our SOMERSET
Together we care

Somerset Five year Joint Forward Plan refresh

2024 - 2029

INTEGRATED HEALTH AND CARE STRATEGY FOR SOMERSET

Contents

Appendices

If you need this document in another language or format please contact us: Tel: 01935 384000 or email: somicb.enquiries@nhs.net

Foreword

Organisations across Somerset have worked hard to improve the health and care services in Somerset. This commitment has significantly strengthened since becoming an Integrated Care System in July 2022 when statutory and voluntary sector organisations in Somerset formed a partnership to plan and pay for health and care services to improve the lives of people who live and work in their area.

Somerset's Integrated Care System (known as **Our Somerset**) brings together all the organisations responsible for delivering health and care within our communities. We believe that if we work together, we can intervene faster and earlier to keep people well and offer more joined up support for people facing significant challenges.

Significant progress has been made in the way we work together in Somerset, along with the improvements that we have made since publishing our original Joint Forward Plan in 2023. I'm pleased to see these achievements set out in this Joint Forward Plan.

Whilst we have made positive progress, we know there is more that we can do collectively as employers, volunteers and volunteer organisations, communities, and unpaid and parent carers to improve the health and wellbeing of people in Somerset.

This updated Joint Forward Plan covering 2024-2029 sets out the actions we will take as a system to jointly address our most pressing priorities, to build on the solid foundations already laid, and is our commitment to putting the person at the centre of our thinking and our actions.

Paul Von der Heyde
Chair: NHS Somerset
Deputy Chair: Somerset Board

Introduction

This is the second Joint Forward Plan published by Somerset Integrated Care Board (ICB) and is written in collaboration with partners in recognition of both our shared legal responsibilities and our desire to come together to create a delivery plan which delivers the entirety of our Integrated Care Strategy. For this reason, in Somerset, we have agreed to incorporate our local authority adult and children's social care partners.

It describes the priorities for the NHS in Somerset and articulates the steps that we will take over the next five years to deliver the actions required to achieve our vision for Somerset.

This JFP Refresh document should be read in conjunction with the context and drivers-for-change set out in the Integrated Care Strategy: our ambition for a heathier future in Somerset (2023-28)

and the original Somerset Five Year Joint Forward Plan 2023 to 2028.

Improving Lives (2019 to 2028) Health and Wellbeing Strategy

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

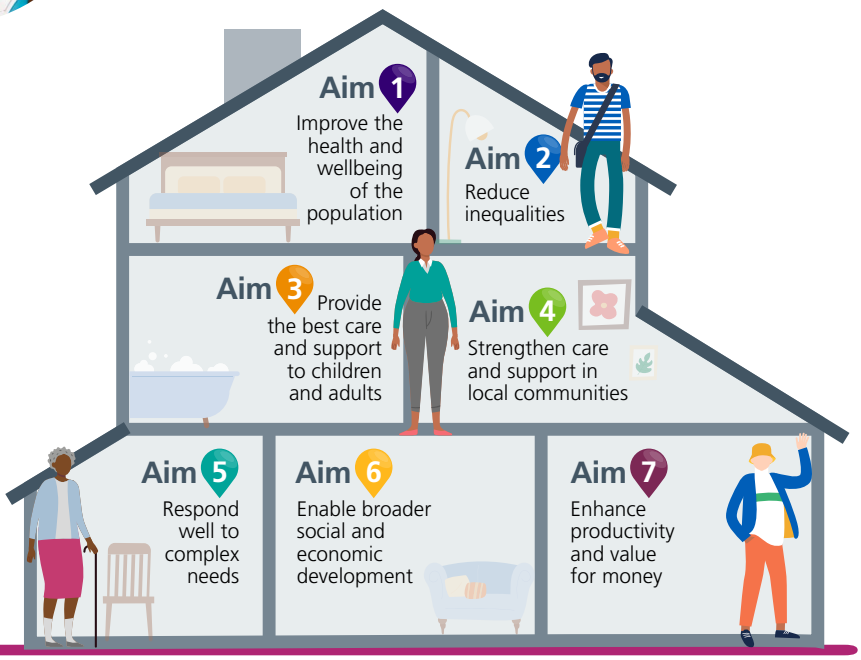
- A county infrastructure that drives productivity, supports economic prosperity and sustainable public services
- Safe, vibrant and well-balanced communities
- Fairer life chances and opportunity for all
- **Improved health and wellbeing and people living healthy and independent lives for longer.**

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 heathier future in Somerset (2023-28).

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

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.



The Future of Healthcare: Preparing for the workforce of tomorrow

During the last year, over 200 NHS and Social Care staff across the Somerset system have supported our (2035) scenario planning work which is helping us consider the kind of workforce we will need to meet our vision, set out above. This work has provided important context for this plan including the development of four workforce principles we will work to:

- Community and people focused
- Innovation
- Valuing our workforce
- Collaboration

Year-on-year, our creative scenario planning approach will continue to help us test and assure this plan, ensuring we develop the skills and capabilities for Somerset's workforce of tomorrow.

How we have considered the views of people in Somerset

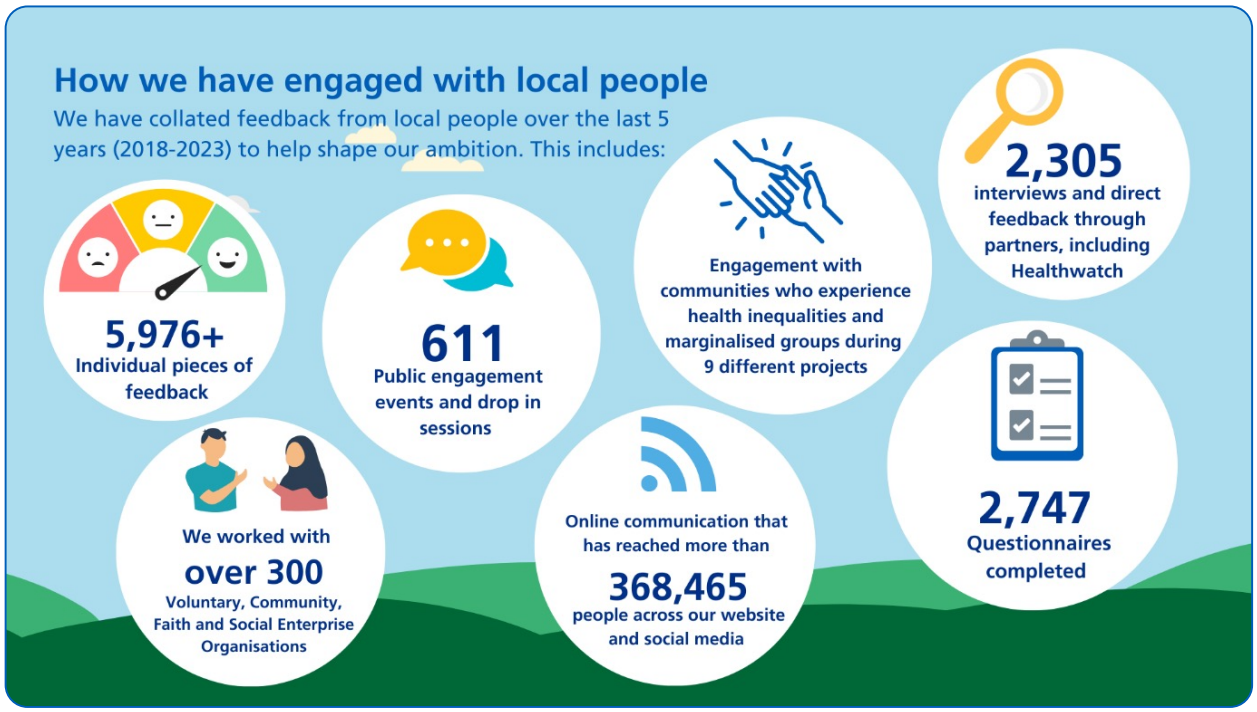
Public involvement is an essential part of making sure that effective and efficient health and care services are delivered with people and communities at the centre. By reaching, listening to, involving and empowering our people and communities, we can ensure that people and communities are at the heart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

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.

What has changed since our last Joint Forward Plan?

