

To: Jonathan Higman (CEO)
cc. Rob Whiteman (Chair)

South West House
Blackbrook Park Avenue
Taunton
TA1 2PX

07 August 2026

Dear Jonathan,

Annual Assessment of Somerset Integrated Care Board 2025/26

I am writing under section 14Z59 of the NHS Act 2006, as amended by the Health and Care Act 2022, which requires NHS England to conduct an annual performance assessment of each Integrated Care Board (ICB).

This is an assessment of 2025/26, based on the statutory assessment criteria set out by NHS England and the evidence available for that period including the ICB's annual report and accounts, the NHS Oversight Framework (NOF) contextual metrics and year-end data for 2025/26, feedback from partners including local Health and Wellbeing Boards (HWBs), and regional oversight and assurance information. It should therefore be read as an assessment against the criteria and evidence base available for 2025/26. It is not an assessment of current delivery, current capability, cluster arrangements or the ICB's role as strategic commissioner under the new operating model, all of which sit outside the scope of this retrospective exercise.

While this annual assessment is a statutory requirement, I have sought to ensure that it is balanced and proportionate, assessing performance against the statutory criteria and evidence for 2025/26 while also recognising the context in which the ICB was operating. The assessment therefore reflects both the progress Somerset ICB has made and the areas where further improvement was still required.

2025/26 was a challenging year for ICBs, marked by significant system-wide pressures, financial constraint and continued organisational change. In parallel, ICBs have been required to adapt to an evolving operating model with significant resource reduction including preparation for clustering arrangements, while maintaining a clear focus on statutory duties, system leadership, and delivery for local populations.

Against this backdrop, I recognise the complexity of the task facing Somerset ICB and the sustained effort required to balance immediate operational pressures with longer-term strategic priorities. I also acknowledge the uncertainty created by organisational change and the importance of maintaining stability, continuity and effective partnership working across the system during this period.

I would like to thank you, your Board and your wider team for your commitment. I look forward to continuing to work with you in the year ahead.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'SDoheny'.

Sue Doheny
Interim Regional Director
South West Region

Section 1: ICB performance assessment 2025/26

Local assessments and strategies

During 2025/26, Somerset ICB exercised its functions with a clear focus on improving population health, reducing inequalities, and improving service quality, aligned to its Joint Forward Plan (JFP), local strategies, and NHS England planning guidance. The ICB has had regard to local assessments and strategies, including the JFP and Health and Wellbeing Strategy, with evidence of alignment to local priorities and system working.

Population health and reducing inequalities

The Annual Report evidences delivery of prevention interventions, including cardiovascular disease management, smoking cessation, and earlier diagnosis of cancer pathways, alongside improvement in learning disability annual health checks (76.3%), demonstrating action in line with Core20PLUS5 priorities. The average number of years in healthy life is above average at 50.42 and performance is strong across several prevention and screening areas, with bowel screening at 75%, Measles, Mumps and Rubella (MMR) vaccines in under-5s (91.1%) and good uptake of breast screening (73.7%) and cervical screening (72.1%). Variation is shown in obesity weight management referrals and diabetes prevention uptake, and the proportion of cancers identified at stage 1 or 2 was below average. Continued focus is therefore required to discharge the duty to reduce inequalities.

Delivery against planning guidance, operating plan, and performance data

Performance against NHS England's 2025/26 operational priorities, the ICB's operating plan and NHS Oversight Framework (NOF) metrics shows a mixed picture with improvement in some areas but continued underperformance in others compared with 2024/25.

Although no formal NOF segment was issued for 2025/26, the ICB has delivered against a number of national and local priorities, with strengths in financial management, mental health CYP access and individual placement support access, and learning disability and autism services. Focus on earlier cancer diagnosis, for example, targeted lung health checks and self-referral, expanded diagnostic capacity and primary care improvement initiatives, for example, the Primary Care Network (PCN) test site, are evidenced. However, performance against access standards remained below planned levels in 2025/26, with continued challenge in Elective Referral to Treatment (RTT) and long waits, and the Cancer Faster Diagnosis Standard (FDS). Flow remains a persistent challenge, including higher-than-planned length of stay, discharge delays, and elevated numbers of patients with no criteria to reside. Somerset ICB were below plan in March 2026 for all four Dental metrics.

Four core purposes / three shifts / research and innovation

In exercising its statutory duties and functions, the ICB has sought to balance delivery across the four core purposes: improving population health and outcomes, reducing inequalities, improving productivity and value for money, and supporting wider social and economic development. Progress is evident against the three strategic shifts through prevention, care closer to home and better use of data and insight, while maintaining a focus on wider system responsibilities, including environmental sustainability, Greener NHS priorities, and wider social value through homelessness, neighbourhood working, community-based support, and equality-related action.

Research and innovation have been instrumental in supporting service development and improvement activity, and to Somerset's wider social and economic fabric aligning research activity with the Somerset

Health and Care Strategy through collaboration and stewardship of shared resources, including joint work on neighbourhood working and coordinated community-based support for people with complex needs and workforce wellbeing initiatives.

Quality of services, safety, and patient experience

The ICB has maintained oversight of quality and safety through governance, audit, and assurance arrangements, including the Somerset Safeguarding Assurance Meeting, Quality Committee oversight, and supporting risk and control processes.

