnership (SSP). These partnerships ensure agencies work together regarding associated statutory requirements and also monitor how effectively we work together. In quarter one of 2022/23, the Safeguarding Children team contributed to the work of the SSCP and the SSP through attendance at Board meetings and associated sub groups. NHS Somerset actively contributed to the SSCP 12 month report for 2021/2022.

5.150 A thematic review into non-accidental injuries in children was published in March 2022. In Quarter one 2022/2023, the focus was very much on working with partner agencies to build on the learning already embedded into practice and evaluating its impact .

5.151 Two cases were submitted for consideration to the SSCP in quarter one 2022/2023 with one resulting in a multi-agency learning review and the second in a statutory Rapid Review. Both have had strong multi-agency input.

5.152 Our Safeguarding Children's team has continued through the ongoing pandemic and recovery to provide expert advice and support, ensuring the statutory and strategic safeguarding functions of NHS Somerset ICB are fulfilled.

Children Looked After (CLA) and Care Leavers

5.153 Overview**:** Under the Children Act 1989, a child is looked after by a Local Authority if he or she falls under one of the following:

- is provided with accommodation for a continuous period of more than 24 hours (Children Act 1989, Section 20 and 21)
- is subject to a care order (Children Act 1989, Part IV), or
- is subject to a placement order

5.154 NHS Somerset ICB is the Responsible Commissioner for health services provided to Somerset Children Looked After (CLA), whether they are resident within or outside Somerset. The Statutory Guidance *Promoting the health and well-being of looked-after children* (DoH, DfE, 2015) must be considered when ICBs exercise their functions in respect of CLA.

5.155 Care Leavers are those children who have previously been Looked After by the Local Authority and are now being supported to live independently. Following the publication of the Children and Social Care Act (2017), Local Authority responsibility for Care Leavers changed from 18 to 21 years to an age range of 18-25 years, enabling Care Leavers to request support up to the age of 25, regardless of whether they are in education or not.

5.156 NHS Somerset ICB has worked with Somerset County Council to ensure that effective plans are in place to enable looked-after children aged 16 or 17 to make a smooth transition to adulthood, and that they can continue to obtain the health advice and services they need into adulthood and beyond. This work will continue after 1 April 2023 when the unitary, single tier, Somerset council is formed.

5.157 We gain assurance that healthcare services to CLA and Care Leavers meet the standards laid down in the statutory guidance by ensuring that high quality Statutory Initial and Review Health Assessments, and associated Health Care Plans, are delivered to CLA and Care Leavers in a timely way. Similarly, robust performance monitoring of CLA access to dental services and immunisation rates and completed Strengths and Difficulties Questionnaires (SDQs), provide assurance that CLA health needs are identified and met.

5.158 Assurance mechanisms in place**:** Two multi-agency governance groups, both led by NHS Somerset ICB, continued to meet regularly during 2022/2023. The Somerset CLA and Care Leavers Operational Management Group met

virtually on a six-weekly basis and included representatives from health providers, Somerset County Council Children's Social Care, and Public Health. The purpose of the Children Looked After (CLA) Operational Management Group is to provide assurance that robust operational processes are in place across the Somerset system to ensure the health needs of CLA and Care Leavers are met. In 2022/2023, the Chair of this group became the Somerset NHS Foundation Trust Named Nurse for Children Looked After and Care Leavers, to recognise the operational focus of this meeting and to allow NHS Somerset ICB's Designated Nurse to have a more robust, "critical friend" support and challenge role.

5.159 The Somerset Health and Wellbeing sub-group, the Corporate Parenting Board, of which NHS Somerset ICB is a member, met virtually on a quarterly basis in 2022/2023. In addition to multi-agency partners and designated health professionals with a strategic lead for CLA and Care Leavers, this group also includes elected Somerset County Councillors to ensure additional scrutiny and oversight. The attendance of the lead councillor for children and families and two of her colleagues provided useful additional scrutiny, challenge and support. A main objective of the Health and Wellbeing sub-group is to develop and monitor actions that deliver the health and wellbeing elements of the Corporate Parenting Board Strategy.

5.160 Progress 2022/2023: Operational and strategic work has taken place in 2022/23 building on the achievements of 2021/22 to improve the statutory health assessment service. Performance dipped significantly across the summer due to an unprecedented number of children becoming looked after in that period coinciding with annual leave commitments and sickness. The position moving into 2023/24 is one of improvement. In addition, a bespoke Unaccompanied Asylum-Seeking Children (UASC)[26] health assessment pathway has been developed to address the increasing number of UASC moving to Somerset.

5.161 NHS Somerset ICB has again jointly commissioned with Somerset County Council a bespoke Care Leaver counselling service. Placement quality assurance work has been completed to ensure therapeutic placements that meet CLA needs and support their recovery. Work has been completed to ensure up-to-date Strengths and Difficulties questionnaires are available for statutory health assessments.

5.162 Following the completion of a High Court review into Somerset adoption services a significant amount of improvement work has taken place to ensure health services for adoption are compliant with statute. In March 2023 the Somerset ICS agreed significant additional recurrent investment to ensure temporary specialist adoption roles would continue. As a result of the huge improvements to this service it is no longer the subject of a formal risk in the system. Additionally, NHS Somerset's Designated Nurse worked with NHS England South West and Bond Solon (a training and information company) to develop a two-day Legal Literacy course, specifically focussing on the frameworks around CLA and Care Leavers and including the adoption pathway, to ensure the learning from the Somerset issue is fully understood

[26] Unaccompanied Asylum Seeking Children (UASC) are children and young people who are seeking asylum in the UK but who have been separated from their parents or carers.

across the region and nationally and that CLA and Care Leavers health professionals are confident and competent in the legal aspects of their roles.

5.163 Following the promotion of the previous post holder a new Designated Nurse for Children Looked After and Care Leavers was successfully appointed to the role and is due to take up the position on 3 April 2023 ensuring this key statutory strategic role is not left unfilled.

5.164 Risks and challenges:

- Initial Health Assessments (IHA) - The complexity of the arrangement pathway for this statutory service for our Children Looked After has continued to challenge the Somerset system. Whilst three separate care pathways have been successfully developed, the system is continuing to work on solutions to the issues of late notification, lack of consent, access to translators and difficulties bringing children to scheduled hospital appointments. A multi-agency deep dive event is planned for May 2023 to ensure the improvement work continues and does not lose impetus. Positively, additional health assessment appointments are now available across Somerset due to additional paediatric time being available

- dental service access - Access to NHS dentists continues to be a challenge for CLA, Care Leavers and their supporters. There are two main issues: access to an NHS dentist to provide an annual dental assessment, and urgent and emergency access when a child or young person is experiencing pain. In 2022/23 the Designated Nurse continued to work with the NHS England South West Dental Commissioning Team to ensure escalations were resolved in a timely way and to gain assurance that adequate services were available for CLA and Care Leavers. Additionally, NHS Somerset ICB in partnership with Somerset County Council has been undertaking a deep dive to better understand the reasons for children not attending appointments, to ensure that no other issues are in play aside from the service provision issues. This process will report in June 2023

- Unaccompanied Asylum Seeking Children (UASC) - The increasing number of Unaccompanied Asylum Seekers in Somerset is leading to greater pressure on statutory health assessment provision, and additional costs due to translation services, particularly when UASC are not brought to assessment appointments. Individual translators can cost upwards of £400 and in some systems this cost is paid by the Local Authority. A recent case where an IHA was cancelled by a foster carer at short notice on two separate occasions, due to competing priorities, left the IHA provider with a significant bill for translation services plus four hours of senior Paediatrician time and associated administrative time unused. Alternative translation services are being sourced by Somerset NHS Foundation Trust and the issue has been added to NHS Somerset ICB's risk register.

Safeguarding Adults

5.165 Everyone has the right to live their lives free from abuse and neglect. Some adults are unable to protect themselves from abuse or neglect because they have needs for care and support. Other adults are unable to protect themselves because of the severe level of coercion, control, exploitation and/or violence they experience. Our key aim is to ensure that both NHS Somerset ICB and its commissioned providers protect the rights of adults to live free from abuse and neglect, in a way that supports them in making choices and having control about how they want to live. The NHS Somerset ICB Safeguarding Adults team provides expert advice and guidance in order that we fulfil our duties. These include:

- safeguarding adults as described in the Care Act (2014)
- domestic abuse
- Mental Capacity Act (2005) and Deprivation of Liberty / Liberty Protection Safeguards
- Prevent
- exploitation and Modern Slavery
- Serious Violence.

5.166 Our Named GP post has remained vacant since October 2021 despite a number of recruitment attempts. The Designated Doctor for Safeguarding Children has provided one session a week temporary support to the Named GP role since June 2022. NHS Somerset approved the proposal to redesign the Named GP role into a Named Professional for Safeguarding and Pharmacy, Optometry and Dental (POD) services. This post was successfully recruited to in Quarter 4 2022/23 and will commence in post in quarter two 2023/24.

5.167 Our Named GP post and Designated / Deputy Designate Nurses for Safeguarding Adults support primary care through the provision of training and safeguarding supervision sessions to GP Practices to support their knowledge and understanding of safeguarding adults, domestic abuse and the Mental Capacity Act. GP Practices continue to contact the NHS Somerset ICB safeguarding team for advice and support about people living in complex circumstances. Our Named GP and Designated / Deputy Designated Nurse for Safeguarding Adults have supported the GP Practices and enabled them to work with other agencies to either prevent or stop abuse or neglect occurring, including through provision of regular updates shared via our Safeguarding newsletter and though regular contributions to the Somerset Local Medical Committee[27] (LMC) weekly newsletter.

5.168 As well as providing specialist advice and support, the safeguarding adults team maintains a positive working relationship with our NHS hospitals, community services and other providers, monitoring how all NHS Somerset commissioned services support adults who need safeguarding. We also monitor how they work with other agencies. We do this by requiring our provider Trusts to provide monthly information on a safeguarding dashboard.

[27] A local medical committee is a statutory body in the UK. LMCs are the professional organisation representing individual GPs and GP practices as a whole to the primary care organisation.

Our smaller providers and GP Practices are required to complete an annual safeguarding report. We also attend provider Trusts' and other providers' safeguarding committee meetings. Performance and risk is reported to the NHS Somerset ICB's Quality Committee. The Designate Nurses for Safeguarding Adults and Children have worked with the Local Medical Committee (LMC) to produce a combined Safeguarding Annual Report for GPs covering the 2021/202 timeframe that was sent out to all 62 GP Practices in quarter 4 2022/23. Results will be analysed in quarter one 2023/24 and follow-up assurance work determined.

5.169 Despite the additional pressures that continue to be present within our provider NHS Trusts, they have continued to send us monthly information on the safeguarding dashboard, so we have been able to monitor performance in relation to safeguarding adults, Mental Capacity Act and Prevent. The dashboard information confirms that, despite extreme pressure continuing across the system, the majority of staff have been able to stay up-to-date with their basic safeguarding adults training.

5.170 We have also been able to support colleagues working in GP Practices to maintain their safeguarding knowledge by providing virtual safeguarding training, best practice meetings and supervision. These sessions have been well attended, demonstrating commitment across GP Practices to provide effective support to adults who need safeguarding.

5.171 NHS Somerset ICB is a member of the Somerset Safeguarding Adults Board (SSAB). The SSAB is made up of senior people from organisations who have a role in preventing neglect and abuse happening to adults who need care and support. The SSAB ensures agencies work together to minimise the risk of abuse to adults at risk of harm. The SSAB also monitors how effectively agencies work together.

5.172 During 2022/23, the Safeguarding Adults team contributed to the work of the SSAB through meeting attendance, including the meetings of all five sub-groups. We completed the biennial SSAB safeguarding adults self-audit for 2021/22 and have an ongoing health system-wide action plan in relation to aspects of the audit outcome.

5.173 Our Safeguarding team continues to support GP Practices to share relevant information in Safeguarding Adult Reviews (SARs - currently seven open in Somerset), represent them at panel meetings and ensure health actions are undertaken and embedded across the system. Themes identified in the SARs include mental capacity and decisional and executive capacity; recognition of self-neglect and legal literacy in the context of self-neglect; what to do if it is not safeguarding; support for people with learning disabilities leaving prison; the need for a transitional safeguarding approach; exploitation to be recognised as a safeguarding concern; and exploration of services for people experiencing addiction and exploitation. The NHS Somerset ICB Safeguarding team leads on the oversight and implementation of actions across the health system.

5.174 Our Safeguarding Adults team continued, and continues, to provide expert advice and support throughout the pandemic and recovery period, ensuring

that the statutory and strategic safeguarding functions of NHS Somerset ICB are maintained. The Designated Nurses for Safeguarding Adults/Children and Children Looked After have led discussions with partner agencies within the Somerset health and social care system on progressing safeguarding work within the ICS. We have met regularly to identify shared statutory responsibilities and priorities for safeguarding, and more generally, for the wider health and social care system.

5.175 The Liberty Protection Safeguards (LPS), which were originally planned to be implemented in April 2022, have been delayed. LPS implementation is still unknown but is now anticipated to take place in 2024, and we await an update from the Government about an implementation date. The implementation of LPS (to replace the Deprivation of Liberties Safeguards currently in place) will have a significant impact on health providers - the NHS providers and NHS Somerset's Continuing Healthcare (CHC) team - as they become responsible bodies with statutory responsibilities. Our Designated Nurse for Safeguarding Adults is working with NHS providers and the CHC team about plans for implementation and the wider health and social system in Somerset to agree areas of shared working.

5.176 Our business case for additional funding for LPS specific roles in the CHC team has not yet been resubmitted to the NHS Somerset ICB Board whilst we await further news about implementation from the Government . However, a business case for a new MCA (Mental Capacity Act), DoLs (Deprivation of Liberty) and LPS lead was successfully recruited to, and started in post in Quarter four 2022/2023. This strategic post, previously within the Designated Nurse's area of responsibility, will ensure more robust oversight of all MCA , DoLs and LPS work across the health and social care system.

Domestic Abuse

5.177 Guidance produced by the Department of Health and Social Care has established domestic abuse as a major concern for all health care professionals and identifies the NHS as the one service that almost all victims of domestic abuse come into contact with regularly in their lifetime (either as their first or only point of contact with professionals). The Domestic Abuse Act 2021 introduced the role of Domestic Abuse Commissioner (DAC) to improve the quality and quantity of domestic abuse support services. The first Commissioner described the crucial role health services play in domestic abuse, saying they must be central to strategic thinking because they are trusted environments where people from every background can be reached.

5.178 NHS Somerset ICB's Safeguarding Adults team continues to support the work of the Domestic Abuse Board, and has participated in 17 active domestic homicide reviews (a significant rise in cases since 2020). Themes emerging across the system have included: recognition of men as victims; older people and domestic abuse, recognition and a need for an alternative approach regarding disclosure and ongoing support; and increase in female suicides and links to domestic abuse.

5.179 We have spent 2022/23 working with police colleagues to establish an information sharing pathway to enable high and medium risk domestic abuse police notifications, where children are involved, to be shared with relevant GP Practices. This work arises from several Child Safeguarding Practice Reviews and Domestic Homicide Reviews which identified this as a key gap in safeguarding information sharing. Much time has been required to agree a Data Protection Impact Assessment (DPIA) and Information Sharing Agreement (ISA) which has now been signed by all but one GP Practice in Somerset. The next steps will be to move the day-to-day running of this process to Somerset NHS Foundation Trust. The NHS Somerset ICB Safeguarding team also participated in the re-tendering process for the Somerset Integrated Domestic Abuse Service. This service has been significantly restructured in order to meet the new requirements of the Domestic Abuse Act 2021.

Prevent

5.180 Prevent is part of the Government's counter terrorism strategy and aims to provide support to people who are groomed/radicalised before any crime is committed. Radicalisation is comparable to other forms of exploitation.

5181 During 2022/23, NHS Somerset ICB has:

- attended all Channel panels within the Somerset area and provided health advice and support to those panels
- provided a link between the GP Practices and the Channel panel[28]
- provided health representation for three ICBs at the quarterly Avon and Somerset (A&S) Contest Board meetings
- monitored the progress of compliance with Prevent training in our provider Trusts and the NHS Somerset ICB
- contributed to the redevelopment of the face-to-face national Prevent training programme
- provided feedback on behalf of the Somerset health system relating to the Independent Review of Prevent that was published in Quarter four, 2022/23
- contributed to the annual refresh of the A&S Counter Terrorism Local Profile Report.

5.182 Compliance with Prevent training has continued but has still not, as an average, reached the target of 85%. Our Trusts have ongoing action plans in place and the continuing pressures experienced across the system are widely acknowledged as a significant factor for the delay in reaching this target.

[28] The Channel Panel is the multi-agency mechanism that oversees and co-ordinates Prevent interventions in Somerset. The Panel has a statutory basis under the terms of the Counter-Terrorism and Security Act 2015.

Serious Violence Duty and Violence Reduction Unit

5.183 NHS Somerset continues to work with the Avon and Somerset Violence Reduction Board to develop how we will work with other agencies to prevent the occurrence of serious violence. This follows the Government announcement that it would bring forward legislation introducing a new serious violence duty ("the duty") on public bodies which will ensure relevant services work together to share data and knowledge and allow them to target their interventions to prevent serious violence altogether. Our Safeguarding team attend the Avon and Somerset Serious Violence Board to ensure we understand our responsibilities in relation to the Serious Violence Duty, which went live in Quarter four 2022/23.

5.184 We have contributed to the 2022/23 review of the Avon and Somerset Serious Violence Strategic Needs Assessment and are involved in aligning the work of the local Serious Violence Reduction Unit and the responsibilities set out in the Serious Violence Duty.

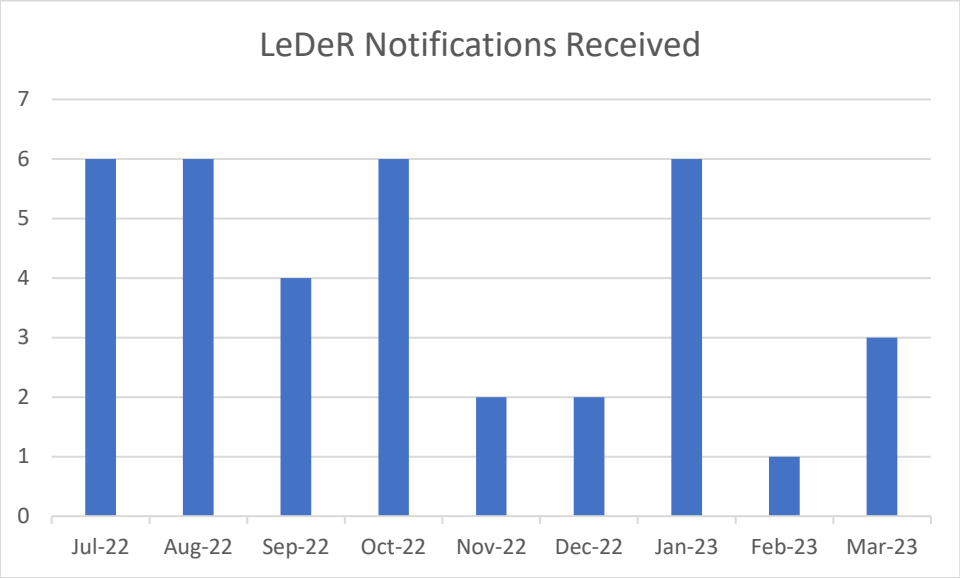
LeDeR: Learning from Lives and Deaths

5.185 LeDeR is a service improvement programme which aims to improve care, reduce health inequalities and prevent premature mortality of people with learning disabilities and autistic people.

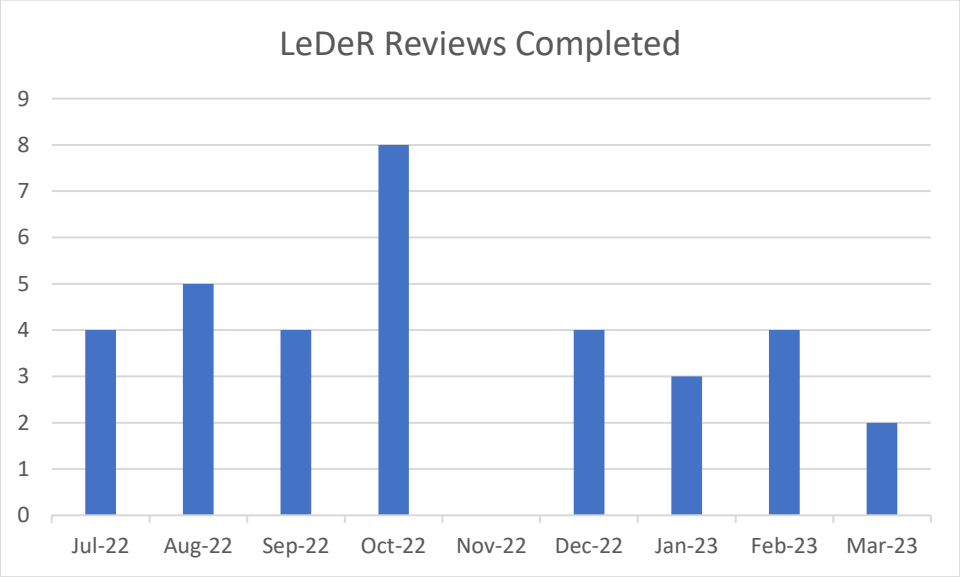
5.186 LeDeR reviews the deaths of people with learning disabilities and autistic people to identify areas of good practice and highlight areas for improvement. As well as looking at a person's death, a LeDeR review also looks at any significant episodes of health and social care relevant to the person's overall health and wellbeing. The information from reviews is then used to improve services both locally and nationally.

5.187 NHS Somerset ICB is responsible for the implementation of LeDeR reviews in Somerset. However, there is system-wide responsibility for implementation of actions from those reviews, and the learning is monitored via our LeDeR Governance and Improvement Group which has membership from across the Integrated Care System.

5.188 LeDeR Reviews - From July 2022 to March 2023 the LeDeR Team received 36 notifications.



5.189 From July 2022 to March 2023 the LeDeR Team completed 34 reviews.



5.190 Key Performance Indicators (KPI) - NHS England has set two targets against which we are measured:

- requiring all LeDeR notifications to have been allocated to a reviewer within three months of receipt
- requiring all LeDeR reviews to be completed within six months of the notification date.

5.191 Since the completion of substantive recruitment to the LeDeR team and the clearer establishment of our quality assurance and governance processes,

the majority of reviews have been achieved within KPI. There have been two occasions in 2022/23 where this has not been possible and in both cases, this was to ensure sufficient time was taken for learning from the review to be synthesized and taken forward with system partners.

5.192 Notable Achievements July 2022 to March 2023 - Our achievements are very much led by the learning outcomes from LeDeR reviews. For this period LeDeR achievements include the following:

- establishing Primary Care Learning Disability (LD) Champions meetings to support colleagues in primary care to provide the best possible health care to people with LD

- publication of a Learning Brief on dysphagia

- interim report produced by OpenStorytellers on their engagement work in collaboration with us. A pilot workshop at OpenStorytellers, followed by additional workshops with other providers around the county, is planned for 2023/24

- the first filming workshop has been carried out with BiggerHouse Film who are working with people with learning disabilities and autistic people to make a film about death and dying. We understand that this is a difficult topic to talk about and want to encourage people to have meaningful, proactive conversations about death, dying and their personal wishes

- development of Teamnet pages to share information on annual health checks, reasonable adjustments and cancer care. Teamnet is a web-based system that can be used to share resources with colleagues in primary care

- Oliver McGowen Mandatory Training: from 1 July 2022, the Health and Care Act 2022 included a duty for ICBs and Local Authority regulated service providers "to ensure that each person working for the purpose of the regulated activities carried out by them receives training on learning disability and autism which is appropriate to the person's role". In the current reporting period, NHS Somerset ICB has established the Somerset Delivery Group, involving key stakeholders and experts by experience. Seven groups of experts by experience have been trained, ready to start delivery of the training in the Spring of 2023/24

- the Quality Lead for Learning Disabilities, Mental Health and Community Services is leading on a quality improvement project working with Somerset system partners on "Improving the person-centred care experience for people with a Learning Disability and/or Autism when they attend A&E"

- initial findings and themes have been identified, such as: the need to consider the environment; staff knowledge and understanding; the availability of specialist support, and the importance of clear

communication. The next steps are to identify ideas for change and to test these out in the accident and emergency setting.

Continuing Health Care (CHC) and Children and Young People's Continuing Care

5.193 Continuing Healthcare (CHC)[29] and children and young people's Continuing Care continues to exceed the national service delivery requirements.

Adult CHC

5.194 Key Performance Indicators set by NHS England for adults referred for CHC have been achieved:

- decisions about eligibility for CHC with 28 days is set at 80% but NHS Somerset ICB CHC has exceed this expectation for the year, with 99% of eligible cases being assessed in this timeframe in the latest quarter

- the target to ratify fast-track cases within 48 hours has been met following amendments to data reporting tools. On average, 93% of fast-track cases are ratified in 48 hours and work is ongoing with system colleagues to ensure end-of-life pathways, including fast-track, are appropriate, aligned and that staff are well trained.

Children's and Young People's Continuing Care

5.195 Unlike CHC, there are no current requirements by NHS England to provide assurance reports for activity and spend in Children's and Young People's Continuing Care, nor are there any associated quality premiums: therefore, there is no regional or national benchmarking data to support any comparative analysis. NHS Somerset ICB's continuing care activities are limited to local data only but the caseload and spend remains stable. Agreement has been made for Somerset NHS Foundation Trust's Children's Home Care Team to become the default provider for Children's Continuing Care packages.

CHC Service Update

5.196 CHC's aim is to ensure that every eligible patient can benefit from measurably improved outcomes through access to personalised, tailored support, and consistent and good quality information, putting the patient in control of how their needs are met. CHC continues to propose and expand its Personal Health Budget[30] offer.

5.197 CHC is continuing to focus on new digital technology to support the service moving to using an end-to-end patient management solution, as well as the implementation of the new and national data collection system (Patient Level Data Set).

[29] Some people with long term complex health needs qualify for free social care arranged and funded solely by the NHS. This is known as NHS continuing health care.

[30] A personal health budget uses NHS funding to create an individually agreed personalised care and support plan that offers people of all ages greater choice and flexibility over how their assessed health and wellbeing needs are met.

5.198 Positive working relationships with our system colleagues have also ensured good quality service delivery, evidenced in assurance through NHS England reporting; low numbers of cases being overturned at Independent Review Panels; financial proportionate spending, and our interventions in patients' lives continue to be legally robust. Our CHC safeguarding team continues to drive quality improvements at a local and national level, such as a Prolonged Disorder of Consciousness (PDOC) Somerset system-wide training event and the piloting of Mental Capacity Act Training. A new quality assurance monitoring tool (PAMMs) has been purchased to assist in the continued quality support and assurance for the care sector.

5.199 Regular assurance calls with NHS England continue to support NHS Somerset ICB's CHC team's position as a regional example of good practice and service delivery.

Infection Prevention and Control

5.200 COVID-19 was declared as a pandemic on 11 March 2020. During 2022/23, NHS Somerset ICB's infection prevention and control (IPC) team continued to provide support across the primary care and provider care sectors, with the continuation of the emergency planning team conducting daily operational and strategic meetings and the diversion of lPC team resources to support incident response. We work in agreement with the Somerset Memorandum of Understanding (MoU) (2015) that outlines how key partners work together to reduce morbidity and mortality associated with outbreaks.

5.201 Preventing and controlling the spread of COVID-19 continued and remains high on the agenda of IPC throughout 2022/23 and into 2023/24. The IPC team continued to work collaboratively across health and social care, communicating and providing training on infection prevention and control measures, in line with national guidance, to be applied within their settings to protect the population against transmission of all identified viruses. This included responding to a national outbreak of Monkey pox (MPX) and Diphtheria to provide training, advice and support including personal and protective equipment (PPE) as required. This led the IPC team to co-ordinate and develop pathways for the Somerset system to support any suspected/confirmed cases of MPX or Diphtheria.

5.202 Our IPC key priorities for 2022/23 included deep dives into *Escherichia coli* and Gram-Negative blood stream infections (BSIs) (GNBSIs), methicillin-resistant *Staphylococcus* aureus (MRSA), (BSIs), monitoring and reviewing. A collaborative approach to the post infection review (PIR) process was introduced within the Acute setting with the plan to introduce across primary care in 2023/24. The aim of this approach is that the introduction of quality improvement workstreams identified from themes/trends will lead to greater focus on quality improvement work across the system. This work will continue throughout 2023/24.

5.203 The implementation of the antimicrobial stewardship five-year plan, and improving IPC measures in care homes by creating a Somerset Care Homes Infection Prevention and Control Link Practitioner Group workstream, have

been identified as priorities for 2023/24, with three key objectives identified to take this work forward as a system. Monitoring continues via the Somerset Infection Prevention Antimicrobial Assurance Committee (SIPAAC) and the Somerset Antimicrobial strategy is currently under development, ensuring we align with the regional strategy.

5.204 During 2021/22 it was identified that nationally there had been a rise in Clostridiodes difficile (C.diff) cases and the NHS Somerset ICB IPC team continues to be part of the regional HCAI CDI Collaborative and the regional IPC Collaborative, the focus of which are to understand the increase in C.diff infections. This includes reviewing the data to broaden the scope of risk factor information, and reviewing the post-infection review process.

5.205 Mandatory Healthcare Associated Infections (HCAI) surveillance is carried out by providers, with the following infections reported on the United Kingdom Health Security Agency (UKHSA) National Data Capture System (DCS) for Healthcare Associated Infection, and subject to mandatory surveillance on the UKHSA DCS Portal: MRSA BSIs; MSSA BSIs; C.diff, and GNBSIs. As a system, Somerset has seen a decrease with HCAIs and is currently placed regionally:

- lowest for *Clostridium difficile*
- 2nd lowest for MRSA
- 2nd lowest for MSSA
- 3rd lowest for *Escherichia coli*
- 3rd lowest for *Pseudomonas*
- 4th lowest for *Klebsiella*

5.206 Other key objectives and aims for 2023/24 will be:

- for the NHS Somerset ICB IPC team to adapt to a locality Primary Care Network (PCN) working model

- after successfully securing funding for tuberculosis (TB) service development, the NHS Somerset ICB IPC will be working collaboratively across the health and social care system to develop this service

- to review the Somerset IPC strategy.

Workforce/Our People

5.207 The processes for our Somerset NHS Trusts' merger and the Somerset local government reform have now been completed. Embedding these new structures, alongside the complexity of service demand and workforce supply overlaid with the pandemic, continues to pose a challenge. Our Somerset system People Plan, together with the collaborative working across the health and care system provides a robust response to these challenges, identifying priority actions which focus on the eight strategic aims that are aligned to both the NHS and adult social care people plans. These are covered in the following paragraphs.

5.208 ‘Whole system’ workforce planning - Identifying our top workforce shortages and where growth needs to happen to meet our current and future demands. We continue to expand our international recruitment offer to support workforce shortages, including those within social care. We have a good understanding of our current workforce gaps and have developed workforce supply strategies for nursing/midwifery and allied health professional (AHP) roles and are expanding the number of trainee pharmacists and pharmacy technicians across all sectors of practice. In terms of developing our NHS Somerset ICB functions, particularly around population health management, programme management and business intelligence, there is an opportunity to ensure integration of workforce data requirements so we can develop a ‘workforce supply dashboard’ to provide strategic assurance of workforce sustainability and growth for critical workforce groups across the system.

5.209 Social and economic growth - Working in partnership across our system, and building on our core purpose as anchor organisations, our work on developing sector-based work academies (SWAPs)[31] has seen more than 170 individuals complete the course from its inception in May 2021 and has achieved retention rates of 88% of all participants for at least 12 months in service. These figures are comparably larger than other Integrated Care Systems (ICSs), with roles deployed in NHS Somerset ICB, Trusts, primary care networks and social care, meeting our aims around widening participation and improving social mobility across our system. In April 2023, it has also been agreed that SWAPs candidates will attain preferential appointment status ahead of vacancies, moving to interview within our Acute Trust, to support the aims of improving social mobility for these candidates and to reflect the commitment provided to these individuals in their journey with us to-date.

5.210 The high number of vacancies in our social care workforce continues to be of concern. We have further developed our ‘Proud to Care’ brand over recent months through targeted marketing and advertising (led by Somerset County Council). This programme has attracted more than 450 applicants to express an interest in roles in social care, and a collaborative team of Somerset NHS Foundation Trust and Somerset County Council colleagues are working together to design phase two of this programme, to consider further potential for international recruitment to the sector alongside strengthening domestic supply.

5.211 We have also focused on initiatives to improve retention within social care, for example, the implementation of a ‘retention bonus’ for workers in registered care and pay uplifts (domiciliary care only) in December 2021. Anecdotal feedback from our care providers has suggested this has improved retention within the sector.

5.212 A Youth Engagement project in collaboration with Young Somerset has been completed, engaging with 113 young people across Somerset localities. The

[31] Sector-based work academies (SWAP) help prepare those receiving unemployment benefits to apply for jobs in a different area of work. Placements are designed to help meet employers immediate and future recruitment needs as well as to recruit a workforce with the right skills to sustain and grow a business. SWAP is administered by Jobcentre Plus and available in England and Scotland.

Youth Engagement Dashboard will be taken to the People Board sub-group, tracking progress against young people's staff experience.

5.213 Local Enterprise Partnership[32] duties are expected to be devolved to Somerset Council from April 2024. NHS Somerset ICB is working with Somerset Council on the development of a new 'Strategic Economic Partnership' to dispense these new duties to support the ICS Social and Economic Development core purpose.

5.214 Looking after our people - Somerset has a strong reputation with internal and external partners for looking after our colleagues. We have an ambitious system-wide Health and Wellbeing Strategy delivering a number of projects, including our Mental Health Resilience Hub, and have partnered with Dundee University to develop our evaluation methodology for the programme. We have extended our offer for primary care colleagues through our Somerset Training Hub to increase coaching provision and sustainability.

5.215 Further funding received from NHS England has enabled us to extend the term of both our system Retention Lead, hosted by NHS Somerset ICB, and our People Promise Manager, hosted by Somerset NHS Foundation Trust. The progression of the retention planning for 2023/24 will see a focus on improving access to flexible working opportunities across the ICS, developing individualised support routes and career guidance to support retention, alongside the ongoing commitment to the objectives in respect of early career experience and the late career support committed to in 2022/23. This approach will remain data-driven, undertaken in line with quality improvement methodology.

5.216 Creating clear career pathways and new and more flexible ways of working - Developing stronger links with colleges and universities as well as creating more clinical placement capacity and introducing new pathways for education and learning. We continue to work closely with education providers to promote and develop educational offers such as apprenticeships and degree courses and work with providers and employers to develop other courses such as T Levels. We have received significant funding to improve clinical placements (CPEP), improving Enhanced and Advancing Practice, and to further develop a direct entry nursing associate programme, supporting nursing in social care.

5.217 In 2022/23, Somerset utilised NHS England funding to develop a Somerset Workforce Talent Hub which aims to recruit, retain and develop talented people in our communities, to nurture and prepare our future workforce to work across the health and care system in an agile way. The Talent Hub supports a range of programmes, the most developed being the SWAPs Programme, as mentioned in the Social and Economic Growth section of this paper (paragraph 5.209) and the Reservists Programme for Somerset ICS, which enables provision of a new flexible workforce across the Somerset system to offer support in times of known demand; for example, through vaccination campaigns and Winter pressures. The Talent Hub enables programmes including mass vaccination retention, new pathways into

[32] Local enterprise partnerships (LEPs) are non-statutory bodies responsible for local economic development in England. They are business-led partnerships that bring together the private sector, local authorities and academic and voluntary institutions.

careers via volunteering, social care recruitment and career coaching, in addition to working with the Prince's Trust to offer targeted support to younger people aged 18 to 30. The Talent Hub also contains a social care training team, developed as a result of an identified need to develop the skills of the social care workforce. From April to June 2022, 120 people have been trained in a number of areas such as gastrostomy, catheter care, simple wound care and subcutaneous injections.

5.218 Developing system wide learning and development offers - We are developing our 'One Workforce' culture through a programme of work to develop a systems' leadership competency framework, working closely with the South West Leadership Academy and colleagues from across the whole care system. The framework will describe the knowledge, skills and behaviours required for our care workforce. Our ambition is that the framework will be integrated with our quality improvement offer, which is already well established in practice, to strengthen our approach to our Somerset systems' thinking and improvement.

5.219 Work has been commissioned to support the development of the NHS Somerset ICB to ensure a strong leadership team from the point of establishment, based on the Outward Mindset[33] model. The CCG had also put in place an organisational development programme to support the transition from NHS Somerset CCG to NHS Somerset ICB.

5.220 The Levelling-Up Fund is now confirmed for the re-development of the Bridgwater Old Hospital site: re-developing the old community hospital into a multi-purpose asset including training facilities, with funding in process for satellite sites around the county.

5.221 Further Levelling-Up monies from the Shared Prosperity Fund will be used to develop a 'Somerset Standard', providing consistent and 'passportable' clinical skills training across health and social care employers. Movement of colleagues enabled by the system Memorandum of Understanding (MOU) via the Reservists Programme, and locally agreed training passporting, has tested the basis through which this work continues to be expanded and will be developed through the Somerset Standard.

5.222 Creating a more inclusive and equitable culture - Through work on recruitment and retention including supporting our system goal of achieving Gold Armed Forces Covenant status[34]. Following our work on reviewing our recruitment and promotion practices, we are refocusing our system work on equality, diversity and inclusion (EDI).

5.223 We have also proactively designed the Legacy Mentoring programme to enable support to be provided to individuals who are new to sector, new to practice and new to country, to explicitly provide support to individuals who are internationally educated. In addition, the Career Navigator post, which seeks to provide support to nurses across the Somerset system in navigating

[33] The key points of outward mindset model are to: See others' needs, goals, and challenges; Adjust your efforts to become more helpful to other ; and Measure your impact on others and hold yourself accountable for your impact

[34] The Armed Forces Covenant is a promise from the nation that those who serve or have served in the armed forces, and their families, are treated fairly.

the range of developmental and career opportunities available to them, will also support this colleague group.

Digital

5.224 Our Digital Portfolio has continued to see growth in scale and pace with involvement in a widening range of transformation initiatives. The previous years required introduction of new technology and tools, a virtual working environment and a need to keep both workforce and public in safer care delivery. This year has seen the need to sustain those new ways of working, with continued adaptation in response to the need for a more hybrid approach.

5.225 NHS Somerset ICB has proudly worked on an extended range of programmes and projects during 2022/23, continuing to collaborate and extend working with local groups and organisations in Somerset, as well as linking with neighbouring communities across the South West. We have continued with a #OneTeam approach of matrix working as a core value, always seeking to further develop and engage with clinical, executive, operational and patient groups. Our ethos of 'Clinically Led, Digitally Enabled' has guided us through priority work, whilst maintaining strategic direction.

