

Appendix 2: Delivering our Statutory Functions

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

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

Our Joint Forward Plan explains the health services we have in place and will arrange to meet the needs of the people living in Somerset.

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

Detailed information about services can be found on our websites:

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

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

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

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

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans and business continuity management arrangements
- make information available to the public, including warning and informing in the event of an emergency
- co-operate with and share information with other local responder.

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

2. Duty to Promote Integration

Integration

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

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

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

Better Care Fund

The Better Care Fund within Somerset is a joined-up plan between health and social care. There are plans to strengthen this further within the county through a newly formed Joint Commissioning Steering Group with oversight by the Somerset Board. The plan contains some key areas of joint working including intermediate care services, carers services, community based schemes, Disabled Facilities Grant related schemes and home care or domiciliary care.

Pharmacy, Ophthalmic and Dentistry Services

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

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

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

Throughout 2024/25, NHS Somerset will continue to build on this model of integrated primary care, supporting with the training and education of professionals across different sectors; supporting public awareness campaigns regarding access to, and the benefits of the new models of care; supporting quality improvement initiatives to ensure the continuation of high standards of care, and; supporting investment in areas of integration that provide the biggest benefit to communities across Somerset.

Example: NHS Pharmacy First

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

3. Duty to Have Regard to Wider Effect of Decisions

We want to make decisions on and provide health services in an integrated way. Our Constitution [NHS-Somerset-ICB-Constitution-01.04.23-v1.2.pdf \(nhssomerset.nhs.uk\)](#) and Governance Handbook [Our Constitution and Governance - NHS Somerset ICB](#) explains how we work together to make decisions.

In making decisions about the provision of healthcare, the ICB must consider the wider effects of its decisions on the health and wellbeing of the people we serve (including by reducing inequalities in respect to health and wellbeing), the quality of services provided or arranged by both ourselves and other relevant bodies and the sustainable and efficient use of resources. This is known as the 'triple aim'.

- a) Health and wellbeing of our population (including by reducing inequalities with respect to health and wellbeing)
- b) The quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services)
- c) Sustainable and efficient use of resources by NHS bodies

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

4. Financial Duties

Living Within Our Means

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

True structural costs, predominantly the unavoidable inefficient cost of sub-scale services which are necessary to ensure appropriate provision and access across the geography of Somerset and Private Finance Initiative costs at SFT.

Challenges in recruitment and retention has led to premium-rate workforce costs to cover gaps in substantive.

Workforce availability to support sustainable primary care services.

Inefficiencies created by the existence of sub-scale and duplicate services which are not attributable to geographical necessity and could therefore be eliminated through redesign.

Historic non-delivery of recurrent efficiency savings and reliance on non-recurrent solutions to achieve in year balance.
The productivity and cost impacts of underutilised and expensive estate.
In some areas corporate services costs which benchmark highly compared with other systems and organisations.
Resources not being used to achieve best value as a consequence of historic investment and/or underinvestment decisions.

In 2023/2024, we have returned to a national financial framework which has reintroduced with a funding allocation based on fair shares for each system and a trajectory for return to this value from the exit level of funding from the 2021/22 pandemic financial regime over the next few financial years.

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

NHS Somerset will deliver all its financial duties in 2023/24 and has an assessed exit underlying financial deficit at 2023/24 in the region of £83m, which is £7m adverse to the original MTFP assumption.

This analysis of drivers and value of the Somerset deficit provides useful context and baseline information for future planning but does not generate solutions. Factors driving the deficit are not necessarily the same as solutions to achieve balance and improve value for money, although there will be significant overlap. The historic analysis of value is of limited future use due to the complex impacts of Covid-19 and the construct of the funding model within the new financial framework.

What we are seeking to achieve for our population:

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

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

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

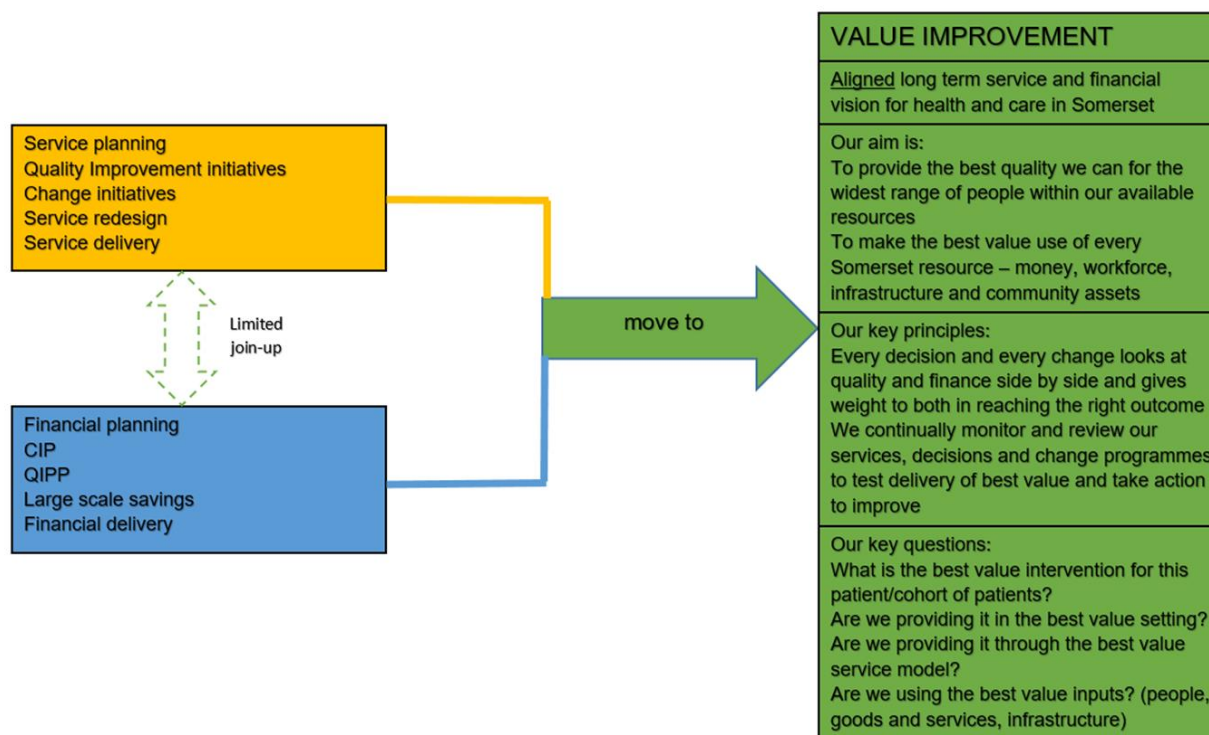
- Understanding and managing the interdependent and iterative relationship between the financial strategy, the emerging clinical and care model for Somerset and other enabling strategies is key to delivering a coherent and cohesive plan. The financial strategy and plan are shaped by the vision for services and the constraints and opportunities of workforce, infrastructure, and community assets. Financial constraints and opportunities inform and affect choices on delivery of the service vision.