There have been a number of significant changes which have taken place since we published the Somerset Integrated Health & Care Strategy and our original Joint Forward Plan. These are:

- **NHS services in Somerset are experiencing an increasingly challenging financial position**
- **Somerset Council have declared a financial emergency**
- **We have strengthened our commitment to the VCFSE through a shared vision and commitment to work more closely together to achieve better health and wellbeing for the people of Somerset**
- **Yeovil District Hospital NHS FT and Somerset NHS FT merged on 1 April 2023 and we are starting to see the benefits of this merger**
- **Care Quality Commission (CQC) inspection of maternity services**

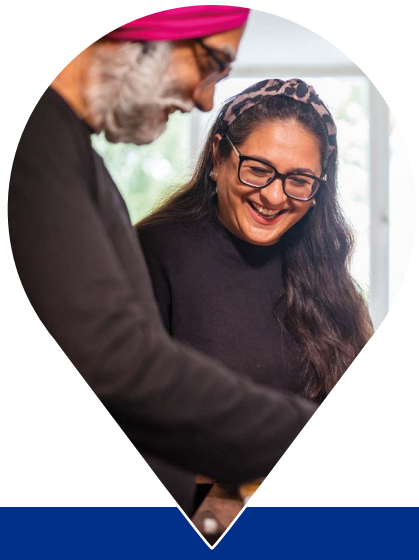
Managing the significant financial pressures and supporting healthier lives

This year, more than ever, the financial pressure the NHS is experiencing is becoming increasingly challenging.

Of course, it's not unique to the NHS in Somerset. It is a situation which is mirrored across the country, within both healthcare and across the public sector. Somerset has one of the oldest populations in the country with 25% of the population currently aged over 65. This places additional pressure on the NHS. We are also still recovering from the impact of the Covid-19 pandemic, with a focus on ambitious targets around elective recovery and cancer waits. While improvements in healthcare mean people are living longer, many are living with long-term conditions like diabetes and dementia.

Financial Settlement

Over the coming three years we need to address our underlying financial deficit which stands at about £80 million. This will require us to think very differently about how we spend every penny of the £1.3 billion allocated to us to pay for the healthcare needs of our population. Some tough decisions will need to be made but we are committed to work with the people who live in Somerset and the staff working in our services to reimagine how we provide care in the future.



Our financial settlement this year is challenging, and savings will have to be made. We need to see these pressures in context; we have employed (over 2,000) extra staff since before the pandemic, this coupled with the national focus on delivering more efficiency for the taxpayer, means that we need to make tough decisions now, to safeguard our future. We are also committed to modernising our services and spending more of our resources on preventing people from becoming unwell, so we can do what is right for our people, communities and colleagues now and into the future.

What has changed since our last Joint Forward Plan?

Our integrated care system is under pressure

Everyone will be aware that Somerset Council recently declared a financial emergency due to the rising cost of caring for adults and children in the county.

Following this announcement, they have had to go through a rapid reduction in costs to deliver a 100-million-pound savings programme to avoid effectively declaring themselves bankrupt.

We know that many of our key partners across the VCFSE sector, who so many in communities rely on for support, are also facing reduced funding. This means it's never been more important for us to work together, across Somerset, to support communities.

Across the Somerset system, through the ICB Board, we are working to take the tough financial decisions that must be made in the NHS too, while trying to protect the most vulnerable in our communities.

Helping people to live healthier lives

Our health and care strategy sets a clear ambition to work to reduce the time people living in Somerset live in poor health. In Somerset this equates to an average of 17 years, with around 10% of our population accounting for approximately 70% of our health and social care resources.

If we are to really make the shift to prevention and earlier intervention it is crucial that we identify those with the most complex health needs and those most at risk of ill health and work with them earlier to help them live better lives for longer.

We also need to consider how best to support all our communities and people of Somerset to live healthier lives no matter their healthcare needs.

This will only be achieved by having a shared vision and focus across all parts of the Somerset system.

What has changed since our last Joint Forward Plan?

Somerset Council Financial Emergency

In November 2023, the Council declared a **'Financial Emergency'** which introduced significant local financial controls and moved the council to operating as if a section 114 notice had been issued and external commissioners appointed.

Somerset Council is a new unitary council, created less than one year ago and faces a very stark and challenging financial position. The scale of the financial challenge is significant and based upon the estimates of costs and income (as at February 2024), with the forecast budget gap predicted to increase to £147.9m in 2026/27 at the end of the Medium Term Financial Plan (MTFP) period if no further savings are identified. Despite making substantial savings, disposing of assets, using available reserves, and increasing Council Tax, the Council is unable to close the budget gap for 2024/25.

The Council's finances have been significantly impacted by national factors outside of its control such as inflation and interest rates, as well as having to deal with the challenges of Local Government Reorganisation and bringing the five predecessor councils into one new organisation.

The Council cannot continue to provide and operate services in their current format and rapid, radical, change is required if it is to become financially sustainable. To address this, the Council is developing a Transformation Programme to deliver its vision for the council to be a smaller, leaner council, employing fewer people, requiring fewer offices, focusing only on the unique value the authority can provide.

The financial emergency facing the council requires a change in thinking around the pace, scale, and structure of transformation to deliver a radically different way of working as a Council, operating with fewer staff, whilst increasing its influence and impact. Executive agreed a new 'vision for a sustainable Somerset Council' and associated organisational design principles on 6 December 2023 which will seek to deliver new, smaller, leaner, more productive Council.

Achieving this vision will be complex and require whole organisation transformation in order to maximise the opportunity of bringing together the five predecessor councils and meet the financial challenge. The new transformation approach will bring together transformation and change programmes across the organisation, under a single approach and governance to ensure whole council oversight, and prioritisation of resources and investment.

What has changed since our last Joint Forward Plan?

VCFSE Update

Strategic Partnership

We have continued to develop and strengthen links between the VCFSE sector and health and care over the past 12 months. In September 2023 leaders from the voluntary sector, NHS and Somerset Council, gathered to sign a historic document outlining a shared vision and commitment to work more closely together to achieve better health and wellbeing for the people of Somerset.

The event, attended by over 60 representatives from the county's charities, NHS and Somerset Council, was the first time that leaders have come together at such scale, to demonstrate their shared commitment to working together.

The signing of the Memorandum of Understanding formally recognises the voluntary, community, faith and social enterprise (VCFSE) sector as an equal and strategic partner and the important role it plays in providing key services and activities.

For more information: https://sparksomerset.org.uk/signing-MoU-agreement

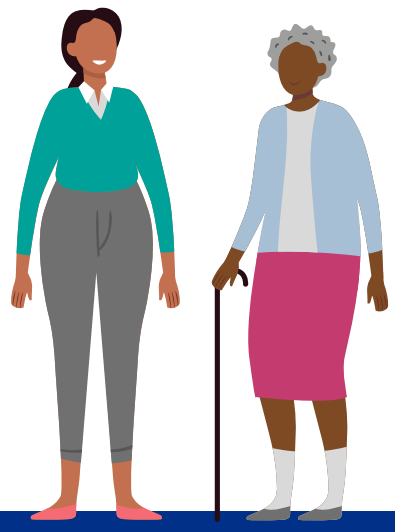
This work is supported by a Steering Group, Leaders Group (comprising 40 VCFSE leaders) and a VCFSE Assembly, a regular open forum where VCFSE organisations meet to explore collaborative working opportunities with the public sector. An independent Chair is currently being recruited, who will work alongside Spark Somerset to progress this.

Challenges and opportunities

Funding challenges exist across the system – with sustainability proving to be a key issue for the VCFSE. Following a recent survey of the VCFSE sector:

- **40% reported their financial position as 'deteriorating' or 'critical'**
- **51% are relying on reserves to deliver services**
- **57% are not currently viable beyond 12 months**

However, more than 80% of VCFSE organisations are keen to collaborate with others, so it is important that we create the conditions for effective partnership working. An event with VCFSE organisations and Commissioners is planned for April, where issues such as collaboration will be discussed. It will also provide an opportunity to agree how, collectively, we can 'bring the MOU to life', and consider how we can work together differently to better support the health and care needs of our communities in Somerset.



What has changed since our last Joint Forward Plan?

Collaborative Working

There are numerous examples of effective collaborative working across the system involving the VCFSE – a small number outlined below. These are all examples of both strategic and operational engagement that have improved outcomes for Somerset residents by system collaboration. These include:

- Development of Integrated Neighbourhood Teams – West Somerset is taking a lead on this work, with VCFSE organisations at the heart of the model
- Establishment of a Social Prescribing Collaborative – comprising colleagues from health, social care and the VCFSE, working together to co-design a holistic social prescribing model for Somerset
- VCFSE participation in Key Boards and working groups including ICB, Somerset Board, Population Health Board, Early Help, SEND, CYP Programme Board and Mental Health and Learning Disability Programme Board
- System-wide bid to the Volunteering for Health Fund – representatives from the VCFSE, adult social care, NHS and ICB submitted a collaborative proposal which will result in a more strategic and joined-up approach to volunteering across Somerset
- Conversations have begun around metrics, evidence of effectiveness, outcome measures, and a Somerset wide system of logging engagements with organisations for individuals
- High Dependency User support through Ubuntu project (Diverse Communities) which works with Health and Community Partners to support some of the most vulnerable parts of the community
- Re-conditioning exercises with older people in Musgrove and YDH to facilitate timely discharge and prevent blue light readmission (Age UK Somerset and ICB)

Somerset NHS FT Merger

Yeovil District Hospital NHS FT and the old Somerset NHS FT merged on 1 April 2023 to form Somerset NHS Foundation Trust. The aims of the merger were:

a.	**Patients**	i. More time in good health for patients, with a focus on population health and health inequalities ii. Easier focus on areas of county-wide clinical need iii. Broadening the availability of unified pathways across physical and mental health particularly to patients served by YDH
b.	**Colleagues**	i. More resilient services for colleagues, with more job flexibility, and time to focus on strategic transformation. Easier recruitment, better retention
c.	**System**	i. Closer partnership working, reduction in duplication.