During 2025/26, significant quality concerns were identified in maternity and paediatric services at Yeovil District Hospital, resulting in the temporary closure of inpatient maternity services and the Special Care Baby Unit in May 2025 following regulatory concerns identified through CQC inspection of paediatric services at provider level. Improvement actions have strengthened clinical leadership oversight, addressed senior paediatric staffing gaps, and improved governance and incident learning processes, supporting recovery and the safe reopening of services in April 2026.

It is noted that there were no significant or systemic concerns relating to complaints beyond expected levels. Taken together, this provides evidence of continued improvement to the quality of services and to experience of care in some areas, while recognising that there is more to do across some pathways.

Financial performance and productivity

Somerset ICB delivered its planned breakeven for 2025/26, contributing to the Somerset system's delivery of plan. The ICB also delivered planned efficiencies for the year. The system's spend on agency was within the ceiling set for the year. The system achieved compliance with the Mental Health Investment Standard (MHIS). The ICB has also been transparent about the fragility of the underlying position and risks associated with non-recurrent measures.

Section 2: ICB capability assessment 2025/26

Governance, decision-making, board effectiveness, organisational resilience, and appropriate advice

The ICB has operated as a unitary board with established governance and clear decision-making arrangements throughout 2025/26. The Board has maintained oversight of audit findings, risk, and delivery of improvement actions, supporting its operation as a robustly governed organisation. Internal audit confirms that governance, risk management, and control arrangements are satisfactory, with identified areas for improvement, providing evidence that the ICB has remained effective and well-run during a period of organisational change. Wider evidence indicates that the Board has continued to provide leadership and oversight through organisational change, supported by workforce engagement and consultation arrangements.

It is evident that the ICB has drawn on appropriate clinical and professional advice to inform decision-making, service development, and oversight. For example, governance and quality oversight arrangements, including committee scrutiny and professional review processes, have drawn on clinical and professional input to inform oversight and improvement.

Commissioning, delegated services and the wider effect of decisions

The ICB continues to successfully host the regional collaborative commissioning hub, on behalf of the seven South West ICBs, alongside commissioning services for its population, including delegated services, through an integrated and place-based model with NHS providers, local government, and wider partners. This includes commissioning one-stop community clinics and self-referral diagnostic services and has demonstrated effective commissioning for its population and collaboration with system partners, with a clear regard to the wider effect of decisions on health and wellbeing, quality of care and effective use of resources, that is consistent with the duty to have regard to the wider effect of decisions including the Triple Aim.

Public involvement, consultation and stakeholder feedback

ICB evidence, including Somerset's Big Conversation 2025 and stakeholder feedback, shows continued engagement with patients, communities and partners. Feedback also shows strong collaboration and shared decision-making as the system evolves, helping to keep partners involved in strategic development, align priorities and outcomes, and inform commissioning decisions.

Section 3: Support and intervention 2025/26

Somerset ICB has not been subject to formal enforcement action or undertakings by NHS England, nor was it in receipt of the Recovery Support Programme (RSP). National tiering arrangements for elective care were in place for Somerset NHS Trust during the first half of 2025/26; by year end, this had moved to local tiering arrangements. Somerset NHS Trust was also subject to Care Quality Commission (CQC) notice and associated maternity service improvement activity. This resulted in targeted intervention and quality improvement support in response to maternity and paediatric service concerns at Yeovil District Hospital, including the temporary closure of inpatient maternity and Special Care Baby Unit. This represents an operational quality intervention rather than formal NHS England enforcement. Improvement actions including strengthened clinical leadership, workforce capacity and governance processes enabled recovery and safe reopening of services in April 2026.

Conclusion

This conclusion should be read in the same context of the assessment as a whole. It is a retrospective assessment of Somerset ICB's performance in 2025/26, based on the statutory assessment criteria and the evidence available for that period. It is not intended to represent a judgement on current delivery, current performance, cluster arrangements or the ICB's role as a strategic commissioner in line with the new operating model for ICBs.

In informing this assessment, I have sought to take a balanced and proportionate view of Somerset ICB's performance in 2025/26, recognising both what has been delivered and the complexity of the operating environment.

Progress was shown in key areas, including improvements in aspects of cancer pathway delivery, earlier diagnosis, positive patient experience in general practice and delivery of financial balance during sustained system pressure, alongside continued system leadership, effective partnership working and discharge of statutory responsibilities.

In reviewing the findings, I note that access standards remained below national targets in parts of 2025/26, with challenges persisting in urgent and emergency care and elective recovery, alongside your continued

focus on addressing inequalities. Partner feedback reinforces the importance of strong place-based working, and system responsiveness will be a focus over the coming year.

I recognise that the operating context has continued to evolve since the end of the assessment period, including the progression of cluster arrangements and the transition towards a stronger strategic commissioning role for ICBs. These developments provide important context but fall outside the scope of this assessment. NHS England remains committed to working with you and your partners to support continued improvement, delivery and transformation as these arrangements mature.

I ask that you share this assessment with your Board and senior leadership team and consider publishing it alongside your annual report at a public meeting. NHS England will also publish a summary of all ICB performance assessments.