- Under the new financial framework, regulatory and statutory expectations for both the system as a whole and individual partners are focussed on managing within the nationally determined allocation for our population and maximising the productive use of our resources, obtaining best value for every pound spent and optimising our use of workforce, infrastructure, and community assets.

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

We believe our quantified target financial position should be to achieve recurrent underlying financial balance by the time we exit 2026/27. This will need to be delivered through a renewed approach within the system and each partner organisation. This would include clarity on how the true structural elements of the Somerset deficit are recognised and managed.

Our strategic financial approach is summarised in the diagram below:



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

Establish and promote clear ownership and accountability for wise use of resources and securing financial balance.

Maintain and enhance our focus on financial governance and cost control.

Monitor and challenge value for money in all our investments, expenditure, and income contributions.

Enhance and develop our use of benchmarking, analysis, and soft intelligence to identify and pursue financial and productivity improvement opportunities.

Set and adhere to a robust framework for investment decisions which prioritises, within an affordable limit, only those investments which deliver a high rate of return in value for money terms, or which are truly unavoidable for safety or legal reasons.

Monitor investments and change projects for delivery and effectiveness of impact and disinvest where outcomes are not being achieved, resulting in poor value for money.

Invest in a balance of evidenced savings schemes with a reliable rate of return and higher risk or novel schemes which offer greater potential reward.

Optimise the use of non-recurrent financial flexibilities to develop and support delivery of savings and cost avoidance schemes.

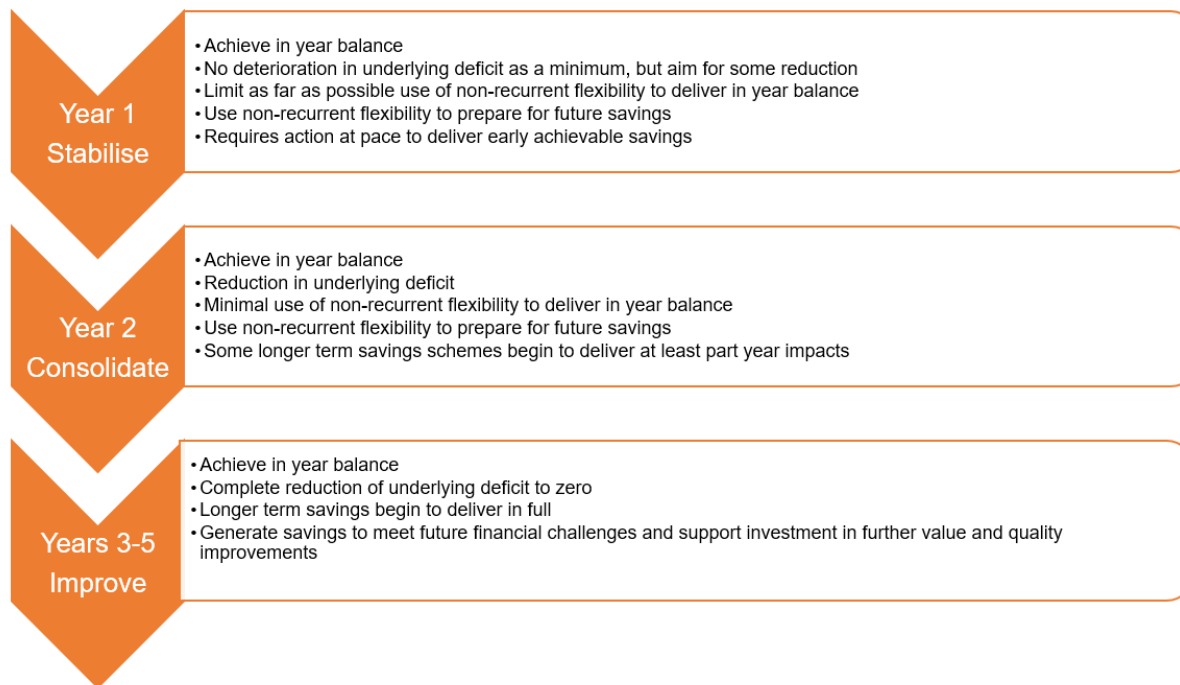
Incentivise and support the pursuit of new efficiency, productivity, and savings opportunities throughout the year.

Seek opportunities to maximise income and net contribution from NHS-funded initiatives and non-NHS sources.

Maintain and enhance our robust and collaborative approach to financial risk management and mitigation.

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

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



NHS Somerset submitted the Somerset Medium Term Financial Plan 2024/25 – 2027/28 in September 2023, which was developed collaboratively by partners from across our system, led by the System Finance Group, which includes the Chief Finance Officers of Somerset Integrated Care Board and Somerset NHS Foundation Trust (SFT) and a finance representative from Somerset Council. Submission of the MTFP was approved by the NHS Somerset Integrated Care Board and was considered by the SFT Board. Board discussion recognised the submission as being underpinned by a set of assumptions that will be further worked through as further clarification becomes available. Specifically, concerns were raised that there were few plans that underpin the level of savings contained in year 1, however these have been largely delivered by the system in 2023/24. The MTFP was submitted with a £11.3m deficit in 2024/25 and a £13.8m deficit in 2025/26, as per the table below. The MTFP anticipated that from 2026/27 the Somerset system can deliver a financial balance, returning to a recurrent balanced position by the end of 2027/28.

<u>MTFP Summary Table</u>	2024-25 £'000	2025-26 £'000	2026-27 £'000	2027-28 £'000	2028-29 £'000
Exit Previous Year Underlying Position	78,233	53,213	35,662	17,870	18,591
Total Movements		9,244	6,532	(8,835)	(25,886)
Opening Underlying Position	78,233	62,458	42,194	9,035	(7,295)
Total Sources of Funds	(50,842)	(47,280)	(58,013)	(59,637)	
Total Mandatory Tariff/Inflation Uplifts	38,072	37,450	38,010	38,867	
Total Cost Pressures	10,358	12,065	7,177	7,102	
Total Inflation Pressures	9,364	9,217	8,251	8,158	
<u>CIP / QIPP</u>					
Total CIP / QIPP	(51,024)	(50,594)	(49,139)	(49,338)	
Total Other Investments	19,052	12,346	29,389	64,404	
Revised Recurrent Position	53,213	35,662	17,870	18,591	
<u>N/R Adjustments to Achieve Financial Balance</u>					
Utilising of Non Recurrent funding	(26,000)	(4,000)	(3,000)	(2,000)	
ERF Benefit	(12,000)	(12,000)	(12,000)	(12,000)	
Slippage on Investments	(1,500)	(1,500)	(1,500)	(1,500)	
Additional EHR Funding Sources / Additional Cash Releasing Savings	(2,408)	(4,335)	(1,370)	(3,091)	
Final Position - Deficit/(Surplus)	11,305	13,827	0	0	
Performance					
<p>The Somerset operational finance, activity and workforce plans for 2023/24 were developed collaboratively across the system, led by the System Finance, Workforce and Activity Planning Groups which includes Executive Level membership from partners across Somerset ICS (Somerset ICB, Somerset Foundation Trust and Somerset Council). System leads have worked collaboratively to provide assurance around the triangulation of activity, workforce and finance.</p>					