5.226 The Somerset Digital footprint includes the following core organisations:

- NHS Somerset ICB
- Somerset GP Practices
- Somerset County Council
- Yeovil District Hospital NHS Foundation Trust
- Somerset NHS Foundation Trust

- St Margaret's Hospice
- Devon Doctors NHS 111 / Out Of Hours provider

5.227 Other organisations vital to delivery of effective care that we have engaged with:

- SPARK Somerset Care Homes
- Somerset Registered Care Providers Association (RCPA)
- Dorothy House Hospice
- Weston Hospice Care
- Marie Curie
- Children's Hospice South West
- Practice Plus Group
- Bristol Connecting Care
- Governing Bodies including Somerset Local Medical Committee (LMC), Local Optical Committee (LOC) and Local Pharmacy Committee (LPC)
- Dorset GP Surgeries
- Royal United Hospital (RUH)
- Dorset County Hospital (DCH)
- University Hospitals Bristol and Weston (UHBW)
- South Western Ambulance Service NHS Foundation Trust (SWASFT).

5.228 We also continue to expand our engagement and involvement with local people, representative groups and more local community and voluntary sector organisations, particularly around digital inclusion and capturing lived-experiences to inform our transformation work. Our Digital People's Champion Group has been extended, alongside stronger links being established with the NHS Somerset ICB Equality and Diversity lead, our Communication and Engagement Team, and the associated networks of local contacts.

5.229 Response and Elective Care Recovery - The Digital Team has continued to support the ongoing need for hybrid working in both corporate and GP teams, with flexibility in service locations for the vaccination programme and response activities.

5.230 As we moved further into recovery planning, digital teams through the #OneTeam approach across the Somerset system have provided support to shape further new services for people needing complex multi-disciplinary team support during their recovery.

5.231 In late Autumn 2022, an opportunity arose for digital funding through the Elective Care Recovery programme, and we are working to establish new shared opportunities for digital and data sharing improvements as an ICS (Integrated Care System). These projects have continued into their implementation stages during 2022/23 and include collaborative work around Virtual Wards and Hospital at Home.

5.232 Since the introduction in Summer 2020 of the Care Homes DES (Directed Enhanced Service), the joint team from NHS Somerset ICB and Somerset County Council have continued to expand our links and work with care

homes and the Registered Care Providers Association (RCPA). Work has focused on defining the connectivity, access, tools and support required for a digitalising Social Care programme, working alongside our Primary Care Networks and GP practices. The initial digital baseline continues to improve, and we are supporting good progress in uptake of NHS Mail and completion of the Data, Security and Protection Toolkit[35]. As of March 2023, we are pleased to note that 134 of our care homes (67%) have achieved the data protection toolkit. We have also continued to steadily increase the number of homes using secure email, which includes NHS Mail or other secure or accredited systems (currently up to 90% of our providers). Digital and Information Governance team resources continue engagement to understand the need for information sharing in a virtual, cross-organisational environment, and establishing a virtual platform for multi-disciplinary teams to safely and securely exchange information to support delivery of care services. Recovery activities have continued to incorporate digital aspects of transformation and this collaborative approach will continue to grow as we further develop as a Somerset ICS.

5.233 Digital Building Blocks - The core foundations of our Digital Portfolio have seen a range of new and continued initiatives, including work on:

- roll-out of MS Teams to NHS Somerset ICB and our 62 general practices, continuing our developmental work with Microsoft on new ways of working, and tools required to support virtual team working
- technical development and promotion of the Somerset Think 111 service
- a Digital Forum comprising operational leads across partners to share learning and promote good practice
- supporting GP practices through regular liaison with EMIS, to ensure they continue to improve their service desk as well as improve the quality of service to primary care
- responding to network incidents and seeking supplier service improvements
- supporting GP Practices with technology and developments
- investigating re-procurement of the HSCN (health and social care network) service
- Business As Usual GP IT upgrades and refresh of GP IT kit to maintain and improve our core infrastructure
- building on our links with Primary Care Networks (PCNs) to determine digital requirements

[35] The DSP Toolkit is an online self-assessment tool that allows organisation to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data must use the toolkit to provide assurance that they are practising good data and security and that personal information is handled correctly.

- scoping building work/development requests with primary care and GP Practices

- re-fitting and reconfiguration of Wynford House, NHS Somerset ICB HQ, to support hybrid working

- Virtual Desktop – plans to launch this provision: this will be trialled before launch

- supporting primary care with GP flexible pool with regard to the technical aspects

- pro-active management of hardware and software asset management of the estate

- supporting the GP Practices through mergers, migrations and closures and the processes involved with this. Linking with suppliers and providers to ensure continuing care.

5.234 Further Digital Team changes have been made to aid our response to the new awareness and growing need for digital transformation and support:

- Head of Digital Programmes recruited to lead the DiSC programme

- embedded the Digital Outreach Team (DOT) Communicators team and employed a DOT Co-ordinator, programme working in the #OneTeam approach with Somerset Council adult social care team

- continued to embed a new digital data workstream to support primary care data analytics and the wider strategic approach to Population Health

5.235 In recognition of the role of digital in system transformation, and in support of digital workforce development, the NHS Somerset ICB Digital Team are now members of the British Computer Society, The Chartered Institute of IT. This recognises the team members' professional status, skills, and experience, and supports their development and potential in enabling transformed delivery of our health and care services. Many of our team have now achieved accreditation, including Fellow of BCS (British Computer Society), Leading/Advanced Practitioners of Federation Informatics Professionals (FEDIP), and recognition of three team members on the Register of IT technicians (RITTech).

5.236 Digital Inclusion and Digital First - Work that was highlighted by the pandemic showing division between those able and willing to access support digitally and those digitally excluded has continued, with the aim of ensuring a level of equality and equity in accessing our health and care services, noting that people need capability (access, digital literacy), opportunity and motivation to engage.

5.237 We have continued to build on inclusion work across the digital portfolio, considering factors for inclusion and regular liaison with the NHS Somerset

ICB Equality and Diversity lead, and the NHS Somerset ICB engagement lead, to ensure links are made to relevant forums and community groups.

5.238 The Somerset Apps Library was launched in January 2022 and as at 31 March 2023 has now received over 36,000 page views. Working alongside NHS England and the NHS Somerset ICB for the review of Health and Care Apps (ORCHA) we are empowering the people of Somerset to live healthier lives by offering more than 15,000 health and wellbeing apps assured as safe by clinicians and data security experts. This programme has been funded for the first three years by NHS England. We will be exploring with Social Prescribers and pharmacists as they have enormous potential over the course of the project. The NHS 111 service has engaged with us around this tool, which has been shared on their clinical system and the NHS Directory of Services (DoS). Apps are a key focus, including the NHS App and apps which support those who want to self-manage their conditions and health. Long-term Conditions and Mental Health are particularly important, and we are linking with health and care professionals as well as our NHS Somerset ICB colleagues around this. Frome PCN (Primary Care Network) continues to explore pro-licence use which allows a health care professional to recommend a specific app via text or email direct to a patient.

5.239 We have continued to liaise with the Healthwave Hub and SW Academic Health Science Network (AHSN) and relevant information is shared across all areas of the county.

5.240 Through developing collaborative discussions across the Somerset system, particularly with SPARK Somerset, Health Connections Mendip, and Somerset Healthwatch, we have continued to work on closing the gap for digital inclusion. This has involved working with community-based organisations and funding specific projects.

5.241 Many of these discussions recognise the need to support people, both local population and workforce, in improving digital skills and literacy. We have continued to work with Somerset workforce leads, aware that digital is a core competency for working in health and care, and have engaged with SWLEP (Swindon and Wiltshire Local Enterprise Partnership) and two training providers in developing our workforce (COSMIC and Bridgwater and Taunton College), to focus on:

- giving people the skills and confidence to apply for jobs in the NHS and social care
- upskilling the health and social care workforce
- providing education to Digital T (Technical Education) level students on digital careers in the NHS.

5.242 Other initiatives underway include:

- loan device schemes and provision of data to the digitally excluded, linking particularly with the Somerset County Council library loan service and SPARK IT Somerset

- working with the voluntary sector around the Digital Unite platform to share digital tools for access by volunteers.

5.243 Plans are now underway to focus on the lived experiences of other groups identified in the Core20PLUS5 approach, the aim being to inform strategies and shorter-term action through peer networks we cannot always easily reach ourselves. By listening and responding to experiences we will be able to identify what is working well and what could be improved from a digital perspective, helping to make sure people only need to share their story once when navigating support services.

5.244 Digital Transformation - We continue to deliver our Somerset Integrated Digital Electronic Record (SIDeR) Programme, alongside our technology partner, Black Pear, to join up specific records and stakeholder organisations to create “a single version of the truth” for direct care. Achievements include:

- the SIDeR Shared Care Record (SSCR) is currently live, connecting data provided by Somerset NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Somerset County Council adult social care, St Margaret’s Hospice and 61/62 GP Practices. SSCR has had approximately 300,000 user log-ons to-date

- contextual launch from native clinical systems to SIDeR is available at Yeovil Hospital, Somerset NHS Foundation Trust community and mental health settings, Adult Social Care, St Margaret’s Hospice and for GP Practices via EMIS. Somerset foundation trust Acute settings are close to accessing SIDeR in this way soon

- around 4,500 end-of-life care plans have been completed on SIDeR by primary, secondary and hospice care staff

- over 13,000 special patient notes have been created in primary care and shared through Black Pear integration of EMIS with the out of hours service

- over 2,000 acute records have been updated to flag people with a learning disability (LD) and/or autism following formal assessment, to better support them as and when they next present for treatment in a hospital setting

- more than 11,000 Treatment Escalation Plans have been digitally shared with GP Practices

- the Advanced Care Plan primarily created by Marie Curie is now live, with 106 plans created

- the comprehensive assessment form is now live, with 235 forms created so far

- the Somerset NHS Foundation Trust open mental health service have three live forms on SIDeR, with over 280 first contact (referral) forms, nearly 10,000 Dialogue+ (assessment) forms, and an Update (outcome) form, with over 3,500 created so far

- community pharmacy access to the GP record via SIDeR is being piloted across 13 pharmacies, with implementation support being provided by the Local Pharmacy Committee (LPC)

- EMIS consultation free text is now live and technical work is underway to include documents

- children's education and social care data is close to being surfaced, thanks to support and funding secured from NHS England

- NHS England has also funded development of a Personalised Care and Support Plan (PCSP) and 'About Me' first person form, aligned to Professional Record Standards Body (PRSB) standards – this is being piloted with two PCNs until the end of June 2023

- activity has started to create links to other shared care records and out of area GP records, recognising bi-directional patient flow access the Somerset borders. Six Dorset GP Practices will have their records connected to SIDeR for patient attendance at Yeovil District Hospital NHS Foundation Trust

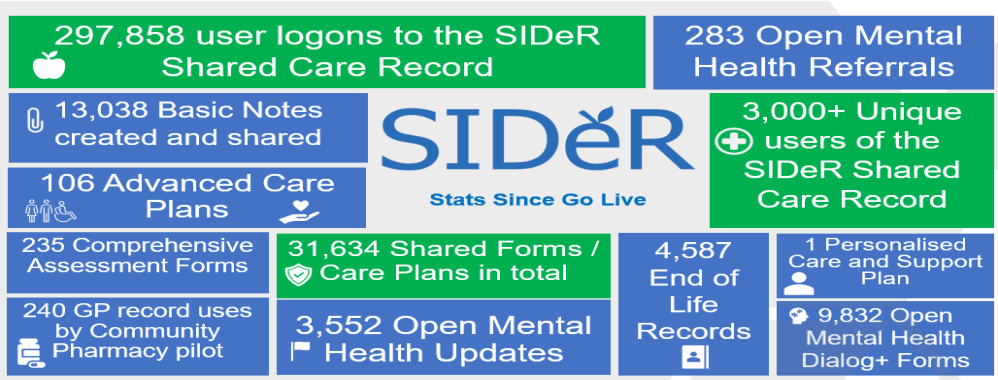
- work to enable United Hospitals Bristol and Weston, Royal United Hospital, Dorset County Hospital and South Western Ambulance Service NHS Foundation Trust GP 999 Car to access SIDeR is underway

- NHS Somerset ICB Continuing Health Care (CHC) team now have access to SIDeR

- Somerset NHS Foundation Trust is working with Black Pear to enable more effective prescribing and medicines reconciliation through the use of QuickFHIR interoperability services. This will allow medication data to pass between different systems and care settings

- the Somerset Treatment Escalation Plan (STEP) has been drafted digitally on SIDeR but roll-out is pending clinical adoption into local care pathways and processes. The project management of this sits with Somerset NHS Foundation Trust

- working with NHS England to surface care plans for SWASFT via the National Records Locator Service – this is currently undergoing User Acceptance Testing (UAT).



5.245 Other Digital Transformation work includes:

- reducing paper correspondence flowing out of secondary care services into primary care
- continued engagement with the Digital People's Champion's Group
- improving social media platforms and continued communications to the public (in particular, via "Your Somerset" Somerset County Council newsletter, Facebook, Twitter, and Instagram)
- evaluating and scoping implementation of Transfer of Care using new Fast Heathcare Interoperability Resources (FHIR) standards across Somerset organisations
- working with the Local Pharmacy Council to embed community pharmacists who will support digital progression between Primary Care Networks (PCNs) and other providers
- working with primary care to commission electronic discharge and messaging from community pharmacy via MESH into EMIS Workflow

5.246 Other initiatives include reduction of paper flow across care settings to support service improvement and efficiency, fostering a mind-set of challenging convention and improving digital maturity in every care setting.

5.247 We are going out to re-procurement in April 2023 for the SIDeR contract as the existing contract with Black Pear comes to a natural end in March 2023. A year 'lights on only' short-term contract will be put in place to ensure functionality during the re-procurement period. It is imperative that all SIDeR stakeholder organisations actively support and contribute to both aspects of work, to continue to support the Somerset Integrated Care System.

5.248 Data Security and Protection **-** A key element for digital transformation is to ensure good information governance and that safe, secure digital systems are established. The Digital team continues to work closely with the Information Governance team within NHS Somerset ICB:

- establishing DocuSign as the core system for all electronic data and information- sharing agreements where NHS Somerset ICB and general practices are involved. This work was completed and is now managed and maintained by the Corporate Affairs team
- ongoing promotion of the Data Security and Protection (DSP) toolkit across core and new organisations to support information flow, including new suppliers
- an established focus on cyber security and improvement through our Cyber Security Action Plan, with NHS Somerset ICB Board engagement
- Cyber Security Workshops, internal communications, and creation of the Cyber Champions MS Teams group to improve cyber awareness

across the ICB. Going forward, the aim is to provide GP Practices with cyber awareness materials

- projects facilitated by the South, Central and West Commissioning Support Unit (SCW CSU) to support cyber security risk management
- Endpoint Protector software has gone live with all users across NHS Somerset ICB and GP estate. This helps to protect the network from unapproved and unencrypted removable media devices
- Privileged Access Management (PAM) software project to restrict administration rights is live within the GP estate and is in progress within the corporate estate
- reviewing the starter and leaver process to ensure technology is used correctly
- working with the Corporate Affairs teams to update both the acceptable user policy and form for users to regularly review, using the Meta Compliance platform to facilitate this
- Cyber security webpage live on the NHS Somerset website
- Cyber security screensavers have been deployed to all GP and Corporate users as part of the cyber security awareness programme
- implementation of Multi-Factor Authentication for all ICB NHSmail accounts complete. This deployment is underway for remaining NHSmail accounts within General Practice and Health and Social Care Organisations
- formation of a Somerset ICS Cyber Forum, formalising existing relationships with ICS partners (including, SFT, YDH, Somerset County Council and St Margaret's Hospice among others)

5.249 Digital Connectivity - One of the key building blocks for successful transformation of services is the provision of reliable and secure technology. During 2022/23, this has remained a core programme, with the following highlights as part of GP IT and NHS Somerset ICB corporate IT service delivery, supported by our SCW CSU colleagues:

- improved digital maturity and connectivity of provider systems across the health and care community
- N365[36] has been rolled out across the corporate NHS Somerset ICB and GP estates respectively and new apps and ways of working have been assessed. Following a successful pilot of eight approved N365 applications during Summer 2022, the formal roll-out to both corporate and GP Practice users began in November 2022, with the introduction of the Microsoft Forms and Planner apps. The remaining apps will be enabled by Summer 2023 and will be accompanied by the relevant

[36] The N365 programme is the implementation of Microsoft Office 365 across the NHS

communications and training webinar/support provided by the SCW CSU training team

- we will continue to encourage new ways of working to support NHS Somerset ICB to realise the benefits and advantages offered by N365, with a view to identifying appropriate solutions to support the workforce. This will be reviewed and assessed in line with the NHS Somerset ICB's information governance and data protection policy guidelines

- it is hoped that following completion of the current records management review and appropriate options appraisals, the NHS Somerset ICB will migrate to SharePoint during 2023.

- in the absence of a national campaign, we have devised a robust programme of engagement to promote the use of the NHS App across the Somerset ICS, GP Practices and the wider population of Somerset, which includes an approved communications plan to raise awareness across the Somerset health and care system, VCFSE (Voluntary, Community, Faith and Social Enterprise) sector and stakeholders, using a variety of information channels and resources. These align with the communications and updates received from NHS England and relate to both new features/services on the app and projects currently under development. We are also working alongside colleagues at Somerset NHS Foundation Trust to support work integrating the Trust's own Patient Engagement Portal with the NHS App, which will enable patients to view secondary appointments and documents later this year. It is hoped that an increase in effective communications and information resources will encourage an uptake in registrations, thus alleviating some of the current pressures on primary care. Somerset's current uptake for NHS App registrations (P5 & P9) is 49%; the national average is 54%

- continuing to route electronic messages via MESH (national data standard) and linking with the contracts team to support them in ensuring providers are meeting their NHS contractual requirements

- continuing to support primary care with the implementation of GP online services to include prospective records' access following the pause of the national roll-out in November 2022. We continue to work with the NHS England implementation team, EMIS and the SCW CSU training team to provide information, resources and training to GP Practices to enable them to plan and implement prospective records' access to

patients by the revised deadline of 31 October 2023, as detailed in the GP Contract. Nine GP Practices have successfully enabled the access as at 31 March 2023

- community and mental health inpatient settings are now paper-light across the Somerset system

- contributing to regional discussions for 'One South West' Local Health and Care Record Programme

- enabled development of digital skills/capabilities in the workforce through a range of projects and training.

5.250 Digitising Social Care (DiSC) - During 2022/2023, there has been considerable growth in work required to support a system-wide approach to care provision, with a key requirement for connectivity and information sharing across health and social care, and the more direct provision of care to people in their own homes. This has seen the emergence of a Digitising Social Care Programme utilising a One Team approach across NHS Somerset ICB and Somerset County Council, incorporating Registered Care Home Provider (RCPA) and care homes initially, with expansion to micro-providers and suppliers involved in technology and tools in Somerset. Alongside, there is the growth in provision for Digital Care at Home, enabling people to stay in their own homes, be supported in access to and use of digital tools, that enable remote monitoring and self-managing of health conditions.

5.251 The Digitalised Social Care (DiSC) programme aims are:

- to improve the quality of life of users of care

- to improve the digital literacy of social care providers and their workers and to increase digitisation utilisation figures

- to reduce the number of falls by those who are at a high risk of falls

- to reduce the administrative burden on carers and to save them time

- to reduce the number of hospital visits, therefore saving the NHS time and money.

5.252 To achieve these goals, we are:

- encouraging all adult social care providers to adopt a digital social care record system with advice and funding opportunities available. Currently 30 homes have signed up for this, with funding for year two being allocated

- working with care homes to use sensor-based technology to help the frailest care home residents to avoid preventable falls. This year, 307 individuals have been allocated falls' prevention technology and our target for year one has been achieved

- using technology to help address major health and care needs in Somerset

- improving the productivity of care providers, for example, by reducing the amount of time staff spend on paperwork and other routine tasks, to give care staff more time to spend interacting with people and delivering personalised care

5.253 Our Digital Care at Home programme covers a range of specific initiatives in collaboration with Somerset County Council, including:

- significant progress rolling out proxy access to care homes, providing hands-on support to get systems in place for homes

- implementation of a digital tool to support people with a learning disability (LD), to better manage their wellbeing outcomes and improve the quality of the LD annual health check

- implementation of home monitoring via Miicare for patients living with symptoms of mild dementia, to enable them to stay in their own homes and provide proactive care before clinical problems or adverse events occur, particularly supporting discharge-to-assess services. Thirty (30) systems have been used in the homes of people, many of whom are being supported, post-discharge and in the early stages of dementia, to maintain their wellbeing and avoid re-admission, keeping them independent in their own homes for longer

- improved digital support for people living with a learning disability, mental health condition or autism to manage their anxiety. Seventy (70) people have been supported using Brain in Hand to manage anxiety and maintain their wellbeing. The contract for Brain In Hand has been extended for another 12 months to continue the good work

- Hear Me Now, an App used to help individuals manage their anxiety and daily living needs has had 22 licences issued over the past year which run until 1 April 2023. Libraries Loan IT was an initiative using iPads, loaded with Hear Me Now, to be made available to Somerset residents; this was successful and has now become business as usual within the Library Service

- provision of digital inclusion support to people most at risk of digital exclusion via a co-ordinated group of inclusion champions which span Health Connections Mendip, SPARK Somerset and the VCFSE and Yeovil Primary Care Network (PCN)

- a Comprehensive Assessment Form to improve multi-disciplinary team (MDT) working with care home residents has been successfully implemented into three care homes. The programme was paused due to resources being deployed elsewhere
- continued funding of Health Connections Mendip for employing Digital Connectors

- technically enabled health and social care network (HSCN) access to three Somerset Care Homes to access the Comprehensive Assessment Form

- employed a DOT Co-ordinator and we now have four Digital Outreach Team Communicators working county-wide

5.254 The Digital Outreach team (DOT) has continued its work with social care to strengthen digital links and promote Integrated Care System working between health and social care providers, with the goal of standardising digital tools and approaches used by social care across Somerset:

- supporting culture change for care homes to think more digitally

- educating and supporting staff and residents about the use of digital tools and equipment

- helping improve local information sharing and digital literacy

- supporting the use of NHS Digital endorsed apps for physical and mental health and wellbeing of staff, working alongside the NHS England iPads to care homes programme

- supporting online and video consultations with GP surgeries

- training and support for NHS Mail and Microsoft Teams, including cyber security

- supporting the use of proxy access for residents, allowing repeat prescription ordering

- sharing learning and resources across the system: identifying 'digital champions' to network and promote tools such as the Digital Social Care website

- 180 of the 210 care homes in Somerset have now received some form of assistance from the DOTs.

Data Analytics and Population Health

5.255 Data Analytics - This year has seen a significant step forward with establishing a primary care data analytics programme, with an initial focus on GP Data, working with and supporting General Practices. We continue to work with Somerset Local Medical Council (LMC) and GP leads to explore and extend the use of EMIS Enterprise Search and Reports (EES&R), to support and streamline analytics for national and local required data returns. A key application within the first six months was for the COVID-19 vaccination programme, developing and running searches from NHS Somerset ICB on behalf of all Practices to identify relevant cohorts of the population to be invited for vaccination. This process has an established

automated process to ensure efficiency in the dynamic remit of the Somerset COVID-19 mass vaccinations team.

5.256 This functionality has been progressed to replace historic reporting methods of extracting information regarding Physical Health-checks for people with Severe Mental Illness (PHSMI). This function has released time from General Practice due to the direct extraction process and automated reporting.

5.257 NHS Somerset ICB is working with the General Practice Provider Board (GPPB) and LMC to formalise a governance process to strengthen the use of EES&R and provider further reporting assistance to Practices. The GPPB and LMC are keen to understand the landscape within general practice, and NHS Somerset ICB is keen and excited to support. During 2023 the need to expand EES&R is a priority alongside working with the Practices to understand their challenges and required areas of support.

5.258 Population Health - There has been a significant shift in recognition of the need for an ICS population health (PH) approach to be established. The Optum PHM (Population Health Management) development programme was undertaken with some positive and encouraging engagement. This work has solidified the need for the Population Health Transformation (PHT) programme to pave the way forward with the intention of achieving the nationally directed technical capability by the end of 2022/23.

5.259 To achieve these ambitions, stakeholders from across the ICS have actively been involved in our new Technical Design Group (TDG), to start discussions and align the understanding of ‘what we have now’ versus ‘what we need’ in Somerset, ready for integration to a cloud-based ICS Data Platform. The TDG has come together as a specialist group of technical experts to design the platform and develop the Technical Specification ready to enter the discovery phase, where the market will be scoped to understand any gaps and gain a further understanding of the level of investment required.

5.260 This work is part of a significant strategic programme for 2022/23 onwards, in a comparable way to the SIDeR Programme. This will not only be a fundamental feature within the Digital Data Strategy - it will be embedded as a Business As Usual (BAU) methodology for any future analytics.

5.261 Whilst the transformation programme will continue to develop the roadmap to ensure the ICS is fully undertaking the Population Health approach, the task of being technically capable to undertake Population Health methodologies on data is a main focus and will continue.

5.262 Notable progress has been achieved during 2022/23 across these themes:

- extended use of artificial intelligence for predictive analytics to support a multi-disciplinary team in four Primary Care Networks (PCNs) to improve direct care and care planning through the BRAVE AI tool

- expansion of the use of EES&R, with developing conversations with GPPB and the LMC

- automation of all processes, where appropriate, to maximise efficiency and mitigate human error

- routine and regular reporting mechanisms for ongoing projects and programmes

- stakeholder engagement and collaborative working for the purposes of PHT #OneTeamApproach.

5.263 In summary, for the Digital Portfolio, 2022/23 has seen further growth of the digital and data functions within both NHS Somerset ICB and the wider Integrated Care System. With the ongoing use and expansion of our SIDeR Shared Care Record as a truly system-wide tool to improve information sharing and continuing to establish our Population Health and analytics programme, we have started to see the transformational efforts for change being utilised in making a difference to care across Somerset. To support this, we will continue to recognise the professional need for digital and data skills and experience as part of our workforce, as well as wider digital skills across our Somerset population.

Estates

5.264 The wider Somerset Integrated Care system (ICS) has in place a mature Strategic Estates Group, which includes representation from providers, NHS Somerset ICB, Somerset County Council, NHS Property Services and NHS England. The group meets regularly to progress the ICS Estates Strategy. The overarching aim of the strategy is to enable development of a modern, functional estate that can support the delivery of new service models, that is aligned to capacity and demand modelling predictions, enabling better delivery of care for patients through a modern, fit-for-purpose estate.

5.265 The principles the group and estates strategy are founded on are that Somerset's estates will:

- work for the people that use them
- help to deliver our clinical strategy
- be safe, well maintained, effective and welcoming
- support our aim to value all people alike
- reflect our design aspirations.

5.266 This commitment will be delivered through all organisations ensuring that the following principles form the basis for the management and planning of current and future estate:

- ensuring that the health estate meets the objectives of the clinical strategy through promoting safe, effective, high quality care delivered in the most appropriate setting and through enhancing health and wellbeing

- ensuring that the health estate promotes colleague wellbeing and productivity

- ensuring the current health estate is fully and effectively utilised and reducing estate where it is not required or not cost effective to maintain
- ensuring that current health estate is fit-for-purpose
- reducing the running costs of the health estate to enable better use of resources including promoting sustainable practices
- ensuring that future estate planning is centred on these guiding principles

5.267 The work programme focusses on:

- supporting the Somerset health and care services strategy review, system alignment and enablement of the delivery of the NHS Long-term Plan
- oversight and monitoring of capital delivery programmes (New Hospital Programme £450 million, STPW1-4b capital £98 million, elective recovery £15 million) along with other smaller, centrally and locally funded programmes
- development of a Primary Care Estates Strategy and forward capital pipeline
- development of the estates strategy to ensure that it incorporates the ongoing review of services across all of the community, mental health and acute services
- system-wide prioritised capital pipeline to support future funding opportunities
- working towards a net zero carbon NHS Estate, including delivery through modern methods of construction, standardisation of design and intelligent procurement, and the completion of the public sector decarbonisation scheme through the investment provided by SALIX
- delivery of the Community Diagnostics programme and implementation of hubs across the county
- oversight of estate efficiency initiatives in line with requirements from the Lord Carter review
- disposal of surplus land with a view to re-investing proceeds in the local NHS wherever possible
- optimisation of gains through Section 106 and the Community Infrastructure Levy
- working with partners across Somerset through the ICS and One Public Estate Programme
- reviewing and updating the ICS Estates Strategy.

5.268 The projects to implement the re-provision of new theatre and critical care facilities and an acute assessment and ambulatory care centre on the Musgrove Park Hospital site (NHS Somerset Foundation Trust) have continued. The existing services are provided from outdated buildings that require investment in order to provide compliant premises. Somerset NHS Foundation Trust was successful in obtaining funding of £83.5 million through the Wave 3 ICS capital bidding process and the Full Business Case has been approved by NHS England and the Department for Health and Social Care (DHSC). In addition, they were successful in the wave 4 ICS capital bidding process with a proposal for centralised surgical acute assessment and ambulatory care services on the Musgrove Park Hospital Site (£11.5 million). This scheme has been prioritised as it is not subject to the Health and Care Strategy outcome and consultation. Furthermore, the scheme supports delivery of recurrent savings across the ICS. Construction on both schemes commenced in August 2020 and has continued, with the Surgical Decision Unit being successfully completed in November 2022, and the surgical centre being due for completion in Spring 2025. The Surgical Decision Unit has already made a significant impact on reducing the number of surgical admissions.

Sustainable Development

5.269 NHS Somerset CCG adopted a system-wide Somerset ICS Green Plan for 2022-2025 at its Governing Body meeting on 31 March 2022, and this plan has been adopted and further developed by NHS Somerset ICB. The Somerset Integrated Care System (ICS) recognises the climate emergency and is committed to achieving the national NHS target of net zero by 2040 and contributing to the goal of making Somerset a carbon neutral county by 2030. The Green Plan sets out how the system would work towards delivering the targets of the national strategy 'Delivering a 'Net Zero' NHS'. The Plan sets out the following priority areas for the coming years:

- leadership and governance - how this plan will be delivered
- awareness and engagement - it is critical that we engage with our employees to deliver this Green Plan
- sustainable healthcare - how our services will evolve to meet the sustainability challenge
- public health and wellbeing - how improved public health will mean a smaller carbon footprint
- estates and facilities - we will aim for net zero carbon emissions and zero waste from our estates
- travel and transport - we will aim for net zero carbon emissions for all aspects of travel relating to NHS
- supply chain, procurement and commissioning decisions - how we will drive sustainability down through our supply chain and commissioned services

- adaptation and offsetting - we will prepare for locked-in climate impacts and offset or inset our residual carbon emissions once we have reduced them as far as possible

- de-carbonisation through digitisation - a cross-cutting theme of this plan.

5.270 In Somerset, we have made some good progress on sustainability. NHS Somerset CCG and now NHS Somerset ICB has led the way on prescribing Easyhaler®, the first certified carbon neutral inhaler. Frome Medical Practice and Primary Care Network (PCN) has received a National Award for Sustainability from the Royal College of General Practitioners (RCGP) three years' running and are regarded as a forerunner in primary care sustainability. Our two hospital Trusts have developed a joint green plan setting out how they will meet national NHS targets.

5.271 We have continued to support our commitments as a socially responsible employer. This includes initiatives to:

- support the cycle-to-work scheme which also helps to improve the health and wellbeing of staff as well as supporting initiatives amongst staff to increase walking and running

- help the national NHS target of reducing carbon emissions through employee travel.

Engaging People and Communities

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

5.273 The health and wellbeing of our population is our number one concern. Their views about the services we provide, or may provide in future, are central to our plans. NHS Somerset ICB believes that by putting people at the heart of our plans we will provide better services and make sure that people have access to the right advice, care and treatment at the right time and in the right place.

5.274 On 1 July 2022, the new Health and Care Bill created statutory Integrated Care Systems (ICS). ICSs bring fresh opportunities to strengthen our work with people and communities, building on existing relationships, networks and activities. By working together people can help us improve all aspects of health care, giving individuals the power to live healthier lives. The insights and diverse thinking of people and communities are essential to enabling us to deliver our priorities, and to tackle health inequalities.

5.275 NHS Somerset ICB would like to do things differently. We have started to outline how we will approach this in our People and Communities Engagement Strategy. This is only the start though: our engagement strategy

will adapt and respond to our changing environment as we work as an Integrated Care Board and wider Somerset Integrated Care System, and as we work with more people to develop our plans together.

5.276 Our engagement strategy was produced through a series of conversations and workshops with our partners and key stakeholders across Somerset ICS. It sets out what we hope to achieve, how we will do this and how we will know if we have reached our aims. We believe that by working together we can make a real difference for people in Somerset.

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

5.278 As our work develops we will refresh our engagement strategy, taking into account new developments, ways of working and our new ICS health and care strategy and five-year Joint Forward Plan.

5.279 Public involvement is the responsibility of all our NHS Somerset ICB colleagues. Our dedicated Engagement team provides expertise to support our colleagues to carry out effective engagement. The team advises the organisation on meaningful approaches to engage our local community, helps to secure feedback from people locally, and ensures that we comply with current involvement and equality legislation.

5.280 We work closely with our colleagues, community organisations and our engagement networks to support people and communities to get involved in shaping health and care services in Somerset. We remain committed to empowering communities and individuals to have their voices heard.

5.281 The team is relatively small with limited resources. As such, the establishment of the ICS presented the team with great opportunities to work more closely with our ICS partners. By working together we are able to achieve more through greater collaborative working and aligned approaches.

Legal Duties for Public Involvement

5.282 NHS commissioning organisations have a legal duty under the NHS Act 2006 to ‘make arrangements’ to ensure that individuals to whom services are provided - or may be provided - and their carers/representatives are involved when commissioning services for NHS patients. For ICBs, this duty is outlined in section 14Z45 of the NHS Act 2006.

5.283 To fulfil the public involvement duty, the arrangements must provide for the public to be involved in:

- the planning of services
- the development and consideration of proposals for changes which, if implemented, would have an impact on the manner or range of services, and
- decisions which, when implemented, would have such an impact

5.284 In Somerset we have adopted the national 10 principles of working with people and communities to help ensure we meet our public duties in a meaningful way:

- ensure people and communities have an active role in decision-making and governance
- involve people and communities at every stage and feed back to them about how they have influenced activities and decisions
- understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
- build relationships based on trust, especially with marginalised groups and those affected by inequalities
- work with Somerset Healthwatch and the voluntary, community, faith and social enterprise (VCFSE) sector as key partners
- provide clear and accessible public information
- use community-centred approaches that empower people and communities, making connections to what already works
- have a range of ways for people and communities to take part in health and care services
- tackle system priorities and service reconfiguration in partnership with people and communities
- learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places

5.285 We continue to develop our processes and mechanisms to ensure we meet these principles.

Our Public Involvement Ambitions

5.286 Our engagement strategy outlines our ambitions for public engagement:

- to embed our engagement model at the heart of planning, priority setting and decision-making across NHS Somerset ICB and the wider ICS service transformation work, ensuring the voices of people, communities and staff are involved and that their insights are sought and utilised
- to embed processes for continuous engagement that support long lasting relationships with people in Somerset which are transparent and accountable

- to deliver a systematic approach to reaching, understanding and supporting the needs of groups that are not currently heard, investing in meaningful relationships which empower communities

- to continue to build our relationships with people and communities through considered, planned and continuous engagement - increasing trust and improving participation

- to effectively demonstrate the impact of our public participation, both internally and externally, to highlight the value of engagement and encourage ongoing involvement

- to provide an expert engagement advice function to our programmes and partners to ensure the voices of the people of Somerset are sought, heard and acted upon in a consistent way

Governance Structures to Support Involvement and Engagement

5.287 Involving people and communities in governance is about more than membership of different committees. It concerns how decision-making in NHS Somerset ICB takes account of people's experience and aspirations.

5.288 Transparent decision-making with people and communities involved in governance, meetings held in public, published Minutes and regular updates on progress, support our accountability and responsiveness.

5.289 Our NHS Somerset constitution provides details of how we involve the public in our governance and outlines our arrangements for how we work with people and communities.

5.290 The NHS Somerset ICB Board includes representatives from the VCFSE (voluntary, community, faith and social enterprise) sector and Healthwatch Somerset.

5.291 NHS Somerset ICB Board meetings are open for the public to attend. Members of the public are able to raise public questions prior to the meeting. Papers are published on the NHS Somerset website.

5.292 We will continue to work with our ICS partners to develop arrangements for ensuring that the Somerset Integrated Care Partnership (ICP) includes representation from local people and communities via relevant processes and forums.

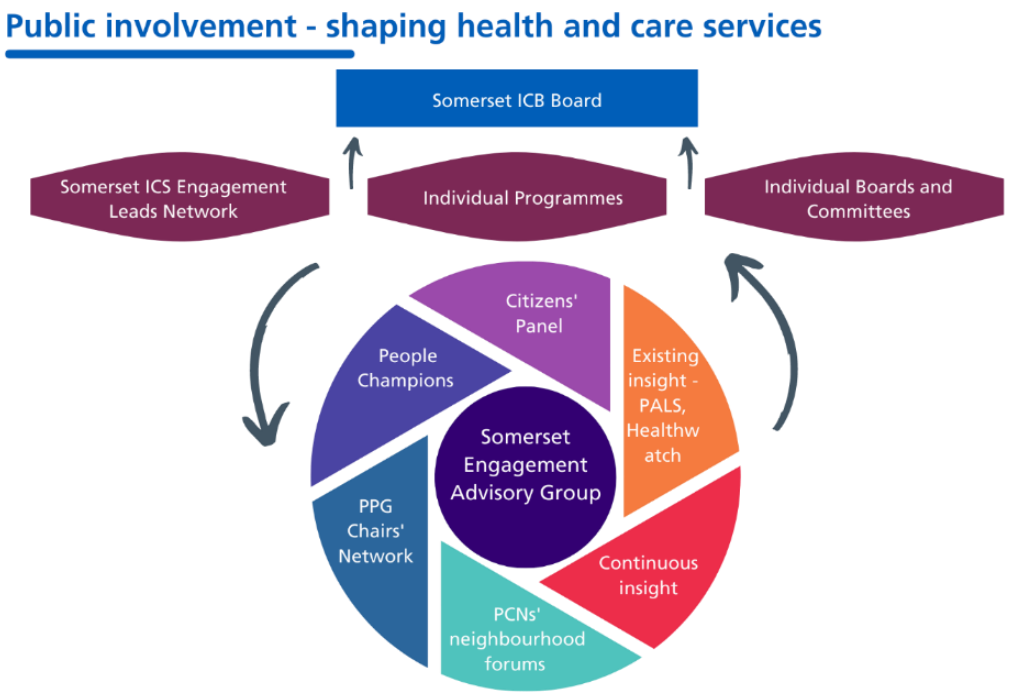
Our Engagement Networks and Mechanisms

5.293 Alongside engagement on our transformation programmes of work, we also have mechanisms in place to ensure we continuously engage with our population.