Bringing clinical services together, especially different teams delivering the same service, has been challenging. There have been successes, but in some areas we have not progressed as quickly as we anticipated.

What has changed since our last Joint Forward Plan?

Clinical Services

In Year 1 we have focused on integration of all services but specifically the six "case study" clinical areas identified in the Patient Benefits Case. These case study services covered all of the types of service provided by the new trust, contributing to a variety of system-level strategic objectives.

Progress has been made on all services. Homelessness have delivered new, fully integrated services, whereas Stroke and Cardiology have taken longer than we anticipated to fully integrate, but have still developed county-wide pathways. Ongoing service pressures specifically in Oncology have hampered progress. Significant initiatives across all the services have already progressed.

Maternity

- Integrated digital maternity care record, making it much easier for patients and clinicians to access clinical notes across the county
- Integration of supporting services across the county including bereavement services which have been co-produced with service users

Oncology

- More Oncologists recruited, made easier by a county-wide model, stabilizing the service
- Expansion of Cancer Helpline county-wide
- New HOPE Somerset service, helping with the psychological aspects of cancer, has seen a 110% increase in activity

Cardiology

- New Rapid Access Referral to Heart Failure service county-wide

Stroke

- Integration work has commenced and will continue on the basis of the Stroke Services review

Peri-Operative Care

- This is a new service designed to broaden the care of surgical patients, including avoiding surgery altogether by focusing on wider care needs
- Single community anaemia infusions service introduced
- Diabetes pathway introduced cross-county
- Dedicated frailty nurse, supporting a dedicated pre-operative pathway

Homelessness

- Development of a new county-wide service which has expanded with partner organisations to significantly improve the support and outcomes for homeless people

The merger has provided other benefits of scale in clinical areas including Robotic Surgery, where there is now a general surgery robot at each hospital site. As a single trust we have benefitted from a collaborative approach to training and patient selection for robotic surgery, and have now operated on well over 100 patients.

Non-Clinical Services

All of our corporate services have completed integration which has delivered cash releasing savings whilst ensuring sustainable support services.

What has changed since our last Joint Forward Plan?

Care Quality Commission (CQC) inspection of maternity services

In November 2023, the CQC inspected the maternity services delivered by Somerset NHS Foundation Trust at three locations in the county, Musgrove Park Hospital, Yeovil District Hospital and the Mary Stanley wing at Bridgwater Community Hospital (BCH).

The CQC published the reports of their inspections on 10 May 2024. The services at MPH and YDH have both been rated as inadequate overall and inadequate for both safety and leadership. The service at BCH has been rated as requires improvement overall and for safety and leadership. Following the maternity services inspection, the overall ratings for the MPH and YDH locations have decreased from good to requires improvement.

Since the inspection in November, SFT has put in place a new evidence-based, standardised triage process to risk assess and prioritise care based on clinical need and reconfigured the ward to facilitate safe and effective clinical oversight of our service users. The trust has also strengthened its processes to provide ongoing review of quality, performance and governance including developing a strong audit and policy programme to drive continual improvements in its services and reviewed and mapped all mandatory training, strengthened our oversight, and significantly improved our compliance.

The CQC report for MPH's maternity service highlights issues that are the result of the poor condition of the building. We are planning to replace this as part of the national New Hospitals Programme but have already made improvements specifically around safety and security.

A full action plan to address the findings of the published reports is being developed and addressing the shortcomings and safety concerns identified in our maternity services will be a priority for 2024/25.

Our achievements over the last 12 months

We have reviewed everything we said we would do in our last Joint Forward Plan over the 12 month period from April 2023 to March 2024 (see appendix one). This section highlights some of the key achievements in Somerset over the last 12 months.

Our achievements over the last 12 months

Population Health Transformation

Homeless Health

Hundreds of people in Somerset are affected by homelessness. They are some of the most vulnerable patients in our county, often with complex health needs, who struggle to access mainstream healthcare.

Many have mental Ill-health, drug and alcohol dependence and physical health needs and because they often struggle to access mainstream healthcare, can often end up going to A&E in a crisis.

Since 2021, the NHS in Somerset has been working in partnership with Somerset Council's Public Health Service and the voluntary sector to support the health of those experiencing homelessness, living in temporary or vulnerable accommodation and other vulnerable communities such as street workers.

This includes introducing a countywide Homeless and Rough Sleeper Nursing Service, made up of physical and mental health nurses, link workers and two Inclusion Health GPs (located in Taunton and Yeovil) with an additional short term funded GP in the Mendip area.

Working together the GP and nursing teams run a range of outreach drop-in clinics in Taunton, Yeovil and across Mendip in easily accessible venues.

The team offer on the spot care, giving healthchecks, blood tests, wound care, medication and sexual health advice, coordinating the care provided by other services and ensuring each client's personal safety and welfare is looked after. They also provide links to other vital services such as social care, Citizens Advice and food banks.

The programme won the NHS Parliamentary Awards for Health Equity 2023.

Know your numbers 'Take the pressure off' campaign

Around 3 in 10 adults in Somerset have high blood pressure but 1 in 10 do not know it.

The Integrated Care System (ICS) partners are currently involved in working collaboratively on our "Take the Pressure Off" campaign, an initiative dedicated to raising awareness about the importance of regular blood pressure monitoring. In Somerset, we believe in taking proactive steps towards a healthier community, and this campaign is at the heart of that belief.

In an important step to improve community health across the county, NHS Somerset and Somerset Council have partnered with Yeovil Town Football Club as part of their 'Take the Pressure Off' campaign, raising awareness of the importance of testing your blood pressure. They attended the match between Yeovil Town FC and Welling United at Huish Park Stadium on Saturday (9th) to host free community blood pressure checks to more than 3,200 fans that attended the match, and some of Yeovil Town's management team including Club Owner and Chairman, Martin Hellier.

Over half of all strokes and heart attacks in Somerset are caused by high blood pressure. Many people will have no symptoms of the condition, often termed the 'silent killer', but it can lead to serious health issues like heart disease, stroke, and kidney problems if left unchecked. The "Take the Pressure Off" campaign is designed to encourage residents, particularly those aged 40+, to regularly check their blood pressure and take necessary steps towards managing their health.

More information can be found at Blood pressure - Our Somerset.

Our achievements over the last 12 months

Urgent and Emergency Care

Somerset Urgent Community Response

The NHS team at Somerset Urgent Community Response (UCR) brings together a range of skills including Advanced Clinical Practitioners (ACPs), district nurses and physiotherapists who can assess and treat an individual's urgent healthcare needs, along with pharmacy technicians who can review and help patients understand their medication.

The UCR team will come out within two hours of receiving a referral from a GP, 111, 999, a care home or pendant alarm response service.

The team won't just treat the symptoms, they will carry out an assessment to understand why the individual became unwell. Where necessary, a referral will be made to other health and social care services for help, to try and prevent a crisis happening again.

Somerset Urgent Community Response - NHS Somerset ICB

Planned care, diagnostics and cancer

getUBetter

Over 30% of people have a musculoskeletal (MSK) condition and 1 in 5 adults a year will consult their GP for a MSK condition, but we know that most MSK problems can be treated with proper self-care, without the need for specialist treatment.

getUBetter, a digital self-management tool for all common MSK conditions and injuries, was successfully piloted in the Community MSK Physio service, however, it was felt that access to the advice and information would be more beneficial earlier in the pathway. As a result, Somerset has purchased getUBetter to support the population of Somerset with their MSK problems. Developed with local clinicians, getUBetter provides safe advice and guidance and where necessary signposts to other services. getUBetter is being recommended by Somerset GP Practices and over 2,500 individuals have registered with getUBetter and are using the support available to self-manage their MSK conditions.

getUBetter - An app for all common muscle, bone and joint injuries and conditions. NHS Somerset ICB

Our achievements over the last 12 months

Learning Disability Specialist Screening Team

Screening is a way of finding out if people have a higher chance of having a health problem, so that early treatment can be offered, or information given to help them make informed decisions. Yet, we know that those with a learning disability are less likely to take part in the NHS screening programmes (breast cancer, bowel cancer, cervical cancer, abdominal aortic aneurysm, and diabetic retinopathy screening).