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

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

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

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

5. Improving any Joint Local Health and Wellbeing Strategy (JLHWS)

Somerset is a low complexity system. We have:

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

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

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

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

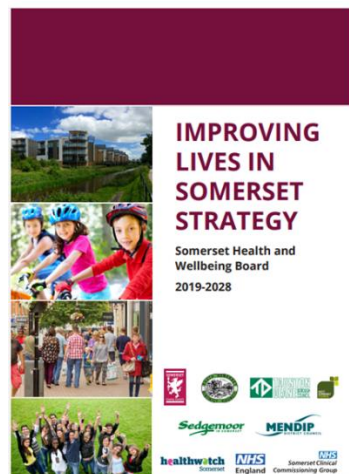
The following strategies drive forward the work of the committee in common:

[Improving Lives Strategy 2019-2028](#)
[Integrated Health and Care Strategy for Somerset](#)

Improving Lives

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

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



4 Priorities

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



Integrated Health and Care Strategy

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

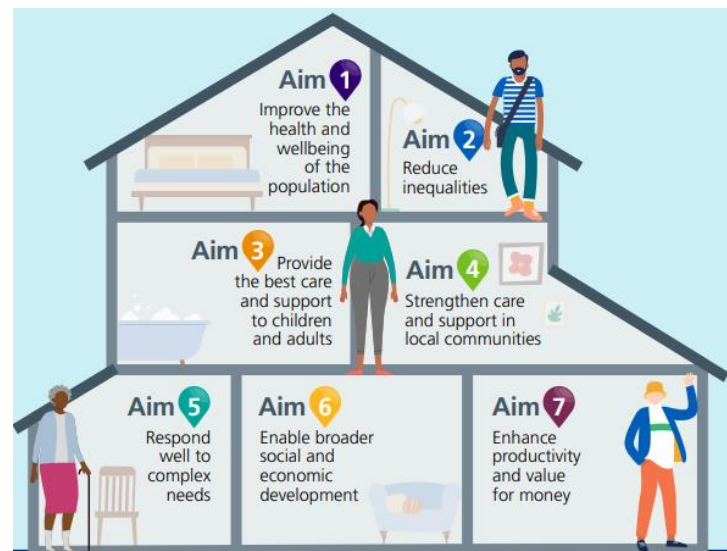
Our vision for the Somerset health and care system is that:

Our Vision



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

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



6. Duty to Improve Quality of Services

Improving Quality of Services

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

We will agree a set of outcome measures to evidence successful and sustained delivery of the services developed and delivered across our geographical boundaries. This will be detailed in a number of overarching and interconnected strategies. The 5-year ICS Quality Strategy will be informed by Somerset Improving Lives, Integrated Care Strategy and others as required. The objectives within the strategy will address our current risks and strategic aims of the ICS.

We will have a clear quality governance structure, which supports the identification of system intelligence, risks and concerns. The Quality Committee provides the governance and compliance function for the ICB, processes are in place for escalation and reporting to the ICB Board and to Regional and National Quality and Safety Boards.

The NHS Somerset ICB Quality Committee has a set of clearly defined metrics, supported by performance dashboards and quality reporting to provide assurance whilst also highlighting those areas that require further insight, acknowledge improvement opportunities in order to demonstrate impact on quality outcomes.

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

Somerset has a system-wide quality improvement training offer called the 'Seven Steps of Quality Improvement'. There are three levels of training; bronze, silver and gold, with the opportunity for health and care staff to come together to work on a system-wide quality improvement project.

Somerset has a range of tools and training opportunities to support the development of competencies and skills in quality improvement, working in partnership teams can access training according to need.

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

As part of the implementation of a Patient Safety Incident Response Framework (PSIRF), patient safety leads will be able to access formal training and adopt a 'just culture' to raise awareness in response to patient safety incidents.

We are committed to co-production in the review and development of existing and new services, working with partner agencies such as Maternity Voices, Healthwatch and the development of Patient Safety Partners. The voice of the child and those from inclusion health groups, where equitable access to health and care services is also a priority are factored into all commissioning and contracting quality outcomes.

7. Duty to Reduce Inequalities

Population Health and Addressing Health Inequalities

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

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

Of the 327 LSOAs in Somerset, 29 are within the most deprived **20%** in England, up from 25 LSOAs at the time of IMD 2015. The "Somerset North" area has the highest number of LSOAs in this category (13), followed by Somerset West (8), Somerset South (6) and Somerset East (2). These neighbourhoods have a combined population of approximately 46,000. Additionally, the county experiences unique challenges with rurality and data shows that coastal communities can be unfairly impacted ([Chief Medical Officer's annual report 2021: health in coastal communities - GOV.UK \(www.gov.uk\)](#)). However, health inequalities aren't just defined by geography or postcode; there are multiple inclusion health groups impacted by health inequalities. The county has seen a 15-fold increase in refugees and asylum seekers since Autumn 2021. Estimates show us that approximately 600 people are experiencing homelessness. Gypsy, Roma, Traveller and other vulnerable migrant populations have been identified as living on sites that have direct impact on health outcomes. We want to give more people in Somerset the best healthy life chances currently enjoyed by the few. This will require joined up and integrated working with partners across various departments and agencies including housing, police, education, fire and rescue, town and parish councils, Voluntary, Community, Faith and Social Enterprise (VCFSE) partners and our employers.