5.294 When we transitioned from NHS Somerset CCG to NHS Somerset ICB, we already had various mechanisms for involving people and communities. We

continued these networks and are now in the process of reviewing and realigning our networks at an ICS level.

5.295 Our current routes for involving people and communities include:



ICS Engagement Leads Group

5.296 As part of Somerset ICS we work closely with our partners to co-ordinate our engagement activity and ensure our activity is joined up, timely and appropriate. We have established a Somerset ICS engagement leads network: membership includes Healthwatch and representatives from VCFSE partners. The purposes of the network are to:

- provide a forum for collaboration between Engagement Leads working across the ICS in Somerset
- share learning, resources and approaches to improve regulatory compliance and quality of outcomes for patients and the public
- develop opportunities to work together to reduce duplication and co-ordinate public engagement
- be visible to, and accessible by, the wider system as a bridge to improving engagement in every part of health and social care
- contribute to building a culture of engagement across the Somerset health and care system
- feed into system-wide quality improvement by bringing the patient and public voice to the heart of decision-making

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

Somerset Engagement Advisory Group (SEAG)

5.298 The role of our Somerset Engagement and Advisory Group (SEAG) is to provide assurance on our public engagement work. SEAG has membership from many different community groups, voluntary organisations, charities, local community and voluntary services and others. Members are often 'experts by experience' and bring a wealth of knowledge and experience to the group.

5.299 The Group champions appropriate, effective and meaningful participation, including identifying opportunities for improved practice. The Group acts as a critical friend within a safe space, providing constructive challenge and feedback on our work programmes, policy areas, and the engagement approaches used to inform them.

5.300 SEAG is currently independently chaired by Gillian Keniston-Goble, Manager at Healthwatch Somerset.

5.301 Over the past year, SEAG continued to meet to check and challenge our commissioning decisions, plans and engagement. However, the meetings have not been as frequent as they should have been and this will be addressed in the refreshed SEAG meetings. Members have been asked for their views on a number of programmes of work including:

- the Somerset County Council community care programme
- our ICS health and care strategy
- acute hospital-based stroke services' public consultation.

5.302 We are in the process of reviewing the SEAG to increase its focus and ensure it provides ongoing insight to the NHS Somerset ICB board. Plans will be developed with our ICS partners to improve the functioning of the group.

Working with VCFSE Organisations

5.303 We continued to work closely with a number of local organisations. They play a significant role in helping us to reach out to our local communities and groups, sharing insights, providing information and opportunities to be involved. The community and voluntary sector plays an important role in enabling meaningful public engagement to help shape services and improve health outcomes for the population of Somerset.

5.304 We maintain funded agreements with Spark Somerset and Diversity Voices to support our engagement work. Close working with these organisations enabled us to actively promote opportunities for involvement to their

members, supporting us to reach communities with which we do not sufficiently engage.

Voluntary Sector Assembly

5.305 A new forum for all voluntary, community, faith or social enterprise (VCFSE) groups in Somerset led by Spark Somerset has been established. The assembly is open to all VCFSE organisations in Somerset. A secretariat function, led by Spark Somerset, ensures the effective running of the VCFSE Assembly. The Assembly secretariat ensures there is inclusive geographic coverage within the Assembly.

Healthwatch Somerset

5.306 NHS Somerset ICB continued to work with Healthwatch Somerset to discuss and inform our engagement work. We have partnered with Healthwatch Somerset on several projects this year, including our Same Day Urgent Care engagement, and our Health and Care strategy.

5.307 Healthwatch Somerset also shares its reports with us, which helps us better understand our local population and provides insights regarding health and care services in the county. We share these reports with relevant teams and committees, who use the feedback to inform their work.

Engagement Support to GP Practices

5.308 Our Engagement team supports GP Practices and Patient Participation Groups (PPGs)[37] to engage with their Practice population about changes and developments such as branch closures, staff changes and premises developments. In addition to our weekly GP bulletin, we provide communications' resources for our Practices to support them in their communications to their patients. These include social media resources, available on our website.

5.309 In Somerset, we have a county-wide network of active PPG Chairs who meet on a bi-monthly basis. NHS Somerset ICB has continued to support and work with our PPG Chairs' Network, who continued to meet virtually during 2022/23.

Citizens' Panel Refresh

5.310 Our Citizens' Panel launched in 2020. The Panel offers an opportunity for people across the county to get involved in our engagement work and have their say. The Panel helps to ensure that the voice of our local people and communities is heard and influences developments. Some of the activities a member may be involved in include: filling in a survey; attending a focus group; or giving feedback on proposed changes to health and care. By sharing their views, members help us to provide better quality care in a way that matters the most to local people.

[37] A patient participation group is a group of patients, carers and GP practice staff who meet to discuss practice issues and patient experience to help improve the service. Since April 2015, it has been a contractual requirement of NHS England for all GP practices to have a PPG and to make reasonable efforts for this to be representative of the practice population.

5.311 Throughout 2022/23, we continued to develop and recruit to our Somerset Citizens' Panel[38]. We have developed the functionality of our Citizens' Panel website, "Bang the Table". We utilised feedback from our previous engagement with the Panel to develop the site, with the aim of improving accessibility, appeal, and use as a key engagement tool.

5.312 Our Citizens' Panel have told us about their thoughts on:

- Somerset's health and care strategy
- Acute based hospital stroke services
- diagnostic services in Somerset.

5.313 The Citizens' Panel now has 426 members as at 31 March 2023. We will continue to grow the membership to make sure we have representation from across the Somerset demographic.

Carers Strategic Partnership Board and the Carers' Engagement Service

5.314 In partnership with Somerset County Council, Healthwatch Somerset, and voluntary and community sector organisations, we support a carers' multi-agency partnership. The partnership brings together key agencies that commission and deliver services supporting unpaid carers in Somerset. The partnership works to ensure that the voice of the carer is used to develop services, and that key agencies work together to ensure joined-up support to unpaid carers.

5.315 Somerset County Council and NHS Somerset CCG (the predecessor organisation to the ICB) jointly commissioned a carers' engagement service. The carers' engagement service supports and empowers a broader range of individuals from the unpaid caring community in Somerset to have their voices heard by the commissioners and providers of health and care services.

5.316 As we grow and develop as an ICB and as an ICS, we will continue to work with our partners to ensure we have clear routes for people to get involved, and we will continue to review and develop these routes for involvement.

5.317 We want to ensure we engage and strengthen existing networks. We will continue to work closely with those networks and local organisations, all of which play a significant role in helping us to reach out to our local communities and groups. This enables meaningful public engagement in helping to shape our services and improve health outcomes for the population of Somerset.

5.318 We want to ensure we maximise opportunities for connecting with and involving communities by listening to, informing and engaging with our target audiences at a community level. We will continue to work at a local level and tailor our engagement according to individual community and group needs.

[38] Somerset's Citizens' Panel are a group of local residents who volunteer to share their experiences and ideas on local health and care services.

Inequalities

5.319 It is important that we make every effort to involve individuals from all protected characteristic groups in our work: for example, young people; older people; and lesbian, gay, bisexual, transgender and questioning (LGBTQ) groups. It is also important that we listen to under-represented communities, such as carers, homeless people, veterans, and people living in deprivation, to make sure we engage with a diverse range of people to give them the opportunity to share their views and have their voices heard to address health inequalities.

5.320 We use our Equality Impact Assessment (EIA) process to help us understand which groups may need to be specifically targeted for a programme of work. We have also started to use HEAT (Health Equity Assessment Tool) and this, alongside our EIAs, has added to our understanding of needs. This was helpful in developing the engagement activities for our stroke services' public consultation. This is also informed by public health needs' assessments and other evidence on health inequalities.

5.321 We know there are communities and individual people who are often not heard, and to ensure our services and commissioning meet the needs of all people, we work creatively and accessibly to reach those whose voices, views and opinions are either not listened to enough or are not usually sought. We do this by building on our existing relationships and working in partnership with key stakeholders in the VCFSE sector.

5.322 We continue our commitment to improving the health and wellbeing of the people of Somerset. We will work together to address inequality by targeting our focus and resources towards prevention and early intervention, while ensuring the sustainability of our statutory services.

Transformation Programme Engagement

5.323 We follow our process of public involvement for service change, beginning our engagement around transformation programmes at an early, developmental stage ensuring we meet and exceed our legal duties to involve.

5.324 We are members of the Consultation Institute. They are the best practice institute for public consultation and provide us with specialist engagement advice and guidance.

5.325 We are committed to making our public engagement activities and involvement opportunities as accessible as possible. We want to make sure that people with differing needs can take part in our engagement activities: for example, we use wheelchair accessible venues, we access language and BSL (British Sign Language) interpreters as required and have a portable hearing loop for engagement events and meetings.

5.326 Engagement highlights in 2022/23 include:

- acute hospital-based stroke engagement and consultation - our pre-consultation engagement on hyper-acute and acute stroke services continued. Our public and patient stroke stakeholder group provided ongoing insights from people with lived experience, informing the development of the proposals which were taken to public consultation in January 2023. Following guidance from our stakeholder group, we developed a range of materials to meet different needs: this included easy read and aphasia-friendly materials. We shared materials with our stakeholder group and Healthwatch Somerset's readers' panel, adapting materials based on feedback received

- we also utilised a wide range of consultation methods to reach different key audiences with a strong focus on reaching seldom heard communities, especially those who may be more likely to be impacted by stroke

- to make sure the consultation effectively captures the widest possible views and feedback, we have developed an extensive list of stakeholders who are involved in, affected by, or interested in the future configuration of the service, as well as the wider public. A detailed stakeholder analysis was undertaken and has informed our consultation activity. Our Equality Impact Assessment was also utilised and will continue to help shape our consultation and inform the groups we will involve in this consultation

- the programme is committed to listening to people, and all consultation feedback will be collated, analysed and reported by an independent organisation to ensure transparency and objectivity. We will carefully consider the responses received alongside other evidence and information gathered. The Business Case will demonstrate how the feedback has been taken into account when the final clinical model is put forward for a decision by the NHS Somerset ICB Board

- same day urgent care - we commissioned Healthwatch Somerset to carry out engagement with people in West Somerset to gather feedback and better understand the local population's needs in relation to same day urgent care services. This included a public survey, focus groups and individual conversations with local people. Healthwatch Somerset continues to support our engagement around same day urgent care services in other areas of Somerset. Feedback is being utilised to inform the development of a strategy for the future of Somerset urgent care services

- neuro-rehabilitation - we are in the early stages of reviewing our neuro-rehabilitation services. To support the development of our case for change we have been building relationships with key stakeholders, including voluntary and community support groups, and people with lived experience. We have begun gathering initial insights from people with lived experience and will continue to build on this as the programme progresses. We will establish a patient and public stakeholder group to inform the development of our case for change

and next stages of the review. The voice of our local people and communities will form an integral part of this review

- community diagnostic centres - to support the development of a business case around community diagnostic centres, we launched a survey to hear from local people. This followed on from an earlier piece of engagement around community diagnostic centres and gave people an opportunity to provide further detail and insight about their experiences. The insights were fed back to the programme team and helped to inform the development of the work programme

- Somerset health and care strategy and five-year joint forward plan - to support the development of the Somerset health and care strategy and five-year joint forward plan, we commissioned Healthwatch Somerset to undertake local face-to-face engagement. They held a series of events to gather insights about what mattered to people. We also ran an online survey, which 503 people took the time to complete. Our partners shared and promoted the survey to increase awareness and encourage participation. This feedback, alongside feedback gathered from stakeholder meetings, was shared with an independent research organisation, which analysed the feedback into a themed report which will be shared publicly. The insights gathered will inform the ongoing development of our strategy and joint forward plan.

5.327 We also conducted several further surveys to gather feedback from local people, including:

- Language and Translation Service - we asked people for feedback on our current language and translation service. This feedback was shared with the programme team to help ensure our service meets the requirements of people who need to use it

- C the Signs digital tool - C the Signs launched to all GP Practices across Somerset. It is a digital platform that helps clinicians to detect cancer at an earlier, and more curable stage. Feedback provided will help to ensure that the tool is as user-friendly and effective as possible. Insights will also help support a future business case to secure continued investment in C the Signs

- parents and carers for under 5s in Chard - local health, council, and voluntary sector colleagues, are undertaking a ‘test and learn’ project with the aim to improve the way services for children aged under 5, including maternity services, are delivered in Chard. Their aim is to focus on service integration – providing opportunities for different teams to work together more closely. We asked local people in Chard for their insights. The feedback gathered will be used to inform the development of services in the area and will help to ensure changes meet the needs of the local community.

5.328 Feedback received from public engagement and consultation is reported and heard at multiple levels of NHS Somerset ICB’s governance structure, from sub-committees to the Board. It helps to promote discussion, ensuring

patient and public voices influence decisions about the development of services.

Communications

5.329 Opportunities to get involved are promoted via our Citizen's Panel, our Engagement bulletin, the NHS Somerset website and via the media. We continue to grow our social media presence to engage and promote opportunities to "have your say" to a wide audience.

5.330 We aim to promote the work of NHS Somerset ICB in an open and transparent way and share information about our work and how people can get involved. We have a number of routes to do this:

- our fortnightly engagement bulletin has 485 subscribers. The bulletin provides details of engagement opportunities and shares relevant information from our partners. Throughout the year we have reviewed and refined our bulletin to ensure the content is informative and engaging

- on 1 July 2022 we relaunched our Somerset ICS and NHS Somerset ICB websites. Both contain information about our work and include details of how people can get involved. We worked with an external company to create a more dynamic site. This was the first stage of the refresh of the websites and we are in the process of reviewing the existing content to make it more informative and creative. We will work with stakeholders to make sure the websites are easy to navigate and that the information we share is informative and engaging

- we use social media and other digital platforms to provide opportunities for open, honest, and transparent engagement with people and communities in Somerset. These platforms provide opportunities to get involved and influence the work we do. Information is presented in ways that are accessible and easy to digest via infographics, short videos and animations, case studies, and pictures. We ensure posts can be shared easily, helping to reach a wider audience

- when we transitioned to an ICB we relaunched our social media channels. We have both an ICS and NHS Somerset ICB social media presence and share across both channels our campaigns and involvement opportunities. We continue to use Nextdoor and grow our presence. We have also trialled polls and insight gathering via social media, which is generating more engagement and valuable perceptions from a wider audience. We utilise organic and paid for content. We also work closely with our system partners to share and amplify each other's content. Our ICB Facebook page now has 3,421 followers (at 31 March 2023) and our engagement rate continues to improve

- we also raise awareness of our work, and involvement opportunities, via press releases. These are posted on our websites, shared on our social channels and sent to our media distribution contacts. We continue to strengthen our media coverage and have worked to ensure

we have spokespeople who can represent our work in the media. We have seen increased local and national media coverage and this is an area we will continue to grow and develop.

5.331 We have run several local campaigns this year, both ICB led and jointly with the wider ICS. These have included our Community Pharmacy First campaign; COVID-19 vaccination; 'flu vaccination; Winter campaign; urgent community response; personalised care and hypertension. These were multi-channel campaigns running across social media, digital platforms and out of home (billboards, etc). We also worked with and were closely supported by our partners to share messages via their channels.

Future Plans for Communications

5.332 We want to engage with people and strengthen existing links. We will continue to work closely with local organisations and networks. They play a significant role in helping us to reach out to our local communities and groups, enabling meaningful public engagement to help shape services and improve health outcomes for the population of Somerset.

5.333 We will continue to assess our approach, so it is adaptive and flexible to the particular needs of our people and communities by applying continuous learning. This will be supported by setting a clear measurement framework to assess our impact.

Patient Advice and Liaison Service (PALS)

5.334 Our Patient Advice and Liaison Service (PALS)[39] offers advice and support to patients, their families and carers. We listen and respond to concerns, suggestions or queries. During the COVID-19 pandemic our PALS has adapted to ensure that patients, carers and families have been able to access the support they require.

5.335 We continued to listen to stakeholder and public feedback about the vaccination programme and provided people with answers to their questions and communications they could share. We used these queries and feedback to develop our communications and responses to frequently asked questions.

5.336 In 2022/23 our PALS supported 389 people to find the information they needed about NHS services and vaccinations in Somerset. Our PALS officer works closely with ICB colleagues including patient safety and primary care colleagues to ensure PALS reports are shared.

5.337 The main themes arising from the enquiries were:

- access to services
- waiting times and appointments
- COVID-19 vaccination programme
- procedures not normally funded

[39] The PALs offers confidential advice, support and information on health related matters. They provide a point of contact for patients, their families and their carers.

- patient transport
- COVID-19 vaccines not recorded on patient records.

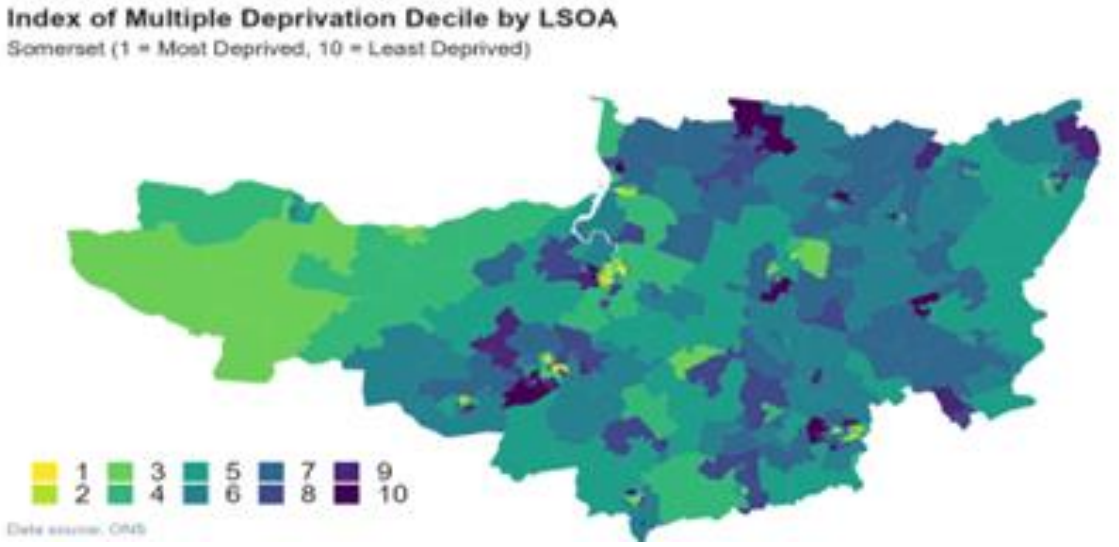
5.338 Learning from PALS is used to inform our wider engagement, commissioning decisions and improve the patient experience.

Health Inequalities

5.339 In Somerset, the cost of living crisis has further exposed some of the health and wider inequalities that persist in our population. Recovery from COVID-19 across our health and care system has focused on and continues to be planned in a way that inclusively supports those in greatest need through working with communities and our NHS Trusts, Somerset County Council and other partners though the equality, populational health management and health inequalities workstreams.

5.340 Seven main types of deprivation are considered in the Index of Multiple Deprivation (income, employment, education, health, crime, access to housing and services, and living environment) and these are combined to form the overall measure of multiple deprivation as shown in the map and the chart for Somerset.

5.341 The most deprived areas of the population is decile 1 and the least deprived is decile 10. Our particular areas of deprivation are in Highbridge, Bridgwater and parts of Taunton and Yeovil.



5.342 The Somerset ICS has an established a Population Health Management Board with working groups reporting into it. These include a Health Inequalities Data Group and an Inequalities in Healthcare Group, to understand patterns of access to healthcare and take forward the priorities of Core20Plus5[40] for adults, children and young people. Whilst not within our

[40] CORE20PLUS is a national NHS England approach to inform action to reduce health inequalities at both a national and system level. The approach defines a target population. – the Core20 Plus – and identifies 5 focus clinical areas requiring accelerated improvement. The approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people.

Core20Plus5 population we have identified coastal communities to be a priority for Somerset and are within our 30% most deprived populations.

5.343 Using the Core20Plus5 priorities enables us as an ICB to have the biggest impact on avoidable mortality in these populations and contributes to an overall narrowing of the health inequalities gap. The 'five' clinical areas of focus are:

- maternity
- severe mental illness
- Chronic Obstructive Respiratory Disease (COPD)
- early cancer diagnosis
- hypertension case-finding.

5.344 Our Inequalities in Healthcare group has responsibility for the delivery of Core20Plus5 priorities and reports into the Population Health Management Board. This group also takes responsibility for setting the health inequality priorities for the Somerset Health and Care Strategy.

5.345 A dashboard will be developed during 2023/24 to assess progress against the Core20Plus5 priorities for Somerset.

5.346 Below is a summary of the health inequalities we have undertaken in 2022/23:

- patient engagement (with a specific focus on Did Not Attend (DNA)): three Tests of Change are running for a period of 3 to 6 months to establish if these interventions have led to a change in DNA rates. We know that people with health inequalities have a three-times higher rate of DNA than those without a health inequality. Anticipated outcomes are a reduction in DNA rates for outpatient attendances for those with health inequalities, due to reaching out to people in a different way prior to their outpatient appointment

- cancer detailed analysis and deep dive focusing upon access by tumour site and stage of presentation, and by deprivation and ethnicity

- Somerset is a Wave 2 site for Core20Plus5 and secured funding to provide a community-based approach to support people with Chronic Obstructive Pulmonary Disease (COPD) in Bridgwater (one of our most deprived areas). The Programme Co-ordinator started in December 2022 and is actively identifying community champions with whom to work as part of the project. This project is a collaboration between the ICB and VCSFE sector, and we are hoping for improved self-management and outcomes for COPD by greater engagement with Bridgwater communities. We are anticipating an increased uptake of smoking cessation services and 'flu vaccination by offering a community support approach: these will both be measured through the Quality Outcomes Framework (QOF)

- SWAPs is a training and support programme designed to help people into jobs and start a new career in health and social care across

Somerset. We are working with housing providers to promote job opportunities for their residents in our most deprived communities

- Cardiovascular disease/hypertension, smoking cessation and suicide prevention have been identified as initial priorities for the ICS, and work is currently taking place to scope out the programme for 2023/24.

5.347 There are several areas of focus for addressing health inequalities in elective care, including the following:

- expediting the care of vulnerable patients in relation to waiting times (eg. patients with learning difficulties and/or with open mental health referrals who live in the more socially deprived areas of Somerset): a pilot is currently underway at the Musgrove Park hospital site, treating these groups of patients as urgent rather than routine, which will mean on average a four to six-month reduction in their waiting time for treatment. We are anticipating improved outcomes by enabling more timely access to treatment. By mid-February 2023, 50 patients had already been upgraded from their first outpatient appointment and were on track to receive treatment six-months earlier

- prehabilitation programme for patients due to undergo treatment for lung, prostate or colorectal cancer: this helps patients to improve their fitness for treatment, which should speed-up recovery, reduce the risk of complications and may also improve outcomes. The programme includes nutritional, exercise, psychological support and other interventions to help wellbeing. The more socially deprived areas of Somerset are being targeted both in the pilot and the roll-out

- the piloting of interventions to support patients attending hospital appointments, in particular, focusing on patients from the more deprived areas of Somerset, which we know from our analysis are more likely to DNA their appointment

- Somerset ICS has commissioned in-depth analysis of the factors influencing or associated with differences in access to cancer diagnosis and treatment, including social deprivation, ethnicity, gender, travel distance etc. This will help us to understand potential factors driving health inequalities, for which we will then design interventions, and will also help to identify factors that may help us to increase the proportion of patients presenting for earlier diagnosis.

Engagement to Further Address Inequalities

5.348 The following is a summary of engagement events and work to address health inequalities we have undertaken during 2022/23:

- Migrant populations - We continue to work with the migrant communities in Somerset, including those who have immigrated through national schemes, such as Homes for Ukraine, Afghan Community Resettlement Scheme (ARAP), etc. We have worked with the local authority to provide information about the NHS in the target

languages. There is a period of ongoing learning to understand the challenges faced by people engaging health services, and also how these are delivered. We are looking to provide education to patients and providers alike, to ensure that equitable access is provided irrespective of language and cultural needs.

- Trans health - We have provided information and signposting to all GP Practices around the health needs of our trans population. This offer links to online training, information, and information for patients, combined with patient experiences that have been shared with NHS Somerset ICB. We plan to further enhance our health provision to trans people through ongoing work with our LGBT+ Action Plan that is looking to improve mental health services and provision.

- Homelessness - The Homeless Outreach Nursing Team that we jointly set up with Somerset County Council and Somerset NHS Foundation Trust has continued. Direct outreach to the community has seen a reduction in the number of people presenting with mental health issues and surgical interventions. GP provision alongside this team has recently been extended to include Somerset South and Somerset East, which has further enhanced the offering. This has led to greater cohesion across all organisations to support those in particular need.

Emergency Planning

5.349 All NHS organisations work together with the emergency services and local authorities to overcome potential disruption to civil life caused by major incidents, outbreaks of infection, severe weather or acts of terrorism. The responsibilities for emergency planning are set out in the Civil Contingencies Act 2004, NHS Act 2006, the Health and Social Care Act 2022 and the NHS England Emergency Preparedness, Resilience and Response Framework 2022.

5.350 NHS Somerset, as an ICB, is a Category 1 responder and is part of the Avon and Somerset Local Resilience Forum. The system assumed responsibility for managing a Local Health and Care Resilience Partnership (LHCRP) from 1 July 2022 and this forum has been established based on the existing Somerset emergency planning group and its multi-agency membership. The LHCRP for Somerset is jointly chaired by NHS Somerset ICB and Somerset County Council Public Health. Planning for the system is co-ordinated through the LHCRP, and organisations across Somerset work closely to ensure that plans are as integrated and effective as possible. We have continued to work in close partnership with NHS England during 2022/23 to ensure a co-ordinated response to escalation pressures and emergency planning by health services in Somerset.

5.351 NHS Somerset ICB has emergency response plans in place which are fully compliant with the NHS England Emergency Preparedness, Resilience and Response Framework 2022. We regularly review and make improvements to our incident response and business continuity plans and there is a programme for regularly testing these plans, the results of which are reported to our Leadership Committee and the Board of the NHS Somerset ICB. We

carried out our annual self-assessment assurance process with NHS England to assess our plans and procedures, and we met with our two key providers to review their plans. We were assessed as being substantially compliant with the standards, and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust were both also assessed as being substantially compliant. Assurance has been provided to NHS England in terms of the readiness of the organisation to become a Category 1 responder from July 2022 and to assume responsibilities for the system from NHS England.

5.352 The Incident Management Team is led by the Incident Director and is supported out-of-hours by the 24/7 on call director rota. Our on-call rota now has two-tier tactical and strategic leadership. All communication is managed through telephone and email single points of contact, and all actions and decisions are logged through a team of operational managers and supporting administrative staff. The Incident Director and On Call Director are supported by a loggist. The Incident Control Centre (ICC) process and action cards have been refined to reflect the current incident and the need to manage it virtually. A common NHS Futures web-based workspace is being used by the ICB and system partners to log and share important information.

5.353 The focus of the Somerset emergency planning and preparation during the first nine months of NHS Somerset ICB has concentrated on developing a system-wide work programme and supporting the significant system pressures across health and social care. Several incidents have required System response, including road traffic bus accidents in Frome (November 2022) and Cannington (January 2023), a flooding major incident on the Somerset Levels (January 2023) and the ongoing response to industrial action over Winter 2022/23 and Spring 2023. Significant planning took place across the system in preparation for the risk of power disruption over the winter period, which fortunately did not materialise.

5.354 NHS Somerset ICB has continued to work closely with all partners across Somerset and the wider South West region to respond to all of these pressures and to provide assurance that local health services were responding effectively. In particular, we have worked in close collaboration with colleagues in the Somerset County Council Public Health team and Civil Contingencies Units to ensure our response to emergencies are both well-co-ordinated and effective.

Risk Management

5.355 NHS Somerset ICB's policy and approach to risk management is set out in detail in section 5 of the Governance Statement. The risk management process underpins the successful delivery of our strategy, achievement of our objectives and the management of our relationships with key partners.

5.356 We are committed to maintaining a sound system of internal control based on risk management and assurance. By doing this, the organisation aims to ensure it can maintain quality and safety for patients, staff and visitors through the services it commissions, and minimise financial loss to the

organisation. As the ICS system convenor, we are working with partners to develop system-wide risk management.

Overview of NHS Somerset Risks

5.357 As a newly-established organisation, NHS Somerset ICB adopted the CCG Risk Management Strategy and inherited a set of risks. During the period July 2022 to March 2023, we have undertaken a review of the risk processes and have modified these to move to a Corporate Risk Register including risks rated at 15 and above.

5.359 The risk monitoring activities, under the NHS Somerset ICB Risk Management Strategy and policy, enabled timely reporting of risk within the NHS Somerset ICB governance structure.

5.360 The main areas of risk managed by us, since establishment in July 2022, were a continuation of those managed in 2021/22 by NHS Somerset CCG and have included the following, which describe key areas of risk rated at 15 and above and the actions taken in mitigation:

Risk: Sustainability of, and access to, health care services

5.361 We have continued to manage several risks relating to the continued growth in demand for services across the system, such as urgent and emergency care, and performance waiting times such as referral to treatment, cancer targets and ambulance waiting and handover times. As examples, the actions taken to mitigate risks in these areas have included:

- Somerset Surge Planning Group meeting regularly
- escalation calls held regularly to provide a collaborative response to peaks in demand across the system
- Somerset Operational Oversight Group
- Somerset System Assurance Group
- Somerset ICS Executives' meetings
- contract, activity and performance meetings
- Somerset Urgent Care Operation Group and Somerset A&E Delivery Board oversee urgent and emergency care planning and activity
- Somerset Elective Care and Cancer Delivery Boards
- rapid response service: intermediate care service team support to enable patients to remain at home
- GP 999 Car: hospital avoidance scheme
- Monitor and Review Framework: Somerset Operational Pressures Escalation Levels (OPEL)[41] Framework
- clinical assessment service revalidation: Devon Doctors

[41] Operations Pressure Escalation Levels (Opel) is a method used by the NHS to measure the stress, demand and pressure a hospital is under

- Cancer Alliance plans
- Winter planning
- Hospital Ambulance Liaison Officer managing handovers/patient flow
- Frailty Assessment Unit: direct access for ambulance crews
- 100 Day Discharge workplan in place across Acute and community settings to improve patient flows.

Risk: Patient safety and quality

5.362 We have continued to ensure that patient safety and quality is central to the delivery of all services. We have managed a range of risks relating to patient safety, including special educational needs and disabilities (SEND), infection control and hospital patient flows. Some of the actions taken included:

- Somerset Operational Oversight Group meetings
- A&E Somerset Delivery Board
- Same Day Emergency Care streaming and admission avoidance
- 100 Day Discharge workplan across Acute and community settings
- Surge Plan and bed capacity modelling
- continued work on the SEND Written Statement of Action
- establishment of joint governance arrangements for SEND with local authority
- SEND (special educational needs and disabilities) Programme Group
- crisis café, a non-medical alternative to mental health (virtual options)
- 24/7 crisis line expansion mental health services
- two full-time Trusted Assessors in post (Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust) to aide acute hospital flow
- LARCH[42] (listening and responding to care homes): this collaborative is Somerset wide, preventing avoidable hospital admission from care homes, including the use of RESTORE2[43] and treatment escalation plans
- surveillance of E-Coli, MRSA and C-Diff cases
- Somerset Infection Prevention and Antimicrobial Assurance Committee
- alignment with the Patient Safety Incident Response Framework
- Infection Prevention and Control policies for each provider.

[42] A countywide resource helping people to live their life in nursing and residential homes.

[43] RESTORE2 is a physical deterioration and escalation tool for care/nursing homes. It is designed to support homes and health professionals to: Recognise when a resident may be deteriorating or at risk of physical deterioration.

Risk: Workforce sustainability

5.363 We have continued to manage risks around workforce sustainability across the Somerset Integrated Care System, where risks were identified around planning not delivering the required workforce capacity against patient activity. The range of actions taken to address these risks have included:

- refreshed our Somerset System People Board
- People Delivery Group Governance
- System Assurance Forum (for workforce programme oversight)
- development of a Somerset Workforce Strategy and Plan, overseen by the People Board (encompassing the Somerset People Plan)
- developed a Joint Forward Plan and Operational Planning
- engagement with Health Education England for Workforce scenario planning (one, five and 10 years)
- engagement in the development of the Health and Care College model (Bridgwater)
- Talent Hub work programme for system staff retention and nursing
- System Programme Plan refresh
- local pathways' development programme by providers to support staff into registrant roles
- our emerging Primary Care Strategy
- GP primary care recruitment initiatives
- GP primary care training programme
- GP primary care retention initiatives.

Risk: Financial management and achievement of efficiency savings

5.364 The Somerset Integrated Care System (ICS) managed a challenging financial position for 2022/23, and reached a balanced position against planned budgets.

5.365 Regular meetings are held across the ICS to discuss and identify actions, including savings and investment plans, to enable the continued delivery of balanced financial plans across the Somerset health system.

5.366 Through a robust financial management, monitoring and reporting process within the ICB and the wider ICS, the following approach is taken:

- Somerset system Finance Group regularly monitors progress against the system savings programme
- strategic financial issues are identified and reported
- arrangements are in place to ensure sound financial control

- monthly finance reports are produced to inform the ICB Board and Finance Committee of the latest financial position
- joint system financial reports are produced monthly for the ICS to identify any financial/performance issues and variance and to inform discussions to identify plans for mitigating actions
- whole-system focus on turnaround and transformation plans to reduce costs across Somerset
- discussions between Somerset ICS leaders and NHS England to support actions required to mitigate any financial pressures

Risk: Access to services including constitutional waiting time standards, ambulance performance standards and GP services

5.367 Our risk register contains risks covering performance on waiting times, for example, referral to treatment standards, ambulance waiting times and sustainability of GP services. During the past year following the pandemic, as the system seeks to manage increased demand across services together with the backlog caused by the pandemic, impacts on waiting time and performance standards have continued to be significant. We continue to monitor and mitigate these impacts by taking a range of actions, including:

- Somerset System Quality Group
- Somerset Assurance Forum
- Quality Committee
- A&E and Elective Care Delivery Boards
- Somerset Cancer Delivery Board
- contract and performance meetings
- annual operational planning
- local and external improvement/transformation plans and trajectories
- Somerset Surge Planning Group
- escalation calls – daily/OPEL
- Somerset Urgent Care Operation Group
- Rapid Response service: Intermediate Care Service team support to enable patients to remain at home
- Somerset Doctor Ambulance Care: hospital avoidance scheme
- Monitor and review framework: Somerset OPEL framework
- Clinical Assessment Service Revalidation: Devon Doctors
- 24/7 crisis line expansion for mental health services
- High-Intensity User task and finish group
- virtual wards: managing patients outside of the hospital environment

- SWAG (Somerset, Wiltshire, Avon and Gloucestershire) Cancer Alliance plans
- GP Practice contract monitoring arrangements
- systems and process in place to support GP Practices, including emergency resilience funding
- regular liaison with the Care Quality Commission (CQC)
- regular liaison with the Local Medical Committee and Primary Care Networks.

5.368 Further detail about our risk management framework and arrangements is included in the Governance Statement, which features later in this Annual Report as part of the Accountability Report.

Performance Summary

5.369 On 1 July 2023 Integrated Care Boards (ICBs) were established responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in a geographical area. NHS Somerset ICB's key priorities for 2022/23 were to:

- ensure the Somerset ICS delivers the best possible outcomes for our population during the coming Winter
- deliver operational standards set out in the2022/23 priorities and operational planning guidance and Single Oversight Framework including delivering the elective recovery ambitions
- deliver our elective recovery ambitions and targets
- act on health inequalities, building population health management capabilities to support System collaboration
- develop Somerset Health and Care Strategy
- meet financial plan commitments

NHS Oversight Framework

5.370 The NHS Oversight Framework describes NHS England's approach to oversight of Integrated Care Boards and Trusts for 2022/23 and outlines the metrics to be used in the oversight of Trusts and ICBs, how NHS England oversees ICBs and how support and enforcement action will be co-ordinated. ICBs lead the oversight process assessing delivery against the following domains: quality of care, access, and outcomes; preventing ill health and reducing inequalities; finance and use of resources; people; leadership and capabilities.

5.371 NHS Somerset ICB has made quarterly submissions across the range of oversight performance metrics to NHS England under the Single Oversight Framework (SOF) and as at Quarter three (latest position) following consideration by NHS England Regional Operational Delivery Team defined Somerset Integrated Care System (ICS) as Segment 2 as is '*on a development journey and demonstrating many of the characteristics of an effective ICS with plans that have the support of system partners in place to address areas of challenge'.* The Regional Team will work with the ICS to access flexible support delivered through peer support, clinical networks, the NHS England universal support offer (e.g. GIRFT[44] (Getting it Right First Time), RightCare[45], pathway redesign, NHS Retention Programme[46]) or a bespoke support package via the regional improvement hubs.

5.372 During 2022/23 several performance indicators have improved following a decline due to the COVID-19 pandemic with NHS Somerset ICB performance close to the national average for many of the Single Oversight Framework indicators and an outline of performance against a number of these are included in the performance analysis section of this Report.

Performance Analysis

5.373 During 2022/23 NHS Somerset ICB has continued to experience significant operational pressures underpinned by a number of factors including:

- increased primary care, elective, emergency, and mental health demand upon services
- evolving healthcare needs due to delayed patient presentations during the COVID-19 pandemic
- longer lengths of in-patient stays due to increased patient acuity and discharge delays due insufficient packages of care
- increased prevalence of infection (including Flu and COVID-19 during the Winter)
- workforce challenges (including the impact of industrial action)

5.374 Performance against the key NHS operational standards has been closely monitored during 2022/23 and despite the aforementioned challenges has improved in a number of areas, including increasing the volume of elective operations carried out and reducing the maximum wait for key diagnostic tests and operations. The Performance Analysis section of this Report assesses NHS Somerset ICB performance for the period July 2022 to March 2023.