In collaboration with NHS England and SWAG Cancer Alliance, Somerset has employed two specialist nurses to support those individuals with a learning disability and / or autism to access and take part in the screening programmes. The Specialist Screening Team offers a wide range of support personalised to the individual and their needs – from raising awareness of the reasons for and importance of screening with individuals, their families, and carers to liaising with the services to ensure adjustments are made e.g. longer appointments, appointment at a specific time of day, quieter environment, and attending appointments with individuals. Through the hard work of the team, over 20 individuals have engaged and attended their screening appointments having previously not participated.

Bleeding after Menopause Service

Showcased on ITV West Country News, Somerset patients can now self-refer into the Bleeding After Menopause service to get checked for a common type of cancer, which means they do not have to visit their GP in the first instance. Individuals experiencing bleeding after the menopause are asked to complete a form, either online or via the telephone, which is reviewed to determine the most appropriate way of providing support.

In some instances, patients may be advised to contact their GP for further help and support, but others may be offered an appointment at one of the clinics held at a community hospital which will consist of an ultrasound, pelvic examination, and review by a health care professional. By removing the need to go to your GP and performing the relevant tests / investigations in this 'one-stop' clinic, the patient experience is significantly improved, and the waiting times considerably reduced. Most people attending these clinics can be reassured and discharged but some may need further tests.

Bleeding after Menopause - Cancer services (somersetft.nhs.uk)

Waiting times for womb cancer appointments cut by two months in Somerset | ITV News West Country

Our achievements over the last 12 months

Mental health, Autism & Learning Disabilities

Somerset Dementia Wellbeing Service

Is a partnership that aims to improve diagnosis, enhance support in the community and provide excellent, consistent service for people with dementia and their carers.

The service has been developed by those living with dementia along with their carers, the voluntary sector, NHS Somerset, Somerset Council and Somerset NHS Foundation Trust.

Our Somerset Dementia Connect phoneline provides quick, convenient access to Dementia Support Workers (provided by the Alzheimer's Society). They can be called on 01458 251541.

The Dementia Support Workers team can offer information and practical guidance to help you understand the condition, cope with day-to-day challenges and prepare for the future.

www.somersetdementia.org

Children, Young People and Families

New Father's Project

When a new baby is expected, mums rightly get a lot of support before, during and after the birth. We know that dads often miss out on the same level of support and aftercare. We want to change this so that everyone can get the advice and guidance they need to enjoy parenthood.

Even if you have been a dad before, every baby is different. Parenthood can be particularly hard if you are struggling with something else in your life – whether it's money worries, physical or mental health concerns or addiction. We want to make sure that all new dads and non-birthing partners are supported.

NHS Somerset are running an exciting new project at the Victoria Park Health and Wellbeing Hub. We are reaching out to all new fathers and will encourage you to come and meet with one of our health coaches. They will provide a one to one appointment with time for you to talk through any concerns or ask questions. They will also tell you about anything going on in the area that you might find helpful or enjoy doing with your baby. They can also help you make appointments with other professionals if you need more specialist support.

As this is part of a project to find the best way to support new dads we will collect some anonymous data about the outcomes and ask you for some feedback. If we are getting it right, then great, but if you think we can do better, then we want to know so we can make changes to the support we provide. We are hoping to offer this service to all new dads across Somerset in the future and your input into the development of this service will be invaluable.

New Father's Project – NHS Somerset ICB

Our achievements over the last 12 months

Improving Lives in Communities & Neighbourhoods

Somerset Community Foundation cost-of-living awards

Somerset Community Foundation, in partnership with Somerset Council and NHS Somerset, recently awarded over £150,000 in grants to 44 local community groups in the latest round of Cost-of-Living grants this summer. The grants will help groups across the county cope with rising energy bills and offer more support to people in Somerset who are struggling to make ends meet.

Through the Cost-of-Living Fund, Somerset Community Foundation brings together diverse resources from local funders. To date, it has awarded a total of £350,000 of grants in response to the cost-of-living crisis, connecting other trusts, businesses and people.

Somerset Community Foundation awards over £150,000 to help local community groups survive cost-of-living crisis - NHS Somerset ICB

Armed Forces – Health and Wellbeing

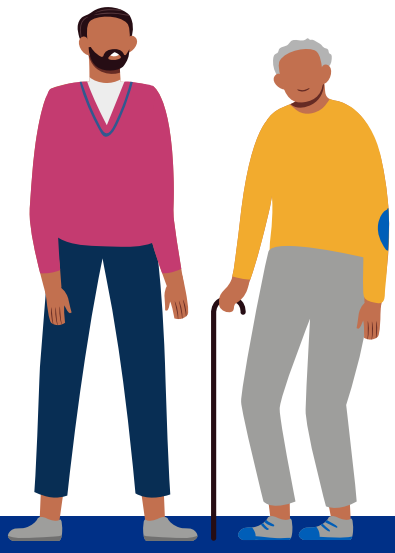
NHS Somerset signed the Armed Forces Covenant in May 2023 and recognises the value and service of the whole Armed Forces community, both serving, families, veterans and reservists.

Within Somerset we have a large Armed Forces community population and recognise that you may have specific needs or queries.

Veteran Friendly Accredited GP Surgeries – Within Somerset we have a number of surgeries who have this accreditation. This means that someone within the surgery has a particular interest in the needs of the Armed Forces and takes responsibility for keeping the rest of the surgery staff updated with initiatives and services available.

Specific Armed Forces Services - There are a number of services which are specifically designed for veterans, details of these can be found below at

Armed Forces - NHS Somerset ICB



Our achievements over the last 12 months

Integration and the Better Care Fund

Sloppy Slippers Campaign

We know that the risk of having a fall is a concern for many, especially as we age. Every day in Somerset, around 8 people are admitted to hospital because of a fall.

According to the University of Leicester, 24,000 over 65's in the UK fall over at home every year because of poorly fitting footwear. Most of these falls are caused by wearing 'sloppy slippers': poorly structured and ill-fitting slippers.

This year, NHS Somerset and SASP are running a scheme to equip adults in the county with properly fitting footwear.

Adults can attend a series of roadshows across the county to collect a new, free pair of slippers to help keep them warm and, importantly, steady on their feet. Partner organisations will also be in attendance to provide information and support.

Falls Prevention - Our Somerset

Digital, Data and Insights

Brave AI Risk Assessment tool

The "Brave AI" risk assessment tool helps health professionals identify individuals who are at risk of going to hospital next year but who may otherwise go under the radar.

The tool works by using clever computer algorithms (machine learning AI) to look for patterns in registered patients' records, the technology assesses an individual's risk of unplanned hospital admission in the next year.

Those individuals identified can then be invited to take part in a holistic assessment so that local, integrated neighbourhood teams of health and care professionals (nurses, pharmacists, therapists, health coaches, social prescribers, and doctors) can work together

to develop a personalised care and support plan, based on what matters to the individual.

The Brave AI device is being rolled out to over 30 areas in the South West, including practices in Somerset throughout 2024.

This is following a successful pilot in care homes in Somerset which reduced resident falls by 35%, attendances to Emergency Departments by 60%, and ambulance callouts by 8.7%

Using Artificial Intelligence to monitor wellbeing: BRAVE AI - NHS Somerset ICB

Priority Programmes

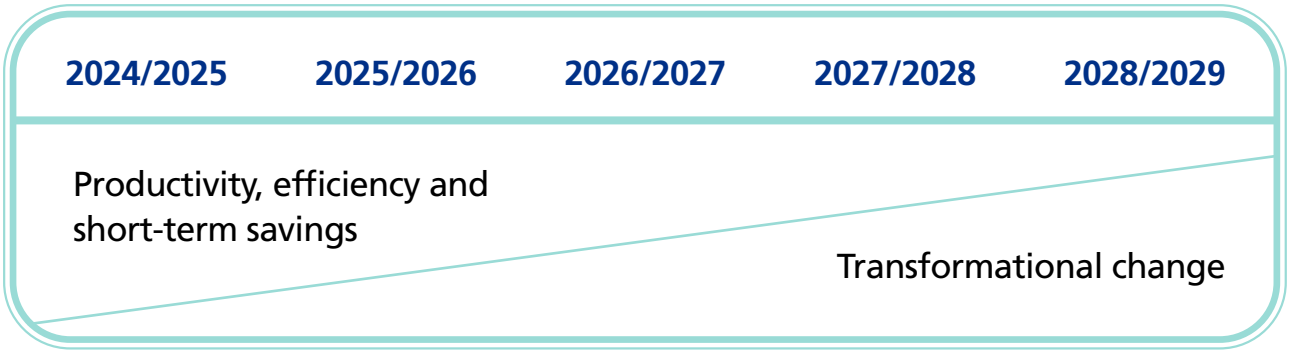
Over the coming three years we need to address our underlying financial deficit which stands at about £80 million. This will require us to think very differently about how we spend every penny of the £1.3 billion allocated to us to pay for the healthcare needs of our population. Some tough decisions will need to be made but we are committed to work with the people who live in Somerset and the staff working in our services to reimagine how we provide care in the future.