Somerset's Population Health Transformation Management Board has prioritised health inequalities as a core workstream. This is enabling system implementation of national guidance, including the Core 20+5 programme, and legal requirements, taking a system assurance role in

line with the responsibilities of the Joint Director of Public and Population Health, the new health inequalities legal requirements and priorities identified from analysis of local data. As a result, with the ambition of strengthening leadership and accountability in the system, ICB have worked with colleagues from Public Health to establish the Inequalities in Health Group (IHG). The four priorities set by IHG and agreed by the Population Health Transformation Management Board are:

1. Building workforce knowledge of health inequalities through workforce development – This has involved establishing our Healthcare Inequalities Network which comprises of approximately 60 members and continues to grow. This network forms a Community of Practice that explores best practice locally, regionally and nationally, shares updates and emerging guidance and policies, and covers thematic topics such as inclusion health groups, working with the voluntary, community, faith and social enterprise sector, and exploring quality improvement projects to improve healthcare inequalities across the system.
2. Improving the data and evidence - Using comprehensive and timely population health data will be the foundation to indicate which communities we need prioritise. Senior Responsible Officers have been established for all Core20+5 areas for both adults and children and young people. While Core20 provides guidance on approach, it does not set specific benchmarks for all areas. For this reason, SROs have set benchmarks to establish how to measure progress for their priority area. They will report into the IHG's project steering group which is outlined below under Priority 4.
3. Engaging localities and communities – Data and evidence and identified need has allowed us to identify inclusion health groups in the county who experience higher risk of poor health outcomes. The Core20PLUS5 'PLUS' groups that have been identified for adults are coastal communities, people experiencing homelessness, people with learning disabilities and asylum-seeking children. More about the work taking place with some of these groups can be found below.
4. Providing direction and oversight of health inequalities projects – An audit of existing projects undertaken in 2022-23 identified many projects and interventions that had been developed with a brief around tackling health inequalities. Our system has been active in this space and the development of the governance and assurance structure has not removed the impetus for action. Evaluation of existing projects has been undertaken. We are now in the process of separating the IHG into a strategic steering group and a sub-group to monitor health inequalities projects. A reporting template has been agreed and projects that have a specific health inequalities focus will report to the Project Steering Group quarterly.

In Somerset, as nationally, Covid-19 further exposed some of the health and wider inequalities that persist in our population. Recovery across our health and care system has focused and continues to be planned in a way that inclusively supports those in greatest need.

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

1) Elective Care Recovery and Expediting Care for Vulnerable Patients

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

Outpatients

To date (since January 2023) 306 patients waiting for their first routine outpatient appointments have been upgraded so that they are managed as if urgent. Of these:

- 284 routine patients received 'urgent' appointments on average 7.6 weeks after being flagged, and 86 were seen within a month (versus typically 6 months without intervention).

Specific support for patients with learning disabilities

Patients with learning disabilities are also flagged to the Learning Disabilities Liaison Teams (both acute and community) so that additional support can be put in place if patients require it when they attend for their appointments. This was initially restricted to just 2 high-volume specialities but is gradually being expanded as the team's capacity allows, and they now support 5 specialities in this way*. Patients will frequently decline the offer of support, but the phone call itself can highlight specific needs that can be sorted in advance e.g., the need for an interpreter or specialist equipment.

Surgery

Flags highlighting patients on the surgical waiting lists have also been in place since January 2023, and Admissions will try to expedite vulnerable patients' surgical dates wherever possible. A report is being developed to determine how quickly the flagged patients are being treated against non-flagged patients waiting for similar procedures.

Patient/Carer Experience

'We brought our son Tom to see Mr D in the ENT dept. In the same appointment we were able to meet with Louise from the Learning Disability Liaison team, and with an audiologist. I can't thank you enough for this multi-disciplinary approach. It made the visit very easy and very successful.'

2) Homeless Health / Inclusion Health Service

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

We have recognised for some time that there was inequity in this provision and have worked with the Population Health Management Transformation Board to deliver an equitable GP offer across Somerset which is the approach taken by the Homeless and Rough Sleeper Nursing Service. The number of referrals received by the nursing service across the county, for example, is equal in all four of the (old) council districts of Somerset. A funding proposal to the Population Health Board to pilot a countywide GP offer is currently taking place with scope to baseline the offer once evaluated.

3) Hypertension campaign

The system has launched a collaborative hypertension campaign 'Take the Pressure Off' which expands on the work from last year to optimise treatment for those aged 60-79. This campaign has a two-pronged approach which engages directly with communities and aims to optimise treatment through primary care pathways. Public Health are leading community blood pressure checks which focuses on employers in Core20 areas. Primary care are working to develop CVD Hubs which will allow for those who have high blood pressure to be treated or optimised. This work is supported by the CVD dashboard, which will allow us to better identify populations and geographies to target and to measure improvements. We are now using this data to evaluate whether we are seeing narrowing or widening inequalities as we recover the position in regard to routine blood pressure measurement post Covid-19.

Suicide Prevention

Every death by suicide is a personal tragedy and invariably preventable. The devastating affect when someone takes their own life can have an impact on families, friends, colleagues, and communities for many years.

During 2022, the multi-agency (including VCFSE partners) Somerset Suicide Prevention Partnership Board reviewed its activities and structures to raise the profile of suicide in the system with a clear emphasis on moving to a position that 'suicide is everyone's business'. One of the key drivers for this change is the recognition that around 70% of people who take their own lives are not known to mental health

services at the time of their deaths. Therefore, a more proactive preventative and community-based approach is required to identify people at risk of suicide and support them to engage with services where necessary.

The multi-agency Somerset Suicide Prevention Partnership Forum manages 4 core workstreams of delivery: the programme management function; high risk groups; communications and media management; and training and community engagement. Each of these workstreams have subgroups with targeted activities as required.

Since our last report, Somerset has seen an improvement in deaths by suicide. From 2019 – 2021, deaths by suicide were 14.8 per 100,000. Recent figures show that from the period including 2020 – 2022, deaths by suicide dropped to 12.6 per 100,000. This is slightly higher than the national average (10.3) and the regional average (11.9).

A national Suicide Prevention Strategy was published in Autumn 2023 and a consultation is currently underway to develop the new Somerset Suicide Prevention Strategy. We will seek to align our local priorities to national objectives, priority areas and the best evidence base. We expect our revised local strategy will be published in Spring 2024. This work was identified as a priority at the outset of the Population Health Management Transformation programme but has now been pushed forward to 25-26.

8. Duty to Promote Involvement of Each Patient

Personalised care

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

We will:

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

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

The ICS Personalised Care Steering Group's programmes, led by the Head of Personalised Care, include:

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

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

9. Duty to Involve the Public

Engagement and Involvement

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

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

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

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

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

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

Our 10 principles for effective public involvement

Our 10 principles for working with people and communities have been developed through engagement with Engagement Leads across the ICS including Healthwatch and with our Somerset Engagement Advisory Group (SEAG). These principles outline our shared principles for effective public involvement across the ICS.

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

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

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

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

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

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

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

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

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

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

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

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

What actions will we take?

Engagement - our vision

Embed engagement at the heart of planning, priority setting and decision-making at ICB (including ICS transformation work)

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

What Somerset will see:

Continuous engagement

Inclusive and representative involvement

Gathering insight

listening more so we understand the needs of our people and communities

Working together

working with people and communities with a focus on people impacted by health inequalities

Health inequalities

working with equality leads and wider networks to reach people

Communications

widely communicating our work and opportunities to have your voice heard

Feedback

continuously providing updates on the difference engagement has made

To achieve this, we will:

Deliver continuous engagement that ensures people and communities are empowered and involved in the development of the ICS

Take a community-assets based approach

Strengthen our relationships with children and young people's networks to actively include their voice and drive collaboration

Improve our mechanisms for gathering insight and feeding these into decision-making

Map involvement opportunities in partnership with VCFSE

Implement learning process to ensure these functions are effective mechanisms for ensuring the voices of people and communities are heard by the right people at the right time

We will continue to ensure we have clear routes for people to get involved. We will continue to review and develop these routes for involvement as we grow as an ICS.