[44] Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

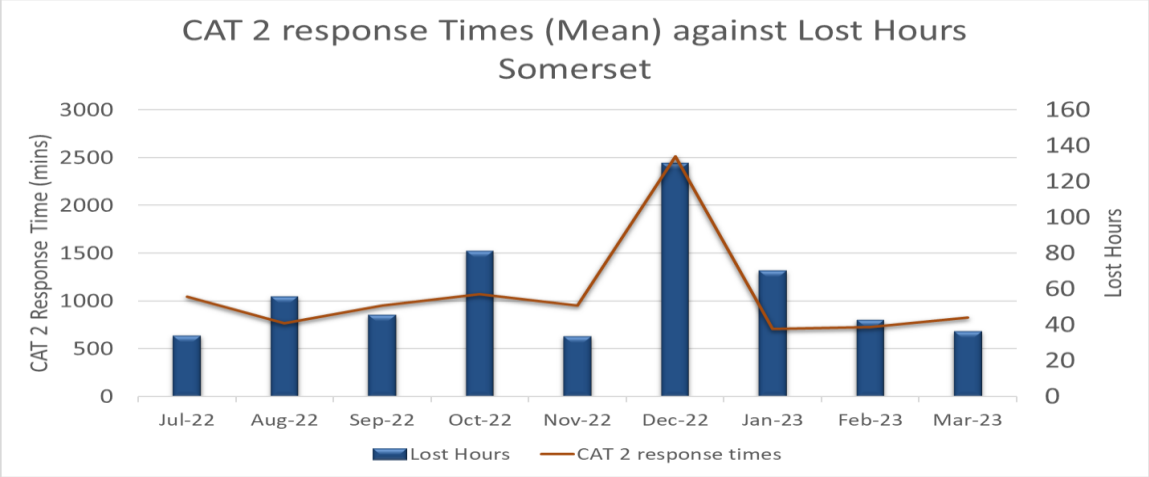
[45] RightCare aims to support health and care systems to improve care quality, population health and system sustainability

[46] NHS England's People Directorate leads the programme and works to improve staff experience and the retention of our NHS people. The programme works nationally as well as across all seven regions to support and help organisations and systems achieve real tangible improvements in staff retention.

Ambulance Response Times

5.375 Ambulance response time targets differ dependent upon how critical the incident is; the table below is for the 2 priority Category 1 and Category 2 standards.

Standard	Target (mins)	2021/22	2022/23
Category 1 response - mean	7	11.3	11.7
Category 1 response - 90th percentile	15	21.2	21.3
Category 2 response - mean	18	56.5	56.6
Category 2 response - 90th percentile	40	120.1	120.0



5.376 During the period July 2022 to March 2023 the mean Category 1 (life threatening calls) response times performance was 11.9 minutes against the 7-minute national standard and Category 2 performance was 58.2 minutes against the 18-minute standard. Performance has marginally declined when compared to the previous year and response times care significantly longer when compared to the pre-pandemic period. NHS Somerset ICB's Acute Providers have experienced the lowest number of lost hours related to ambulance handover delays in the South West Region and whilst there is a strong relationship between ambulance handover performance and ambulance response times there are other factors influencing Somerset's response times. These include Somerset crews being detained at non-Somerset (out of county) Acute providers and the rural nature of the Somerset geography. To improve ambulance response times and to reduce ambulance handover lost hours there are 10 key programmes of work: optimal call handling, right clinical model, increased frontline resourcing, performance and safety management, system approach, infrastructure improvements, workforce improvements, risk management, strategic planning communication and engagement. The wider Somerset ICS has an ambulance improvement plan in place and actions include the Somerset Ambulance Doctor Car, Category 3 and 4 calls validated within 111, Rapid

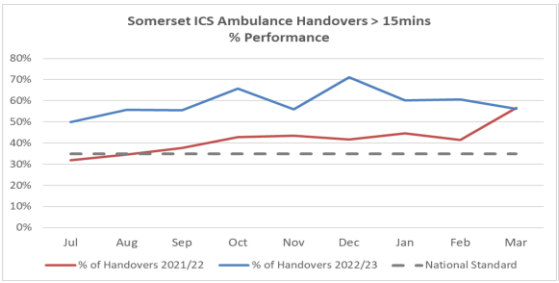
Assessment Triage, Hospital Ambulance Liaison Officer (HALO), Acute Hospital Escalation Plans, Virtual Wards, Direct admissions to Emergency Assessment Unit and Direct SWAST admission to Same Day Emergency Care (SDEC).

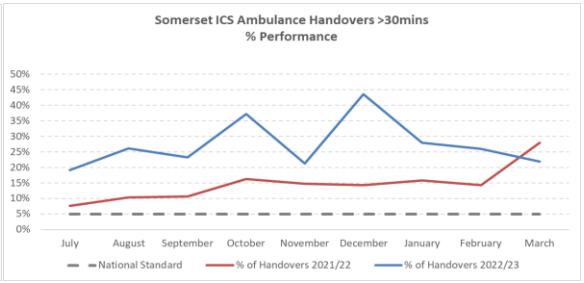
Emergency and Urgent Care

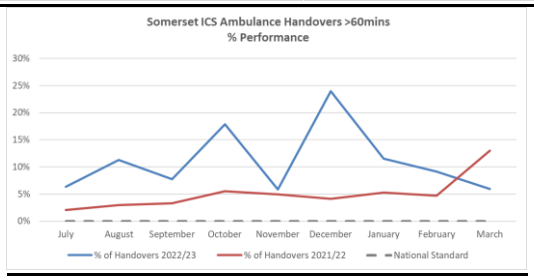
5.377 NHS Somerset ICB's main Acute Providers has experienced a significant increase in demand for urgent and emergency care services during the period July 2022 to March 2023 further compounded by operational challenges. This has impacted upon the key urgent and emergency care measures including ambulance handovers lost hours, A&E 4-hour performance, bed utilisation (bed occupancy), length of stay and the number of patients with no criteria to reside.

Emergency Care	Standard	2021/22	2022/23
Somerset ICS A&E (Type 1) 4hr performance (%)	95%	73.4%	58.3%
Somerset ICB (Mapped) A&E 4 hour performance (Inc. MIU)	95%	81.68%	72.20%
Somerset ICS patients in A&E waiting 12 hours from decision to admit.	0	466	958
Somerset ICS Ambulance Handovers > 15 minutes (%)	35%	37.5%	59.0%
Somerset ICS Ambulance Handovers > 30 minutes (%)	5%	12.0%	27.4%
Somerset ICS Ambulance Handovers > 60 minutes (%)	0%	4.0%	11.1%
Percentage of emergency admissions who stay less than 1 day	-	33.2%	32.1%
Number of patients with "No Criteria To Reside" in an Acute Hospital	-	242	212

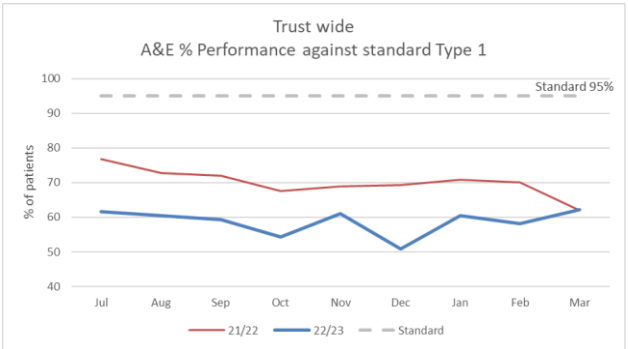
5.378 Ambulances that arrive to A&E Departments should be handed over to the care of the hospital within 15 minutes and there should be zero breaching 60 minutes. During the period July 2022 to March 2023 the proportion of ambulance arrivals breaching the 15-, 30- and 60-minute standards have deteriorated when compared to the previous year, with 27.2% waiting longer than 30 minutes and 11.0% waiting greater than 60 minutes. However, despite this Somerset ICB's performance is the best within the South West Region with the lowest number of lost hours associated to these delays.

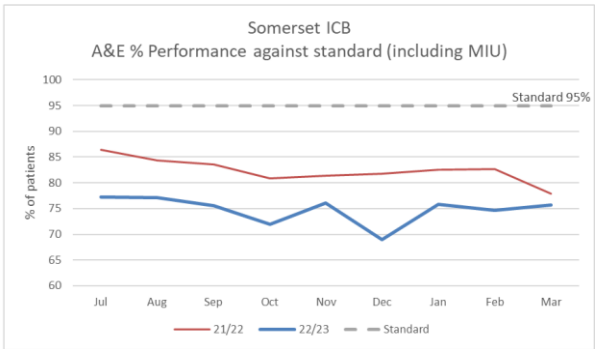




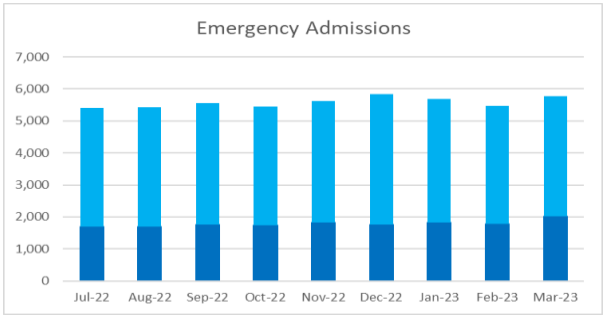


5.379 Performance against the Accident and Emergency 4-hour operational standard (whereby 76% (national recovery ambition for 23/24) of patients should be seen, discharged, or admitted within four hours of arrival) during the period July 2022 to March 2023 was 58.3% at NHS Somerset ICB's main A&E Departments which is a significant decline when compared to performance of 73.4% in 2021/22 (April 2021 to March 2022). Linked to the 4-hour performance is an associated increase in the number of patients in the department staying more than 12 hours following the decision to admit; the number of breaches of this standard during 22/23 was 1232 compared to 466 in 2021/22. The overall Emergency Department performance including MIU units during 2022/23 was 72.2% in comparison to 81.7% during the period April 2021 to March 2022. The increased demand alongside other factors including increased patient acuity (an increase in patient complexity and severity of presentations) and delays for patients requiring beds due to the elevated level of patients residing in hospital with no criteria to reside has resulted in patients staying longer in the Emergency Department. There has been strong system wide working to improve patient flow and to support appropriate and timely discharge the hospital setting and a continued focus on admission avoidance schemes to divert demand away from the Acute Hospital. South Western Ambulance NHS Foundation Trust appointed a Hospital Ambulance Liaison Officer across both Somerset NHS Foundation Trust and Yeovil District Hospital Foundation Trust in August 2022 to support ambulance flow and handovers.

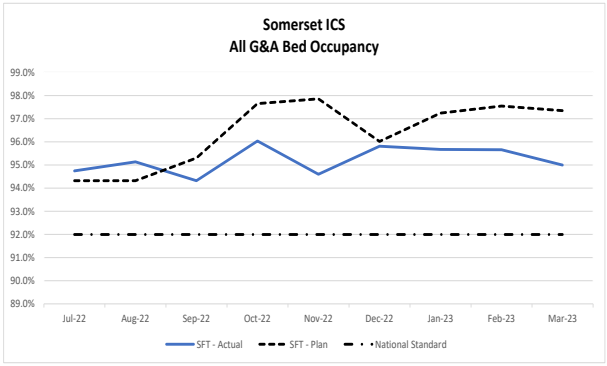


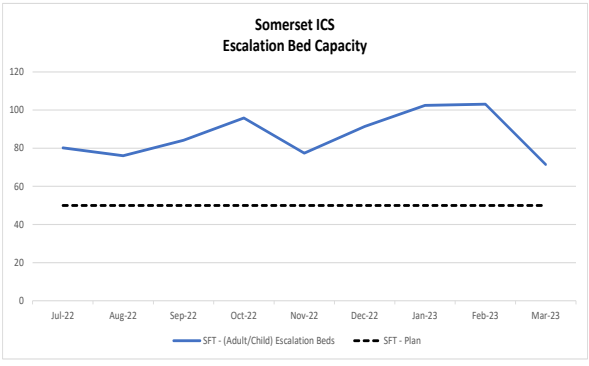


5.380 The overall volume of emergency admissions during 2022/23 has decreased by 1.2% (1.5% reduction in those patients with a zero length of stay and 2.6% increase in those with a greater than 1 day length of stay) when comparing the period July 2022 to March 2023 to the same period of 21/22. The demand for beds has also been further compounded by an increase in the average length of stay due to a combination of increased patient acuity and high levels of patients residing in hospital with no criteria to reside. To this end there has continued to be high bed utilisation (bed occupancy) and an increased reliance on upon escalation bed capacity throughout 22/23 and particularly over the Winter period.

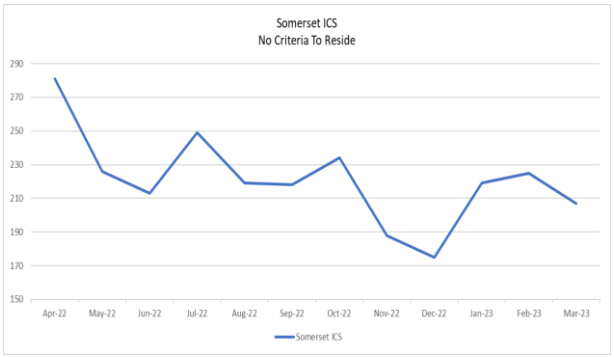


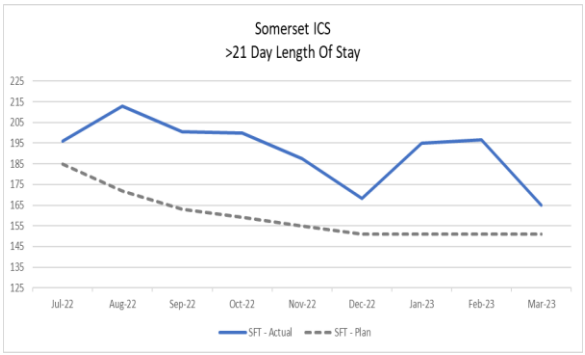
5.381 The overall bed requirements have remained high in 2022/23 due to admissions increasing over the Winter period and an increase in average length of stay throughout the year. The average occupancy for adult and paediatric general and acute (G&A) beds at Somerset's main Acute Providers was 95.0% during the period July 2022 to March 2023, and Adult G&A beds an average occupancy of 97.6%. Due to the increased demand for beds additional escalation capacity was opened; during this reported period the average number of escalation beds required to be open daily was 86 but reducing to 71 in March 2023.





5.382 A key underpinning factor is the volume of patients who are in hospital but have No Criteria To Reside (NCTR); the of number of NCTR patients in Somerset main Acute Providers as at the end of March 2023 was 207 which is 22.6% of the Adult Occupied Beds and higher than the 2022/23 recovery ambition and 96 which equates to 43% of the community hospital beds.



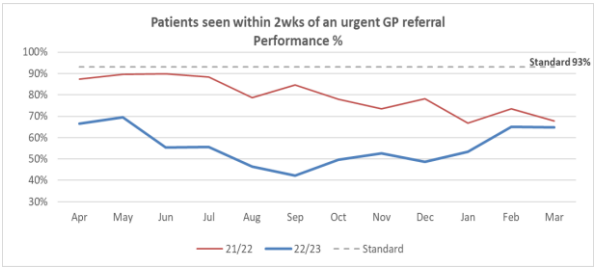


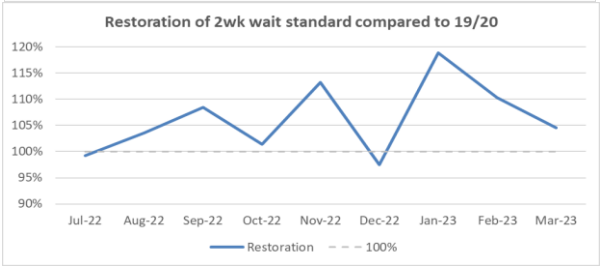
5.383 Several factors have impacted on flow throughout the year and more predominantly over Winter in respect of infection control (IPC) and capacity related challenges within the Intermediate Care Service and wider home care market. Somerset system actions have continued to be progressed to improve discharge flow across all pathway settings and additional capacity was opened utilising Winter funding resulting in an improved position in quarter four 2022/23. A review of Intermediate Care Services has commenced and will continue into quarter one 2023/24 and additional actions in place to ensure patients are placed on the most appropriate reablement pathway for their needs. It is anticipated that these actions will result in further improvement and reduce the reliance on escalation capacity and a reduction in long lengths of stay in the acute and community hospital setting.

Waiting Times for Cancer Treatment

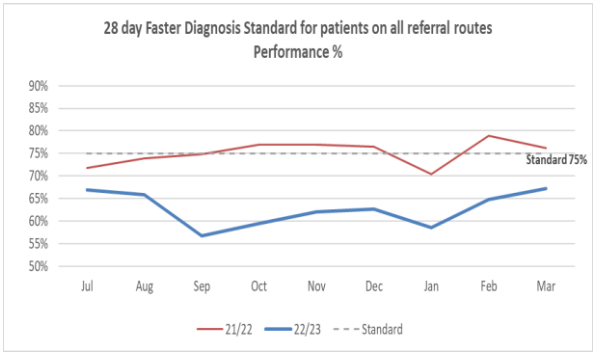
5.384 The NHS Constitution includes several targets relating to treatment for suspected cancer patients. These include the right receive a cancer diagnosis outcome within 28 days and a first definitive treatment for cancer within 62 days following a referral from a GP and within the 62-day pathway there are other cancer standard milestones including, the two week and 31-day first definitive treatment.

Waiting Times Standard	Standard	2021/22	2022/23
Patients seen within 2wks of an urgent GP referral for suspected cancer (1)	93%	79.6%	53.2%
Patients seen within 2wks of an urgent referral for breast symptoms where cancer is not initially suspected	93%	69.6%	52.2%
Patients receiving first definitive treatment within 31days of a cancer diagnosis (3)	96%	93.3%	91.1%
31day Standard for Subsequent Cancer Treatments-Surgery	94%	84.7%	79.2%
31day Standard for Subsequent Cancer Treatments-Anti Cancer Drug	98%	99.5%	98.1%
31day Standard for Subsequent Cancer Treatments-Radiotherapy	94%	97.3%	94.9%
62day Wait to Treatment from GP Referral (4)	85%	73.4%	57.6%
62day Wait to Treatment from Screening Programme referral	90%	78.0%	69.8%
62day Wait to Treatment following Consultant Upgrade	90%	86.1%	82.3%
Number of patients waiting > 62days for Cancer treatment following GP referral	117	148	184
28day Faster Diagnosis Standard for patients on all referral routes (2)	75%	74.7%	62.6%

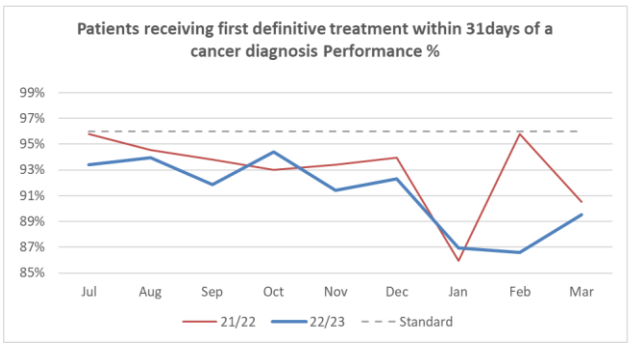


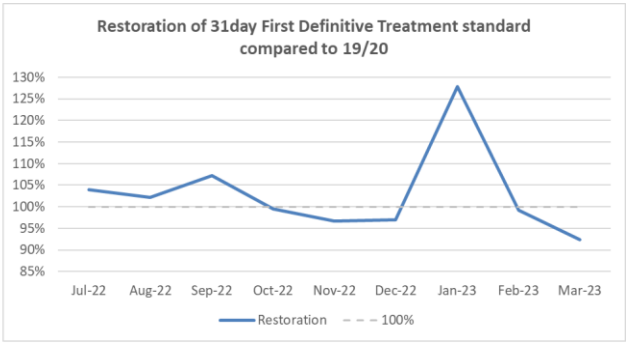


5.385 The Faster Diagnosis Standard (FDS) is in place to ensure patients receive a cancer diagnosis within 28 days of their suspected cancer referral. The FDS performance during this period was 62.6% against the 75% standard. The significant increase in demand following the celebrity deaths in 2022/23 led to a lengthening of the diagnostic phase of some cancer pathways. In addition, during 2022/23 there were instances of capacity shortfalls related to workforce in some of the other cancer services, including Breast and Skin service, however a combination of service redesign and additional options for responding to unexpected increases in demand will underpin performance improvements during 2023/24.

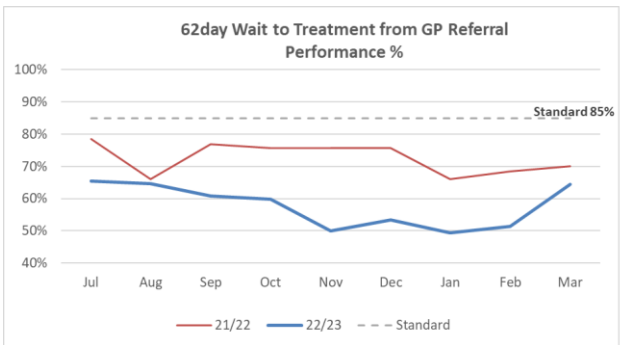


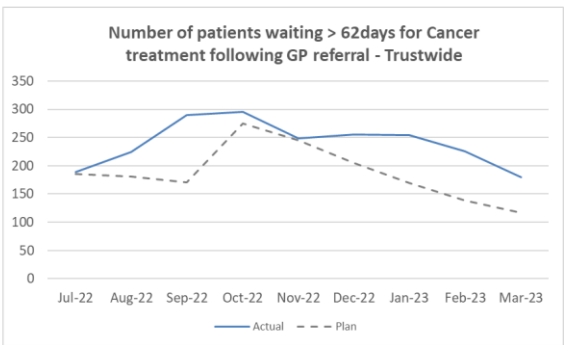
5.386 Significantly heightened demand following celebrity deaths has resulted in more referrals and more cancers being diagnosed/treated than expected in 2022/23 and activity levels relative to 2019/20 was 102.1%.





5.387 The percentage of patients seen within 62 days for their first definitive treatment during the period July 2022 to March 2023 was 57.6% against a standard of 85%. As outlined above the overall pathway performance has been impacted most predominantly by the significant increase in demand following the high-profile celebrity deaths and elongating the overall duration of the cancer pathway. However, referral demand has stabilised which in combination with additional capacity and pathway redesign has helped reduce the 62-day cancer backlog. The cancer backlog is the number of patients who are waiting over 62 days to receive their first definitive cancer treatments. The backlog has reduced from a peak of 290 in September 2022 to 180 as at week ending 02 April 2023 (across Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust on a trust wide basis).

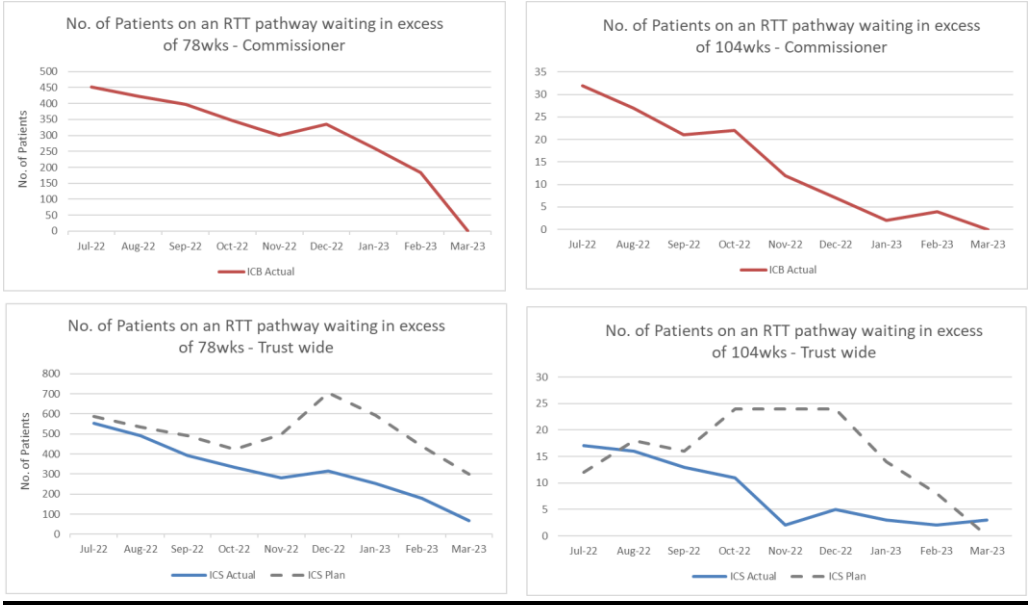




Elective Pathways

Referral to Treatment Waiting Times

Indicator		Standard	2021/22	2022/23
Referral to Treatment Waiting Times	% Patients on an RTT pathways waiting for treatment < 18 weeks from Referral	92%	64.5%	62.0%
	Number of Patients on an RTT pathways waiting in excess of 52 weeks	0 by Mar-25	2638	2588
	Number of Patients on an RTT pathways waiting in excess of 78 weeks	0 by Mar-23	9307	4557
	Number of Patients on an RTT pathways waiting in excess of 104 weeks	0 by Jun-23	1353	420
Diagnostic Waiting Times	% of Patients Waiting < 6 weeks for a diagnostic test	99% (75% Local recovery)	66.1%	72.9%



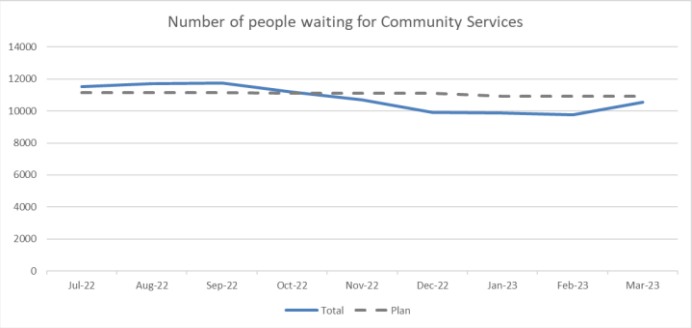
5.388 Throughout 2022/23 Somerset has continued to serve its population whilst tackling the legacy challenges compounded by the COVID-19 pandemic. The pressures being seen across primary care and all emergency services continue to be unprecedented with the demand for both elective and non-elective in-patient beds remaining high. The challenges in discharging patients due to the availability of further packages of care or external bed availability has led to an increase in the length of stay and higher bed occupancy and with it, an increased risk of the cancellation of elective operations. Despite these pressures the Trusts in Somerset have been working to restore elective services to pre-pandemic levels, with a focus upon treating the priority patients first and reducing those waiting the longest.

5.389 During 2022/23 the level of referral demand has increased by 9.0% when compared to the previous year and whilst the level of elective activity has increased, the number of patients on the elective waiting list has also grown by 13.0% since July 2022. In addition, during this same period there were 61,970 requests for specialist advice (pre and post assessment) via the e-referral Advice and Guidance service[47] which is a 7.3% increase on the previous year. Of the requests received between July 22 and March 23, 13691 (22.1%) were diverted and did not convert into an appointment.

5.390 Performance against the 18-Week Referral to Treatment (RTT) Incomplete Pathway in the period July 2022 to March 2023 was 62.0% (in comparison to 64.5% 2021/22). Due to the increase in demand and the backlog of patients waiting for their First definitive treatment, one of the main priorities of 2022/23 was to clear the number of patients waiting in excess of 104 weeks and 78 weeks. Somerset has seen a significant improvement in the number of patients waiting in these patient cohorts, with those waiting in excess of 104 weeks decreasing from 32 in July 2022 to 0 in March 2023, and a decrease in patients waiting in excess of 78 weeks from 452 in July 2022 to 79 in March 2023. This was achieved with through creating additional capacity with weekend theatre sessions, combined with insourcing and outsourcing capacity. The Somerset System partners continue to monitor the patient tracking list (PTL) to ensure that the longest waiting patients are treated as quickly as possible, with the aid of waiting list initiatives, moving elective inpatient activity to low risk Day Case activity and undertaking validation of the waiting list.

5.391 The Somerset Integrated System will continue to work to reduce the waiting time of patients in our acute hospitals during 2023/24. To ensure patients remain well whilst Somerset has adopted the use of 'My Planned care' which enables patients to access support and guidance whilst awaiting treatment. In addition, the Acute Providers in Somerset have processes in place to contact patients throughout the duration of their time on the waiting list to ensure their condition has not worsened, if the patient has deteriorated a review is undertaken and if the Consultant feels it is appropriate the date for their Outpatient appointment or surgery is brought forward.

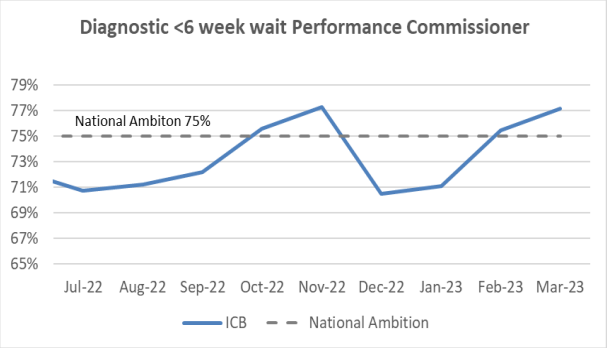
Community Services

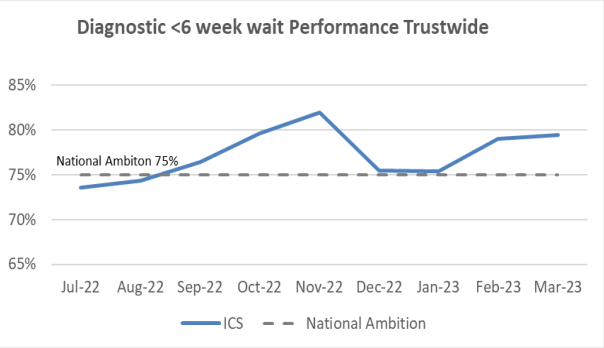


[47] Advice and Guidance is a mechanism to enable GPs/referrers who seek specialist input into a patients care prior to referring a patient into secondary care services.

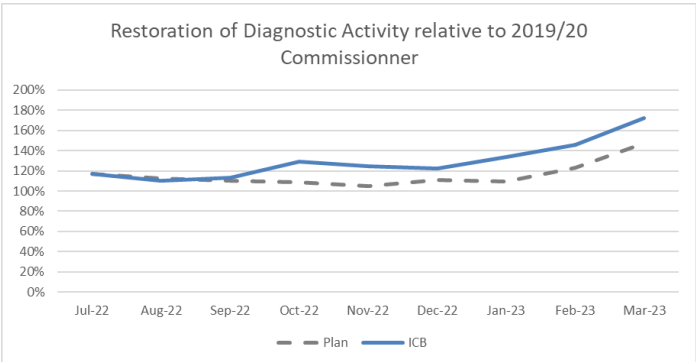
5.392 The community services waiting list is made up of 19 different speciality services across adult and children services and has since a small reduction in the overall waiting list size when comparing July 2022 (11,509 patient) to March 2023 (10,541) and ends the year slightly lower (better) than the planned level of waits. However, on a service line basis there has been an increase in the number of patients on the children's therapy waiting list and a reduction most predominantly in Podiatry, Muscular Skeletal Physiotherapy and Adult Rehabilitation Service. There have been actions in place to increase capacity targeting those patients with the longest waits, and improvement plans either in place or development to address those services who have experienced waiting time challenges during 2023/24.

Diagnostic Waiting Times





5.393 Waiting times for routine diagnostic tests continues to be longer than the national standard of 99% across the Country; in response in 2023/24 the national recovery ambition is to ensure that less than 75% of patients wait less than 6 weeks for their diagnostic test or procedure. Throughout 2022/23 operational pressures have impacted on certain diagnostic modalities along with legacy backlog from the previous year, this resulted in an increase in the number of patients waiting in excess of 6 weeks (and as a consequence an increase in those waiting in excess of 26 weeks). Our Somerset Trusts worked to bring the backlog of waiters down and improve the 6-week performance as a result of increasing diagnostic capacity across a range of modalities. This resulted in a 20% increase in the level of tests undertaken improving 6-week performance from 65.59% in 2021/22 to 72.85% in 2022/23. Plans in 2023/24 remain in place to further reduce the level of backlog for the most challenged modalities namely Echocardiography, Non-Obstetric Ultrasound and Endoscopy which make up around 60% of the overall backlog.



Mental Health and Learning Disabilities

Adult Mental Health

Talking Therapies Mental Health	Standard	2021/22	2022/23
Number of people accessing IAPT in the reporting period	14003 (plan for 22/23)	8155	8210*
Proportion of people who wait 6wks /< from referral to access IAPT	75%	62.30%	61.0%
Proportion of people who wait 18wks /< from referral to access IAPT	95%	97.90%	98.0%
Recovery rate	50%	55.90%	55.2%

** 2022/23 is April '22 to Feb '23 data only*

Talking Therapies (formerly IAPT)

5.394 The number of people accessing Talking Therapies treatment for 2022/23 (April – February, latest data available) is 8,210 against a local indicative target for 2022/23 of 14,003 (58.6% delivered). We have under-delivered against our local target; but are showing improvement for the same period year on year. Our expansion has been driven through growth in workforce, taking our highest ever number of trainees. However, we have not seen the growth in uptake for referrals relating to Long-term Conditions (LTC).

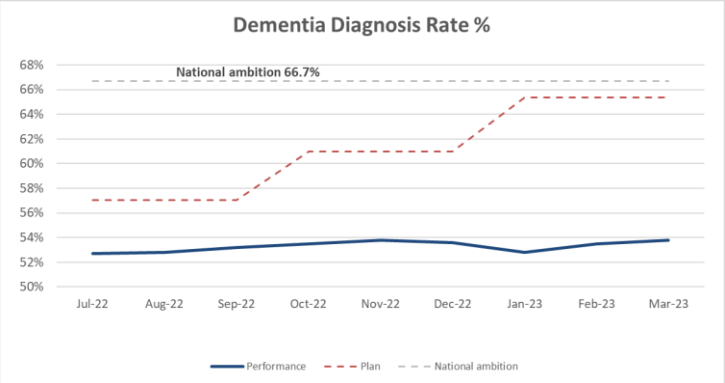
5.395 We continue to expand our workforce, LTC and group offer, alongside a new digital offer, which will bear fruit in 2023/24. We also have new "countable" plans that we can enact in the event activity does not increase in the early part of the year.

5.396 The Talking Therapies recovery rate for February 2023 is 55.2%. The national ambition of 50% continues to be met and exceeded. Somerset has consistently been one of the top performing systems nationally.

5.397 Since September 2022 there has been an improvement of the 6-week national standard, in that performance dropped to 55.0% in June 2022 against the target of 75% of people being seen within 6 weeks of referral, and from September 2022 increased to 61% through to February 2023 (latest available data), this fall in compliance against the standard is mainly due to an increase in demand for the service alongside a reduction in capacity. The 18-week standard continues to be met, with 98.0% of patients seen and received treatment within 18 weeks from referral against the 95% national ambition. We will be implementing a new model for referrals (assess to treat) in 2023/24 which will generate improvement in our 6-week waiting time performance.

Dementia

Dementia	Standard	2021/22	2022/23
Estimated Diagnosis Rate for people with Dementia	66.7%	53.6%	53.8%



5.398 The NHS Long Term Plan commits to making further improvements to the care for people with dementia, identifying dementia as an improvement priority.

5.399 The Dementia Diagnosis Rate (DDR) for Somerset is 53.8% in March 2023 against the national ambition of 66.7%. Somerset, like many other areas across the country and in the South West, has not achieved the national target in a number of years, though performance has deteriorated further over the COVID-19 period. This is partly because of the lack of post-diagnostic support available, and during the COVID-19 period, diagnoses have decreased because of the vulnerability of this cohort and the resulting reduction in face-to-face contacts. The reduction of direct contacts during this period particularly affected the previously proposed approach to improve dementia diagnosis rates in Somerset, which was based upon physically visiting care homes and other sites as well the lack of post-diagnostic support available.

5.400 In 2022/23, following a successful business case submission to the ICS, investment in community support for dementia was approved (although this was just 70% of the minimum amount sought for year one). The investment is being used for the implementation of the new Somerset Dementia Wellbeing Service which is being coproduced with people with dementia and their carers and partners across the system.

5.401 A key part of the new service is the VCFSE Collaboration Group that has been formed to deliver elements of the service. A localised dementia support line has been implemented (as set out in the NHS Long-term Plan); we have doubled the number of Dementia Support Workers in the county and a series of thirteen roadshows will take place across the county to launch and promote the service (one in each PCN). Work continues across the system to deliver other key elements of the new service (like Carers Education Courses).

5.402 We have increased capacity within our Memory Assessment Service (MAS), including care home liaison posts to cope with increasing demand.

5.403 We bid for one year pilot funding from NHS England to implement the DiADeM (Diagnosing Advanced Dementia Mandate (for care home setting)). Recruitment is almost complete. When it is, the tool will be rolled out in care homes and work to improve coding processes will begin across the county to clear up issues that affect our DDR. An enhanced pilot of our new service will take place in South Somerset to prove the value proposition and establish a blueprint to be followed elsewhere.

Community Mental Health Services

Community Mental health Services	Standard	2021/22	2022/23
Mindline Calls Received	-	31,296	35,304

Mindline

5.404 The Mindline 24/7 Crisis Line offers a supported conversation to callers and has access to a range of Mental Health Services within Somerset, depending on the level of need. In line with the national expectation, offers a 24/7 all age mental health crisis line, with working links into statutory services.

5.405 In 2022/23, Mindline received 35,304 calls, with approximately 3% of these calls from Children and Young People. Fewer than 1% of total calls were directed towards the ambulance service or the police, and fewer than 1% were directed towards the Home Treatment Team or equivalent for CAMHS. Patient stories demonstrate that the service can effectively de-escalate patients in crisis. The most common presenting call themes are for emotional support, anxiety, family, and relationships.

Open Mental Health

5.406 The Community Mental Health Services transformation programme is a collaboration between Somerset FT and a range of VCFSE (Voluntary, Community, Faith and Social Enterprise) partners, and is operating under ‘Open Mental Health.’ A high street centre opened in 2022/23 in Bridgwater to offer Mental health support services, making it easier for people to access the help they need. During 2022/23, there were 5882 people accessing this new service (noting the national change in definition between 2021/22 and 2022/23). On average, over 90% of people receive their first intervention within 4 weeks of referral.

Children and Young People's (CYP) and Perinatal Mental Health

CYP Mental Health and Perinatal Mental Health	Standard	2021/22	22/23
The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment	**95%**	75.2%	95.3%
The proportion of CYP with ED (urgent cases) that wait one week or less from referral to start of NICE-approved treatment	**95%**	83.9%	93.8%
The number of women accessing specialist community PMH services in the reporting period		440	465

Perinatal Mental Health

5.407 465 women accessed the Perinatal and Maternal Mental Health Services in the 12 month period to March 2023, broadly on track to meet the annual target of against an ambition of 547. Somerset was awarded 'Fast Follower' status to develop and implement a Maternal Mental Health Service (MMHS). The MMHS aligns with the established Perinatal Mental Health Service, focusing on women with issues surrounding bereavement, Tokophobia and birth trauma. Progress has been made in delivering the Perinatal Mental Health Long Term Plan ambitions which includes offering partner assessments, increasing access to evidence-based psychological therapies and extending how long care can be provided by the specialist service from pre-conception to 24 months after birth. National data is understated due to MHSDS reporting issues which have now been resolved and the 'true' Somerset position will not be reflected until October 2022 due to limitations in refreshing historic MHSDS data.