Priority Programmes

Our financial settlement this year is challenging, and savings will have to be made.

We need to see these pressures in context; we have employed (over 2,000) extra staff since before the pandemic, this coupled with the national focus on delivering more efficiency for the taxpayer, means that we need to make tough decisions now, to safeguard our future. We are also committed to modernising our services and spending more of our resources on preventing people from becoming unwell, so we can do what is right for our people, communities and colleagues now and into the future.

This means that in the early years of our Joint Forward Plan, we will need to prioritise transformational change which delivers short-term savings in order to address the financial position. We recognise that alongside this short-term focus to address our financial position, we will need to deliver the foundations which are required to deliver longer term transformational change across Somerset. In the later period of this plan, we will be focusing on the transformational elements of our plan to deliver long lasting change to services in Somerset.



To support this, we have identified five system priorities which we will collectively work on in Somerset. These will deliver our system aims and are shown below:

- **Priority 1: Finance & Resource Allocation**
- **Priority 2: Workforce**
- **Priority 3: System Flow**
- **Priority 4: Integrated Neighbourhood Working**
- **Priority 5: Population Health Transformation**

Both as a system and as individual organisations, there are many other projects we are undertaking to improve outcomes for the people of Somerset and the health and care services they receive.

Priority Programmes

Priority 1:

Finance & Resource Allocation

Why is it important?

As previously described, over the coming years we need to address our underlying financial deficit which stands at about eighty-million-pounds. This will require us to think very differently about how we spend every penny of the £1.3 billion allocated to us to pay for the healthcare needs of our population.

In the early years of our Joint Forward Plan, we will prioritise transformational change which delivers short-term savings in order to address the financial position. These are included within this priority and also throughout the remaining priorities. The short term actions have been highlighted throughout the plan.

What are we going to do?

	2024/2025	2025/2026	2026/27 - 2028/29
Efficiency, Productivity and short-term savings	**Deep dive into current spend** We will review all areas of spend as part of our financial position		
	Opportunities through Joint Commissioning Arrangements: • Better care Fund • LD Funding • Joint arrangement for the Equipment and Wheelchair Services contract • Others to be identified Review of joint funding arrangements and explore opportunities to spend more effectively.	Deliver a new joint commissioning plan which reflects the opportunities to utilise the funding allocations across health and social care more effectively.	Continue to monitor effectiveness of joint funding arrangements and identify new opportunities for closer working collaboration across health and social care to maximise the contribution for the total spend.
	Elective Care Commissioning Strategy - Develop elective care commissioning strategy (Sept).	Implementing the elective care commissioning strategy.	Implementing the elective care commissioning strategy.
	Referral pathway for elective care – Review current pathways for elective care to ensure they are as effective as possible.		
	Maximising delivery against the Elective Care Recovery Fund. Accelerate delivery of elective activity in line with operational plan to maximise the delivery against the national elective care recovery fund.		

Finance & Resource Allocation

	2024/2025	2025/2026	2026/27 - 2028/29
Efficiency, Productivity and short-term savings	**Evaluation of last three years new initiatives** - Evaluation of last three years new initiatives to estimate ROI, value add and consider future commissioning of these initiatives	Evaluation of initiatives to understand value add and future commissioning plans.	Evaluation of initiatives to understand value add and future commissioning plans.
	Reducing Variation in Healthcare • Clinical challenge into review of GIRFT/Model Hospital data. • Address outliers in prescribing practices.	• Develop transformational programmes to address variation, where appropriate, to ensure Somerset delivers all benchmarking opportunities within funding available. • Continue to address outliers in prescribing practice through incentives.	• Deliver transformation change to deliver the best services within the funding available. • Continue to address outliers in prescribing practice through incentives.
	Fragile Pathways – review services to consider whether these can be reconfigured or alternative commissioning solutions can be found	Develop transformational programmes to address fragile pathways, where appropriate, to ensure Somerset delivers all benchmarking opportunities within funding available.	Deliver transformational change to deliver the best services within the funding available.
	Frailty • Organise and consolidate current initiatives, models and pilots – What does a Somerset frailty offering look like/ - links to variation also. • Professional/clinical conversation about shared decision making, personalised care, person centred care etc.		
	Funding to support Localities Review funding arrangements across and for Localities to maximise outcome delivery.		
		SWAST Contract – Reduce Ambulance Handover delays to reduce contract penalties. Reduce Ambulance demand to reduce contract payment.	
	Review additional funding through Service Development Funding		

Finance & Resource Allocation

	2024/2025	2025/2026	2026/27 - 2028/29
Learning Disability & Brain Injuries	**Learning Disability and Acquired Brain Injury placements** – review of patients who are out of county with a view to considering placements in Somerset.		
	Individuals placed by systems outside of Somerset into Somerset Nursing Homes - Review of Funded Nursing Care (FNC) and Continuing Health Care (CHC) costs for individuals placed by systems outside of Somerset into Somerset Nursing Homes.		
	Neuro Rehabilitation Service Review neuro rehabilitation services and develop new pathway.	Deliver new pathway options.	
Productive Care Programme	**Further Faster Programme** - Identify opportunities within specialties for optimising outpatient efficiency under the 'Further Faster' programme.		
	Theatre utilisation – Increase capped theatre utilisation rates to the national target of 85% and increase theatre session utilisation to 95% on both sites.		
	Day-case rates/Right Procedure Right Place – Increase the range of procedures undertaken as a day-case and the range of procedures undertaken as an outpatient procedure.		
	Peri-Op Pathways – Expand the perioperative service for providing interventions for preparing patients for surgery, to improve outcomes for surgery, reduce length of stay in hospital and offer alternatives to surgery where appropriate.		
	Reducing variation in healthcare - GIRFT/Model Hospital data to be reviewed to eliminate variation.		
	Unsustainable Services – review services to consider whether these can be reconfigured or alternative commissioning solutions can be found.		
	Agency Reduction - Reduce the cost of agency used to eliminate all off framework agency by 1 July.		
	Ready to Go Wards - Close two temporary wards (ready to go wards) (April).		

Finance & Resource Allocation

	2024/2025	2025/2026	2026/27 - 2028/29
Workforce	**ICB Running Cost Reduction** - Reduction in ICB running cost allowance of 20%.	Reduction in ICB running cost allowance of 10%.	
	ICB Running Cost Reduction - Review of support functions to Somerset ICB.		
Estates	**One Public Estate** - Review of estates options across the system and consider consolidation.	Implementation of One Public Estate.	Implementation of One Public Estate.
	Oversight of s106 projects and development.	Oversight of s106 projects and development.	Oversight of s106 projects and development.
Digital	**Automation** - Exploration of opportunities for use of Digital Tools to support corporate functions (i.e. Robotic Process Automation (RPA) / AI processes).		
Local Autonomy	**ICS Priorities** - Ensure focus is maintained on our priorities and implement national strategies where they add value to our priorities		
	Decision Making – faster decision making to support delivery of a balanced financial plan		

Priority Programmes

Priority 2:
Workforce

Why is it important?

Somerset's Integrated Health and Care strategy key principles identifies a number of requirements for a different approach to workforce in order to meet the changing needs of the population. As an ICS we will pursue an ambitious system-wide workforce strategy, to inform how our workforce will develop over the coming 10 years and beyond.

The success of the Health and Care Strategy requires our paid and unpaid workforce to have the right skills, behaviours and values in the right place at the right time, focused on a person-centred approach.

To achieve our One Workforce of the Future, we need to:

- Create a stable workforce from which we can begin to develop roles, transform existing based more on skills and competencies rather than mainly qualifications
- Focus on the values and behaviours that enables the delivery of person-centred care, including how multi-disciplinary teams can work collaboratively across organisational boundaries and become high performing teams
- Reduce the use and spend on temporary workforce, and improve the pipeline and retention of international and domestic recruits
- Create an environment where the workforce is empowered to speak up and are able to drive innovative diverse ways of working
- Work with partners to establish a unique South West and Somerset brand and proposition for attracting workforce talent.

What are we going to do?