We will map and review our current engagement networks across the ICS to identify gaps, reduce duplication and ensure our engagement is joined up.

We have access to a wealth of existing information and feedback from patients, their families, and carers, stakeholders and the wider public. This insight data could be from national surveys, local reports and public health work. We want to establish simple mechanisms across the ICS so we can easily access this existing insight. As we consider any service change or development, we will ensure that we take account of what people have already told us.

A strong focus of this approach will be working with existing networks and forums to seek existing insights. By building on our existing relationships and networks, we want to help strengthen the voice of underrepresented groups, including young people and carers.

We will also look at what additional tools we could utilise to support this approach, including reviewing social listening platforms which could enable us to join more conversations and engage with a wider range of people.

Supporting the use of a variety of methods for gathering insight, will help to encourage a move away from a reliance on surveys to methods that promote and use existing relationships.

The outcomes we will see

Achieving effective working with people and communities will mean that we will:

- Achieve representative views and feedback from our populations and utilise them to inform our work.
- Effectively embed public involvement throughout our work to deliver services focused on the needs of local people.
- Use patient feedback to triangulate intelligence on people's experience to improve people's experience of health and care.
- Help our residents and stakeholders understand our objectives and priorities.
- Build trusted relationships with people and communities in Somerset empowering people to reduce health inequalities.

We will consistently review how we involve people and communities and assess the effectiveness of our approach. This will form the basis of continually improving our public involvement work.

We will undertake an effective formative approach to our engagement activity evaluation which will enable us to:

- Demonstrate the impact of working with people and communities.
- Learn as we develop as an ICB and ICS.

- Be held accountable.

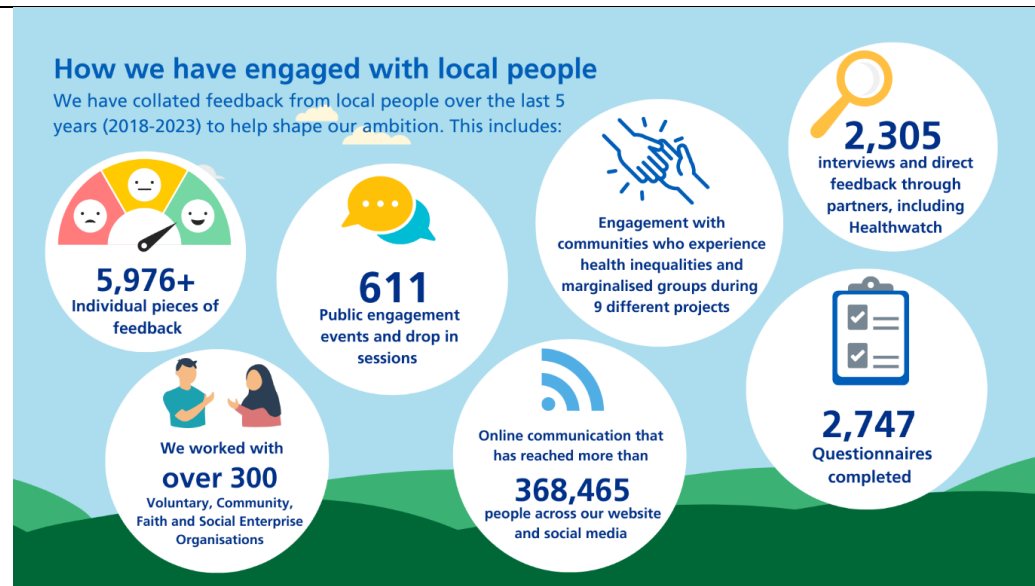
To inform the Joint Forward Plan we have specifically taken the following action:

The engagement work for this strategy has been done with the support of voluntary organisations including Healthwatch, Spark Somerset, and health and care professionals. We are grateful for all the support.

Working alongside Healthwatch Somerset, Somerset ICS asked local people to give their views on what matters most to them, to help them shape the Health and Care Strategy and Joint Forward Plan.

An online survey was developed and promoted to patients and the wider public. In addition, Healthwatch Somerset volunteers spent time at different sites across the county reaching out to members of the public to speak to them about their views.

An independent research company were commissioned to undertake analysis of insights gathered. These insights have informed the development of this plan.



We will continue to involve the people of Somerset as part of the delivery of this plan.

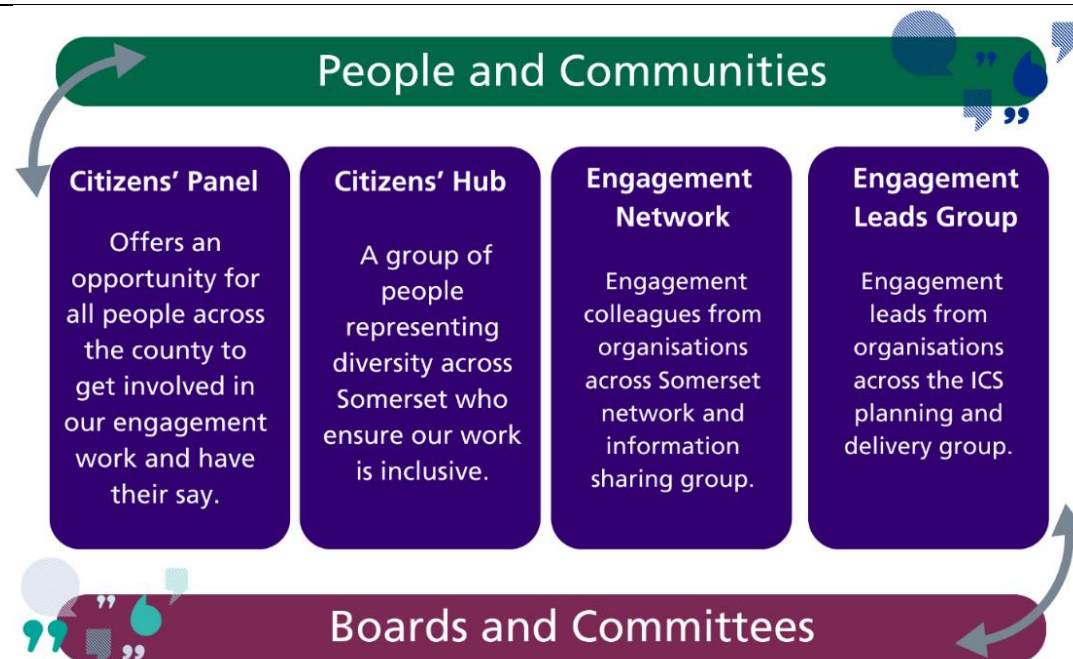
Our progress in 2023/24

Our work with people and communities in 2023/24 builds on the approach outlined in our '[working with people and communities' strategy](#). It has been an opportunity to refine and develop our approach as we bring the aims to life.