Children and Young People (CYP) Eating Disorder Services

5.408 On a rolling 12-month basis to March 2023, performance for the Community Eating Disorder Services (CEDs) for routine patients was 95.3%, whilst for urgent patients' performance was 93.8%, against the national standards of 95% (using national data to December 2022).

5.409 Performance for urgent and routine patients has regularly achieved 100% since July 2022. Referral numbers to the service are low therefore % variance is significantly influenced by small breach numbers. A new pathway piloted in Q1 2022/23 which saw Somerset & Wessex Eating Disorders Association (SWEDA) and CEDs working in partnership generating additional capacity has been extended until March 2024 to allow the pathway to be fully embedded and the impact monitored. This is already making a difference to waiting times, and we anticipate achieving the standards sustainably in 2023/24.

Learning Disabilities

Learning Disabilities	Standard	2021/22	2022/23
Learning Disability registers and annual health checks delivered by GPs (cumulative annual)	**75%**	76.1% (2,362)	73.2% (2,323)
The number of adults aged 18 and over from the ICS who are autistic, have a learning disability or both and who are in inpatient care for a mental disorder and whose bed is commissioned by an ICB	-	8	7
The number of adults aged 18 or over from the ICS who are autistic, have a learning disability or both and who are inpatient care for a mental disorder and whose bed is commissioned by NHSE or via a provider collaborative	-	6	7
The number of children under 18 from the ICS who are autistic, have a learning disability or both and who are inpatient care for a mental disorder and whose bed is commissioned by NHSE or via a provider collaborative	-	0	0

Learning Disabilities Annual Health Checks (LD AHCs)

5.410 2,323 (73.2% of total LD Register List and 97.61% of plan) Learning Disability Annual Health Checks were completed between April 2022 to March 2023. A programme of work has been undertaken to increase the uptake and quality of Annual Health Checks (AHCs) for people with a learning disability, supporting primary care to achieve the national target in line with recent guidance. Going forward, an LD AHC Data project is being established, working with public health to gain more understanding of the group who do not attend AHCs. There will be continued representation at NHS England annual health check meetings to share good practice and learn from other areas.

Learning Disability Reliance on Inpatient Care

5.411 Performance for quarter four of 2022/23 in Somerset for inpatient children whose bed was commissioned by NHS England, or a provider collaborative achieved the local trajectory (zero children against a plan of 1). Somerset has not met the local plan for adults whose bed was commissioned by an ICB or by NHS England (ICB: 7 adults against a plan of 6; NHS England: 6 adults against a plan of 5). Somerset has consistently small numbers of adult and child inpatients and compare favourably both regionally and nationally.

6 FINANCIAL PERFORMANCE REVIEW

Finances

6.1 NHS England has directed, under the National Health Service Act 2006 (as amended), that ICBs prepare financial statements in accordance with the 'Group Accounting Manual (GAM)' issued by the Department of Health. The GAM is drafted to meet the requirements of the Government Financial

Reporting Manual (FReM). The financial information included in this section of the Annual Report is taken from the financial statements for the period 1 July 2022 to 31 March 2023.

Establishment of Integrated Care Boards (ICBs)

6.2 On 1 July 2022 Clinical Commissioning Groups (CCGs) were abolished and Integrated Care Boards (ICBs) were established. Statutory functions, like those exercised by CCGs, were conferred on ICBs from 1 July 2022, along with the transfer of CCG staff, assets, and liabilities (including commissioning responsibilities and contracts). Therefore, the functions carried out by NHS Somerset CCG have consequently been conferred on NHS Somerset ICB from 1 July 2022.

Financial Duties

6.3 During the financial period 1 July 2022 to 31 March 2023, our performance against our financial duties is outlined in the table below:

Target Performance	Achieved
Expenditure not to exceed income	✓
Capital resource use does not exceed the amount specified in Directions	✓
Revenue resource use does not exceed the amount specified in Directions	✓
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	N/A
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	N/A
Revenue administration resource use does not exceed the amount specified in Directions	✓

Overview

6.4 The NHS financial arrangements for 2022/23 continued to support a system-based approach to planning and delivery. Integrated Care Systems were issued with one-year revenue allocations for 2022/23 and three-year capital allocations to 2024/25.

6.5 The 2022/23 financial framework signals a change from the frameworks in operation during 2020/21 and 2021/22, with a move back towards population-based funding in the context of system collaboration. Key aspects of the 2022/23 financial framework include;

- maintaining system funding allocations and collaborative planning, with CCGs/ICBs and their partner trusts having a financial objective to deliver a breakeven position

- re-introducing population-based funding based on fair share allocations, with funding on a glidepath from previous system revenue envelopes to a fair share of the affordable recurrent NHS settlement (known as the convergence adjustment)

- system funding envelopes now include sustainability funding previously allocated through the Financial Recovery Fund

- returning to local ownership for payment flows under simplified rules. To restore the link between commissioning and funding flows, commissioners and trusts will have local ownership for setting payment values on simplified terms. There is an expectation that elective activity flows will have a variable component to payment mechanisms.

- funding to tackle the elective activity backlog and deliver the NHS Long-term Plan. Additional revenue and capital funding is available to support elective activity recovery, with access to further additional revenue where systems exceed target levels

- continuation of the requirement to deliver the Mental Health Investment Standard (MHIS)

- final year of separate COVID-19 allocation, based on an assumption that COVID-19 levels return to early Summer 2021 levels

6.6 The Somerset health system submitted balanced financial plans for 2022/23.

6.7 NHS Somerset ICB has delivered a balanced financial position against its allocated revenue resource for the period 1 July 2022 to 31 March 2023.

Analysis of Revenue Performance

	1 July 2022 – 31 March 2023 £'000
Final Revenue resource limit for the period	942,759
Variance against revenue resource limit	0
Percentage variance against revenue resource limit	0%

6.8 The ICB Finance Committee and NHS Somerset ICB Board receive regular reports on the financial performance of NHS Somerset ICB and the wider Somerset health system, which provide considerable assurance and documentary evidence of financial performance. Other reports include risk register reviews, financial plans and ad-hoc reports and information as required. We also submit monthly and quarterly information to NHS England as part of the ICB and wider Somerset health system assurance process.

6.9 The ICB Finance Committee meets monthly to review the financial position and identify mitigating actions to ensure we strive to deliver to our financial targets.

6.10 NHS Somerset ICB has an established Audit Committee whose role is centred on ensuring the adequacy and effectiveness of the organisation's overall internal control systems. The Audit Committee is appointed by the NHS Somerset ICB Board and comprises three Lay Members. Grahame Paine, one of the lay members, chairs the ICB Audit Committee. Four

meetings were held between 1 July 2022 and 31 March 2023, and the committee members considered:

- governance, risk management and internal control
- internal audit
- external audit
- counter fraud
- other assurance functions

6.11 Through the work of the Audit Committee, the NHS Somerset ICB Board has been assured that effective internal control arrangements are in place.

6.12 A full set of NHS Somerset ICB's Accounts for the reporting period 1 July 2022 to 31 March 2023 are included in Appendix 1 of this report and describe how we have used our resources to deliver health services to residents of Somerset during the period. An explanation of the key financial terms can be found as an Appendix at the end of the Accounts.

6.13 A full copy of the set of audited accounts is available upon request, without charge, from:

Alison Henly
Chief Finance Officer and Director of Performance
Wynford House
Lufton Way
Yeovil
Somerset
BA22 8HR

E-mail: alison.henly@nhs.net

6.14 Alternatively, the full document can be viewed on the our website at: www.nhssomerset.nhs.uk

Going Concern

Introduction

6.15 The accounts of NHS Somerset ICB are prepared on the basis that the organisation is a going concern and that there is no reason why it should not continue operating on the same basis for the foreseeable future.

6.16 Within the accounts, the ICB is required to make a clear disclosure that the individuals responsible for financial governance for the ICB have considered this position, and that given the facts at their disposal, the ICB is a going concern. Where there are material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the ICB, these are disclosed as part of the disclosure notes supporting the accounts.

6.17 The Department of Health and Social Care (DHSC) Group Accounting Manual for 2022/23 has the following recommendation as the standard accounting policy for going concern:

- The Government Financial Reporting Manual (FReM) notes that in applying paragraphs 25 to 26 of International Accounting Standard (IAS) 1, preparers of financial statements should be aware of the following interpretations of Going Concern for the public sector context:

    - for non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern

    - a trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up

    - sponsored entities whose statements of financial position show total net liabilities must prepare their financial statements on the going concern basis unless, after discussion with their sponsor division or relevant national body, the going concern basis is deemed inappropriate

    - where an entity ceases to exist, it must consider whether its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern in its final set of financial statements

    - while an entity will disclose its demise in various areas of its Annual Report and Accounts such as in the Performance Report and cross reference this in its going concern disclosure, this event does not prevent the accounts being prepared on a going concern basis or give rise to a material uncertainty in relation to the going concern of the entity

    - DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity

    - where a DHSC group body is aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the entity, these uncertainties must be disclosed

    - should a DHSC group body have concerns about its going concern status (and this will only be the case if there is a prospect of services ceasing altogether), or whether a material uncertainty is required to be disclosed (which will only arise in exceptional circumstances), it must raise the issue with its sponsor division or relevant national body as soon as possible

- consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in the medium term. Any identified significant risk to financial sustainability is likely to form part of the risk disclosures included in the wider performance report but is a separate matter from the going concern assessment.

Criteria

6.18 IAS 1 (presentation of financial statements) requires management to assess the entity's ability to continue as a going concern when preparing the financial statements. The standard stipulates that in assessing if the going concern assumption is appropriate then management should consider all available information about the future.

6.19 The period of review covered should be at least 12 months from the date of approval of the financial statements, but it should not be limited to the same. The assessment of the validity of the going concern assumption involves judgement about the outcome of events and conditions which are uncertain. The uncertainty increases significantly the further into the future a judgement is being made about the outcome of an event or condition. Therefore, usually the 12-month period from approval of the accounts is considered appropriate.

6.20 Financial statements should not be prepared on a going concern basis if management determines after the end of the reporting period either that it intends to liquidate the entity or to cease trading or that it has no realistic alternative to do so. In these circumstances the entity may, if appropriate, prepare its financial statements on a basis other than that of a going concern.

6.21 The Financial Reporting Council, in their publication 'Guidance on the Going Concern Basis of Accounting and Reporting on Solvency and Liquidity Risks April 2016' has set out a number of areas Boards may wish to consider. Those relevant to ICBs in the NHS are as follows:

- forecast and budgets
- timing of cash flows
- contingent liabilities
- products, services and markets
- financial and operational risk management
- financial adaptability
- developments in policy or public finance which may affect the solvency or liquidity of the organisation

6.22 Where there are particular points or risks to report, these are reported to the ICB Board as part of their regular public meetings.

Financial Assumptions for the period 1 July 2022 to 31 March 2023

Budgets and Outturn

6.23 The NHS financial arrangements for 2022/23 continued to support a system-based approach to planning and delivery. Integrated Care Systems were issued with one-year revenue allocations for 2022/23 and three-year capital allocations to 2024/25.

6.24 The 2022/23 financial framework signals a change from the frameworks in operation during 2020/21 and 2021/22, with a move back towards population-based funding in the context of system collaboration. Key aspects of the 2022/23 financial framework include:

- maintaining system funding allocations and collaborative planning, with ICBs and their partner trusts having a financial objective to deliver a breakeven position
- reintroducing population-based funding based on fair share allocations, with funding on a glidepath from previous system revenue envelopes to a fair share of the affordable recurrent NHS settlement (known as the convergence adjustment)
- system funding envelopes now include sustainability funding previously allocated through the Financial Recovery Fund
- returning to local ownership for payment flows under simplified rules. To restore the link between commissioning and funding flows, commissioners and trusts will have local ownership for setting payment values on simplified terms. There is an expectation that elective activity flows will have a variable component to payment mechanisms
- funding to tackle the elective activity backlog and deliver the NHS Long-term Plan. Additional revenue and capital funding is available to support elective activity recovery, with access to further additional revenue where systems exceed target levels
- continuation of the requirement to deliver the Mental Health Investment Standard (MHIS)
- final year of separate COVID-19 allocation, based on an assumption that COVID-19 levels return to early Summer 2021 levels.

6.25 The Somerset health system submitted balanced financial plans for 2022/23.

6.26 NHS Somerset ICB has delivered a balanced financial position against its allocated revenue resource for the period 1 July 2022 to 31 March 2023.

Cash Flow

6.27 NHS Somerset ICB's cash position is reported monthly to the Finance Committee. In addition, detailed cash flow monitoring and forecasting is in place with NHS England on a monthly basis.

Contingent Liabilities

6.28 A contingent liability is a possible obligation depending on whether some uncertain future event occurs or a present obligation where payment is not probable, or the amount cannot be measured reliably.

6.29 NHS Somerset ICB has a contingent liability for the period 1 July 2022 to 31 March 2023 relating to:

- continuing healthcare (CHC) cases - to reflect a risk associated with the provisions estimate made for pending CHC eligibility assessments and appeals

6.30 The financial value of this contingent liability is not considered to be material.

Services

6.31 The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is important evidence of going concern. We are not aware of any plans that would fundamentally affect the services provided to an extent that the organisation would not continue to be a going concern.

Operational Financial Planning 2023/24

6.32 The NHS financial arrangements for 2023/24 will continue to support a system-based approach to planning and delivery. The Autumn Statement 2022 announced an extra £3.3 billion in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures it is facing. Integrated Care Systems (ICSs) have been issued two-year revenue allocations spanning 2023/24 and 2024/25. At national level, total ICB allocations (including COVID-19 and Elective Recovery Funding (ERF)) are flat in real terms with additional funding available to expand capacity. Core ICB capital allocations for 2022/23 to 2024/25 had already been published and remain the foundation of capital planning for future years. ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners. It is in this context that systems have been asked to focus on the following priorities for 2023/24:

- **Recovering our core services and productivity:** To improve patient safety, outcomes and experience it is imperative to:
  - improve ambulance response and A&E waiting times
  - reduce elective long waits and cancer backlogs and improve performance against the core diagnostic standard

- make it easier for people to access primary care services, particularly general practice

whilst continuing to narrow health inequalities in access, outcomes, and experience, including across services for children & young people and maintaining quality & safety in our services, particularly maternity.

- **Delivering the key NHS Long-term Plan ambitions and transforming the NHS**

  - Create stronger foundations for the future, with the goals of the NHS Long-term Plan our 'north star'. These include core commitments to improve mental health services and services for people with a learning disability and autistic people.

  - Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever-increasing demand for healthcare services. NHS England will work with integrated care systems (ICSs) to support delivery of the primary and secondary prevention priorities set out in the NHS Long-term Plan.

  - ICSs need to put the workforce on a sustainable footing for the long-term. NHS England is leading the development of an NHS Long-term Workforce Plan to be published next Spring.

- **Transforming the NHS for the future: Local empowerment and accountability**

  - ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives. ICSs should continue to pay due regard to wider NHS ambitions in determining their local objectives – alongside place-based collaboratives. As set out in the recently published Operating Framework, NHS England will continue to support the local NHS to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long-term Plan.

6.33 The 2023/24 financial framework continued with population-based funding with a move back to system fair shares allocations via convergence adjustments. Systems are expected to:

- deliver a balanced net system financial position for 2023/24

- achieve core service recovery objectives, by meeting the 2.2% efficiency target agreed with government and improve levels of productivity

- develop robust plans that deliver specific efficiency savings and raise productivity consistent with the goals set out in national guidance to increase activity and improve outcomes within allocated resources

- put in place strong oversight and governance arrangements to drive delivery, supported by clear financial control and monitoring processes

- produce plans that should include systematic approaches to understand where productivity has been lost and the actions needed to restore underlying productivity, including, but not be limited to, measures to

    - support a productive workforce taking advantage of opportunities to deploy staff more flexibly. Systems should review workforce growth by staff group and identify expected productivity increases in line with the growth seen

    - increase theatre productivity using the Model Hospital System theatre dashboard and associated GIRFT training and guidance, and other pathway and service specific opportunities

- reduce agency spending, corporate running costs, procurement and supply chain costs, improve inventory managements and purchase medicines at the most effective price point.

6.34 As set out in section 223M of the National Health Service Act 2006, each ICB and its partner trusts must exercise their functions with a view to ensuring that, in respect of each financial year:

- local capital resource use does not exceed the limit set by NHS England

- local revenue resource use does not exceed the limit set by NHS England.

6.35 Furthermore, under section 223L of the 2006 Act (as amended) NHS England may set financial objectives for ICBs and their partner trusts, and each ICB and its partner trusts have a duty to seek to achieve those objectives. NHS England will set the objective that each ICB, and the partner trusts whose resources are apportioned to it, should deliver a financially balanced system, which may be referred to as a ‘duty on breakeven’.

6.36 ICBs also have a duty to deliver financial balance individually (section 223GC of the 2006 Act). This is to promote careful financial management and to reflect legislation that requires NHS England and ICBs to manage within a fixed budget. Additionally, each ICB should ensure it does not exceed the running cost allocation limit, which will be published as part of ICB allocations.

6.37 The Somerset health system operational plan for 2023/24 has been presented to the NHS Somerset ICS Board, to ensure cross-system support, and the ICB Board for final approval. This operational plan delivers a balanced net system financial position for 2023/24. Monthly finance reports presented throughout 2023/24 will specifically highlight progress against these plans, with analysis of any variances.

Recommendation

6.38 On the basis of the above, NHS Somerset ICB considers that it remains a going concern.

6.39 Having considered the going concern guidelines, the financial reporting and governance arrangements of NHS Somerset ICB, approach to the development of operating plans for 2023/24 as set out above and the continued focus by NHS Somerset ICB and Somerset system partners to drive improvements to the financial position, it is recommended that management prepare the accounts for NHS Somerset ICB for the period 1 July 2022 to 31 March 2023 on a going concern basis.

Revenue Resource Limit 1 July 2022 to 31 March 2023

6.40 NHS Somerset ICB has a statutory duty to maintain expenditure within the revenue resource limits set by NHS England.

6.41 Revenue expenditure covers general day-to-day running costs and other areas of ongoing expenditure. As demonstrated in the table below, the ICB has met its statutory duty to operate within its revenue resource limit for the period 1 July 2022 to 31 March 2023.

6.42 NHS Somerset's ICB's performance for the period was as follows:

	1 July 2022 to 31 March 2023 £'000
Total net operating cost for the financial year	942,759
Final in year revenue resource limit for the year	942,759
Under/(over) spend against revenue resource limit	**0**

Better Payment Practice Code

6.43 NHS Somerset ICB is required to pay its non-NHS and NHS trade payables in accordance with the Confederation of British Industry (CBI) Better Payment Practice Code. The target is to pay non-NHS and NHS trade payables within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

6.44 Our performance for the period 1 July 2022 to 31 March 2023 is summarised below:

Measure of compliance	1 July 2022 to 31 March 2023 Number	1 July 2022 to 31 March 2023 £000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	6,915	170,548
Total Non-NHS Trade Invoices paid within target	6,915	170,548
Percentage of Non-NHS Trade invoices paid within target	**100.00%**	**100.00%**
NHS Payables		
Total NHS Trade Invoices Paid in the Year	725	602,741
Total NHS Trade Invoices Paid within target	725	602,741
Percentage of NHS Trade Invoices paid within target	**100.00%**	**100.00%**

6.45 The ICB achieved the required 95% target to pay NHS and Non-NHS trade payables within 30 days (unless other terms had been agreed).

Running Costs

6.46 NHS Somerset ICB was funded a total of £9.033 million for the period 1 July 2022 to 31 March 2023 to support headquarters and administration costs. This included additional funding of £0.531 million released in-year to support an increase in employers' pension contributions and £0.022 million surplus funding transferred from the former NHS Somerset CCG.

6.47 Total expenditure recorded against running costs for the period 1 July 2022 to 31 March 2023 was £8.538 million, ensuring that the ICB delivered against its financial duty to ensure that revenue administration resource use does not exceed the amount specified in Directions.

6.48 To facilitate the effective running of the organisation, the ICB continues to review those functions which it provides in-house and those which are provided by South, Central and West Commissioning Support Unit (SCW CSU). The services commissioned via the SCW CSU covers Business Intelligence support, Information Technology and Information Governance support, Procurement Services support, Care Navigation Services, GP IT Services, and additional consultancy and project support.

Accounting Policies

6.49 Full details of the accounting policies used to prepare the accounts and summary financial statements can be found within Note 1 of the ICB's audited accounts.

NHS Somerset ICB Board Members

6.50 Full details of the remuneration paid to Board members and senior employees are provided within the Remuneration and Staff Report at pages 179 and 187 of this report, together with their pension entitlements and declarations of interest.

External Audit

6.51 Grant Thornton UK LLP is the appointed external auditor for NHS Somerset ICB. The total fees payable to Grant Thornton UK LLP by NHS Somerset ICB for 2022/23 were:

- £210,000 including VAT to cover the cost of the statutory audit, Value for Money audit requirements and associated services for NHS Somerset ICB
- £63,468 including VAT to cover the cost of the statutory audit and associated services for the former NHS Somerset CCG's final financial statements and Annual Report
- £18,000 including VAT to cover the cost of assurance work carried out on the Mental Health Investment Standard (MHIS) compliance statement for the former NHS Somerset CCG for 2021/22.

Governance Statement

6.52 The Chief Executive, as Accountable Officer, publishes an Annual Governance Statement, confirming the systems for managing risk within NHS Somerset ICB. This statement is supported by the Head of Internal Audit who provides an opinion on the overall arrangement for gaining assurance through the Assurance Framework and on the effectiveness of the controls in place to mitigate risks.

6.53 A copy of the full Governance Statement is included at page 135, section 7.5 of this Annual Report and is also available on request or can be viewed on NHS Somerset ICB's website at: www.nhssomerset.nhs.uk

Self-Certification by the Accountable Officer

6.54 I certify that Somerset Integrated Care Board has complied with the statutory duties laid down in the National Health Service Act 2006 (as amended).

6.55 We certify that Somerset Integrated Care Board has complied with HM Treasury's guidance on cost allocation and the setting of charges for information.

Jonathan Higman
Chief Executive
NHS Somerset Integrated Care Board
29 June 2023

ACCOUNTABILITY REPORT

Jonathan Higman
Chief Executive
NHS Somerset Integrated Care Board
29 June 2023

7 ACCOUNTABILITY REPORT

7.1 The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

7.2 The Accountability Report comprises three sections:

- The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 July to 31 March 2023, including membership and organisation of our governance structures and how they supported the achievement of our objectives

- The **Remuneration and Staff Report** describes our remuneration polices for executive and Non-Executive Directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies

- The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

7.3 CORPORATE GOVERNANCE REPORT

Leadership Report

7.3.1 The membership of NHS Somerset ICB Board and leadership team is set out in Table 1 below detailing names, roles and membership of the key committees within NHS Somerset ICB. A detailed breakdown of attendance at each of the committees plus a full list of our GP Practices is provided in Annex 1 to the Annual Governance Statement (page 166-170).

7.3.2 The key roles undertaken by the ICB Board Non-Executive leadership, as at 31 March 2023, are set out in the table below:

Name	Board Appointment	Board Lead Roles
Paul von der Heyde	Chair	Board Chair Finance Committee Chair from July 2022 to March 2023
Grahame Paine	Non-Executive Director and Deputy Chair	Deputy Chair Audit Committee Chair
Dr Caroline Gamlin	Non-Executive Director	Quality Committee Chair
Suresh Ariaratnam	Non-Executive Director	Primary Care Commissioning Committee Chair
Christopher Foster	Non-Executive Director	Remuneration Committee Chair Finance Committee Chair From April 2023 to date

7.3.3 The ICB register of interests, which includes details of company directorships and other significant interests held by senior ICB leaders, is available on the NHS Somerset ICB website at: Lists and Registers - NHS Somerset.

Personal Data Incidents

7.3.4 There have been no incidents regarding the loss of personal data that have required reporting to the Information Commissioner's Office.

Modern Slavery Act

7.3.5 NHS Somerset ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2023 is published on our website at Modern Day Slavery and Human Trafficking Statement - NHS Somerset.

7.3.6 Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. When we hear the term modern slavery, most people think this only exists

overseas, but the Home Office estimates there are 13,000 victims and survivors of modern slavery in the UK. Modern slavery victims are among the most vulnerable people in our society and can be hesitant to seek help due to fear of their traffickers. Although modern slavery is considered a 'hidden' crime, many victims can be working or otherwise visible in the community, in a range of places such as nail bars, food outlets, car washes, factories, and the fishing industry.

7.3.7 With more than one million people accessing NHS funded services every 36 hours, the 1.5 million staff that work in our NHS, not just in hospitals but in places where people live their lives, will come into contact with victims or survivors of modern slavery.

7.3.8 NHS Somerset ICB, along with partner agencies, is working towards a world without slavery by supporting, influencing and raising awareness:

- by supporting survivors and vulnerable people through the specialist services that we commission, we can enable them to recover safely and develop resilient, independent lives

- by influencing the development of the NHS workforce through access to national training, advice and resources we can better identify and support actual and potential victims of slavery

- by raising awareness of modern slavery through the ICB website and the safeguarding newsletter, we can support NHS staff to recognise the signs of modern slavery and understand the role they have to play

Breakdown of ICB Senior Leaders and their roles in the ICB governance structure as at 31 March 2023

		Committee Membership (voting and non-voting membership)							
		Board	**Leadership Committee**	**Audit Committee**	**Remuneration Committee**	**Quality Committee**	**Primary Care Comm'g Committee**	**Finance Committee**	**HWBB and ICP**
ICB Executive Leadership									
Chief Executive (V)	Jonathan Higman	✓	✓			✓		✓	✓
Chief Finance Officer and Director of Performance (V)	Alison Henly	✓	✓	✓			✓	✓	
Chief Nursing Officer (V)	Shelagh Meldrum	✓	✓			✓	✓	✓	
Chief Medical Officer (V)	Dr Bernie Marden	✓	✓			✓	✓	✓	✓
Programme Director, Fit For My Future (NV)	Maria Heard	✓	✓						
Acting Director of Operations and Commissioning (NV)	Alison Rowswell	✓	✓						
Director of Communications and Engagement (NV)	Charlotte Callen	✓	✓						
Director of Corporate Affairs (NV)	Jade Renville	✓	✓						
Director of Workforce Strategy (NV)	Victoria Downing-Burn	✓	✓						
Director of Public Health, Somerset Council (V)	Dr Trudi Grant	✓							
Partner Members									
Somerset NHS Foundation Trust (V)	Peter Lewis	✓							
Somerset County Council (V)	Duncan Sharkey	✓							
Somerset GP Provider Board (V)	Dr Berge Balian	✓					✓		
Non-Executive Leadership									
Chair (V)	Paul von der Heyde	✓			✓			✓	✓
Non-Executive Director and Deputy Chair (V)	Grahame Paine	✓		✓	✓	✓		✓	
Non-Executive Director (V)	Dr Caroline Gamlin	✓		✓	✓	✓	✓		
Non-Executive Director (V)	Suresh Ariaratnam	✓			✓	✓	✓		
Non-Executive Director	Christopher Foster	✓		✓	✓	✓	✓	✓	

7.4 STATEMENT OF ACCOUNTABLE OFFICER'S RESPONSIBILITIES

7.4.1 Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board (ICB) to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Somerset ICB and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

7.4.2 In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts and,
- prepare the accounts on a going concern basis; and
- confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

7.4.3 The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

7.4.4 NHS England has appointed the Chief Executive to be the Accountable Officer of NHS Somerset ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the ICB and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS Somerset ICB assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

7.4.5 As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Somerset ICB's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Jonathan Higman
Chief Executive
NHS Somerset Integrated Care Board
29 June 2023

7.5 GOVERNANCE STATEMENT

Introduction and Context

7.5.1 NHS Somerset ICB is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended) and the NHS Health and Care Act 2022.

7.5.2 The ICB's statutory functions are set out under the National Health Service Act 2006 (as amended) and the NHS Health and Care Act 2022. The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

7.5.3 Between 1 July 2022 and 31 March 2023, NHS Somerset ICB was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended) and the NHS Health and Care Act 2022 .

Scope of Responsibility

7.5.4 As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the ICB's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my ICB Accountable Officer Appointment Letter.

7.5.5 I am responsible for ensuring that NHS Somerset ICB is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.

Governance Arrangements and Effectiveness

7.5.6 The main function of the Board of NHS Somerset ICB is to ensure that the organisation has made appropriate arrangements for exercising its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

7.5.7 NHS Somerset ICB was established on 1 July 2022 as part of the legislation to create Integrated Care Systems. The Board of the ICB has delegates from its NHS Foundation Trusts, Local Authority and Primary Care Practices. There are 62 GP Practices in Somerset and Practices are able to align themselves to a Primary Care Network (PCN) Locality. A full list of Practices is attached as Annex 1 to the Governance Statement. Each PCN works with the ICB and a range of GP clinical leads are engaged to work on specific workstreams.

7.5.8 NHS Somerset ICB has established a properly constituted Board with the appropriate clinical, professional, managerial and lay member skill-mix, including: nominations from our NHS Foundation Trusts; the Local Authority; General Practices; a Director of Public Health; an independent Chair; four independent Non-Executive members; the Accountable Officer; Chief Finance Officer; Chief Nursing Officer and Chief Medical Officer. Details of the membership and the attendance of those members are set out in Annex 2 to the Governance Statement, at page 171-172.

7.5.9 Organisational structure and accountabilities are clear and well defined. Where capacity and/or capability gaps have been identified, actions are put in place with expected outcomes and timescales. NHS Somerset ICB clearly articulates its values to stakeholders through its Commissioning Plan and associated strategies. The Organisational Development plan includes undertaking a Staff Survey, implementing an Organisational Development Programme and developing actions to address issues for development.

7.5.10 The following assurance and statutory committees have been established by the Board:

- Audit Committee
- Remuneration Committee
- Primary Care Commissioning Committee
- Quality Committee
- Finance Committee

7.5.11 The remit of each Committee is as follows:

Committee	**Key roles and responsibilities**
Audit Committee	Executive Lead: Alison Henly Non-Executive Chair: Grahame Paine To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB. The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business for internal audit and counter fraud will be agreed before the start of the financial year, although this will be flexible to new and emerging priorities and risks. To provide assurance to the ICB Board about the appropriateness and effectiveness of the ICB's Risk Assurance Framework and of the processes for its implementation. To assure the Board on the appropriateness and effectiveness of the external audit, internal audit and counter fraud services, its fees, findings and co-ordination with audit providers. This will include overseeing the procurement for future external, internal and counter fraud service provision through an Audit Panel.

Committee	Key roles and responsibilities
Remuneration Committee	Non-Executive Chair: Christopher Foster [Executive Leads only attend upon invitation] The Committee's duties are as follows: • For the Chief Executive, Directors and other Very Senior Managers: - determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, pensions and cars - determine arrangements for termination of employment and other contractual terms and non-contractual terms. • For all staff: - determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change) - oversee contractual arrangements - determine the arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate
Primary Care Commissioning Committee	Executive Lead: Bernie Marden Non-Executive Chair: Suresh Ariaratnam The purpose of the Committee is to carry out the functions relating to the commissioning of primary medical services in Somerset, securing the provision of comprehensive and high quality primary medical services, making recommendations to the Integrated Care Board as appropriate. For 2022/2023, whilst NHS England retain the commissioning responsibility, the Committee will take a greater involvement in the provision of pharmaceutical, ophthalmic and dental services prior to full delegation (in July 2023). The Committee is responsible for leading the development and implementation of the Primary Care Strategy, making recommendations for its approval to the Integrated Care Board.
Finance Committee	Executive Lead: Alison Henly Non-Executive Chair: Christopher Foster The purpose of this Committee is to provide assurance to the Board about the ICB's finance, as part of the overall Somerset System finances. The Committee will look at the overall position of Somerset System financial performance. As an assurance Committee of the Board, it will hold to account the ICB Executive team for delivery of the ICB's financial plan, and recommend further areas for financial scrutiny. This will be done through:

Committee	Key roles and responsibilities
	• reviewing the financial performance of the ICB against statutory financial targets, financial control targets and the annual commissioning plan • reviewing the ICB's financial position and improving value schemes (QIPP) agenda, and providing assurance to the Board relating to delivery against annual plans • reviewing financial performance improvement plans • supporting the development and onward monitoring of the overall process of financial planning across the system The Committee will wish to be assured that matters of risk, with a financial impact, are being effectively managed
Quality Committee	Executive Lead: Shelagh Meldrum Non-Executive Lead: Dr Caroline Gamlin The ICB Quality Committee provides the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the quality of care. The Committee exists to scrutinise the robustness, and gain and provide assurance to the ICB, of an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care. With regard to patient safety and quality improvement, the Committee will: • promote a culture within the Somerset Integrated Care System that focuses on patient safety, patient experience, safeguarding and quality improvement • provide assurance on all NHS Provider service governance arrangements, and patient safety performance, through receiving exception reports on quality and safety issues, patient experience and safeguarding concerns, and alerts for health services. The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

7.5.12 The ICB's performance of effectiveness and capability is subject to continuous assessment including regular checkpoint assessments with NHS England.

7.5.13 The Internal Audit work programme has been reviewed via the Audit Committee and supports our review of internal control processes such as the Assurance Framework, risk management procedures, conflicts of interest and hospitality reporting procedures, data security and business continuity.

The audit programme, together with the subsequent work to improve systems where appropriate, and scrutiny by our Committees, supports my assurance that we have a sound system of governance and internal control in place.

UK Corporate Governance Code

7.5.14 NHS Somerset ICB is not required to comply with the UK Code of Corporate Governance. However, the ICB has reported on our Corporate Governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the ICB. For the financial year ended 31 March 2023, and up to the date of signing this statement, we complied with the provisions set out in the Code, and applied the principles of the Code.

Discharge of Statutory Functions

7.5.15 NHS Somerset ICB has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

7.5.16 Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the ICB's statutory duties.

Risk Management Arrangements and Effectiveness
(refer also to Risk Management section in the Performance Report, sections 5.355 to 5.368, page 94 to page 99.)

The ICB Risk Management Strategy

7.5.17 There is a clear commitment to corporate governance across NHS Somerset ICB and risk management is applied throughout the organisation.

7.5.18 Following its establishment in 2022/23, the ICB inherited the former CCG's Risk Management Strategy. A review of our approach to risk management has been undertaken to ensure it is fit-for-purpose for an ICB and continues to be embedded across the organisation, ensuring that risk management is sustained whilst having to balance delivery against the operational pressures.

7.5.19 The NHS Somerset ICB Risk Management Strategy and Policy sets out the arrangements for risk management across the ICB. This policy supports the adoption of a positive risk management culture, where individuals are encouraged to manage risk to ensure the ICB and the services it commissions are protected against risk (possible events that may have an adverse impact on the organisation's objectives). The policy also defines:

- responsibilities for forums within the ICB governance structure and roles within the ICB

- definitions and terminology
- the risk management process
- monitoring
- compliance

7.5.20 During 2022/23, work has continued with system partners to develop a risk management framework to support the wider Somerset Integrated Care System (ICS).

Capacity to Handle Risk

7.5.21 NHS Somerset ICB utilises risk capability and risk capacity to determine our capacity to handle risk.

7.5.22 NHS Somerset ICB is committed to maintaining high risk capability, ie. the knowledge and leadership competencies of individuals or a collective group to maximise their ability to comply with and deliver the ICB Risk Management Strategy and Policy. It is also committed to supporting the successful achievement of high risk capability. Anyone who has contractual employment within NHS Somerset ICB undertakes risk management training relevant to their role, in addition to an overview as part of the ICB induction training programme. The Corporate Affairs team provides overall risk management support and has continued to work in collaboration with ICB Risk Champions during 2022/23. This has supported the upskilling of teams so their ability to manage risk and add value to their team within the function of risk management could be maximised.

7.5.23 NHS Somerset ICB risk capacity is calculated through the resources - financial, human, equipment and estate - required ie. the risk exposure the ICB "must" take in order to reach an aim/objective, and resources available to manage materialised and non-materialised risk. NHS Somerset ICB's risk capacity is reported, managed and monitored by the ICB statutory and non-statutory forums. The ICB Board sets the tolerance for risk capacity against ICB strategic aims in alignment for its ability to handle risk.

Risk Appetite

7.5.24 Since establishment, NHS Somerset ICB has commenced work on defining its risk appetite to support us to achieve our strategic aims. The ICB's approach to defining risk appetite is described in the ICB Risk Management Strategy and Policy.

7.5.25 NHS Somerset ICB Board is responsible for:

- the definition of risk appetite
- the risk appetite review
- ensuring that the risk management process operates successfully to deliver the risk appetite
- setting the tolerance for risk appetite against ICB strategic aims.

7.5.26 NHS Somerset ICB will use risk appetite to continually improve risk management to:

- assess its effectiveness for risk owners and decision makers by clearly and effectively defining the degree to which they can operate to deliver ICB strategic and corporate aims/objectives

- provide assurance that the aggregate and/or interlinked risk position is deliverable within risk appetite

- identify changes to conditions which may affect the risk appetite

- assess its effectiveness in enabling value added outcomes in proactive risk management

- maximise opportunity from evidence that the ICB has implemented risk appetite effectively.

Risk Assessment

7.5.27 NHS Somerset ICB has statutory obligations to ensure that risks arising from its undertakings are assessed through a standard risk assessment process as detailed within the ICB Risk Management Strategy.

7.5.28 NHS Somerset ICB performs assessment of risk to evidence the controls attributed to the risk, the control ownership and the measure of the control performance. The risk assessment also evidences the rationale for uncontrolled, target or current risk rating scores in addition to the risk proximity, risk appetite, treatment option and rationale to substantiate acceptable/non-acceptable decisions. As part of the risk assessment process, risk plans are created to address any gaps in controls or assurance in addition to any tasks required to continue to deliver the controls and/or assurance to an effective level. NHS Somerset ICB has also encompassed an approval of the risk assessment by the Risk Owner as part of this process.

Other Sources of Assurance

Internal Control Framework

7.5.29 NHS Somerset ICB's system of internal control is a set of embedded processes and procedures to ensure delivery of its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised, and the impact should they be realised, and to manage them efficiently, effectively and economically.

7.5.30 The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

7.5.31 To strengthen internal control and to ensure the effectiveness of risk management, NHS Somerset ICB has encompassed the 'Three Lines of Defence' model within its risk management strategy, being:

- First Line of Defence: An Executive Leadership Committee, being the Chief Executive, Directors and senior managers, which includes internal risk scrutiny within its terms of reference

- Second Line of Defence: statutory and non-statutory committees that specialise in risk management for clinical and/non-clinical functions in the overseeing and monitoring of risk and/or compliance

- Third Line of Defence: NHS Somerset ICB Audit Committee, internal and external audit providers, and external assurance providers.