*Long Term Workforce Plan pillar	2024/2025	2025/2026	2026/27 - 2028/29
*Recruit (and train)	Co-develop a collaborative approach to International Recruitment to ensure ethical and cost-effective supply routes	Agree outcome measures and baselines (e.g. reduced cost of agency staffing; reduced turnover in key groups; staff experience measures). Implement collaborative approach to International Recruitment.	Monitor the outcomes for improvements.
	Scope the development of a health and social care workforce brand identity to support attraction and onboarding (in Somerset and with regional teams)	Agree outcome measures and baselines (e.g. internet and social media contacts; recruitment due to website access; reducing turnover levels) Implement recommendations regionally and locally.	Monitor the outcomes for improvements.
	Work alongside educator-providers to plan and expand the number of student/education placements; and post registration pathways aligned to workforce planning & LTWP targets. Identify new qualification opportunities.	Work alongside educator-providers to plan and expand the number of student/education placements; and post registration pathways aligned to workforce planning & LTWP targets. Identify new qualification opportunities.	Adopt new pathways and opportunities.

Workforce

*Long Term Workforce Plan pillar	2024/2025	2025/2026	2026/27 - 2028/29
***Recruit (and train)**	Expand enhanced, advanced and associate roles aligned to clear career pathways.	Expand enhanced, advanced and associate roles aligned to clear career pathways.	
	Expand apprenticeship and degree routes to entry for ODP and Midwifery		New apprenticeship and degree routes to entry extended to registered social work and OT
***Retain**	Renew the Staff Experience, Belonging and Retention Strategy action plan by: • reviewing & evaluating the effectiveness of system-wide programmes • define actions for the 24-27 retention strategy	Build on Inclusion themes Deliver actions and evaluate. Data sources and outcomes: Staff Surveys; retention scores and turnover rates	Deliver actions and evaluate. Data sources and outcomes: Staff Surveys; retention scores and turnover rates.
	Develop a System Leadership offer, focused on: • 'system by default' mindset and culture to grow tested through the Somerset Leadership Academy • to include JFP themes such as integrated neighbourhood team development • Inclusion and Equality themes Test elements of the System Development offer with system partners	Conduct a test and learn approach to the programme before roll-out core system leadership offer. Initial high level scoping of a Leadership Faculty.	Develop a System Leadership faculty as part of the Somerset Training Academy for Health and Social Care. Review of programmes.
	Design a coordinated system approach to work experience within schools (primary/ secondary), linked to brand work. (aka Widening Participation)	Implement coordinated system approach to work experience within schools	Review programmes.
***Reform**	Scope the Digital Workforce requirements that support: • Improved workforce productivity through process & service redesign • Delivery of tech enabled care	System engagement about programme of work	Implement programme of work
	Workforce 2035 (scenario planning) Scope the implementation of the outputs from the work.	Implement agreed programme of work	Implement agreed programme of work
	Progress the development of the Bridgwater site into a Somerset Training Academy for Health and Social Care to support the development of our 'One Workforce' vision. Deliver a sustainable operating model within the Seahorse Centre, Minehead.	Implement the learning from the pilot work in Minehead into the final development of the Academy Business Plan and operating model	Open Somerset Training Academy for Health and Social Care
	Workwell. Support the development of the Workwell needs assessment.	Needs assessment produced & actions identified. Implement new requirements and review.	Review outcomes (e.g. number of NEET due to Workwell)
	Keyworker Housing business case and operating model (links to regional NHSE teams).	Housing Hub developed.	Evaluation informs further developments.
	Co-design system Equality, Equity and Inclusion Plan with system partners & start implementation of year 1 actions.	Year 2 actions to be defined.	Year 3/4 actions to be defined.

Priority 3:

System Flow

Why is it important?

The Problem:

The Somerset Integrated Care System and Somerset NHS Foundation Trust has a high number of patients in bedded care settings who do not meet the criteria for them to be there. This is across sectors – mental health, acute and intermediate care (community hospitals and care homes). This results in:

- Harm to patients as they are not in an appropriate setting for their needs, which in turn results in deconditioning, increased risk of harm and increased on going care needs
- Excess occupancy in bedded care services, causing inefficiency and increased safety risks
- Excess costs for all parts of the health and care system over the short and long term

Somerset is currently an outlier nationally with a level of No Criteria to Reside (NCTR) patients in acute beds of 24% compared with the national average of 14%

The Strategy:

To ensure that patients are cared for in the right setting once their acute care needs (both physical and mental health) have been met and they no longer need to be in an acute hospital or mental health inpatient setting (including hospital at home). In the majority of cases this will be in the patient's own home, potentially with support. It is however recognised that some patients will not be able to return home, either whilst they undergo a period of reablement or permanently.

Delivery of this strategy will result in a reduced cost base associated with acute bed capacity, intermediate care services and on-going care support provided by Somerset Council. [Note: work will be required to understand the counter factual as a result of the local demographics]

The Objectives:

1. To reduce and maintain the number of patients who do not meet the criteria to reside in an acute hospital bed at SFT to no more than 10% of the general and acute bed base during 2024/25.

   As a linked objective to reduce the number of Somerset residents who do not meet the criteria to reside at non-Somerset based acute hospitals to similar levels.

   In simple terms, this means reducing the No Criteria to Reside number at SFT to circa. 90 patients and maintaining it at that level or less.
2. To define the most appropriate metric to measure mental health delayed discharges and then agree, deliver and maintain a reduction that is appropriate given the demand and capacity for inpatient care.

System Flow

What are we going to do?

	2024/2025	2025/2026	2026/27 - 2028/29
System Flow	**Right size pathway 1 capacity – no. of starts per week:** • Optimisation of existing commissioned capacity • Additional capacity (**KEY DECISION**) • Recommission capacity for April 2025		
	Establish clear metrics and reporting to track flow		
	Establish financial management and governance arrangements for 'Intermediate Care Service'.		
	Clarify roles and responsibilities across the services and ensure good operational delivery against clear deliverables (acute discharge processes and intermediate care entry, delivery and exit)		
	Further work required on TOCHs (Transfer of Care Hubs): • Is the model right? • Are they operating effectively?		
	Further work required on intermediate care bedded capacity: • What is currently happening? • Short term plan • Long term plan		
Urgent and Emergency Care	**Intermediate Care and Reablement Model** – co-design a high quality, responsive intermediate care and reablement service which allows people to return to their optimal independence and support timely hospital discharge.	Complete implementation of a new model for intermediate care	Monitor and evaluate intermediate care model
	Transfer of Care Hubs - Embed transfer of care hubs across both acute and community hospitals	Monitor and evaluate transfer of care hubs	
	Inpatient flow and length of stay (acute): Reducing variation in inpatient care and length of stay for key cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.		
	Criteria Led Discharge - Roll out systematically CLD to support weekend discharges.		
	7-day working – Improve weekend discharges, including criteria led discharge to support key UEC. Intermediate care and discharge services to support system flow across 7 days	Monitor and evaluate effectiveness of 7 day working and effectiveness of weekend discharges	

System Flow

	2024/2025	2025/2026	2026/27 - 2028/29
Mental Health	**Mental Health Discharge** - Develop and implement a plan to support people to move out of hospital-based care as soon as they are medically fit		
Adult Social Care	**Work in partnership with our care provider market** – we will work in partnership with our care provider market to ensure there are sufficient nursing places available to meet future demand, particularly for people living with dementia and other cognitive impairments		
	Intermediate Care and Reablement Services - We will continue to work with partners to deliver and develop high-quality, responsive intermediate care and reablement services to enable people to return to their optimal independence and support timely hospital discharge.		
	Development of viable care alternatives - We will invest in the development of viable care alternatives to reduce and delay the need for long-term care (such as extra care housing and a range of reablement and community services).		

Priority 4:

Integrated Neighbourhood Working

Why is it important?

Somerset in its ICS primary care strategy has pledged to deliver on the Fuller Stocktake. To do this there will need to be a specific programme of systemwide work to develop those teams outlined within the Fuller Stocktake, which deliver care:

- to those with the most complex needs
- for same day urgent care

We will deliver this commitment via Integrated Neighbourhood Teams who will work in "A geographical area where there is a culture for multi-agencies and communities to co-design, co-create, co-deliver, work and learn together. Through this culture of collaboration, the community is supported to live the best and most fulfilling lives they can".

Additionally, Somerset has been selected as one of seven Integrated Care Board areas to work with selected Primary Care Network(s) to implement the changes required to deliver the major recommendations of the Fuller stocktake. This work will support this programme and our local neighbourhood team development more broadly and enable the Somerset system to benefit from national support.

The Problem:

There are currently innovative approaches to the development of Integrated Team working at Neighbourhood (defined for the purpose of this work as PCN footprint) level in Somerset, however they are not developing within an overall framework that enables innovation to spread and for outcomes to be measured. It is also currently difficult to gauge the degree of resource utilisation across the County and there is a challenge for NHS services to consistently engage with Council, VCFSE and other partners to take forward the vision of creating more 'resilient communities' that was set out in our overarching Health and Care Strategy.

What are the aims of this programme?