Refresh of our working with people and community structures

During 2023/24, we have renewed our engagement structures to ensure that they align with and help us to achieve our strategic aims. This helps to ensure that the voices of different communities are heard and we can work collaboratively to improve health and care in Somerset.

Find out more about [our engagement structures](#) and how we involve people and communities.



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

We supported and led a number of engagement programmes. Examples of these can be found on our website:

<https://nhssomerset.nhs.uk/my-voice/our-work-with-people-and-communities/> and for more information about our work with our Citizen's Panel, please visit: [Citizens' Panel - NHS Somerset ICB](#)

Working with people and communities 2024/25

In 2024/25 we will continue to focus on building valuable relationships with our local people and communities and working together across the ICS, to make sure we continuously hear from people and work collaboratively to continue to achieve our aims.

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

- **Personalised Care** – looking to put this first and foremost, asking people about what matters to them and feeding back into commissioning teams & strategy.
- **Hypertension** – support for the Somerset "Take the Pressure Off" campaign, an initiative dedicated to raising awareness about the importance of regular blood pressure monitoring.
- **Cancer screening** - support for a project examining the decline in people, particularly women, taking part in the NHS cancer screening programmes (breast, cervical and bowel) and we want to take action to change this.

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

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

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

We also aim to develop two new key projects for 2024:

- **Somerset Research Engagement Network (REN)** – An NHS England (NHSE) & Department for Health and Social Care (DHSC) funded Integrated Care Service (ICS) collaborative project, taking place from Oct '23 to Apr '24, examining how to improve participation in health and social care research. Following the project, there will be ongoing work in Somerset, throughout the year, around the sustainability of the project's outcomes, such as continuation of networks, relationships with diverse communities, engagement conversations and activities with people & communities around research participation and opportunities in Somerset.
- **Somerset's Big Conversation** – The ambition of this engagement project is to reach as many people as possible across Somerset, ensuring we involve those facing the most health inequalities. Our aim is to hear from people across the breadth of Somerset communities, by being visible and engaging at events, groups and venues across the country, covering all four geographical areas. We aim to use a wide range of engagement tools and activities this spring and summer to ask people - *what matters to you?* We will share what we hear by presenting the feedback to our colleagues and partners and sharing what we have learnt with the public. We aim to develop our findings into 'Our Commitments' and ensure that change happens as a result of these conversations.

Over the next five years we will continue to review and refresh our approach and expand our work with local communities and focus on our place-based working, strengthen our community asset approach.

10. Duty to Patient Choice

NHS Somerset is committed to ensuring the right to patient choice is upheld and we have worked with NHS England to develop our choice plan. We regularly communicate with our GPs to remind them of ensuring all relevant choice options are selected for our patients. This is supported by the commissioning support unit who provide a GP Liaison and e-RS support service. This includes providing advice and support on where waiting times might be less for a particular service. Through the PIDMAS process, we have also been encouraging patients who are already waiting to exercise the choice to be seen elsewhere where waiting times are less.

We have published our provider accreditation process to ensure any providers who wish to provide services know how to approach us to be accredited to increase the offer for our patients.

This includes:

- Primary Care engagement to ensure patients are offered a minimum of 5 providers to choose from at the point of referral (where clinically appropriate) encourage greater patient use of eRS Manage Your Referral
- Review all Referral Management Centres, Clinical Assessment Services and Referral Assessment Services to assure compliance with patient choice requirements

- Review existing and/or develop an ICB Provider Accreditation Process for services in scope of patient choice which is publicly available
- Develop an ICB-level communications plan to support the national campaign to raise the profile of patient choice
- Ensure 100% of ICB contracted providers are registered and utilising DMAS by 31st August 2023
- Ensure 100% of ICB contracted providers confirm their SRO for DMAS/PIDMAS and share with region
- ICB to nominate DMAS/PIDMAS Lead to support on roll-out of Patient Initiated requests to move provider
- Choice Programme Governance – Confirm ICB level arrangements

11. Duty to Obtain Appropriate Advice

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

NHS Somerset Integrated Care Board Membership

Ordinary Members (Voting)

Chair

Chief Executive

Non-Executive Director x4 (Including Deputy Chair)

Chief Finance Officer (and Director of Performance)

Chief Medical Officer

Chief Nursing Officer (and Chief Operating Officer)

Foundation Trust Partner Member

Local Authority Partner Member (inc. Adults and Children's Social Care)

Primary Care Partner Member

Director of Public Health

Participants (Non-Voting)

Additional Executive Directors x 4 - Corporate Affairs, People, Communications and Engagement, Strategy, Digital and Integration

Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector

Healthwatch

The Somerset Health and Wellbeing Board and Integrated Care Partnership (the ICP) operate as a committee in common (known as the Somerset Board) consisting of senior representatives from key organisations, agencies and sectors that have an impact and influence upon the health and wellbeing of the Somerset population. Its purpose is to understand the needs of the population and, collaboratively, with our community, determine and agree the longer-term strategic vision for the county, pushing forward agreed priorities to improve the lives of the Somerset population and directing how the assessed health and care needs for the population of Somerset are to be met.

The ICB and ICP are underpinned by organisational and system governance arrangements with embedded clinical and professionals' leadership and decision making.

12. Duty to Promote Innovation

Peninsular Research and Innovation Strategy

Somerset ICB is a founder member of the Peninsular Research and Innovation Partnership (PRIP) which was established in July 2023. The Partner's (3 x ICBs - Somerset, Devon and Cornwall & Isles of Scilly; 2 x Universities - Plymouth and Exeter; 2 x National Institutes for Health and Care Research - Applied Research Centre (ARC) and Clinical Research Network (CRN); and Health Innovation South West) shared ambition is to create an impact from research and innovation that is greater than the sum of its parts, by working together to establish the South West peninsula as a leading research and innovation system focused on improving health in rural and coastal communities.

The PRIP strategy sets out how the partnership will strengthen the conditions for research and innovation (inputs and outputs) in the South West peninsula to increase the collective impact (outcomes and impact) of the region's research and innovation assets on the five missions. This mission-based approach to research and innovation, determined in consultation with stakeholders, will focus on a number of major population health, care and system challenges with the aim of increasing the collective impact of the region's research and innovation assets.