7.5.32 All reports presented to the Board include identified risks. All strategic documents are reviewed by the Leadership Committee and any clinical risks to delivery are considered. The effectiveness of the committee structure is continually reviewed internally via the Board review programme and against best practice where available. NHS Somerset ICB established its committee structure at its inaugural meeting on 1 July 2022, and the membership and terms of reference have been subject to review to ensure they are relevant and provide a sound system of internal governance for the organisation.

7.5.33 During 2022/23, the ICB Board has continued to oversee and monitor the implementation of the Somerset Integrated Care System (ICS) Health and Care strategic aims. The ICB Board and our Leadership Committee review the organisational compliance and delivery of the strategic objectives.

7.5.34 Attendance at the Board is recorded in the minutes and full membership of the Board has been present at the majority of the Board meetings and seminars during 2022/23.

7.5.35 Regular reports are presented to the Board to provide assurance on all ICB business and include:

- strategic planning
- financial management
- patient safety and quality of clinical care
- Care Quality Commission inspection reports
- organisational development
- performance management and the achievement of national and local NHS targets
- patient engagement
- stakeholder engagement
- emergency planning
- compliance with the NHS constitution
- identified risks and actions to address or mitigate the risks.

7.5.36 The Board's performance, effectiveness and capability is subject to continuous assessment. NHS Somerset ICB meets regularly with NHS England to provide assurance and the Chief Executive has had regular meetings with the NHS England Region in order to provide assurance of the continued effective delivery of local services.

Annual Audit of Conflicts of Interest Management

7.5.37 The revised statutory guidance on managing conflicts of interest for ICBs (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support ICBs to undertake this task, NHS England has published a template audit framework.

7.5.38 An annual audit was carried out by NHS Somerset's ICB's Internal Auditors which provided a moderate level of assurance for both the design and operational effectiveness of the ICB's systems for managing conflicts of interest.

Data Security

7.5.39 The UK is subject to the UK General Data Protection Regulation and UK Data Protection Act 2018 following the completion of the exit from the EU on 1 January 2021. Any information breaches are assessed and, where appropriate, reported through the Data Security and Protection (DSP) Toolkit, as set out in the NHS Digital guidance document, 'Guide to the Notification of Data Security and Protection Incidents'. The Security of Network and Information Systems (NIS) Directive also requires reporting relevant incidents to the Department of Health and Social Care. As there is no link between the DSP toolkit and the Strategic Executive Information System (STEIS), DSP Toolkit reportable incidents also need to be reported on STEIS. NHS Somerset ICB had no incidents which met the DSP Toolkit reporting threshold during 2022/23.

Data Quality

7.5.40 NHS Somerset ICB recognises the fundamental importance of reliable information and meets its responsibility in ensuring that good quality data is collated and appropriately used. All decisions, whether clinical, managerial or financial need to be based on information which is of the highest quality. During financial year 2022/23 we have continued to focus upon data quality in conjunction with our principal business analytics partner, South Central and West Commissioning Support Unit (CSU). The data used by the Board and delegated Committees/Groups is obtained through various sources, the majority of which are national systems and official NHS data sets. The provider data is quality assured through contract and performance monitoring and against the Secondary User Service (SUS).

7.5.41 There is collaborative agreement across the Somerset ICS that the data collected is appropriately sought and recorded, complete, accurate, timely and accessible, and that appropriate mechanisms are in place to support service delivery and continuity. Any identified data quality issues are addressed and resolved through the operational or contractual routes to ensure the accuracy of the Performance Reports provided to the ICB Board and its delegated Committees and the Somerset System Assurance Forum (SAF).

7.5.42 In addition, within the ICB, our Continuing Healthcare (CHC) team has developed local operating processes and continues to focus on data quality to provide a strong foundation for effective delivery of the CHC service.

Information Governance

7.5.43 The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular, personal identifiable information. The NHS Information Governance Framework is supported by the Data Security and Protection (DSP) toolkit, and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

7.5.44 All organisations that have access to NHS patient information are required to provide assurances that they are practising good information governance and use the DSP Toolkit to evidence this through publication of annual assessments. The DSP Toolkit is part of a framework for assuring that organisations are implementing the ten National Data Guardian data security standards as well as their statutory obligations for data protection and data security. The annual assessment and submission process completed by commissioned organisations provides assurance to the ICB, as the commissioner of health services for the population of Somerset, that commissioned services meet the required standards for information governance.

7.5.45 We place high importance on ensuring that robust information governance systems and processes are in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the DSP Toolkit and good information governance practice. All staff are required to undertake annual information governance training and we have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

7.5.46 57% of all staff had completed their information governance training by 31 March 2023. The Data Security and Protection (DSP) Toolkit requires at least 95% of staff to have undertaken training in year. The deadline for completion is 30 June 2023.

7.5.47 Due to the timing of transition from CCG to ICB, NHS Somerset CCG retained responsibility for completing and publishing a Data Security and Protection (DSP) Toolkit for 2021/22. A return of ‘standards not met’ was made and an improvement plan implemented which NHS Somerset ICB inherited and completed in relation to staff training by September 2022, meeting the required ‘standards met’. Publication for 2022/23 is required by 30 June 2023 with ICBs now Category 1 organisations for the DSP Toolkit.

7.5.48 Processes are in place for incident reporting and investigation of serious incidents. We have been developing information risk assessment and management procedures and a programme is being rolled out to fully embed

an information risk culture throughout the organisation against identified risks.

Business Critical Models

7.5.49 The ICB uses a number of models to support operational management; however, none of these models are business critical.

Third Party Assurances

7.5.50 NHS Somerset ICB contracts with a range of third-party providers in order to deliver healthcare services to the population of Somerset and to support the corporate functions of the ICB, for example, through the commissioning support service (CSU) and external payroll services: further details can be found on page 147, Delegation of Functions.

7.5.51 An assessment of control issues associated with third party providers is detailed in section xxxx? of this report. No further control weaknesses have been identified.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

7.5.52 NHS Somerset ICB has a Scheme of Delegation which ensures that financial controls are in place across the organisation.

7.5.53 The Audit Committee is responsible for seeking assurance and overseeing Internal and External Audit and Counter Fraud services, reviewing financial and information systems and monitoring the integrity of the financial statements, and reviewing significant financial reporting judgements. The Committee reviews the system of governance, risk management and internal control, across the whole of the ICB's activities.

7.5.54 The Audit Committee receives regular reports from Internal and External Audit and Counter Fraud.

7.5.55 The Audit Committee supports the view that fraud against the NHS will not be tolerated. All genuine suspicions of fraud are investigated and if proven, the strongest sanctions are sought against the perpetrators.

7.5.56 As well as overseeing the anti-fraud, bribery and corruption arrangements in place at providers, NHS Somerset ICB must also ensure that its own counter fraud measures remain robust. NHS Somerset ICB has well-established counter fraud arrangements in order to help us achieve the standards set out by the NHS Counter Fraud Authority. The ICB engages an Accredited Counter Fraud Specialist to implement an ongoing programme of anti-fraud, bribery and corruption work across the whole organisation. During 2022/23 work has involved the delivery of an annual work plan which follows the NHS Counter Fraud Authority standards to ensure our resources are protected from fraud, bribery and corruption, as well as addressing all four key areas of the national counter fraud strategy: namely, strategic governance; inform and involve; prevent and deter; and hold to account.

7.5.57 Somerset has historically taken a very robust approach to counter fraud work. The Local Counter Fraud Specialist (LCFS) is well resourced in terms of work plan days and the Audit Committee and senior management throughout the ICB understand the importance of counter fraud work and fully support the LCFS and the Director of Finance, Performance and Contracting in conducting that work.

7.5.58 The LCFS has developed key relationships with the following teams/directorates: Human Resources, Recruitment, Payroll, Risk Management and Communications. These relationships, coupled with the significant work done by the LCFS to develop an anti-fraud culture, have resulted in good quality referrals being made to the LCFS. This in turn has resulted in a good proportion of cases concluding in civil, criminal and/or disciplinary sanctions. Where possible these sanctions are publicised within the ICB to give staff confidence that robust action is taken when allegations of fraud are made; this also has a significant deterrent effect on other employees and prevents other incidents of fraud.

7.5.59 The LCFS shares briefings with all staff through the ICB 60 seconds bulletin, which covers key areas of learning from within the sector.

7.5.60 NHS Somerset ICB has a Whistleblowing Policy and reporting processes which are well publicised to staff, alongside a Freedom to Speak Up guardian and is currently recruiting for a Freedom to Speak Up Champion to support speaking up and colleague wellbeing. The ICB is confident these processes are effective. No cases have been reported during 2022/23.

7.5.61 In 2022/23 a level of efficiency savings were delivered in-year in relation to Continuing Healthcare services, GP Prescribing and ICB running costs. Through ICS meetings, local leaders continue to discuss Quality, Innovation and Prevention Programme/Cost Improvement Programme (QIPP/CIP) assumptions to inform future planning decisions and ensure that a robust peer challenge is in place across Somerset, but to also confirm that clear assumptions and monitoring are in place to ensure no double-counting across organisations.

7.5.62 NHS Somerset ICB looks at all opportunities for cost savings through demand management schemes and agree these with system partners.

7.5.63 To support this, NHS Somerset ICB has a Finance Committee, chaired by a Non-Executive Director of the ICB Board, which looks at the financial position and QIPP (quality, innovation, productivity and prevention)/CIP (cost improvement programme) opportunities across the range of services commissioned. This group meets monthly to review the position and has an active work programme which is actioned through the ICBs Leadership Team.

7.5.66 As part of the developing and continued working towards a single system of finance, activity and workforce, the individual operational and financial plans of the Somerset Health Partners are developed, cross-checked and triangulated as one, through established joint working and strengthened governance, as a collective partnership including Somerset County Council.

This is part of the system's ongoing open book approach to managing itself, through planning and delivery. The Somerset approach to managing the system as a single health and care system, supported by a long-term strategy, continues to be developed to ensure alignment and delivery of the aims for the system as a whole. This forward strategy will build on and refresh the already approved estates programme, capital plans, and digital plans. Future plans will continue to focus on managing demand and reducing cost across the system. This includes a focus on clinical variation (using Rightcare, Getting It Right First Time, Model Hospital, Reference Costs and more benchmarks), and looking at elective and non-elective pathways, medication, continuing healthcare, and optimisation in both the short and longer term through changes to the models of care. We also have a system-wide planning approach to the efficient and cost-effective use of bed capacity across all ICS Partners.

Delegation of Functions

7.5.65 It is implicit through the work of NHS Somerset ICB Board and delegated Committees that members have clear responsibility for ensuring appropriate use of resources. Where there are concerns in relation to budget management, these are clearly documented in the Risk Register.

7.5.66 Through NHS Somerset's ICB committee structure, regular reports are received about the performance of contracted service providers. Areas of under- and over-performance are addressed through contract meetings and reported through finance, performance and quality papers presented to ICB groups and committees.

7.5.67 The Audit Committee, under the scheme of delegation, monitors the financial stewardship of the organisation and is responsible for scrutinising and signing off the financial accounts.

7.5.68 NHS Somerset ICB Board and its Committees retain oversight of all risks, including those deemed to be systematic, and are responsible for ensuring that relevant mitigating actions are undertaken. No significant internal control failures have been identified throughout the financial year 2022/23 and Internal Audit has found no significant lapses in key controls tested in any of the audits that have been undertaken in this financial year.

7.5.69 NHS Somerset ICB commissions support services from the South, Central and West Commissioning Support Unit (CSU) for the provision of functions such as Business Intelligence, Information Technology and Information Governance, Procurement Services, Care Navigation Services, GP IT Services and additional consultancy and project support. The contract form provides the framework under which assurance about performance can be monitored and managed. In addition, in order to deliver assurance about the internal controls and control procedures operated by all CSUs, NHS England engages a reporting accountant to prepare a report on internal controls. The objective of this is to provide assurance in a cost-effective manner for the NHS, through reducing the duplication which would likely arise from multiple ICB internal and external auditors separately assessing CSU controls. The scope of the Service Auditor Report (SAR) covers Payroll, Financial Ledger,

Accounts Payable, Accounts Receivable, Financial reporting, Treasury and Cash Management and Non-Clinical Procurement. Of these services, NHS Somerset ICB only commissions the Non-Clinical Procurement service through the South Central and West CSU (SCW CSU). No control exceptions were identified within the SAR for the Non-Clinical Procurement service for 2022/23.

7.5.69 Type II ISAE 3000/3402 Service Auditor reports, which assess the state of the control environment for the period 1 April 2022 to 31 March 2023, have also been received and reviewed for the following services provided to the ICB:

- **NHS Shared Business Services Limited** provide finance and accounting services to the ICB. The 2022/23 SAR presented an opinion that the controls tested, relating to delivery of the control objectives, were operated effectively throughout the period 1 April 2022 to 31 March 2023

- **Capita Primary Care Support England (PCSE)** provide administrative and support services as part of the delegated commissioning function for Primary Care Medical services. The 2022/23 SAR presented a qualified opinion for the payments and pensions administration services provided by Capita PCSE, with exceptions identified relating to two out of 15 control objectives during the period. These exceptions resulted in the non-achievement of the following control objectives:

  - controls provide reasonable assurance that logical access by internal Capita staff and GPs to NHAIS and PCSE Online is restricted to authorised individuals

  - controls provide reasonable assurance that logical access by internal Capita staff to ISFE, LPA, PCSE Online and POL are restricted to authorised individuals

    * no significant impacts have been identified as a result of these exceptions in respect of the service provided to the ICB

- **NHS Business Services Authority** provide and maintain the Electronic Staff Record system (ESR system) and the prescriptions payment process on behalf of NHS Somerset ICB

  - The 2022/23 SAR covering the ESR system presented a qualified opinion with three exceptions identified, resulting in the following control objectives not being achieved:

    * Control Objective 2: controls provide reasonable assurance that security configurations are created, implemented and maintained to prevent inappropriate access

    * Control Objective 3: controls provide reasonable assurance that system and network processing issues are identified, reported and resolved in a timely manner, and that performance against

the Service Level Agreement (SLS)/contractual requirements for the ESR service is monitored

* Control Objective 4: controls provide reasonable assurance that physical access to controlled areas is restricted to authorised individuals, and that facilities are protected against environmental threats

NHS Somerset ICB considers that these exceptions had no significant impact on the service provided to the ICB

- The 2022/23 SAR covering the prescriptions' payment system presented a qualified opinion with one exception identified. This exception related to the controls to provide reasonable assurance that access to systems is appropriately restricted. The ICB considers that this exception had no significant impact on the service provided to the ICB.

- **NHS Digital** (now merged with NHS England from 1 February 2023) provides IT services to support the processing of NHS payments and deductions to providers of General Practice (GP) services in England. The 2022/23 SAR presented a qualified opinion with exceptions reported for two control areas, resulting in the following control objectives not being achieved:

  - Control Objective 2: controls are in place to provide reasonable assurance that access to systems is controlled

  - Control Objective 4: controls are in place to provide reasonable assurance that system change cannot be undertaken unless valid, authorised and tested

    NHS Somerset ICB considers that these exceptions had no significant impact on the control environment of NHS Somerset ICB.

The Better Care Fund

7.5.70 The Better Care Fund (BCF) was established by the Government to encourage the integration of health and social care and to achieve specific national conditions and local objectives. These relate to supporting people to live as independently as possible in their own homes and avoid unnecessary admissions to hospital, long-term care placements or avoidably long stays in a treatment or care setting.

7.5.71 It was a requirement of the BCF that NHS Somerset ICB and Somerset County Council establish a pooled fund for this purpose. This is in place and the management of the fund is covered by a signed agreement under Section 75 of the National Health Service Act 2006.

7.5.72 The BCF has evolved since its inception and now incorporates three budgetary components:

- the Disabled Facilities Grant, managed via District Councils
- mandated NHS (ICB) contributions
- the Improved Better Care Fund (contributions via Somerset County Council)

7.5.73 Each year, local systems are required to provide a plan and progress reports on the use of the BCF. Better Care Fund plans are required to have oversight and sign-off by Health and Wellbeing Boards and this is the case for Somerset.

7.5.74 During 2022/23 the Somerset BCF continued to help drive forward our person-centred integration agenda and the 2022/23 plan secured and stabilised investment in:

- New Models of Care
- social prescribing and community-based support
- carers support services
- core social care services
- intermediate care services (including Rapid Response and Home First)
- Adult Social Care Discharge Fund (additional fund for 22/23 added to BCF)

Review of the Effectiveness of Governance, Risk Management and Internal Control

Counter Fraud Arrangements

7.5.75 The 2022/23 Counter Fraud Strategy and Annual Plan was developed to support NHS Somerset ICB in implementing appropriate measures to counter fraud, bribery and corruption. Having appropriate measures in place helps to protect NHS resources against fraud and ensures they are used for their intended purpose, the delivery of patient care.

7.5.76 The Counter Fraud Strategy and Annual Plan for 2022/23 aligns with the Government Functional Standards for Counter Fraud. These have been introduced to ensure a consistent approach across the public sector to protect services against the risk of fraud, bribery, and corruption. The 2022/23 strategy and work plan was produced taking into account:

- discussions with the Chief Finance Officer and Director of Performance and members of the Audit Committee
- local proactive work, risk measurement exercises and evaluation of previous work conducted at the former NHS Somerset CCG by the Local Counter Fraud Specialist (LCFS) and staff within the organisation
- risks identified from referrals received and investigations conducted at the ICB by the LCFS

- risks identified at other clients either locally or nationally by the NHS Counter Fraud Authority (NHSCFA)
- any national programme of proactive work by the NHSCFA
- the NHSCFA's strategic aims, including implementation of the new Functional Standards and increasing engagement with NHS organisations

7.5.77 The Counter Fraud service is provided by BDO LLP, which includes a local accredited Counter Fraud Specialist who ensures that the annual work plan is delivered. Regular progress reports are provided at each Audit Committee meeting detailing progress against the work plan and highlighting any emerging fraud risks or allegations as they arise. In addition, an annual report is produced showing an assessment against the functional standards, including any actions which need to be taken to ensure the standards are achieved.

7.5.78 The overall Executive Lead for counter fraud is Alison Henly, Chief Finance Officer and Director of Performance, who is responsible for proactively tackling fraud, bribery, and corruption.

Internal Audit

7.5.79 Following completion of planned audit work for NHS Somerset ICB for the nine-month period from 1 July 2022 to 31 March 2023, the Head of Internal Audit has issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

- the role of internal audit is to provide an opinion to the ICB Board, through the Audit Committee, on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives in the areas reviewed. The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control, and governance processes, within the scope of work undertaken by our firm as outsourced providers of the internal audit service. It also summarises the activities of internal audit for the period. The basis for forming my opinion is as follows:
  - an assessment of the design and operation of the underpinning Board Assurance Framework and supporting processes
  - an assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year, taking account of the relative materiality of these areas and management's progress in addressing control weaknesses
  - any reliance that is being placed upon third party assurances.

7.5.80 Overall, we are able to provide moderate assurance that there is a sound system of internal control designed to meet the ICB's objectives and that controls are being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.

7.5.81 In forming our view we have taken into account that:

- NHS Somerset ICB has delivered (subject to external audit) a break-even income and expenditure financial position for the period July 2022 to March 2023
- NHS Somerset ICB has displayed strong controls in relation to the key financial systems
- there is scope for improvement in some areas reviewed, in particular the effectiveness of cyber security, conflicts of interest and business continuity arrangements
- NHS Somerset ICB has risk management processes in place, acknowledging, however, that the new format of the Board Assurance Framework is under development
- good progress has been made during the year with the implementation of the actions arising from our audit work

7.5.82 Internal Audit services are provided to the ICB by BDO LLP. A risk-based approach is taken to the development of internal audit planning, using the ICB's own risk management processes and risk register. The internal audit work programme for 2022/23 was divided between the former NHS Somerset CCG and the new NHS Somerset ICB.

7.5.83 During the period 1 July 2022 to 31 March 2023, Internal Audit carried out its planned audit programme for the ICB and the tables below set out a summary of the audit reports completed and the level of assurance provided:

Area of Audit:	**Key Financial Systems**
Director:	**Alison Henly, Chief Finance Officer and Director of Performance**

Summary of Report

The purpose of the audit was to provide assurance over the ICB's internal financial controls in order to support effective management of resources. The review focussed on general ledger access controls, control account reconciliations, journal preparation and entry and the accuracy of financial reports.

Overall, the ICB have effective controls in place to supports its management of key financial systems. We tested procedures including journal processing, month-end financial reporting, control account reconciliations, forecasting and confirm the controls are consistently applied. We have raised one finding regarding leavers administration forms from our review of user access controls.

Therefore, we have provided substantial assurance over control design and operational effectiveness.

A number of areas of good practice were identified

- We reviewed a sample of 15 journal entries to determine if appropriate approval was provided and segregation of duties were maintained. From this, each journal was approved by a member of the finance team, with different approvers and preparers for each journal entry. We have performed data analytics to identify any unusual journal entries and confirmed through detailed testing that a sample had been correctly approved before posting and that the reason was justifiable. This included looking at month end accruals and payroll adjustments.

- We reviewed a sample of five starters, where an authorisation form had been completed and appropriate level of access had been provided in line with their role. Each of the authorisation forms had the required signatures from the sample of new starters.

- Control Accounts Reconciliations are completed monthly by SBS and reviewed by the Finance Team. From our review of a sample of nine reconciliations we confirmed that the reconciliations matched the ICB's reconciliations with no discrepancies. The ICB is in the process of introducing a new reconciliation process. From discussions with the finance accountant, it was noted that the new process has proved more effective at identifying discrepancies in the general ledger than the SBS reconciliation.

- The Financial Position of the ICB is presented to the Board monthly by the Associate Director of Finance. This report is created using the NHSE IFR submission which pulls information from the trial balance. We confirmed that the information included in the report agreed to the trial balance. Forecasting within these reports looks at the out-turn position for the various funding areas; at Year to Date (YTD) budgeted and actual spending, and from this the forecasted expenditure for the year. The current forecasted expenditure for the ICB is in line with the planned budget at Month seven position (October 2022).

- The Management Accounts team produces monthly budget reports for the different areas of funding. We held discussions with the Senior Management Accountant to understand the assumptions for variances within the outturn position for Prescribing, Acute Services and Continuing Healthcare to determine if the forecasts appear reasonable. These reports contain information regarding patient numbers, spending, benchmarking against other ICBs and other relevant news which influences the funding area. From these discussions and review of budget reports, it was deemed that the information was clear, and the assumptions were reasonable.

Areas of Concern

Our review has not raised any key findings. We have included one low finding regarding general ledger user access controls.

Recommendation

The ICB should introduce a process where the finance team is informed of leavers who had access to the financial system. Then, their access can be removed in a timely manner. This should include bank staff and those on maternity leave.

Management Response

The Information Governance Team is working with the Digital team and others to introduce a new universal starters / leavers / movers form in order to ensure that the right teams within the organisation are made aware of any relevant workforce changes that affect their areas of responsibility. When this work is completed, it will ensure that the Finance team is made aware of whether the related staff member is an Oracle user, in order that access can be reviewed and removed if appropriate. This work is ongoing, but the current expectation is that this will be completed by September 2023.

Area of Audit:	**Cyber Security**
Director:	**Alison Henly, Chief Finance Officer and Director of Performance**
Design:	**Moderate**
Effectiveness:	**Moderate**
Recommendations	**3 medium significance**

Summary of Report

The purpose of this audit was to provide assurance over the design and operation of the controls in place to protect the ICB's IT systems, services, and information against a cyberattack.

The ICB has mechanisms in place to identify, monitor and mitigate cyber security risks across the organisation, with the support of external providers, primarily SCW CSU.

However, further work is required in several areas to ensure that incident management processes are robust and accurately documented and that potential weaknesses to the ICB's network are monitored, mitigated, and swiftly rectified. Furthermore, where there is collaboration with external providers, it is essential that the ICB's processes align to the processes of those providers to be able to implement strong cyber security controls. Consequently, we conclude moderate assurance over both the design of the ICB's cyber security controls and their operational effectiveness.

Areas of Strength

The ICB demonstrated robust risk management processes in place to monitor and mitigate cyber security risks. A comprehensive cyber risk register was found to be in place, alongside an action plan which is regularly reviewed and updated in co-ordination with South, Central and West Commissioning Support Unit (SCW CSU), who support the ICB in managing their cyber security posture.

Quarterly reports are provided to the ICB by SCW, highlighting areas of exposure affecting the ICB such as end-of-life operating systems and applications, threats and vulnerabilities, dormant user accounts and device encryption. These reports were found to contribute significantly to the ICB's identification and mitigation of cyber risks, as mentioned above, and key issues and strengths are discussed at the ICB's Information Governance, Risk Management and Caldicott Committee meetings.

The ICB operates a Cyber Security Champions Group, with the aim of involving representatives from the organisation's divisions in the identification and management of cyber security risks. A dedicated Microsoft Teams channel is in place for this, alongside regular meetings and workshops to discuss current themes and potential issues in relation to cyber security. This was found to be an innovative and collaborative way of managing cybers risks. Furthermore, regular, targeted communications are provided to all ICB staff to increase cyber security awareness.

Areas of Concern

We have raised three medium priority recommendations to improve the ICB's cyber security controls and procedures:

- There were several instances noted where endpoint devices and servers are currently running operating systems and applications which are no longer supported by the software provider.

Recommendation

Devices and servers which are running unsupported operating systems or applications should be upgraded, replaced or removed from the ICB's network to ensure that potential vulnerabilities are addressed.

Management Response

End of life devices and endpoints will be addressed as part of the ICB capital replacement programme with funding now confirmed by NHS England. It is anticipated that this will form part of the 2022/23 programme.

The SCW CSU's IT Services Continuity Plan and procedure documents embedded within it are overdue for review. Without up-to-date plans and processes in place, there is a risk that communication, escalation, and operational response processes will not be fully understood and executed in the event of a cyber-attack.

Recommendation

SCW CSU's IT Services Continuity Plan, IT Backup and Disaster Recovery Procedures and IT Service Incident Management Communication Plan should be reviewed, updated, and regularly tested to ensure that contact details, processes for escalation and communication arrangements are up to date, accurate and understood, in the event that the plans need to be activated or issues need to be escalated.

Management Response

SCW CSU are in the process of updating the Business Continuity Plan (BCP) reflecting their new Digital, Data and Technology target operating model. An updated BCP will be shared with the ICB in January 2023 and subsequently taken to IGRMCC before the end of 2022/23.

The ICB's websites are managed by third parties, contracts for which are managed by individual service areas within the ICB and are therefore outside of the control of the Digital team and SCW CSU. However, evidence of the contracts and underlying service level agreements (SLAs) were not provided for one of the websites during the audit and we are therefore unable to provide assurance that risks in relation to web server hosting are being managed effectively. Furthermore, it was identified that assurances were not being provided by the relevant service areas to the Digital team over the ongoing management of the web server hosting contracts. Therefore, there is a risk that information governance and cyber security risks are not adequately identified and mitigated, which could lead to potential compromises to the ICB's network and unplanned website outages.

Recommendation

Assurances should be obtained over key risks for the management of web server contracts and SLAs, including consideration of the following areas:

- service specifications, key performance indicators (KPIs) and availability reports
- conflict resolution, assignment of responsibilities, contract management and contract review meetings
- right to audit clauses
- data governance and retention processes

- guarantees and third-party assurances (eg. Cyber Essentials certification) of organisational and technical measures to safeguard personal identifiable data
- disaster recovery, continuity and incident management plans and processes
- data backup and restoration plans, testing and monitoring
- risk management practices
- external penetration testing and remediation of identified issues

Management Response

The audit process has been helpful in highlighting how website contracts are currently managed within the ICB and providing details of the expected levels of assurance the ICB should be receiving from suppliers.

We will work with the teams and Information Asset Owners managing the website contracts to share best practice requirements and confirm the assurance reporting required to manage the current contracts. Future reporting lines to be established to Information Governance, Records Management and Caldicott Committee.

Area of Audit:	**Business Continuity and Emergency Planning**
Director:	**Jade Renville, Director of Corporate Affairs**
Design:	**Substantial**
Effectiveness:	**Moderate**
Recommendations:	**1 medium significance**

Summary of report

The purpose of this review was to evaluate the design and effectiveness of the controls in place to ensure the ICB is in compliance with the Act with regards to emergency plans and business continuity arrangements.

Overall, good controls have been introduced and embedded since the ICB being newly established in July 2022. With the majority of BCM framework, governance structure, and incident management arrangement adopted from the CCG, no fundamental impact was observed that could give rise to significant risks to the ICB.

However, we have raised one medium finding in relation to training completion recognising the impact from the pandemic.

Therefore, we have concluded substantial assurance over control design and moderate assurance over operational effectiveness.

Areas of Strength

The ICB has a comprehensive EPRR Policy, which clearly defines Board level responsibilities and lines of accountability throughout the organisation to ensure that incident response plans and service continuity plans have been established and are well communicated. The Policy aims to ensure that a Business Continuity Management System (BCMS) is in place with governance structure defined within the ICB as well as that with the system partners.

The ICB has developed an overarching Incident Response, Business Continuity and Service Recovery Plan, providing a framework that details the strategic management of the ICB's procedure for responding to an incident or major emergency that threatens the health, or delivery of health services, to the community, and continuity of the business of the organisation.

The ICB has identified prioritised activities by undertaking a strategic Business Impact Analysis. The risks of the priority functions have been clearly identified with the mitigation actions planed. The highest risk areas remain around the Telecoms and Staffing arrangements.

The ICB maintains a number of risk registers incorporating the risks in relation to business continuity:

- COVID-19 Major Incident Risk and Issue Log
- Information Governance and Cyber Risks
- CCG to ICG Transition Risks

- Somerset Health and Social Care Emergency Planning Group Risks (ensuring all organisations within the ICS have adequate plans to mitigate the EPRR risks)

The ICB is still in the process of transferring the risks from multiple risk registers to the ICB Corporate Risk Register (CRR) and Local Health Resilience Partnership (LHRP) risk register.

The ICB completed the EPRR Core Standard Self-assessments in September 2022 and submitted to NHSEI. The ICB is compliant with all core standards as per the 2022 self-assessment.

The ICB ensures NHS Somerset ICB and any sub-contractors it commissions have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance.

A number of exercises have been undertaken at the ICB to test the incident responding and business continuity plans. They include the Incident Response Plan Validation Exercise and Cyber Incident Response Exercise. The ICB has also participated in the national Exercise Arctic Willow, which include business continuity, severe weather and industrial actions. Lessons were learned from the exercises with action plans developed and implemented for improvement.

The ICB is piloting a workbook style approach of plan testing centred around the organisational response to a power outage in 2022. If successful, this approach will be embedded, and further exercises run on a bi-monthly basis to align with team meetings, to cover threats such as adverse weather, IT outage, outbreaks.

The business continuity plan has been tested in response to the COVID-19 pandemic in the past three years, and slight amendments were made to accommodate some changes required through the COVID-19 restrictions. Lessons learned are reviewed and updated frequently. Actions for improvement are followed up.

Under the new structure of an ICB, the responsible Committee of EPRR is the Leadership Committee to receive update reports and approve plans. The Annual EPRR Compliance Statement and current EPRR positions will be reported to the ICB Board in January 2023.

Areas of Concern

The EPRR Training Matrix does not define the frequency of each essential training course for the relevant roles. Moreover, not all staff have completed the essential training courses as required (Finding 1 – Medium)

Recommendation

The training needs analysis should be reviewed in accordance with the NHSE Minimum Occupational Standards for EPRR released in July 2022, to ensure the training completion frequency is defined within the monitoring tracker.

Non-compliance with the training completion requirements should be flagged up in the EPRR self-assessment record and reported to both NHSEI and the ICB Board.

Management Response

We agree with the recommendations.

Due to overall pressures and the nature of COVID, we had to suspend the majority of training to concentrate on our response to the pandemic but have maintained the essential elements of on call training. Prior to joining the on-call rota, all members undertake an introduction to on call with the Head of EPRR and are provided with supporting materials to prepare them for their role. Even though we remain in level 3 response, we have introduced a rolling programme of bite size awareness sessions, to which all members of the on-call team are invited. We share the slides and any narrative for them to review after the event, but we have not sought confirmation from non- attenders that they have undertaken the self-study. This is certainly something we can introduce going forward.

In addition, we have carried out a mapping exercise against the Minimal Occupational Standards to identify how our existing training meets the standards and will build on this as we develop our training programme further.

Area of Audit:	**Conflicts of Interest**
Director:	**Jade Renville, Director of Corporate Affairs**
Design:	**Moderate**
Effectiveness:	**Moderate**
Recommendations:	**1 high significance** **2 medium significance** **1 low significance**

Summary of report

ICBs are required to comply with the guidance on 'Managing Conflicts of Interest in the NHS' which was issued in February 2017. The predecessor CCG organisation had to comply with the revised conflicts of interest guidance that included specific focus on the GPs. There was a requirement to undertake an annual internal audit. This was an important mechanism to confirm and obtain assurance that the safeguards set out in the revised statutory guidance had been embedded. The outcome of the audit was reported in the CCG's annual governance statement and discussed as part of the annual end-of-year governance meeting with NHS England regional teams.

There is a similar requirement for ICBs to report in their annual governance statement on conflicts of interest (CoI) processes, together with the fact that ICBs are new organisations with additional responsibilities and new Non-Executive Directors and members of the Board, some of whom work for provider organisations

.

In November 2022, NHS England issued guidance whereby, ICB's are required to undertake a self-assessment of the register of interests and management of conflicts of interests to comply with the new section of the NHS Act 2006 as amended by the Health and Care Act 2022.

The Act states that the guiding principle for conflicts of interest policy is to ensure that decisions are made in the public interest by avoiding any undue influence. The principles of collaboration, transparency and subsidiarity should be at the centre of any decision-making. It is crucial that ICBs ensure that the Board and committees are appropriately

composed and take into account the different perspectives individuals will bring from their respective sectors to inform decision-making.

In January 2023, the national CoI training module on the Electronic Staff Records (ESR) was removed by NHS England, which was used as the main training arrangement across ICB's. As at December 2022, the training compliance rate was at 73.16%.

In addition to the required board roles, the ICB is expected to establish leadership structures and accountability for the organisation's responsibilities in delivering agreed local and national priorities.

As a result of the 2021/22 CoI audit, where a moderate opinion was provided on the design and a moderate opinion on the operational effectiveness of the processes, the audit work has been tailored this year. Seven recommendations were raised in the 2021/2022 audit, and progress of their implementation is detailed in the audit report.

Areas of Strength

We reviewed a sample of three sets of minutes from the Audit Committee and Primary Care Commissioning Committee, two sets from the ICB Board and a set from Leadership Committee and Quality Committee. Conflicts of interest were a standing agenda item at each of these meetings and we confirmed that they have been recorded in the meeting minutes with appropriate actions taken.

The ICB has an up-to-date register for declaration of gifts and hospitality, which is published on the ICB's website with all the sections necessary in line with the national NHS Guidance. The gift and hospitality forms for the two gift submissions were completed, signed, and approved correctly according to the ICB's process.

At each procurement exercise, the Procurement Team deliver a bespoke training presentation to the evaluators which outlines the declaration process. We reviewed the presentation and confirmed that it outlined the circumstances where declarations should be made and included step-by-step guidance on how this is entered on the ICB's Electronic database. Therefore, there are adequate training arrangements in place for members involved in procurement to ensure interests are managed adequately.

We reviewed the process for managing breaches and non-compliance and confirmed that the process is in line with the statutory guidance. The ICB's conflict of interest policy clearly states the process for managing and publishing breaches and how non-compliance will be investigated and resolved.

We confirmed that the ICB has an established process to undertake checks against the Association of the British Pharmaceutical Industry (ABPI) register. The ICB are currently updating the policy for Joint Working with Pharmaceutical Industry, where the ABPI process will be formally outlined.

We reviewed the self-assessment completed by the ICB Chief Executive, requested by NHSE in December 2022, and confirmed that responses reflected the controls in place to manage conflicts at the ICB correctly.

Areas of Concern

Two members listed on the ICB Board register of interest did not update their declarations in the past 12 months. The register for Band 8A and above members indicated that there were 32 (33%) instances where, staff did not update their interest for the 2022/23 fiscal year (Finding 1 – High).

For the contract signed in December 2022, the testing identified three instances where evaluation panel Declaration of Interest (DoI) forms were not fully complete. Hence, it was unclear if there were members with undeclared interests (Finding 2 – Medium).

DoI forms for two new starters were returned significantly after the start date. In one instance, the form was returned 217 days after the start date, and 89 days for the remaining case (Finding 3 – Medium).

The ICB's Standards of Business Conduct policy and Acceptance of Gifts and Hospitality/Commercial Sponsorship Policy and Procedure are outdated. The Gifts policy was due for a review in January 2022 and the Standards of Business Conduct was due for a review in January 2023 (Finding 4 – Low).

Recommendation

1 The Corporate Governance Lead Officer should send a reminder to the two Board members who have not updated their interests since 2021/22.

2 The Governance Team should develop a document which outlines best practice examples of how declarations should be made and mitigation actions to ensure declarations are completed adequately. This should be issued to members who have not completed their declarations adequately and integrated as part of the briefing emails.

3 For the members who have not updated their declarations on the Grade 8A or above register, the Governance Team should escalate this with the Directors to ensure its completion. The ICB should consider whether declarations form part of the annual appraisal process to increase compliance rates.

Management Response

1 Agreed. An email was sent on 27 April 2023 to four ICB Board members asking them to update their Declarations of Interest. They have now done so, and an updated Register has been posted on the ICB website.

2 Agreed. The Corporate Governance Lead Officer will undertake to do this as part of her new role. However, please note that the requirement for paper-based completion of forms (as part of the current HR recruitment process) will likely be removed, with all new starters being required to sign-up directly to the electronic database: refer also to recommendation/response (6) below.

3 Agreed. An escalation email has been sent to the appropriate Directors. However, please note that future publication of this Register on the website will only be for staff band 8C and above (in line with the Policy).

Recommendation

4 The ICB should review the process of how nil declarations are captured. We recommend that DoI forms issued by the Procurement Team should be amended to include a tick box, indicating where the member does not have any interests to declare. This will eliminate uncertainty where the interest section is left incomplete.

5 Once all forms are returned for a procurement exercise, these should be reviewed by the Procurement Lead to ensure that all sections are completed.

Management Response

4 Agreed. The procurement team will update the DoI form with a tick box to eliminate the uncertainty.

5 Agreed. Further training will be put in place for audit of forms received.

Recommendation

6 The ICB should consider removing the use of paper forms as this is a repetition of the automated process and requires manual input. The ICB should require the staff member to declare their interests on the database within 28 days of their enrolment and monitor compliance.

7 The HR Team should provide a list to the Governance Team on a monthly basis outlining the new joiners and outstanding declarations. This tool should be utilised by the Governance Team to chase outstanding declarations, where there are breaches to the 28-day timeframe. If there is persistent non-compliance, management should be informed to encourage staff in completing their declarations.