- To enable Integrated Neighbourhood Team working to flourish across Somerset with clearly defined and measured outcomes and alignment of incentives that allow models to develop consistently, but with local flexibility where necessary.
- To enable the NHS to organise itself to better engage with other partners on the wider agenda of supporting the development of more resilient communities, enabling a shift in focus towards prevention in the longer term (over the next 5 years).

What are the primary objectives of this programme?

- To develop a clear overarching vision that supports Primary Care Networks to design and implement a model of Integrated Neighbourhood Team working – including clarity about the outcomes to be achieved, what features needs to be consistent across the system and what can be tailored to fit local (PCN) circumstances.
- To determine a set of clear outcome measures that reflect the strategic desire to support more people in their local geographies and avoid escalation to more acute (and higher cost) care settings, supporting the desire to 'left-shift' investment over time.

- To delayer and simplify the delivery of neighbourhood based services to provide consistency and enable integration with the Integrated Neighbourhood Team model.
- To clearly evaluate existing models, determine what works and support roll out and spread.
- To streamline ICS work programmes ensuring alignment and support to the vision of neighbourhood team working.
- To align financial and performance incentives to support this new model.
- To develop a clear offer that supports the cultural and behavioural elements of Integrated Neighbourhood Team working.
- To support this work through a clear and prioritised estates plan based on a risk assessment that facilitates the co-location of teams and supports integrated working, together with a financial strategy that supports the 'left shift' in investment over time.

What are we going to do?

	2024/2025	2025/2026	2026/27 - 2028/29
Integrated Neigh-bourhood Working – initial baselining activities	Co-create a clear system vision for the development of Integrated Neighbourhood Teams in Somerset.		
	Clarify the outcomes that this work aims to achieve – develop a small set of measures, together with some counter measures to assess success and baseline of current performance.		
	Undertake a stocktake of current service provision and spend by Primary Care Network.		
	Review the existing national and system wide programmes of work that are underway across Primary Care Networks – consider consolidation and streamlining.		
	Undertake a stocktake of current ARRS spend by Primary Care Network.		
	Engage with the national programme, supporting the roll out of the Fuller stocktake recommendations.	Continue to work with selected PCN(s) to implement and test.	
	Assess Readiness of each Locality/ Neighbourhood for Integrated Neighbourhood Working.		
	Develop evaluation methodology for existing Integrated Neighbourhood Working approaches in Somerset.	Monitor and evaluate Integrated Neighbourhood Working.	

Integrated Neighbourhood Working

	2024/2025	2025/2026	2026/27 - 2028/29
Digital Neigh-bourhood Programme	Review and align the digital neighbourhoods programme to ensure roll out and support to this wider programme of work. The programme embraces the rollout of BRAVE AI, SIDeR+ and other digital, data and technology innovations enabling right care at the right time.		
	BRAVE AI Rollout - Continue the roll out and develop the risk stratification tool BRAVE AI to Somerset's 13 PCNs who, at present, are at varying stages of roll out.	Continued Roll out of BRAVE AI.	Continued Roll out of BRAVE AI (April 27).
Workforce	Identify workforce supply & OD needs, skills and capability gaps, and potential for new roles with different skills/competency mix.	Support the resourcing & OD needs of identified Integrated Neighbourhood Teams based on workforce planning & gap analysis.	
Human Factors/ Culture	Implement the Team Coaching programme in West Somerset as a test and learn pilot.	Evaluate the team coaching programme test and learn pilot, share learning and consider further roll out.	

Key dependencies:

This programme of work has a number of key dependencies to other 'business as usual' activities. It is essential that there is close alignment to the work underway to support the future resilience of general practice together with the system plans to improve access to dentistry, community pharmacy and optometry. It also needs to work within an overall framework for building resilient communities, which Council colleagues will lead on.

There are a number of system wide, ICB led programmes of work that also need to be linked to this development and may need to be streamlined in order to enable this. These include:

- Personalised care and the development of social prescribing
- Same day emergency care development
- Proactive care
- Enhanced health in care homes
- Women's health hubs

Priority 5:
Population Health Transformation

Why is it important?

We know that people living in Somerset with higher socioeconomic position have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. Health, care and unhealthy behaviours is one of the main focuses. It provides an opportunity to maximise our uptake of support for those with a long-term condition or mental health issue while also allowing our prevention programmes to help with modifiable risk factors.

We want to give more people in Somerset the life chances currently enjoyed by the few.

Our people would be better off in many ways: in the circumstances in which they are born, grow, live, work, and age. This will require joined up and integrated working with our partners in health, social care, housing, police, education, fire and rescue, town and parish councils, Voluntary, Community, Faith and Social Enterprise (VCFSE) partners and our employers.

By doing this, people in Somerset would see improved wellbeing, better mental health and less disability. Their children would flourish, and they would live in sustainable, cohesive communities which they are proud of and care about where they live.

What are we going to do?

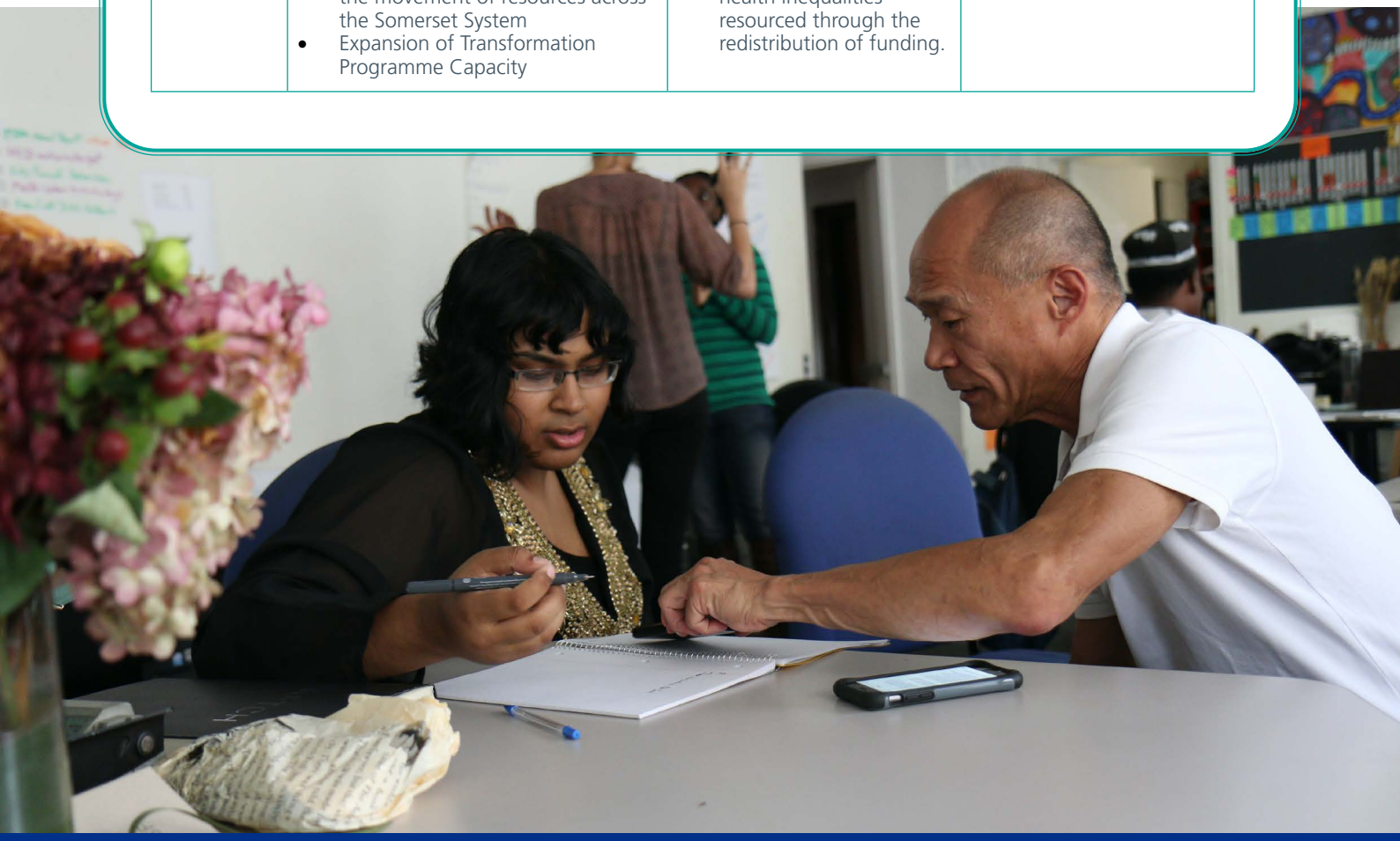
	2024/2025	2025/2026	2026/27 - 2028/29
Tackling Healthcare Inequalities	**Strengthening workforce** • Formalise Healthcare Inequalities Network as a Community of Practice • Develop a local Health Inequalities toolkit • Develop NHS Ambassador Programme focussing on inequalities	**Strengthening workforce** • Established Community of Practice • Local Health Inequalities toolkit being used to inform local decision making • Continue to develop NHS Ambassador Programme	**Strengthening workforce** • Established Community of Practice • Local Health Inequalities toolkit being used to inform local decision making • Continue to develop NHS Ambassador Programme
	Data & Evidence • Development of local Health Inequalities Dashboard including Core 20+5 metrics • Improve recording of ethnicity data • Development of PCN Data profiles to inform priority areas for Population Health Management and PCN Inequalities plans • Undertake a Working Well Needs assessment to increase intelligence on people out of work for ill health	• Support use of dashboard to inform tackling inequalities through integrated neighbourhood working	