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

1. Improving the lives of people living with long term conditions, multiple conditions and frailty
2. Promoting and enabling quality care for mental health and preventing ill health
3. Immediate, compassionate and cost-effective urgent care
4. Prevent, detect and treat cancer
5. Addressing inequities in maternal and neonatal care

And will be delivered through shared governance and operating model, systems, tools, methods and research capacity, communications, partnership development and resources.

The outcomes of this work will be a project portfolio that will:

- Improve population health outcomes – delivered through a portfolio of projects for each R&I mission aligned to ICB transformation plans
- Improve health & care system productivity – delivered through a portfolio of projects for each R&I mission aligned to ICB transformation plans

And provide the following systems outcomes:

- leverage investment into R&I missions and local system capability and research capacity
- improve workforce capacity and capability through new opportunities to work on R&I projects
- improve reputation by demonstrating the ability to deliver Research and Innovation in the region and the partners
- generate learning from the R&I strategy to inform approach to ICB transformation plans
- Improve the experience for innovators with reduced friction for innovators accelerates the R&I projects and partnerships

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

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

To support this partnership working, we have appointed to a joint post between the two organisations, ensuring we have dedicated resource to integrate the Peninsular Research and Innovation Strategy into our Joint Forward Plan.

13. Duty in Respect of Research

Please see 12: Duty in respect of developing our partnership approach to delivering innovation and research.

Furthering our research capacity and capabilities

While NHS Somerset ICB is a relatively new organisation, there are firm foundations in our constituent organisations that make up Somerset ICS and a strong history of supporting, leading and delivering research activity in Somerset.

NHS Somerset has brought together professionals from partner organisations who each individually have an interest and responsibility for research, and together are committed to developing a Somerset Research Strategy. Membership forms a multi-professional group including NHS Somerset's Chief Medical Officer, Somerset NHS Foundation Trust Research Director, Associate Clinical Director for Research and Innovation, research nurses from Somerset NHS Foundation Trust, a public health consultant from Somerset Council, representation from primary care and other interested parties. Together, we are developing our strategic approach to research and innovation.

Within our partnership the organisations have and bring extensive experience. For example, Somerset NHS Foundation Trust (SFT) has a track record of successful local, national and international collaborations to support improving practice in research delivery. SFT developed a collaboration agreement to mutually deliver neurodegenerative and stroke research across the patient's pathways at different sites by all sites staff, under one agreement. This has created a flexible workforce and increased research capacity and capability to deliver research closer to patient's homes.

SFT have also collaborated with Symphony Healthcare Services on mental health projects and worked closely together to undertake collaborative reviews and feasibility for potential Covid-19 vaccine studies to be delivered in Somerset.

In 2015/16, SFT developed the first Practice Development (PD) post in the South West Peninsula. This has now expanded into a small team with scope to develop further in order to support the development of research delivery skills across the wider healthcare workforce. The PD team are able to provide quality induction programmes, coaching, mentoring for students, AHPs, nursing associates, new Principal Investigators and department of research staff requiring support, undertaking post graduate research, or extended learning programmes. The overall aim is to ensure a continuous improvement approach to enable workforce flexibility and agility in a rapidly changing research landscape, and to ensure and maintain overall standards of research delivery in practice to ensure high-quality care and excellence.

For many years SFT has hosted National Institute for Health and Care Research (NIHR) design service staff and SFT currently hosts the regional agile workforce who deliver research across primary care. It is anticipated that the agile delivery workforce will grow and develop to support research within social care as the NIHR portfolio develops.

Somerset Council in partnership with the University of West of England has established a PhD studentship and associated support programme to develop data recording and research capacity in public health.

Somerset Council has received NIHR funding for a Public Health Research Support Officer post and are currently in the process of recruiting.

Somerset Council's Public Health team provide support for Bristol University Centre Public Health Research for two PhD studentships and the Director of Public Health is a Visiting Professor at the University for the West of England and other staff hold honorary contracts across other institutions.

14. Duty to Promote Education and Training

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

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

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

Workforce 2035 Scenario Planning

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

Somerset Academy Development

We are building our place based training offer by working with local colleges as well as the redevelopment of the Grade 2 listed old Bridgwater Hospital as a future training hub for social care and healthcare. The academy is expected to be open in 2026/27.

Education Planning

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

Workforce Transformation

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

Attraction: Inclusive employers/ Socio economic regeneration

- Co-ordinated system approach to work experience and work within schools – we have established a Care Leavers Covenant partnership
- Collaborative approach to international recruitment which we are looking to expand to social care and other organisations in the ICS
- Development of a housing hub to support recruitment
- We will be targeting a system wide Sector Work-Based Academy to areas with high Core20 population or large scale redundancy e.g. Chard, Langport, Ilminster and Crekerne (CLIC), West Somerset, North Sedgemoor and West Mendip PCNs

15. Duty as to Climate Change

Sustainability

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

The Somerset system adopted a Somerset ICS Green Plan 2022-2025 on 31 March 2022 which sets out how we will meet NHS national targets of net zero carbon emissions by 2040 for Scope 1 and 2 emissions, and by 2045 for scope 3 emissions.

The challenge of tackling the climate crisis cannot be met without substantial changes to the way every organisation operates and health services are no exception. Therefore, the ICS will need to develop low carbon, sustainable models of care. As with many elements of sustainability, there is a substantial opportunity to improve health outcomes while cutting carbon, for example through green social prescribing.

The Covid-19 crisis has demonstrated that the NHS can deliver many health services remotely. This provides the opportunity to identify which services can be effectively delivered remotely post-pandemic. Digital delivery of care presents a good opportunity to further embed sustainability across the ICS, from digital services to supply chain. In Somerset we have just launched SDeR the Somerset Integrated Digital e-Record, a shared care record system, which gives an overview of patient health and social care information in one digital record. An integrated care system is a fundamental part of the [NHS Long Term Plan](#). GP practices, acute and community hospitals, community health, mental health, hospice and social care teams could all hold important information about patient care, but this is often not immediately available to people working in other parts of the local NHS and care community. SDeR ensures the right information is available to the right person, at the right time, enabling health and social care professionals in Somerset to see the most up-to-date information about patients for their direct care.

Somerset ICS believes that an environmentally sustainable society is a healthier society, and we will embrace the synergies between the sustainability and health agendas in everything we do.

Climate change is undoubtedly one of the biggest health challenges of the 21st Century. As the NHS represents 4% of the UK's carbon footprint, we are morally obliged to show leadership in rapidly cutting carbon emissions. However, the sustainability agenda is much more than that to us; many of the solutions to climate change also represent an opportunity to improve public health by promoting active lifestyles, improving air quality and embracing the mental health benefits of spending time in natural environments.

The NHS has suggested that where outpatient attendances are clinically necessary, at least 25% of outpatient activity should be delivered remotely, resulting in direct and tangible carbon reductions.