8 The removal of paper forms and implementation of the new process should be detailed within the Standard Business of Conduct policy to ensure adherence to procedures.

9 The ICB should update the Standards of Business Conduct and Acceptance of Gifts and Hospitality policy to ensure that it is in line with current practice. In addition, the Standards of Business Conduct policy should contain up to date information in relation to the ICB's Local Counter Fraud Specialist, to ensure that staff have correct contact information to raise concerns.

Management Response

6 Agreed. The HR recruitment process will be updated to remove the requirement for paper declarations, and new starters will be asked to sign-up to the database within 28 days.

7 Agreed. The HR team does provide a list of new starters/leavers to the Governance Team on a monthly basis. This will be cross-referenced to the database to ensure that new starters have signed-up to the database, and properly completed the required declarations.

8	Agreed. The implementation of the new process will be detailed in the Standard Business of Conduct policy, which is currently being reviewed.
9	Agreed. The Policies will be updated accordingly.

Area of Audit:	**Financial Sustainability**
Director:	**Alison Henly, Chief Finance Officer and Director of Performance**
Design:	**N/A**
Effectiveness:	**N/A**

Summary of report

This was an advisory piece of work, which aimed to provide an assessment of the maturity of the organisation's arrangements for financial sustainability. A 72 question self-assessment was required to be completed by the ICB by 30 September 2022. We then identified if this score was reasonable and where exceptions were identified.

30 actions were identified for questions in which the ICB scored one to three. In addition, several other actions were noted for areas that were scored as four. This demonstrated the ICB's appetite for making improvements.

Overall, the ICB has been able to demonstrate a high level of compliance with the questions set out in the assessment, with all questions where the ICB has scored themselves at a 4 or 5 confirmed through our testing and review of the evidence supplied.

The main area for the ICB to focus on is to develop the actions identified for questions that have been scored 1 to 3 to ensure they fully address the requirements.

Self-Assessment Summary

	Question	Self-assessment (average score)	No. of Questions scored 1 to 3	No. of Questions scored 4 & 5
A	***Business and financial plan***	4.3	2	10
B	***Budget setting***	4.3	3	11
C	***Budget reporting and monitoring***	3.0	8	0
D	***Forecasting***	3.9	3	5
E	***Cost improvement / efficiency plans***	3.5	6	5
F	***Board reporting***	4.0	2	4
G	***Financial governance framework***	4.2	1	4
H	***Culture, training and development***	3.6	5	3

Self-assessment scoring:
1 – the statement never holds true
2 – often the arrangement is not in place
3 – the statement holds about half the time
4 – there are areas where there is room for improvement
5 – the statement holds true for the whole organisation or whole process all the time

Areas of Development:

Whilst current action plans for questions scored 1 to 3 will result in improvements to scores, some are currently only documented at a high level within the assessment and do not consistently include key details such as implementation dates and action owners.

Area of Audit:	**Primary Care Commissioning – Readiness for Delegation**
Director:	**Alison Henly, Chief Finance Officer and Director of Performance and Bernie Marden, Chief Medical Officer**
Design:	**N/A**
Effectiveness:	**N/A**

Summary of report

This was an advisory piece of work in which we observed the ICB's readiness for pharmacy, ophthalmic and dental delegation (POD).

We consider that the ICB has applied a pragmatic approach, with the resources it had to work through all the tasks and functions in the Safe Delegation Checklist. It has raised questions throughout the process, made requests for information to gain an understanding of functions and obtain assurances, so that it is in the best possible position to provide a recommendation to the Board.

There are areas that have not been concluded or actions known to mitigate the risks. The ICB has been raising these throughout the process, however the financial, workforce and reputational quantification of these are not yet clear.

The ICB has identified risks and the teams are working through the potential mitigations and actions. These need to be assessed, monitored, and incorporated into the ICB risk management processes. We consider that the current RAG risk ratings that have been identified for each 'function' at this point in time, are a fair reflection of the position.

A number of advisory observations have been made and further actions identified for consideration with regard to the specific areas of:

- processes and governance
- financial position, contract and quality arrangements
- managing expectations and people impact
- IT and information governance

These have been reviewed and responded to by the ICB.

Summary Review of the Effectiveness of Governance, Risk Management and Internal Control

7.5.84 My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

7.5.85 Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed. I have been advised on the implication of the result of this review by:

- the work of the internal auditors
- Executive Directors, Senior Managers and Clinical Leads within the ICB who have responsibility for the development and maintenance of the internal control framework
- available performance information
- comments made by the external auditors in their annual audit letter and other reports.

7.5.86 The Corporate and Strategic Risk Register have been designed to provide me, as Accountable Officer, with sources of assurance which are evidence that the effectiveness of controls that manage risks to the ICB are achieving their principal objectives and are reviewed on an on-going basis as described earlier in this chapter.

7.5.87 The Executive Directors within NHS Somerset ICB who have responsibility for the development and maintenance of the system of internal control provide me, as Accountable Officer, with assurance.

7.5.88 As Accountable Officer, I have received assurance of the effectiveness of the ICB's internal controls as discharged through the committees described in pages 136-138.

7.5.89 We have also described the process that has been applied in maintaining and reviewing the effectiveness of the system of internal control, including the role and outputs of the:

- NHS Somerset ICB Board
- Audit Committee
- Finance Committee
- Patient Safety and Quality Committee
- Remuneration Committee
- Primary Care Commissioning Committee

Conclusion

7.5.90 I can confirm that no significant internal control issues have been identified.

Jonathan Higman
Chief Executive
NHS Somerset Integrated Care Board
29 June 2023

Annex 1 (Governance Statement)

The general practices of NHS Somerset ICB as at 31 March 2023 are listed below grouped within their Primary Care Network.

Practice Name	Address
West Somerset PCN	
West Somerset Healthcare	West Somerset Healthcare, Williton Surgery, Robert Street, Williton, Taunton, Somerset, TA4 4QE
Minehead Medical Centre	Minehead Medical Centre 2 Irnham Road, Minehead, Somerset, TA24 5DL
Symphony Healthcare Services Limited (Exmoor Medical Centre)	Exmoor Medical Centre, Oldberry House, Fishers Mead, Dulverton, Exmoor, TA22 9EN
Dunster & Porlock Surgeries	Dunster & Porlock Surgeries, West Street, Dunster, Somerset, TA24 6SN
Bridgwater PCN	
Quantock Medical Centre	Quantock Medical Centre, Banneson Road, Nether Stowey, Bridgwater, Somerset, TA5 1NW
Cannington Health Centre	Cannington Health Centre, Mill Lane, Cannington, Bridgwater, Somerset, TA5 2HB
East Quay Medical Centre	East Quay Medical Centre, Symons Way, East Quay, Bridgwater, Somerset, TA6 4GP
Taunton Road Medical Centre	Taunton Road Medical Centre, 12-16 Taunton Road, Bridgwater, Somerset, TA6 3LS
Cranleigh Gardens Medical Centre	Cranleigh Gardens Medical Centre, Cranleigh Gardens, Bridgwater, Somerset, TA6 5JS
Redgate Medical Centre	Redgate Medical Centre, Westonzoyland Road, Bridgwater, Somerset, TA6 5BF
Somerset Bridge Medical Centre	Somerset Bridge Medical Centre, Stockmoor Park, Taunton Road, Bridgwater, Somerset, TA6 6LD
Symphony Healthcare Services Limited (North Petherton Surgery)	North Petherton Surgery, Mill Street, North Petherton, Somerset, TA6 6LX
Polden Medical Practice	Polden Medical Practice, Quarry Ground, Edington, Bridgwater, Somerset, TA7 9HA and

Practice Name	Address
	Woolavington Surgery, 9 Bitham Walk, Woolavington, Somerset, TA7 8ED
North Sedgemoor PCN	
Symphony Healthcare Services Limited (Burnham and Berrow Medical Centre)	Burnham Medical Centre, Love Lane, Burnham on Sea, Somerset, TA8 1EU
Brent Area Medical Centre	Brent Area Medical Centre, Anvil House, East Brent, Highbridge, Somerset, TA9 4JD
Cheddar Medical Centre	Cheddar Medical Centre, Roynon Way, Cheddar, Somerset, BS27 3NZ
Axbridge & Wedmore Medical Practice	Axbridge Surgery, Houlgate Way, Axbridge, Somerset, BS26 2BJ
Symphony Healthcare Services Limited (Highbridge Medical Centre)	Highbridge Medical Centre, Pepperall Road, Highbridge, Somerset, TA9 3YA
West Mendip PCN	
Wells City Practice	Wells City Practice, Priory Medical Centre, Priory Health Park, Glastonbury Road, Wells, Somerset, BA5 1XJ
Wells Health Centre	Wells Health Centre, Priory Medical Centre, Priory Health Park, Glastonbury Road, Wells, Somerset, BA5 1XJ
Glastonbury Surgery	Glastonbury Surgery, Feversham Lane, Glastonbury, Somerset, BA6 9LP
Glastonbury Health Centre	Glastonbury Health Centre, 1 Wells Road, Glastonbury, Somerset, BA6 9DD
Vine Surgery Partnership	Vine Surgery, Hindhayes Lane, Street, Somerset, BA16 0ET
Mendip PCN	
Oakhill Surgery	Oakhill Surgery, Shepton Road, Oakhill, Radstock, Somerset, BA3 5HT
Grove House Surgery	Grove House Surgery, West Shepton, Shepton Mallet, Somerset, BA4 5UH
Park Medical Practice	Park Medical Practice, Cannards Grave Road, Shepton Mallet, Somerset, BA4 5RT

Practice Name	Address
Mendip Country Practice	Mendip Country Practice, Church Street, Coleford, Radstock, Somerset, BA3 5NQ
Beckington Family Practice	The Beckington Family Practice, St Luke's Surgery, St Luke's Road, Beckington, Frome, Somerset, BA11 6SE
Frome PCN	
Frome Medical Practice	Frome Medical Practice, Enos Way, Frome, Somerset, BA11 2FH
South Somerset East – Rural Practice Network PCN	
Symphony Healthcare Services Limited (Bruton Surgery)	Bruton Surgery, Patwell Lane, Bruton, Somerset, BA10 0EG
Millbrook Surgery	Millbrook Surgery, Millbrook Gardens, Castle Cary, Somerset, BA7 7EE
Symphony Healthcare Services Limited (Wincanton Health Centre)	Wincanton Health Centre, Dykes Way, Wincanton, Somerset, BA9 9FQ
Milborne Port Surgery	Milborne Port Surgery, Gainsborough, Milborne Port, Sherborne, Dorset, DT9 5FH
Queen Camel Medical Centre	Queen Camel Medical Centre, West Camel Road, Queen Camel, Yeovil, Somerset, BA22 7LT
South Somerset West PCN	
Symphony Healthcare Services Limited (Buttercross Health Centre)	Buttercross Health Centre, Behind Berry, Somerton, Somerset, TA11 7PB and The Ilchester Surgery, 17 Church Street, Ilchester, Somerset, BA22 8LN
Symphony Healthcare Services Limited (Martock Surgery & South Petherton Medical Centre)	Martock Surgery & South Petherton Medical Centre, Church Street Surgery, Church Street, Martock, Somerset, TA12 6JL
Symphony Healthcare Services Limited (Crewkerne Health Centre)	Crewkerne Health Centre, Middle Path, Crewkerne, Somerset, TA18 8BX
Symphony Healthcare Services Limited (Hamdon Medical Centre)	Hamdon Medical Centre, Matts Lane, Stoke Sub Hamdon, Somerset, TA14 6QE

Practice Name	Address
Yeovil PCN	
Symphony Healthcare Services Limited (Ryalls Park Medical Centre)	Ryalls Park Medical Centre, Marsh Lane, Yeovil, Somerset, BA21 3BA
Symphony Healthcare Services Limited (Oaklands Surgery)	Oaklands Surgery, Birchfield Road, Yeovil, Somerset, BA21 5RL
Penn Hill Surgery	Penn Hill Surgery, St Nicholas Close, Yeovil, Somerset, BA20 1SB
Diamond Health group	74 Hendford, Yeovil, Somerset, BA20 1UJ and Abbey Manor Medical Practice, Abbey Manor Park, Yeovil, Somerset, BA21 3TL
Preston Grove Medical Centre	Preston Grove Medical Centre, Preston Grove, Yeovil, Somerset, BA20 2BQ
Chard, Crewkerne and Ilminster	
Summervale Surgery	Summervale Surgery, Ilminster Medical Centre, Canal Way, Ilminster, Somerset, TA19 0DT
Ariel Healthcare (Essex House and Tawstock Medical Centres)	Essex House Medical Centre, 59 Fore Street, Chard, Somerset, TA20 1QA Tawstock Medical Centre, St Mary's Crescent, Chard, Somerset, TA20 2DZ
Symphony Healthcare Services Limited (The Meadows Surgery Ilminster)	The Meadows Surgery, Ilminster Medical Centre, Canal Way Ilminster, Somerset, TA19 9FE
Church View Medical Centre	Church View Medical Centre, Broadway Road, Broadway, Ilminster, Somerset, TA19 9RX
Langport Surgery	Langport Surgery, North Street, Langport, Somerset, TA10 9RH
Tone Valley	
North Curry Health Centre	North Curry Health Centre, Greenway, North Curry, Taunton, Somerset, TA3 6NQ
Symphony Healthcare Services Limited (Creech Medical Centre)	Creech Medical Centre, Hyde Lane, Creech St Michael, Taunton, Somerset, TA3 5FA
Taunton Vale Healthcare	Taunton Vale Healthcare, Lisieux Way, Taunton, Somerset, TA1 2LB

Practice Name	Address
Lyngford Park Surgery	Lyngford Park Surgery, Fletcher Close, Taunton, Somerset, TA2 8SQ
Symphony Healthcare Services Limited (Warwick House Medical Practice)	Warwick House Medical Practice, Upper Holway Road, Taunton, Somerset, TA1 2QA
Taunton Deane West	
Symphony Healthcare Services Limited (Lister House Surgery)	Lister House Surgery, Croft Way, Wiveliscombe, Somerset, TA4 2BH
Luson Surgery	Luson Surgery, 41 Fore Street, Wellington, Somerset, TA21 8AG
Wellington Medical Centre	Wellington Medical Centre, Mantle Street, Wellington, Somerset, TA21 8BD
Taunton Central	
College Way Surgery	College Way Surgery, Comeytrowe Centre, Taunton, Somerset, TA1 4TY
St James Medical Centre	St James Medical Centre, St James Street, Taunton, Somerset, TA1 1JP
French Weir Health Centre	French Weir Health Centre, French Weir Avenue, Taunton, Somerset, TA1 1NW
Crown Medical Centre	Crown Medical Centre, Venture Way, Taunton, Somerset, TA2 8QY
Quantock Vale Surgery	Quantock Vale Surgery, Mount Street, Bishops Lydeard, Taunton, Somerset, TA4 3LH
No PCN	
West Coker Surgery (Patients are covered by the Yeovil PCN)	Westlake Surgery, High Street, West Coker, Somerset, BA2 9AH

Annex 2 (Governance Statement)

NHS Somerset: ICB Board **Attendance Record 2022/23**	✓ = Present X = Apologies Given				
(V) = voting Member (NV) = non-voting Member	01/07/22	29/09/22	01/12/22	26/01/23	30/03/23
Paul von der Heyde Chair (V)	✓	✓	✓	✓	✓
Suresh Ariaratnam Non-Executive Director (Chair of Primary Care Commissioning Committee) (V)	✓	✓	✓	X	✓
Dr Berge Balian Primary Care Partner Member (V)	✓	✓	✓	✓	✓
Charlotte Callen Director of Communications and Engagement (NV)		✓	✓	X	✓
Dr Victoria Downing-Burn Director of Workforce Strategy (NV)	✓	✓	✓	✓	✓
Christopher Foster Non-Executive Director (Chair of Remuneration Committee; and Somerset People Board) (V)	✓	✓	✓	✓	✓
Dr Caroline Gamlin Non-Executive Director (Chair of Safety and Quality Committee) (V)	✓	✓	✓	✓	✓
Judith Goodchild Healthwatch (Participant) (NV)	X	✓	✓	✓	✓
Professor Trudi Grant Director of Public Health (V)	✓	✓	✓	✓	✓
Maria Heard Programme Director, Fit for my Future (NV)		✓	✓	X	✓
Alison Henly Chief Finance Officer and Director of Performance (V)	✓	✓	✓	✓	✓
Jonathan Higman Chief Executive (V)	✓	✓	✓	✓	✓

NHS Somerset: ICB Board **Attendance Record 2022/23**	✓ = Present X = Apologies Given				
(V) = voting Member (NV) = non-voting Member	01/07/22	29/09/22	01/12/22	26/01/23	30/03/23
Peter Lewis Chief Executive, Somerset NHS Foundation Trust (Trust Partner Member) (V)	X	X	✓	✓	✓
Mel Lock Director of Adult Social Care, Somerset County Council (representing Chief Executive SCC) (Partner Member) (V)	✓	✓	✓		
Dr Bernie Marden Chief Medical Officer (V)	✓	✓	✓	✓	✓
David McClay Chief Officer of Strategy, Digital and Integration (Designate*) (NV)					✓*
Shelagh Meldrum Chief Nursing Officer (V)	✓	X	✓	✓	✓
Katherine Nolan SPARK Somerset, VCSFE sector (Participant) (NV)	X	✓	✓	✓	✓
Grahame Paine Non-Executive Director and Deputy Chair (Chair of Audit Committee) (V)	✓	✓	✓	✓	✓
Jade Renville Director of Corporate Affairs (NV)	✓	✓	✓	✓	✓
Alison Rowswell Acting Director of Operations and Commissioning (NV)		✓	✓	✓	✓
Duncan Sharkey Chief Executive, Somerset County Council (Partner Member) (V)					✓

NHS Somerset: Audit Committee **Attendance Record 2022/23**	✓ = Present X = Apologies Given			
(M) = Member (A)= In Attendance	06/07/22	27/09/22	14/12/22	010/3/23
Grahame Paine (M) Non-Executive Director	✓	✓	✓	✓
Christopher Foster (M) Non-Executive Director	✓	✓	✓	✓
Caroline Gamlin (M) Non-Executive Director	✓	✓	X	✓
Justine Turner (A) Internal Auditor, DBO	X	✓	✓	X
Claire Baker (A) Counter Fraud, DBO	✓	✓	✓	X
Mark Bartlett (A) External Auditor, Grant Thornton	✓	X	X	X
Jacqui Damant (A) Associate Director of Finance	✓	✓	✓	X
Alison Henly (A) Chief Finance Officer and Director of Performance	✓	✓	✓	✓
Jackson Murray (A) External Auditor, Grant Thornton	✓	✓	✓	✓
Adam Spires (A) Internal Auditor, BDO	✓	X	✓	✓
Jonathan Higman (A) Chief Executive	X	X	X	X

NHS Somerset: ICB Quality Committee ***Attendance Record 2022/23**	Y = Present N = Apologies Given				
(V) = voting Member (NV) = non-voting Member	20 July 2022	31 August 2022	26 October 2022	15 December 2022	15 February 2023
Caroline Gamlin (V) Chair and Non-Executive Director	**Y**	**Y**	**Y**	**Y**	**Y**
Shelagh Meldrum (v) Clinical Nurse Officer	**Y**	**N**	**Y**	**Y**	**Y**
Emma Savage Deputy Director of Quality and Nursing	**Y**	**Y**	**Y**	**Y**	**Y**
Graham Paine (V) Non-Executive Director	**Y**	**Y**	**Y**	**N**	**Y**
Suresh Ariaratnam Non-Executive Director	**Y**	**N**	**Y**	**Y**	**Y**
Lynette Emsley Associate Director of Continuing Healthcare Services	Y	N	**Y**	**Y**	**Y**
Sarah Ashe Designated Nurse Children Looked After and Care Leavers	**Y**	**Y**	**Y**	**Y**	**Y**
Joanne Nicholl Designated Doctor Safeguarding Children | General Practitioner	**Y**	**N**	**N**	**N**	**N**
Paul von de Heyde (PvdH) (V) Chair of Integrated Care Board	**N**	**Y**	**Y**	**N**	**Y**
Andrew Keefe Deputy Director of Commissioning - Mental Health, Autism, & Learning Disabilities	**N**	**Y**	**N**	**N**	**N**
Christopher Foster Non-Executive Director	**N**	**Y**	**N**	**N**	**N**
Shaun Green Deputy Director of Clinical Effectiveness and Medicines Management	**N**	**Y**	**Y**	**Y**	**Y**
Kate Staveley Associate Clinical Director for Women and Children's Health	**N**	**Y**	**N**	**N**	**N**
Bernie Marden (V) Chief Medical Officer	**N**	**N**	**N**	**Y**	**N**
Jonathan Higman Chief Executive	**N**	**N**	**N**	**Y**	**N**
Shona Turnbull-Kirk Associate Director of Somerset COVID Vaccination Programme	**N**	**N**	**N**	**Y**	**Y**

*the above attendance record includes the Non-Executive Directors, Directors and senior managers. More junior members of staff who may also have been in attendance are not shown here.

NHS Somerset: Remuneration Committee **Attendance Record 2022/23**	✓ = Present X = Apologies Given			
(V) = voting Member (NV) = non-voting Member	01.07.22	20.10.22	22.12.22	29.03.23
Christopher Foster (V) Non-Executive Director and Committee Chair	✓	✓	✓	✓
Suresh Ariaratnam (V) Non-Executive Director	✓	✓	✓	✓
Dr Caroline Gamlin (V) Non-Executive Director	✓	✓	✓	✓
Grahame Paine (V) Non-Executive Director	✓	✓	✓	✓
*Paul von der Heyde ICB Chair (V)			✓	✓

*Paul von der Heyde was formally added as a Voting member of the Remuneration Committee following approval of the revised Remuneration Committee Terms of Reference on 20 October 2022.

The following people were in attendance, at the invitation of the Committee Chair:

1 July 2022	20 October 2022	22 December 2022	29 March 2023
Jonathan Higman, ICB Chief Executive Marianne King, Associate Director of Human Resources and Organisational Development Paul von der Heyde ICB Chair	Jonathan Higman, ICB Chief Executive Victoria Downing-Burn, Director of Workforce Strategy Paul von der Heyde ICB Chair	Jonathan Higman, ICB Chief Executive	Jonathan Higman, ICB Chief Executive Victoria Downing-Burn, Director of Workforce Strategy

NHS Somerset: Primary Care Commissioning Committee **Attendance Record 2022/23**	✓ = Present X = Apologies Given			
(V) = voting Member (NV) = non-voting Member	September 2022	December 2022	December 2022 (Extra ordinary meeting)	March 2023
Suresh Araiaratnam Non-Executive Director (Chair) (V)	X	✓	✓	✓
Caroline Gamblin Non- Executive Director (Vice Chair) (V)	✓	✓	X	X
Christopher Foster Non- Executive Director (V)	X	X	X	✓
Alison Henly Chief Finance Officer (V)	✓	✓	✓	✓
Bernie Marden Chief Medical Officer (V)	✓	✓	✓	✓
Shelagh Meldum Chief Nursing Officer (V)	X	X	X	X
Dr Jeremy Imms Clinical Lead for Primary Care (V)	X	✓	✓	X
Tanya Whittle Deputy Director of Primary Care and Contracting (V)	✓	✓	✓	✓
Michael Bainbridge Associate Director of Primary Care (V)	✓	✓	✓	✓
Sandra Wilson Patient Representative (PPG Chairs) (V)	✓	✓	✓	✓
Louise Woolway / Alison Bell (Matthew Hibbert in September) Representative For Public Health (V)	✓	✓	✓	✓
Melanie Smoker NHS England (NV)	✓	✓	✓	✓
Judith Goodchild Somerset Healthwatch Representative (NV)	✓	✓	✓	✓
Dr Berge Balian Somerset GP Provider Board	✓	X	X	X
Dr Karen Sylvester / Dr Tim Horlock Somerset LMC Representative	✓	✓	X	X

NHS Somerset: Primary Care Commissioning Committee **Attendance Record 2022/23**			✓ = Present X = Apologies Given	
(V) = voting Member (NV) = non-voting Member	September 2022	December 2022	December 2022 (Extra ordinary meeting)	March 2023
Michael Lennox Somerset LPC Representative	X	X	✓	X
Charles Greenwood Somerset LOC Representative	✓	✓	X	✓
Andre Louw Somerset LDC Representative	✓	X	X	X

*the above attendance record includes the Non-Executive Directors, Directors and senior managers. More junior members of staff who may also have been in attendance are not shown here.

NHS Somerset: Finance Committee **Attendance Record 2022/23**	✓ = Present X = Apologies Given									
(V) = voting Member (NV) = non-voting Member	28 July 2022	17 August 2022	21 September 2022	13 October 2022	17 November 2022	21 December 2022	18 January 2023	15 February 2023	22 February 2023	22 March 2023
Paul von der Heyde (V) Chairman	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grahame Paine (V) Non-Executive Director	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
Christopher Foster (V) Non-Executive Director	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
Alison Henly (V) Chief Finance Officer and Director of Performance	✓	X	✓	✓	✓	✓	✓	X	✓	✓
Shelagh Meldrum (NV) Chief Nursing Officer	✓	✓	X	X	X	X	X	X	✓	X
Jonathan Higman (V) Chief Executive	X	X	✓	X	X	✓	X	X	✓	✓
Bernie Marden (NV) Chief Medical Officer	X	X	✓	✓	✓	✓	✓	✓	X	X

7.6 REMUNERATION AND STAFF REPORT

REMUNERATION REPORT

7.6.1 This section of the report contains details of remuneration and pension entitlements for senior managers of NHS Somerset ICB in line with Chapter 5 of Part 15 of the Companies Act 2006.

7.6.2 Senior managers are defined as those persons in senior positions having authority or responsibility for directing or controlling the major activities of the ICB. This means those who influence the decisions of the ICB as a whole, rather than the decisions of individual directorates or departments. Such persons will include advisory and lay members. In defining this, the scope the ICB has used is to include members of the decision-making groups within the ICB, which the ICB has defined as the ICB Board, excluding those members not directly employed by the ICB. Senior managers (excluding Lay Members) are generally employed on permanent contracts with a six month period of notice.

7.6.3 NHS Somerset ICB's Remuneration Committee is chaired by a Non-Executive Director. It is the Remuneration Committee that determines the reward packages of Executive Directors, whilst taking account of the Pay Framework for Very Senior Managers (VSM) published by the Department of Health.

7.6.4 The table below details the remuneration levels for all senior managers in NHS Somerset ICB.

Senior manager remuneration (including salary and pension entitlements)

		Total 1 July 2022 to 31 March 2023					
		Salary	**Expense payment (taxable)**	**Performance Pay and Bonuses**	**Long Term Performance Pay and Bonuses**	**All Pension Related Benefits**	**Total**
Name	**Title**	**(bands of £5,000)**	**(rounded to the nearest £100)**	**(bands of £5,000)**	**(bands of £5,000)**	**(bands of £2,500)**	**(bands of £5,000)**
		£'000	**£**	**£'000**	**£'000**	**£'000**	**£'000**
Jonathan Higman	Chief Executive	135-140	0	0	0	87.5-90	220-225
Alison Rowswell	Acting Director of Operations and Commissioning	75-80	0	0	0	130-132.5	210-215
Alison Henly	Chief Finance Officer and Director of Performance	95-100	3,900	0	0	77.5-80	180-185
Maria Heard	Programme Director of 'Fit for My Future'	85-90	0	0	0	17.5-20	105-110
Shelagh Meldrum	Chief Nursing Officer	105-110	0	0	0	7.5-10	115-120
Paul von der Heyde	Chair	40-45	0	0	0	0	40-45

		Total 1 July 2022 to 31 March 2023					
		Salary	Expense payment (taxable)	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension Related Benefits	Total
Name	Title	(bands of £5,000)	(rounded to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£'000	£	£'000	£'000	£'000	£'000
Bernie Marden	Chief Medical Officer (from 01/09/2022)	110-115	0	0	0	50-52.5	165-170
Victoria Downing-Burn	Director of Workforce Strategy (from 01/08/2022)	75-80	0	0	0	52.5-55	130-135
Charlotte Callen	Director of Communications and Engagement (from 05/09/2022)	55-60	0	0	0	7.5-10	65-70
Jade Renville	Director of Corporate Affairs (from 01/08/2022)	60-65	0	0	0	10-12.5	70-75
Caroline Gamlin	Non-Executive Director	5-10	0	0	0	0	5-10
Suresh Ariaratnam	Non-Executive Director	5-10	0	0	0	0	5-10
Grahame Paine	Non-Executive Director	5-10	0	0	0	0	5-10
Christopher Foster	Non-Executive Director	5-10	0	0	0	0	5-10

Officer Full Year Equivalent Salaries £000

Jonathan Higman	180-185	Victoria Downing-Burn	110-115
Alison Rowswell	95-100	Charlotte Callen	95-100
Alison Henly	130-135	Jade Renville	95-100
Maria Heard	105-110	Caroline Gamlin	10-15
Shelagh Meldrum	140-145	Suresh Ariaratnam	10-15
Paul von der Heyde	60-65	Grahame Paine	10-15
Bernie Marden	195-200	Christopher Foster	10-15

Officer Holder Changes:

Jade Renville was appointed as Director of Corporate Affairs on 1 August 2022.
Victoria Downing-Burn was appointed as Director of Workforce Strategy on 1 August 2022.
Bernie Marden was appointed as Chief Medical Officer on 1 September 2022.
Charlotte Callen was appointed as Director of Communications and Engagement on 5 September 2022.

Other Notes:

Expense payments relate to Lease Cars
No senior manager waived his/her remuneration.
No annual or long-term performance related bonus payments were made to any senior managers during the reporting period 1 July 2022 to 31 March 2023.

7.6.5 The following table details the pension entitlements for each of the senior managers who received pensionable remuneration through the NHS pension scheme.

7.6.6 Senior managers are defined as those persons in senior positions having authority or responsibility for directing or controlling the major activities of the ICB. This means those who influence the decisions of the ICB as a whole, rather than the decisions of individual directorates or departments. Such persons will include advisory and lay members. In defining this, the scope the ICB has used is to include members of the decision-making groups within the ICB, which the ICB has defined as the ICB Board, excluding those members not directly employed by the ICB. Senior managers (excluding Lay Members) are generally employed on permanent contracts with a six month period of notice.

Pension benefits as at 31 March 2023 (subject to audit)

Name	Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at Pension age at 31 March 2023	Lump sum at pension age related to accrued pension at 31 March 2023	Cash equivalent transfer value at 1 July 2022	Real increase in cash equivalent transfer value	Cash equivalent transfer value at 31 March 2023	Employer's contribution to partnership pension
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Jonathan Higman	Chief Executive	5-7.5	5-7.5	65-70	130-135	1,081	84	1,207	0
Alison Henly	Chief Finance Officer and Director of Performance	2.5-5	5-7.5	55-60	110-115	896	75	1006	0
Shelagh Meldrum	Chief Nursing Officer	0-2.5	0-2.5	10-15	25-30	212	7	233	0
Alison Rowswell	Acting Director of Operations and Commissioning	5-7.5	12.5-15	45-50	95-100	733	128	887	0
Charlotte Callen	Director of Communications and Engagement (from 05/09/2022)	0-2.5	0-2.5	0-5	0-5	0	0	10	0
Jade Renville	Director of Corporate Affairs (from 01/08/2022)	0-2.5	0-2.5	20-25	0-5	194	1	208	0
Maria Heard	Programme Director of Fit for My Future	0-2.5	0-2.5	15-20	0-5	222	9	251	0
Bernie Marden	Chief Medical Officer (from 01/09/2022)	2.5-5	0-2.5	75-80	150-155	1,403	40	1,507	0
Victoria Downing-Burn	Director of Workforce Strategy (from 01/08/2022)	2.5-5	2.5-5	25-30	50-55	434	39	498	0

Notes:

1. Non-Executive Directors do not receive pensionable remuneration.

2. Pensionable contributions may include more than just those from ICB employment. Where a GP is under a contract of service with the ICB and pays pension contributions then they are classed as 'NHS staff (Officer)' for pension purposes. The figures provided by NHS Pensions cover only the 'Officer' element of the GP's pension entitlement.

3. Cash Equivalent Transfer Value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023 to 24 CETV figures.

Cash equivalent transfer values

7.6.7 A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

7.6.8 A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

7.6.9 The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

7.6.10 This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office (subject to audit)

7.6.11 NHS England has set restrictions on the payment of any compensation within the ICB. There have been no compensation terms agreed by NHS England.

Payments to past directors (subject to audit)

7.6.12 NHS Somerset ICB has made no payments to past directors during the period 1 July 2022 to 31 March 2023.

Fair Pay Disclosure (subject to audit)

7.6.13 Reporting bodies are required to disclose separately, for salary and allowances, and performance pay and bonuses:

- the percentage change from the previous financial year in respect of the highest paid director, and
- the average percentage change from the previous financial year in respect of employees of the entity, taken as a whole

7.6.14 The ICB was established on 1 July 2022 and therefore does not have a previous year comparator. The percentage change disclosed represents the change in salaries throughout the period from 1 July 2022 to 31 March 2023.

Percentage changes in remuneration of the highest paid director

Disclosure	**Increase / (Decrease) %**
The percentage change in salary and allowances from the previous financial year in respect of the highest paid director	0%
The percentage change in performance pay and bonuses from the previous financial year in respect of the highest paid director	0%
The average percentage change in salary and allowances from the previous financial year in respect of all employees (excluding the highest paid director)	4.82%
The average percentage change in performance pay and bonuses from the previous financial year in respect of all employees (excluding the highest paid director)	0%

7.6.15 Staff remuneration increases for the period reflect the pay offer made by the Department of Health and Social Care (DHSC) during March 2023 to NHS staff on Agenda for Change pay terms and conditions.

Pay ratio information (subject to audit)

7.6.16 NHS Somerset ICB is required to disclose:

- the 25th percentile, median and 75th percentile of remuneration of the ICB's staff (based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) as at the reporting date)
- the 25th percentile, median and 75th percentile of the salary component of remuneration of the ICB's staff (based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff) as at the reporting date)
- the range of staff remuneration
- the relationship between the remuneration of the highest-paid director / member in the organisation against the 25th percentile, median and

75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

7.6.17 The table below illustrates:

- remuneration of NHS Somerset ICB staff
- the ratios of staff remuneration against the mid-point of the banded remuneration of the highest paid director
- the ratios of the salary component of staff remuneration against the mid-point of the banded remuneration of the highest paid director

Disclosure	**1 July 2022 to 31 March 2023**		
	25th percentile	**Median**	**75th percentile**
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	32,934	40,588	54,619
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	32,934	40,588	54,619
Ratio of remuneration of all staff to the mid-point of the banded remuneration of the highest paid director	6.00 : 1	4.87 : 1	3.62 : 1
Ratio of the salary component of remuneration of all staff to the mid-point of the banded salary of the highest paid director	6.00 : 1	4.87 : 1	3.62 : 1

7.6.18 The banded remuneration of the highest paid director / member in NHS Somerset ICB in the reporting period 1 July 2022 to 31 March 2023 was £195,000 to £200,000.

7.6.19 During the reporting period from 1 July 2022 to 31 March 2023, no employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £13,000 to £180,400 based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

7.6.20 The remuneration report and other disclosures referenced as 'subject to audit' in the Accountability Report will be audited by Grant Thornton UK LLP, Somerset ICB's external auditors.

- Single total figure of remuneration for each director
- CETV disclosures for each director
- Payments to past directors
- Payments for loss of office
- Fair pay disclosures
- Pay ratio information
- Exit packages
- Analysis of staff numbers and costs.

Explanation of Key Terms used in Remuneration and Pension Reports

Term	Definition
Annual Performance Related Bonuses	Money or other assets received or receivable for the financial year as a result of achieving performance measures and targets for the period.
Cash Equivalent Transfer Value (CETV)	A CETV is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations.
Employer's contribution to stakeholder pension	The amount that the ICB has contributed to individual's stakeholder pension schemes.
Lump sum at pension age related to real increase in pension	The amount by which the lump sum to which an individual will be entitled on retirement has increased during the year
Lump sum at pension age related to accrued pension at 30 June 2022	The amount of lump sum pension to which an individual will be entitled on retirement at pension age as a result of their membership of the pension scheme to 30 June 2022
Real increase in CETV	This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.
Real increase in pensions at pension age	The amount by which the pension to which an individual will be entitled at pension age has increased during the year
Total accrued pension at pension age at 31 March 2022	The amount of annual pension to which an individual will be entitled on retirement at pension age as a result of their membership of the pension scheme to 31 March 2022

Remuneration of the Accountable Officer and Directors

7.6.21 The remuneration of the Chief Executive and Directors within the ICB is the responsibility of the Remuneration Committee. The committee comprises five voting members.

7.6.22 The membership and attendance at the Somerset ICB Remuneration Committee during the reporting period 1 July to 31 March 2023 is set out below:

Somerset ICB Remuneration Committee Meetings 1 July 2022 to 31 March 2023 Attendance Record	✓ = Present X = Apologies Given			
(V) = voting Member (NV) = non-voting Member	01/07/2022	20/10/2022	22/12/2022	29/03/2023
Christopher Foster (V) Non-Executive Director and Committee Chair	✓	✓	✓	✓
Suresh Ariaratnam (V) Non-Executive Director	✓	✓	✓	✓
Dr Caroline Gamlin (V) Non-Executive Director	✓	✓	✓	✓
Grahame Paine (V) Non-Executive Director	✓	✓	✓	✓
Paul von der Heyde (V) ICB Chair			✓	✓

*Paul von der Heyde was formally added as a Voting member of the Remuneration Committee following approval of the revised Remuneration Committee Terms of Reference on 20 October 2022.

Notes:

The following people were in attendance, at the invitation of the Committee Chair:

1 July 2022 Jonathan Higman, ICB Chief Executive Marianne King, Associate Director of Human Resources and Organisational Development Paul von der Heyde, ICB Chair	20 October 2022 Jonathan Higman, ICB Chief Executive Victoria Downing-Burn, Director of Workforce Strategy Paul von der Heyde, ICB Chair
22 December 2022 Jonathan Higman, ICB Chief Executive	29 March 2023 Jonathan Higman, ICB Chief Executive Victoria Downing-Burn, Director of Workforce Strategy

Policy on Remuneration of Senior Managers

7.6.23 National guidance was followed with regard to the remuneration of mandatory senior manager posts within NHS Somerset ICB; Chief Medical Officer, Chief Nursing Officer and Chief Finance Officer, along with the Chief Executive Officer. With other senior manager posts remuneration levels were agreed either at the former NHS Somerset CCG Remuneration Committee or thereafter at the NHS Somerset ICB Remuneration Committee. Benchmarking was carried out to establish that rates of pay were comparable

across the South West and are reviewed to ensure that pay scales remain competitive, but take into consideration the financial position of the organisation.

7.6.24 Agenda for Change guidelines are taken into consideration when assessing whether to award an inflationary increase to Directors.