Population Health Transformation

	2024/2025	2025/2026	2026/27 - 2028/29
Tackling Healthcare Inequalities	**Tackling specific inequalities** • Continue to develop SFT Inequalities focused Elective Care Recovery • Completion of Core 20+ 5 Connectors Project (COPD) • Evaluation of Homeless Health programme and development into Inclusive Health Programme	• Develop personalised care programme for people who experience multiple disadvantage	
Adopting Population Health Manage-ment approach-es within neigh-borhood working	Alignment with the Integrated Neighbourhood Working priority to: • Support the development of work focused on improving health and tackling healthcare inequalities, including utilisation of BRAVE AI • Support the development of 18 Local Community Networks • Develop a system-wide approach to engagement with groups who experience inequalities	• Delivery of population health management through Integrated Neighbourhood working • Support the development of resilient and vibrant communities to improve health and tackle healthcare inequalities through Local Community Networks • Development of Community Ambassador Programme aligned to Local Community Networks	
Develop-ment of a Population Health Culture	• Launch of a public and population health training academy • Development of NHS Population Health Ambassador Programme, starting with social prescribers and AHPs • Inclusion of Population Health Management and inequalities into ICB organisational development programme • Development of joint approach to health information, engagement and campaigns for staff and public	• Roll out of training programme • Expand Health Ambassador Programme to other professionals	• Roll out of training programme • Health Ambassador Programme expanded to all professionals
Priority Population Health Pro-grammes	Deliver 3 priority population Health programmes: • 'Take the Pressure Off' campaign to case-find and optimise treatment for individuals with hypertension. • Continued development of AI Fatty Liver Case Finding programme • Development of system-wide campaign to achieve smoke free by 2030	Deliver 3 priority population Health programmes: • 'Take the Pressure Off' campaign to case-find and optimise treatment for individuals with hypertension. • Continued development of AI Fatty Liver Case Finding programme • Development of system-wide campaign to achieve smoke free by 2030	Deliver 3 priority population Health programmes: • 'Take the Pressure Off' campaign to case-find and optimise treatment for individuals with hypertension. • Continued development of AI Fatty Liver Case Finding programme • Development of system-wide campaign to achieve smoke free by 2030

Population Health Transformation

	2024/2025	2025/2026	2026/27 - 2028/29
Develop use of Data & Intelligence	Delivering data and intelligence • Scoping and commissioning of cloud-based integrated data lake • Development of Data & Information Sharing governance for integrated cloud data lake • Agreement and development of Joint Intelligence Function for Somerset	• Embed the use of integrated data within the Health and Care System to support the growth of Population Health Management • Continue to develop skills and expertise required to support Population Health Transformation • Further development and Inclusion of additional data into the Integrated data function	• Embed the use of integrated data within the Health and Care System to support the growth of Population Health Management • Continue to develop skills and expertise required to support Population Health Transformation • Further development and Inclusion of additional data into the Integrated data function
Align Commissioning, Policies & Resources	• Launch approach to commissioning Primary care services weighted towards inequalities • Build health improvement and tackling healthcare inequalities into financial processes and performance monitoring • Evaluation of the business cases funded by the health inequalities funding • Development of a local strategy for the movement of resources across the Somerset System • Expansion of Transformation Programme Capacity	• All services commissioned consider healthcare inequalities • Financial process and performance monitoring aligned to include and recognise health inequalities • Business cases found to be effective in reducing health inequalities resourced through the redistribution of funding.	



Delivering this Joint Forward Plan

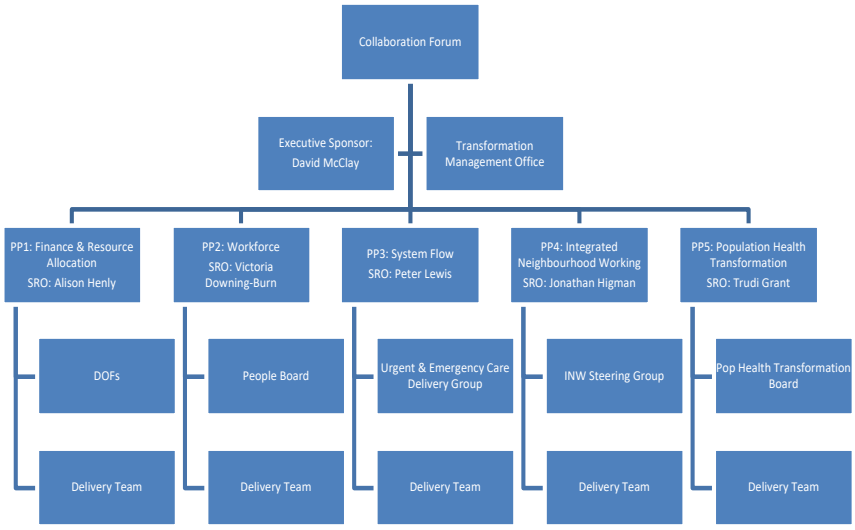
We are committed as partners to work together to deliver the commitments made within the Integrated Health and Care Strategy and taking forward the five priority programmes. Early in 2024/25 we will prioritise the actions within each priority programme, to ensure they are aligned to deliver the required outcomes, including financial savings.

We have a strong track record of working together to improve the health and care services in Somerset. Overall accountability within Somerset Integrated Care System for the plan rests with NHS Somerset (Somerset ICB). Somerset's Integrated Care System (known as Our Somerset) brings together all the organisations responsible for delivering health and care within our communities.

Governance and oversight for the delivery of this plan

The overall responsibility for delivery of this Joint Forward Plan rests with NHS Somerset ICB. The Collaboration Forum will be the committee that will oversee the delivery of the Joint Forward Plan on behalf of NHS Somerset.

- An Executive Sponsor will have overall responsibility for delivering the Priority Programmes, reporting into the Collaboration Forum
- Each Priority Programme will have:
    - A Chief Executive or executive level SRO
    - A transformation lead, identified from within the Somerset system to provide the expertise and knowledge to drive the programme forward.
    - A transformation manager working to deliver the programme
    - A delivery team comprised of colleagues from multiple organisations



We are in the process of establishing the Transformation Management Office who will provide the rigour around the Priority Programmes, ensuring that there are clear mandates, work programmes and there is regular reporting through to the SRO and Collaboration Forum.

System partners are committed to identifying and releasing people to be able to lead these priority programmes.

Next Steps

This Joint Forward Plan sets out the priorities for Somerset and articulates the actions required to deliver our Integrated Health and Care Strategy in Somerset.

Early in 2024/25 we will prioritise the actions within each priority programme, to ensure they are aligned to deliver the required outcomes, including financial savings.

During 2024/25, we will consider refreshing our Integrated Health and Care Strategy, following receipt of the Joint Strategic Needs Assessment, updated NHS England planning guidance and any new policy announcements which may be made, for example, because of the forthcoming General Election.

There are two specific pieces of work we have planned for 2024/25, over and above reviewing our existing strategy. These are:

- Development of system outcome measures
- Working with people and communities - Somerset Big Conversation

Development of system outcome measures

Our strategy, with its seven aims, is well established within Somerset. We recognise that to make this real, we need to define why we are doing what we are doing and whether we are heading in the right direction to achieve it.

Working with partners from across the system, we are:

- Defining the overall outcome we want to achieve through the delivery of our strategy and how we will measure it
- Defining why each aim is important and identifying a headline measure which will help us understand if we are delivering each aim. We will set:
    - Level 1 outcomes – what are we trying to achieve over the next 10-20 years
    - Level 2 outcomes – what are we trying to achieve over the lifetime of the strategy (5 years)?
- Developing a suite of outcome measures - metrics or indicators which are used to evaluate our progress towards the outcome. We expect these to be different from our traditional performance Key Performance Indicators
- Developing the system wide baseline from which we will measure our progress

These outcomes and the metrics which support them will provide a future focus in our ICB Board Assurance Framework reporting.

Working with people and communities – Somerset 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.

our SOMERSET
Together we care

Somerset Five year Joint Forward Plan refresh

2024 - 2029

INTEGRATED HEALTH AND CARE STRATEGY FOR SOMERSET