The NHS has targeted two medicines with a high global warming potential (GWP), anaesthetic gases and metered dose inhalers, which between them represent 5% of the NHS-plus carbon footprint. In addition, the manufacture and supply of all medicines represents 20% of the NHS-plus carbon footprint. NHS Somerset has developed the Somerset Medicines Green Carbon Footprint Strategy which covers a wide range of greener medicine projects.

How will we know we are making a difference?

The carbon footprint of the NHS is fundamentally determined by the design of its care services. Therefore, we will factor sustainability considerations into the design of future services. As well as choosing low carbon care options, future care needs to adapt to the challenges of 'locked-in' climate change impacts, for example:

- The health impacts of excess heat and cold.
- Higher incidences of certain contagious diseases such as Dengue fever.
- Mental health issues, e.g. eco-anxiety.

We will monitor impacts through public health metrics. We will monitor medicines targets and though NHS performance indicators.

16. Addressing the Particular Needs of Children and Young People

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

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

- **Early Help**

Recruitment of 12 community champions to implement an early help system through Connect Somerset and neighbourhood working which enables children, young people and families to easily access the support they need when they need it, building on their strengths to enable them to be resilient, happy and fulfilled

- **Safeguarding from birth to adulthood**

See statutory duty 17

The ICB is committed to working collaboratively with our statutory, non-statutory and VCFSE partners to effectively safeguard our population. Safeguarding is the “golden thread” that runs through all our services, and we are determined to ensure we fulfil all of our statutory duties utilising a transformational approach that ensures learning is fully understood and embedded across our system.

- **All babies have the best start in life**

We have developed enhanced antenatal and early years support package to support our most vulnerable families. Alongside, we have further increased the uptake of Healthy Start Vitamins, particularly targeting women most in need owing to their ethnic background

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

- **Better support for social, emotional mental health and wellbeing**

Children and young people transformation includes programmes which support transitioning to adult services, palliative care, epilepsy, diabetes, asthma, complications of excess weight, integration

We have improved the social, emotional wellbeing and mental health pathways for CYP with clear links to our Open Mental Health approach. There have been associated improvements in our performance against national CYPMH access rates.

- **Support for education and inclusion**

We are planning to implement a new innovative therapeutic education offer in partnership with SFT, Somerset Council & Shaw Trust called Homes and Horizons.

- **Reduce bullying and promote positive communities**

- **Reduce poverty and homelessness**

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

- **Tackle climate and transport**

Please see 15: Duty as to Climate Change.

17. Addressing the Particular Needs of Victims of Abuse

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

AIMS	OBJECTIVES	PROGRAMMES OF WORK
Somerset ICS will ensure all statutory duties relating to adults and children will be discharged	<ul style="list-style-type: none"> • Ensure that statutory safeguarding functions receives sufficient focus in the ICS so that it is clearly identifiable within the ICS geographical footprint and accountability structure. • Ensure there is appropriate delegated authority for safeguarding at strategic, tactical and operational levels across the ICS. • Ensure all staff are aware of their statutory and contractual duties and responsibilities to safeguard individuals. • Ensure all staff access comprehensive training on issues relevant to the support and safeguarding of victims of abuse, which include addressing the health inequalities they face. • Ensure all providers of NHS care, public health and social care are working effectively together to safeguard individuals including addressing the particular needs of victims of abuse. 	<p>Regional and National Safeguarding Boards, Forums, Networks, and Clinical Reference Groups.</p> <p>The ICS Safeguarding Strategic Steering Group's programmes of strategic, tactical and operational work includes actions to address the strategic aims and objectives in the following areas:</p> <ul style="list-style-type: none"> • Safeguarding across the lifespan • System Learning • System Reform and Service Development • Statutory Safeguarding • Workforce <p>The ICS will work with partner agencies in addressing the priorities of local and regional safeguarding boards and partnerships.</p> <p>Somerset ICS Governance Arrangements.</p>
Somerset ICS will discharge their duty to address the particular needs of victims of abuse, (including domestic abuse, honour-based abuse, sexual abuse, assault, exploitation and coercion) and the multiple health inequalities they face.	<ul style="list-style-type: none"> • The ICS will further improve the effectiveness of the multi-agency approach to support victims, tackle perpetrators and prevent domestic abuse in accordance with the requirements of the Domestic Abuse Act 2021 • The ICS, as Specified Authorities, will work with Relevant and Specified Authorities to collaborate on a multi-agency approach to prevent and reduce serious violence 	<p>Local, regional and National Safeguarding Boards, Partnerships, Forums, Networks, and Clinical Reference Groups.</p> <p>The ICS Safeguarding Strategic Steering Group's programmes of work includes strategic, tactical and operational actions to address the strategic aims and objectives of the ICS and to ensure</p>

	<ul style="list-style-type: none"> • The ICS will work with partners to ensure the continued effective implementation of the Mental Capacity Act, including Deprivation of Liberty Safeguards and the Court of Protection • Develop and analyse a suite of safeguarding quality data that clearly demonstrates how the needs of vulnerable victims of abuse have been met and reflects system intelligence. • Ensure the ICS and its partners hear and understand the lived experience of victims of abuse, including staff. • Secure continuous improvement in identifying and embedding learning from statutory and local reviews, incidents, risks, and complaints across the ICS. • Ensure the ICS, through the Safer Somerset Partnership, effectively use new powers to tackle anti-social behaviour through the Anti-social Behaviour, Crime and Policing Act 2014 • Ensure the ICB is compliant with all elements of the NHS Sexual Safety Charter by 1st July 2024 	<p>partners are focused on their own and each other's safeguarding risks. The ICS will work with partner agencies in addressing the priorities of the local and regional safeguarding boards and partnerships.</p> <p>Somerset ICS Governance Arrangements</p> <p>Ensure the ICB and ICS are compliant with the broad themes of the NHS Sexual Safety Charter, for both their own workforces and the population they serve.</p>
As part of its commissioning function the ICS will ensure safeguarding is embedded across the Somerset Health and Social Care economy	<ul style="list-style-type: none"> • Ensure services are appropriately commissioned and developed to specifically address the needs of victims of abuse within existing funding allocation. • Ensure services are appropriately commissioned and developed which focus on early intervention and prevention. • Incorporate more sustainable and efficient use of safeguarding resources within the ICS. 	<p>Regional Quality Assurance network.</p> <p>Somerset ICS Governance Arrangements.</p> <p>The ICS Safeguarding Strategic Steering Group's programmes of work includes strategic, tactical and operational actions to address the strategic aims and objectives of the ICS.</p>
		<p>Safeguarding schedules within NHS contracts.</p> <p>The ICB will continue to hold all parts of its organisation to account ensuring safeguarding is considered in all ICB workstreams. Assurance</p>

		will be sought at the ICB Safeguarding Assurance Meeting	
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