Remuneration of Very Senior Managers (VSMs)

7.6.25 NHS Somerset ICB has two VSMs in post with remuneration levels that exceed £150,000 per annum. For one post, national guidance was followed for the level of remuneration awarded and this was approved regionally and centrally. For the other VSM post the approval process is currently being followed centrally with NHS England. The NHS Somerset ICB Remuneration Committee has approved the levels awarded to each post.

Policy on Contracts

7.6.26 All Senior Managers are on permanent contracts with a six-month notice period in place.

STAFF REPORT

Number of senior managers

7.6.27 The number of senior managers is set out below in paragraph 7.6.31 - Staff composition table.

Staff numbers and costs (subject to audit)

7.6.28 The NHS Somerset ICB's total staff costs for the period 1 July 2022 to 31 March 2023 are summarised in the following table. These figures are consistent with information provided within the financial statements:

	Total		
	Permanent Employees **£'000**	Other **£'000**	Total **£'000**
	N4G	**N4H**	**N4I**
Salaries and wages	9,334	975	10,309
Social security costs	1,107	58	1,165
Employer contributions to the NHS Pension Scheme	1,729	61	1,790
Other pension costs	1	0	1
Apprenticeship levy	37	0	37
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-

Termination benefits	160	0	160
Gross Employee Benefits Expenditure	**12,368**	**1,094**	**13,462**
Less: Recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Net employee benefits expenditure incl. capitalised costs	**12,368**	**1,094**	**13,462**
Less: Employee costs capitalised	-	-	-
Net employee benefits expenditure excl. capitalised costs	**12,368**	**1,094**	**13,462**

Average Number of Persons Employed (subject to audit)

7.6.29 The average number of ICB staff employed by staff grouping is as follows:

	1 July 2022 – 31 March 2023			Somerset CCG 2021/22
	Permanently employed	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	5	0	5	6
Administration and estates	194	16	210	192
Healthcare assistants and other support staff	0	0	0	0
Nursing, midwifery and health visiting staff	51	0	51	58
Scientific, therapeutic and technical staff	5	0	5	0
Social Care Staff	1	0	1	1
Total	**256**	**16**	**272**	**257**
Of the above: Number of whole-time equivalent people engaged on capital projects	-	-	-	-

7.6.30 The majority of employees are members of the NHS defined benefit pension scheme. Details of the scheme and its accounting treatment may be found within the accounting policies disclosed in the full audited accounts.

Staff composition

7.6.31 The breakdown of the gender profile for the ICB as at 31 March 2023 is set out below:

Category	% Male	% Female	Total Number
Board Voting Members	69.2	30.8	13
Executive Directors	22.2	77.8	9
All substantive ICB Staff	18.2	81.8	302

Sickness absence data and ill health retirements

7.6.32 The absence FTE % for NHS Somerset ICB was 3.09%. This is based on data available for the period 1 July to 31 December 2022.

7.6.33 The ICB has a clear and robust Management of Sickness Absence Policy.

7.6.34 Sickness absence data for NHS Somerset ICB is available via the following link: NHS Sickness Absence Rates - NHS Digital

7.6.35 One ill health retirement was supported during the period 1 July 2022 to 31 March 2023 at a value of £35,023.46.

Staff Turnover

7.6.36 Staff turnover for NHS Somerset ICB during the period 1 July 2022 to 31 March 2023 was 11.86%.

7.6.37 Staff turnover information for NHS Somerset ICB is captured as part of NHS Digital's NHS workforce statistics and is available via the following link: NHS workforce statistics - NHS Digital

7.6.38 This data series is an official statistics publication complying with the UK Statistics Authority's Code of Practice.

Staff engagement percentages

7.6.39 In the NHS National Staff Survey, staff engagement is measured across three themes:

Theme	**NHS Somerset ICB Staff Engagement Scores**
Advocacy	7.23
Motivation	7.20
Involvement	7.51
Overall staff engagement	**7.31**

7.6.40 The themes are summary scores for groups of questions, which taken together give more information about each area of interest. They are worked out by assigning values to responses (on a scale from 0 to 10) and calculating their average. All values reported relate to an average (mean) score, where a higher score indicates a more favourable outcome for the given indicator.

7.6.41 Staff engagement levels demonstrate the health of the workforce within the ICB. Compared to other organisation in the benchmarking sector, NHS Somerset ICB has scored above average in eight key themes, and below average for one key theme. The average engagement score decreased slightly from 7.37 in 2021 to 7.31 in 2022 (-0.06%). NHS Somerset ICB ranks within the top 4 rated ICBs who participated in the NHS National Staff Survey.

7.6.42 NHS Somerset ICB continues to be a responsive and inclusive organisation, engaging with staff through numerous activities and events which ensure there is an opportunity to speak up, foster good relationships, create, and nurture a culture of compassion and learning.

7.6.43 The 2022 survey included nine People Promise themes as well as sub questions. The results were analysed against these themes, highlighting that NHS Somerset ICB was in line, or above average with the sector nationally.

Staff Policies

7.6.44 NHS Somerset ICB applied the following new or updated staff policies in the period 1 July 2022 to 31 March 2023:

- the Agile Working Policy
- the Supporting Colleagues Who Are at Risk of Domestic Abuse Policy

Staff Diversity and Inclusion Policy, initiatives and longer-term ambitions

7.6.45 Whilst NHS Somerset ICB does not have a staff-facing Diversity and Inclusion Policy, there are a number of programmes within the organisation which support our aims. These include:

Measure	Detail
Equality Steering Group	The ICB has an equality steering group under which matters of both internal (staff facing) and external (patient facing) matters of diversity and inclusion (D&I) are discussed. Whilst D&I is a core consideration for all staff, this group seeks to respond to more complex matters regarding D&I and to contribute towards ethical decision making within the organisation.
Black Lives Matter Group	NHS Somerset has a Black Lives Matter group to support Black, Asian, minority ethnic staff within the organisation. This group helped establish an anti-racism Commitment which was adopted across the system by several partner organisations
Disability Confident Scheme	NHS Somerset is a member of the Disability Confident scheme, which supports employers to make the most of the talents disabled people bring to the workplace. We strive to become a Disability Confident level 2 employer in 2023, establishing personalised reasonable adjustment passports to support both staff and line managers .
Recruitment practices	NHS Somerset ICB operates a blind recruitment practice, to ensure that protected characteristics are not provided to recruiting managers for shortlisting purposes. We encourage reasonable adjustment for all applicants, including providing interview questions prior to interview, alternative locations and adaptions to face to face/online interviews. NHS Somerset ICB will continue to review recruitment practices and processes to ensure we are providing an inclusive platform for both internal and external applicants .

Equality training	NHS Somerset ICB has a mandatory training requirement for all members of staff, which must be renewed annually. We also provide bespoke training to individual teams, should that be requested. This is frequently delivered by the Equality, Diversity and Inclusion Lead (patient focused) and the Inclusion Manager, (workforce focused) in collaboration
Maternity Equity & Equality Working Group	Following the required national Maternity Equity & Equality Report, NHS Somerset ICB has established a multi-disciplinary working task group with the aim to authentically review and develop programmes that positively impact those individuals on the maternity pathway, regardless of gender, ethnicity or sexual orientation.

7.6.46 NHS Somerset ICB has a long-term ambition to embed Inclusion and equity into the core processes and policies which impact staff experience. We will work closely with the Integrated Care System (ICS) to develop, implement, and measure programmes and projects that are designed to improve staff experience across Somerset**.**

Trade Union Facility Time

7.6.47 The trade union (facility time publication requirements) regulations 2017 came into force on 1 April 2017.

7.6.48 In line with these regulations, all organisations employing more than 49 staff, must publish information on facility time, which is agreed time off from an individual's job to carry out a trade union role.

Our organisation

7.6.49 NHS Somerset ICB
1 July 2022 to 31 March 2023

Employees in our organisation

7.6.50 50 to 1,500 employees

Trade union representatives and full-time equivalents

7.6.51 Trade union representatives: 1
FTE trade union representatives: 0.80

Percentage of working hours spent on facility time

7.6.52 0% of working hours: 0 representatives
1 to 50% of working hours: 1 representative
51 to 99% of working hours: 0 representatives
100% of working hours: 0 representatives

Total pay bill and facility time costs

7.6.53 Total pay bill: £13,461,912
Total cost of facility time: £1,055
Percentage of pay spent on facility time: 0.01%

Paid trade union activities

7.6.54 Hours spent on paid facility time: 34.2
Hours spent on paid trade union activities: 7.2
Percentage of total paid facility time hours spent on paid TU activities: 21.05%

Expenditure on consultancy

7.6.55 NHS Somerset ICB consultancy expenditure in the period 1 July 2022 to 31 March 2023 was £270,470, as per note 5 in the accounts.

Off-payroll engagements

7.6.56 For all off-payroll engagements as at 31 March 2023, for more than £245* per day:

Table 1: Length of all highly paid off-payroll engagements

	Number
Number of existing engagements as of 31 March 2023	2
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	-
for between 3 and 4 years at the time of reporting	-
for 4 or more years at the time of reporting	-

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant

7.6.57 All existing off-payroll engagements, outlined above, have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

7.6.58 For all off-payroll engagements between 1 July 2022 and 31 March 2023, for more than £245(1) per day:

Table 2: Off-payroll workers engaged at any point during the financial period

	Number
Number of temporary off-payroll workers engaged between 1 July 2022 and 31 March 2023	3
Of which:	
Number not subject to off-payroll legislation(2)	0

Number subject to off-payroll legislation and determined as in-scope of IR35(2)	0
Number subject to off-payroll legislation and determined as out of scope of IR35(2)	3
Number of engagements reassessed for compliance / assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following review	0

(1) The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

(2) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

7.6.59 For any off-payroll engagements of NHS Somerset ICB Board members and/ or senior officials with significant financial responsibility, between 1 July 2022 and 31 March 2023:

Table 3: Off-payroll engagements / senior official engagements

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial reporting period	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial reporting period. This figure should include both on payroll and off-payroll engagements.	9

7.6.60 During the period there have been no incidences where a senior officer position has been held by an off-payroll member of staff.

Exit packages, including special (non-contractual) payments – (subject to audit)

Table 1: Exit Packages

Exit package cost band (inc. any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	-	-	-	-	-	-	-	-
£10,000 - £25,000	-	-	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-	-	-
£50,001 - £100,000	-	-	-	-	-	-	-	-
£100,001 - £150,000	-	-	-	-	-	-	-	-
£150,001 – £200,000	1	160,000	-	-	1	160,000	-	-
>£200,000	-	-	-	-	-	-	-	-
TOTALS	**1**	**160,000**	**-**	**-**	**1**	**160,000**	**-**	**-**

Exit costs in this note are accounted for in full in the year of departure. Where NHS Somerset ICB has agreed early retirements, the additional costs are met by NHS Somerset ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	**£000s**
Voluntary redundancies including early retirement contractual costs	-	-
Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice	-	-
Exit payments following Employment Tribunals or court orders	-	-
Non-contractual payments requiring HMT approval**	-	-
TOTAL	**-**	**-**

There were no other departures paid by NHS Somerset ICB for the period 1 July 2022 to 31 March 2023.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Table 1 which will be the number of individuals.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

7.7 PARLIAMENTARY ACCOUNTABILITY AND AUDIT REPORT

7.7.1 NHS Somerset ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report at **Appendix 1.**

Appendix One

NHS Somerset Integrated Care Board
Accounts for the nine month period ended 31 March 2023

NHS Somerset Integrated Care Board - Accounts for the nine month period ended 31 March 2023

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The Primary Statements:

Notes to the Accounts

Statement of Comprehensive Net Expenditure for the nine month period ended 31 March 2023

	Note	2022-23 £'000
Income from sale of goods and services	2	(1,868)
Other operating income	2	(500)
Total operating income		**(2,368)**
Staff costs	4	13,462
Purchase of goods and services	5	930,866
Depreciation and impairment charges	5	385
Provision expense	5	308
Other Operating Expenditure	5	92
Total operating expenditure		**945,113**
Net Operating Expenditure		**942,745**
Finance expense	7,8	14
Comprehensive Expenditure for the period		**942,759**

The notes on pages 5 to 26 form part of this statement

These accounts are for the nine month period from 1 July 2022 to 31 March 2023

Statement of Financial Position as at 31 March 2023

	Note	31-Mar-23 £'000	01-Jul-22 £'000
Non-current assets:			
Property, plant and equipment	10	195	193
Right-of-use assets	11	1,229	1,585
Total non-current assets		**1,424**	1,778
Current assets:			
Inventories	12	2	2
Trade and other receivables	13	3,460	3,379
Cash and cash equivalents	14	43	0
Total current assets		**3,505**	3,381
Total assets		**4,929**	5,159
Current liabilities			
Trade and other payables	15	(61,731)	(41,531)
Lease liabilities	11	(414)	(4)
Borrowings		0	(1,593)
Provisions	16	(342)	(359)
Total current liabilities		**(62,487)**	(43,487)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(57,558)**	(38,328)
Non-current liabilities			
Lease liabilities	11	(839)	(1,694)
Total non-current liabilities		**(839)**	(1,694)
Assets less Liabilities		**(58,397)**	(40,022)
Financed by Taxpayers' Equity			
General fund		(58,397)	(40,022)
Total taxpayers' equity:		**(58,397)**	(40,022)

The notes on pages 5 to 26 form part of this statement

These accounts are for the nine month period from 1 July 2022 to 31 March 2023

The opening balances shown in the column dated 1st July 2022 represent the assets and liabilities transferred from NHS Somerset CCG to NHS Somerset Integrated Care Board (Note 9).

The financial statements on pages 1 to 4 were approved by the NHS Somerset ICB Board on 29 June 2023 and signed on its behalf by:

Jonathan Higman
Chief Executive
NHS Somerset ICB

Statement of Changes In Taxpayers Equity for the nine month period ended 31 March 2023

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2022-23		
Balance at 01 July 2022	**0**	**0**
Transfers by modified absorption to (from) other bodies	(40,022)	**(40,022)**
Net operating expenditure for the financial period	(942,759)	**(942,759)**
Net funding	924,384	**924,384**
Balance at 31 March 2023	**(58,397)**	**(58,397)**

The notes on pages 5 to 26 form part of this statement

These accounts are for the nine month period from 1 July 2022 to 31 March 2023

Statement of Cash Flows for the nine month period ended 31 March 2023

	Note	2022-23 £'000
Cash Flows from Operating Activities		
Net operating expenditure for the period		(942,759)
Depreciation and amortisation	5	385
Movement due to transfer by Modified Absorption	9	(38,150)
Other Gains & Losses	7	4
(Increase)/decrease in inventories	12	(2)
(Increase)/decrease in trade & other receivables	13	(3,460)
Increase/(decrease) in trade & other payables	15	61,731
Provisions utilised	16	(325)
Increase/(decrease) in provisions	16	308
Net Cash Inflow (Outflow) from Operating Activities		**(922,268)**
Cash Flows from Investing Activities		
Interest received	8	10
(Payments) for property, plant and equipment	10	(66)
Net Cash Inflow (Outflow) from Investing Activities		**(56)**
Net Cash Inflow (Outflow) before Financing		**(922,324)**
Cash Flows from Financing Activities		
Grant in Aid Funding Received		924,384
Repayment of lease liabilities	11	(424)
Net Cash Inflow (Outflow) from Financing Activities		**923,960**
Net Increase (Decrease) in Cash & Cash Equivalents	14	**1,636**
Cash & Cash Equivalents at the Beginning of the Financial Period		**(1,593)**
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Period		**43**

The notes on pages 5 to 26 form part of this statement

These accounts are for the nine month period from 1 July 2022 to 31 March 2023

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBS) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

The Health and Social Care Act was introduced into the House of Commons on 6 July 2021. The Act allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

When clinical commissioning groups ceased to exist on 1 July 2022, the services continued to be provided by ICBs (using the same assets, by another public sector entity). The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 Reporting Period

These accounts are for the nine month period from 1 July 2022 to 31 March 2023. This shorter reporting period is due to the establishment of Somerset Integrated Care Board from 1 July 2022, with the abolition of NHS Somerset Clinical Commissioning Group on 30 June 2022.

It should be noted that prior year comparators are not provided in these financial statements since the ICB is a new statutory body.

1.3 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.4 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

For transfers of assets and liabilities from those bodies that closed on 30 June 2022 a modified absorption approach is applied. For these transactions only, gains and losses are recognised in reserves rather than the Statement of Comprehensive Net Expenditure.

1.5 Joint arrangements

Arrangements over which the ICB has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the ICB is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

The pooled budget agreements that NHS Somerset ICB holds with Somerset County Council (as mentioned in Note 1.6) are joint operations, with the exception of the Better Care Fund.

A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method.

1.6 **Pooled Budgets**

The ICB has entered into a pooled budget arrangement with Somerset County Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for learning disability services, community equipment and wheelchair provision, carers services and the Better Care Fund and a memorandum note to the accounts provides details of the income and expenditure.

The pool is hosted by Somerset County Council. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.7 **Operating Segments**

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB.

1.8 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

• As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles. Payment terms are within fourteen days of invoice date.

The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.9 **Employee Benefits**

1.9.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.9.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.10 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.11 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.12 **Property, Plant & Equipment**

1.12.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.12.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive net expenditure in the Statement of Comprehensive Net Expenditure.

1.12.3 **Subsequent Expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.13 **Government grant funded assets**

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.14 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.

The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.14.1 **The ICB as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise

· Fixed payments;

· Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;

· The amount expected to be payable under residual value guarantees;

· The exercise price of purchase options, if it is reasonably certain the option will be exercised; and

· Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.15 **Inventories**

Inventories are valued at the lower of cost and net realisable value.

1.16 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.17 **Provisions**

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

· A nominal short-term rate of 3.27% applies for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.18 **Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.19 **Non-clinical Risk Pooling**

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.20 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.21 **Financial Assets**

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

· Financial assets at amortised cost;
· Financial assets at fair value through other comprehensive income and;
· Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.21.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.21.2 **Financial assets at fair value through other comprehensive income**

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

1.21.3 **Financial assets at fair value through profit and loss**

Financial assets measured at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

1.21.4 **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.
The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses.
For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).
HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.
For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.22 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.23 **Value Added Tax**

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.24 **Foreign Currencies**

The ICB's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. NHS Somerset ICB does not have any exposure to foreign currencies.

1.25 **Losses & Special Payments (where reported in financial statements)**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.26 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.26.1 **Critical accounting judgements in applying accounting policies**

No critical judgments with a significant effect on the amounts recognised in the financial statements were required.

1.26.2 **Sources of estimation uncertainty**

There are no sources of estimation uncertainty that are considered to have a material impact on these financial statements.

1.27 **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.28 **New and revised IFRS Standards in issue but not yet effective**

· IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

· IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

2 Other Operating Revenue

	2022-23 Total
	£'000
Income from sale of goods and services (contracts)	
Education, training and research	**720**
Non-patient care services to other bodies	**1,080**
Other Contract income	**68**
Total Income from sale of goods and services	**1,868**
Other operating income	
Non cash apprenticeship training grants revenue	**34**
Other non contract revenue	**466**
Total Other operating income	**500**
Total Operating Income	**2,368**

For the nine month period from 1 July 2022 to 31 March 2023

3 Disaggregation of Revenue

	Education, training and research	Non-patient care services to other bodies	Other Contract income	Total
	£'000	£'000	£'000	£'000
Source of Revenue				
NHS	720	0	0	**720**
Non NHS	0	1,080	68	**1,148**
Total	**720**	**1,080**	**68**	**1,868**

	Education, training and research	Non-patient care services to other bodies	Other Contract income	Total
	£'000	£'000	£'000	£'000
Timing of Revenue				
Point in time	720	1,080	68	**1,868**
Over time	0	0	0	**0**
Total	**720**	**1,080**	**68**	**1,868**

4.1 Employee benefits

	For the period 1 July 2022 to 31 March 2023		
	Permanent £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	9,334	975	**10,309**
Social security costs	1,107	58	**1,165**
Employer Contributions to NHS Pension scheme	1,729	61	**1,790**
Other pension costs	1	0	**1**
Apprenticeship Levy	37	0	**37**
Termination benefits	160	0	**160**
Gross employee benefits expenditure	**12,368**	**1,094**	**13,462**
Less recoveries in respect of employee benefits	0	0	**0**
Total - Net admin employee benefits including capitalised costs	**12,368**	**1,094**	**13,462**
Less: Employee costs capitalised	0	0	**0**
Net employee benefits excluding capitalised costs	**12,368**	**1,094**	**13,462**

4.2 Average number of people employed

	For the period 1 July 2022 to 31 March 2023		
	Permanently employed Number	Other Number	Total Number
Total	**256**	**16**	**272**
Of the above:			
Number of whole time equivalent people engaged on capital projects	**0**	**0**	**0**

4.3 Exit packages agreed in the financial period

	For the period 1 July 2022 to 31 March 2023			
	Compulsory redundancies		Total	
	Number	£	Number	£
Less than £10,000	-	-	-	-
£10,001 to £25,000	-	-	-	-
£25,001 to £50,000	-	-	-	-
£50,001 to £100,000	-	-	-	-
£100,001 to £150,000	-	-	-	-
£150,001 to £200,000	1	160,000	1	160,000
Over £200,001	-	-	-	-
Total	**1**	**160,000**	**1**	**160,000**

This table reports the number and value of exit packages agreed in the financial period. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms and Conditions of Service Handbook and are in line with statutory requirements.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

5 Operating expenses

	2022-23 Total £'000
Purchase of goods and services	
Services from other ICBs, CCGs and NHS England	3,057
Services from foundation trusts	589,189
Services from other NHS trusts	7,481
Services from Other WGA bodies	20
Purchase of healthcare from non-NHS bodies	129,578
Purchase of social care	36,175
Prescribing costs	76,298
General Ophthalmic services	408
GPMS/APMS and PCTMS	82,868
Supplies and services – clinical	25
Supplies and services – general	659
Consultancy services	271
Establishment	932
Transport	2,968
Premises	169
Audit fees	273
Other non statutory audit expenditure	
· Other services	18
Other professional fees	95
Legal fees	133
Education, training and conferences	215
Non cash apprenticeship training grants	34
Total Purchase of goods and services	**930,866**
Depreciation and impairment charges	
Depreciation	385
Total Depreciation and impairment charges	**385**
Provision expense	
Provisions	308
Total Provision expense	**308**
Other Operating Expenditure	
Chair and Non Executive Members	85
Clinical negligence	7
Total Other Operating Expenditure	**92**
Total operating expenditure, excluding staff costs	**931,651**

For the nine month period from 1 July 2022 to 31 March 2023

1. External Audit Fees Net of VAT total £227,890. This includes fees of £52,890 for the NHS Somerset CCG statutory accounts audit for the period 1 April to 30 June 2022 and £175,000 for the NHS Somerset ICB statutory accounts audit for the period 1 July 2022 to 31 March 2023.
2. The auditor's liability for external audit work carried out for the financial year 2022/23 is limited to £1,000,000.
3. Internal Audit - As Internal Audit is carried out by a different organisation to our Statutory Audit, the Department of Health guidance is to show Internal Audit costs in 'Other professional fees'.

6 Better Payment Practice Code

Measure of compliance	2022-23 Number	2022-23 £'000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the period	6,915	170,548
Total Non-NHS Trade Invoices paid within target	6,915	170,548
Percentage of Non-NHS Trade invoices paid within target	**100.00%**	**100.00%**
NHS Payables		
Total NHS Trade Invoices Paid in the period	725	602,741
Total NHS Trade Invoices Paid within target	725	602,741
Percentage of NHS Trade Invoices paid within target	**100.00%**	**100.00%**

7 Other gains and losses

	2022-23 £'000
Loss on disposal of property, plant and equipment assets other than by sale	4
Total	**4**

8 Finance costs

	2022-23 £'000
Interest on lease liabilities	10
Total finance costs	**10**

9 Net gain/(loss) on transfer by absorption

The Health and Social Care Act was introduced into the House of Commons on 6 July 2021. The Act allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022 using absorption accounting in accordance with the DHSC Accounting Manual.

For transfers of assets and liabilities from those bodies that closed on 30 June 2022 a modified absorption approach is applied. For these transactions only, gains and losses are recognised in reserves rather than the Statement of Comprehensive Net Expenditure.

There was no gain or loss on transfer. The breakdown of the assets and liabilities transferred are set out below.

	NHS England Group Entities (non parent) £'000	Total £'000
Transfer of property plant and equipment	193	193
Transfer of Right of Use assets	1,585	1,585
Transfer of inventories	2	2
Transfer of receivables	3,379	3,379
Transfer of payables	(41,531)	(41,531)
Transfer of provisions	(359)	(359)
Transfer of Right Of Use liabilities	(1,698)	(1,698)
Transfer of borrowings	(1,593)	(1,593)
	(40,022)	**(40,022)**

10 Property, plant and equipment

2022-23	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 July 2022	0	0	0
Additions purchased	66	0	66
Disposals other than by sale	(41)	(5)	(46)
Transfer (to)/from other public sector body	543	119	662
Cost/Valuation at 31 March 2023	**568**	**114**	**682**
Depreciation 01 July 2022	0	0	0
Disposals other than by sale	(40)	(2)	(42)
Charged during the year	49	11	60
Transfer (to)/from other public sector body	371	98	469
Depreciation at 31 March 2023	**380**	**107**	**487**
Net Book Value at 31 March 2023	**188**	**7**	**195**
Purchased	188	7	195
Total at 31 March 2023	**188**	**7**	**195**
Asset financing:			
Owned	188	7	195
Total at 31 March 2023	**188**	**7**	**195**

10.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	5	7
Furniture & fittings	7	10

11 Leases

NHS Somerset Integrated Care Board has one lease which meets the definition of a lease under IFRS 16. This lease is in relation to Wynford House which is leased from NHS Property Services Limited. The lease is a 25 year lease, which ends December 2026.

11.1 Right-of-use assets

2022-23	Buildings excluding dwellings £'000	Total £'000
Cost or valuation at 01 July 2022	0	0
Reclassifications	(31)	(31)
Transfer (to) from other public sector body	1,694	1,694
Cost/Valuation at 31 March 2023	**1,663**	**1,663**
Depreciation 01 July 2022	0	0
Charged during the year	325	325
Transfer (to) from other public sector body	109	109
Depreciation at 31 March 2023	**434**	**434**
Net Book Value at 31 March 2023	**1,229**	**1,229**
Net Book Value by counterparty		
Leased from NHS Property Services	1,229	1,229
Net Book Value at 31 March 2023	**1,229**	**1,229**

11.2 Lease liabilities

2022-23	2022-23 £'000
Lease liabilities at 01 July 2022	0
Reclassifications	31
Interest expense relating to lease liabilities	(10)
Repayment of lease liabilities (including interest)	424
Transfer (to) from other public sector body	(1,698)
Lease liabilities at 31 March 2023	**(1,253)**
Balance by counterparty	
Leased from NHS Property Services	(1,253)
Balance as at 31 March 2023	**(1,253)**

11 Leases cont'd

11.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2022-23 £'000
Within one year	(424)
Between one and five years	(847)

11.4 Amounts recognised in Statement of Comprehensive Net Expenditure

2022-23	2022-23 £'000
Depreciation expense on right-of-use assets	325
Interest expense on lease liabilities	10

11.5 Amounts recognised in Statement of Cash Flows

	2022-23 £'000
Total cash outflow on leases under IFRS 16	424

12 Inventories

	Energy £'000	Total £'000
Balance at 01 July 2022	0	**0**
Transfer (to) from other public sector body	2	**2**
Balance at 31 March 2023	**2**	**2**

13 Trade and other receivables

	Current 2022-23 £'000	Non-current 2022-23 £'000
NHS receivables: Revenue	1,303	0
NHS prepayments	86	0
NHS accrued income	1,008	0
Non-NHS and Other WGA receivables: Revenue	105	0
Non-NHS and Other WGA prepayments	273	0
Non-NHS and Other WGA accrued income	476	0
VAT	209	0
Total Trade & other receivables	**3,460**	**0**
Total current and non current	**3,460**	

13.1 Receivables past their due date but not impaired

	2022-23 DHSC Group Bodies £'000	2022-23 Non DHSC Group Bodies £'000
By up to three months	1,302	13
By three to six months	0	1
By more than six months	0	7
Total	**1,302**	**21**

14 Cash and cash equivalents

	2022-23 £'000
Balance at 01 July 2022	0
Net change in year	43
Balance at 31 March 2023	**43**
Made up of:	
Cash with the Government Banking Service	43
Cash and cash equivalents as in statement of financial position	**43**
Balance at 31 March 2023	**43**

15 Trade and other payables

	Current 2022-23 £'000	Non-current 2022-23 £'000
NHS payables: Revenue	750	0
NHS accruals	5,116	0
Non-NHS and Other WGA payables: Revenue	7,827	0
Non-NHS and Other WGA accruals	39,105	0
Social security costs	175	0
Tax	148	0
Other payables and accruals	8,610	0
Total Trade & Other Payables	**61,731**	**0**
Total current and non-current	**61,731**	

Other payables include £877,326 outstanding pension contributions at 31 March 2023

16 Provisions

	Current 2022-23 £'000	Non-current 2022-23 £'000
Redundancy	39	0
Continuing care	303	0
Total	**342**	**0**
Total current and non-current	**342**	

	Redundancy £'000	Continuing Care £'000	Total £'000
Balance at 01 July 2022	**0**	**0**	**0**
Arising during the year	39	295	**334**
Utilised during the year	(208)	(117)	**(325)**
Reversed unused	0	(26)	**(26)**
Transfer (to) from other public sector body	208	151	**359**
Balance at 31 March 2023	**39**	**303**	**342**
Expected timing of cash flows:			
Within one year	39	303	**342**
Balance at 31 March 2023	**39**	**303**	**342**

The above is based on information currently held by NHS Somerset ICB.

The redundancy provision included above is an assessment of potential cost commitments for ICB Staff at risk of redundancy.

The 'Continuing Care' provision is an assessment of continuing care cases which are currently being reviewed by the Integrated Care Board's assessment panel. This has been based on the best professional judgement in line with IAS37. All of the cases awaiting panel have been provided for and the calculation has been based on estimated cost and the probability of success. The probability factor applied is based on success rates in the current financial year. A contingent liability in respect of this provision is shown in note 17.

17 Contingencies

	2022-23 £'000
Contingent liabilities	
Continuing Healthcare	71
Net value of contingent liabilities	**71**

There are no contingent assets.

18 Financial instruments

18.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS Integrated Care Board is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Integrated Care Board has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Integrated Care Board in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS Integrated Care Board standing financial instructions and policies agreed by the NHS Integrated Care Board. Treasury activity is subject to review by the NHS Integrated Care Board and internal auditors.

18.1.1 Currency risk

The NHS Integrated Care Board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS Integrated Care Board has no overseas operations. The NHS Integrated Care Board and therefore has low exposure to currency rate fluctuations.

18.1.2 Interest rate risk

The Integrated Care Board borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Integrated Care Board therefore has low exposure to interest rate fluctuations.

18.1.3 Credit risk

Because the majority of the NHS Integrated Care Board and revenue comes parliamentary funding, NHS Integrated Care Board has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

18.1.4 Liquidity risk

NHS Integrated Care Board is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS Integrated Care Board draws down cash to cover expenditure, as the need arises. The NHS Integrated Care Board is not, therefore, exposed to significant liquidity risks.

18.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

18 Financial instruments cont'd

18.2 Financial assets

	Financial Assets measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Trade and other receivables with NHSE bodies	2,276	2,276
Trade and other receivables with other DHSC group bodies	541	541
Trade and other receivables with external bodies	75	75
Cash and cash equivalents	43	43
Total at 31 March 2023	**2,935**	**2,935**

18.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Trade and other payables with NHSE bodies	750	**750**
Trade and other payables with other DHSC group bodies	5,122	**5,122**
Trade and other payables with external bodies	56,789	**56,789**
Total at 31 March 2023	**62,661**	**62,661**

19 Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
NHS Somerset Integrated Care Board	945,127	(2,368)	**942,759**	4,929	(63,326)	**(58,397)**
Total	**945,127**	**(2,368)**	**942,759**	**4,929**	**(63,326)**	**(58,397)**

NHS Somerset Integrated Care Board has only one operating segment, that of commissioning healthcare services for the population of Somerset.
The values above represent those reported internally within NHS Somerset ICB.

20 Joint arrangements - interests in joint operations

NHS Somerset Integrated Care Board is party to a number of pooled budget agreements with Somerset County Council. Under these arrangements funds are pooled under S75 of the Health Act 2006 for the provision of the following services;

- Community Equipment Services
- Carers Services
- Learning Disability Services
- The Better Care Fund (not treated as a Joint Operation)

The pool is hosted by Somerset County Council and, as a commissioner of healthcare services, the ICB makes contributions to the pool. NHS Somerset Integrated Care Board accounts for its share of the assets, liabilities, income and expenditure as determined by the pooled budget agreement.

NHS Somerset Integrated Care Board's share of the income and expenditure handled by the pooled budget in the financial year were as follows:

			Amounts recognised in Entities books ONLY
			2022-23
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Expenditure £'000**
Integrated Community Equipment Service Pooled Fund	NHS Somerset Integrated Care Board and Somerset County Council	Purchase healthcare equipment services	2,391
Carers Services Pooled Fund	NHS Somerset Integrated Care Board and Somerset County Council	Purchase Carers services	195
Learning Disability Service Pooled Fund	NHS Somerset Integrated Care Board and Somerset County Council	Purchase Learning Disability services	19,062
Better Care Fund	NHS Somerset Integrated Care Board and Somerset County Council	Purchase health and social care services	38,519*

* Excludes £152,625 included within Carers Pooled Budget figure

21 Related party transactions

Details of related party transactions with individuals are as follows:

2022/23 - 1 July 2022 to 31 March 2023	Payments to Related Party £ '000	Receipts from Related Party £ '000	Amounts owed to Related Party £ '000	Amounts due from Related Party £ '000
Berge Balian, Primary Care Partner Member, is a member of Somerset Local Medical Committee representing the South Somerset Constituency (transactions disclosed for Somerset Local Medical Committee)	1,081	0	1,050	0
Berge Balian, Primary Care Partner Member, is a Clinical Director (joint role) of South Somerset West Primary Care Network (transactions disclosed for South Somerset West Primary Care Network)	229	0	0	0
Berge Balian, Primary Care Partner Member, is a Medical Director of Symphony Healthcare Services (transactions disclosed for Symphony Healthcare Services and related practices)	20,244	0	0	0
Jonathan Higman, ICB Chief Executive, is a Non-Executive Director, South West Academic Health Science Network (transactions disclosed for South West Academic Health Science Network)	618	0	0	0
Bernie Marden, Chief Medical Officer, is an Associate Board Member of Sulis Hospital, Bath (subsidiary of RUH) (from 01/09/2022) (transactions disclosed for Sulis Hospital, Bath)	3,220	0	132	0
Grahame Paine, Non-Executive Director, is Chair of Trustee Board, SPARK Somerset (transactions disclosed for SPARK Somerset)	69	0	0	0

Note

In formulating this note the Integrated Care Board has considered all declarations of interest for Board Members.
Under IAS24, related party transactions have only been disclosed where they meet the following criteria:
(i) have control or joint control over the reporting entity;
(ii) have significant influence over the reporting entity; or
(iii) are a member of the key management personnel
The Register of Interests can be found on our website https://nhssomerset.nhs.uk/lists-and-registers/

The Department of Health and Social Care is regarded as a related party. During the year the Integrated Care Board has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:

NHS England
South, Central and West Commissioning Support Unit

NHS FOUNDATION TRUSTS

Dorset County Hospital NHS Foundation Trust
Royal Devon University Healthcare NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust
Somerset NHS Foundation Trust
South Western Ambulance Service NHS Foundation Trust
University Hospitals Bristol and Weston NHS Foundation Trust
Yeovil District Hospital NHS Foundation Trust

NHS TRUSTS

North Bristol NHS Trust

In addition, the Integrated Care Board has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Somerset County Council, NHS Property Services Limited, National Insurance Fund, NHS Pension Scheme and His Majesty's Revenue and Customs.

22 Events after the end of the reporting period

Delegation of Pharmacy, General Ophthalmic and Dental Services from NHS England

NHS Somerset ICB will take on delegated commissioning responsibility for Pharmacy, Ophthalmic and Dental Services from NHS England from 1st April 2023. The indicative value of the revenue resource transfer for these delegated services is £52.341m. This is a non-adjusting event in respect of the 2022/23 Year End Accounts of the ICB.

23 Financial performance targets

NHS Somerset ICB have a number of financial duties under the NHS Act 2006 (as amended).
NHS Somerset ICB performance against those duties was as follows:

	2022-23 Target	2022-23 Performance	2022-23 Duty Achieved
Capital resource use does not exceed the amount specified in Directions	180	66	Yes
Revenue resource use does not exceed the amount specified in Directions	942,759	942,759	Yes
Revenue administration resource use does not exceed the amount specified in Directions	9,033	8,538	Yes

Independent auditor's report to the members of the Governing Body of NHS Somerset Integrated Care Board

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of NHS Somerset ICB (the 'ICB') for the period ended 31 March 2023, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of Schedule 1B of the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2023 and of its expenditure and income for the period then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ICB's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the ICB to cease to continue as a going concern.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2022-23 that the ICB's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the ICB. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the ICB and the ICB's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to

continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022-23; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial period for which the financial statements are prepared is consistent with the financial statements.

Opinion on regularity of income and expenditure required by the Code of Audit Practice

In our opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

- we make a written recommendation to the ICB under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's responsibilities, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the ICB without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).
- We enquired of management and the Audit Committee, concerning the ICB's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and fraudulent income and expenditure recognition. We determined that the principal risks were in relation to:
  - Unusual journals (including journals posted by senior management and material post year end journals); and

- the completeness of year end expenditure and related accruals.

- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on unusual journals as defined above and those that changed the ICB's financial performance;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of the recognition of year-end manual expenditure accruals and related payable balances and testing payments made post year end to ensure that the expenditure was accounted for in the appropriate period; and
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to year-end manual expenditure accruals, including the prescribing accrual.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the ICB operates
  - understanding of the legal and regulatory requirements specific to the ICB including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The ICB's operations, including the nature of its other operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The ICB's control environment, including the policies and procedures implemented by the ICB to ensure compliance with the requirements of the financial reporting framework**.**

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities . This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 31 March 2023.

Our work on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the ICB's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, they will be reported by exception in a further auditor's report. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the period ended 31 March 2023.

Responsibilities of the Accountable Officer

As explained in the Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibilities for the review of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the ICB plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the ICB ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the ICB uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the ICB has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for NHS Somerset Integrated Care Board for the period ended 31 March 2023 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the members of the Governing Body of the ICB, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Governing Body of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the ICB and the members of the Governing Body of the ICB as a body, for our audit work, for this report, or for the opinions we have formed.

Jackson Murray

Jackson Murray, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Bristol

29 June 2023