



Somerset Integrated Care System Overview and Establishment of the Integrated Care Board







What are Integrated Care Systems?

The Health and Care Bill puts Integrated Care Systems (ICSs) on a statutory footing, empowering them to:

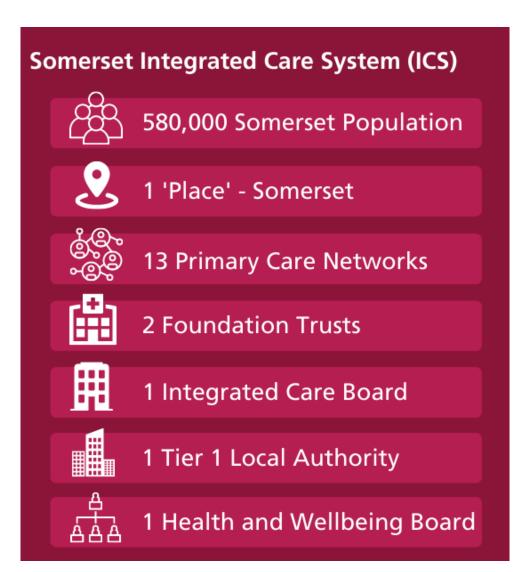
- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Each ICS is led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee jointly established by the ICB and the Local Authority bringing together all system partners to produce a health and care strategy.





Somerset Integrated Care System (ICS)



Somerset is a low-complexity system. We have:

- 1 "place" Somerset, supported by local involvement and decision making. Alignment of neighbourhoods and local community networks (LCN) will be essential.
- One ICB, into which the functions of the Somerset CCG were transferred (1 July 2022).
- One tier 1 County Council (SCC) and 4 district councils which will be replaced on 1 April 2023, by one Unitary Authority, "Somerset Council".
- One Health and Wellbeing Board (HWBB) which will closely algin with ICP.
- Two statutory NHS foundation trusts, Somerset NHS Foundation Trust (SFT) and Yeovil District Hospital NHS Foundation Trust (YDH), which are working towards a proposed merger.
- 13 primary care networks, working over 12 neighbourhoods
- Strong relationship with VCSE partners.

Together, we can better understand, plan and deliver improved health and wellbeing outcomes for Somerset.





Our Somerset ICS vision and strategy

If Somerset was a village of 100 people



9 people would

live in a deprived

neighbourhood

3 people would

identify as Lesbian,

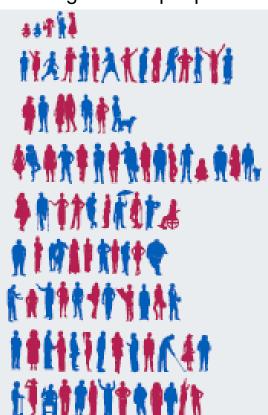
Gay or Bisexual

33 would be aged

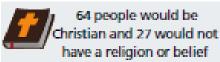
40-64

13 would be aged 65-74

11 would be aged 75 +



Inequality in life expectancy is 6 years for men and 5 vears for women







Average life expectancy at birth.











19 people would have a long term health problem or disability



3 people do not speak English as their first language



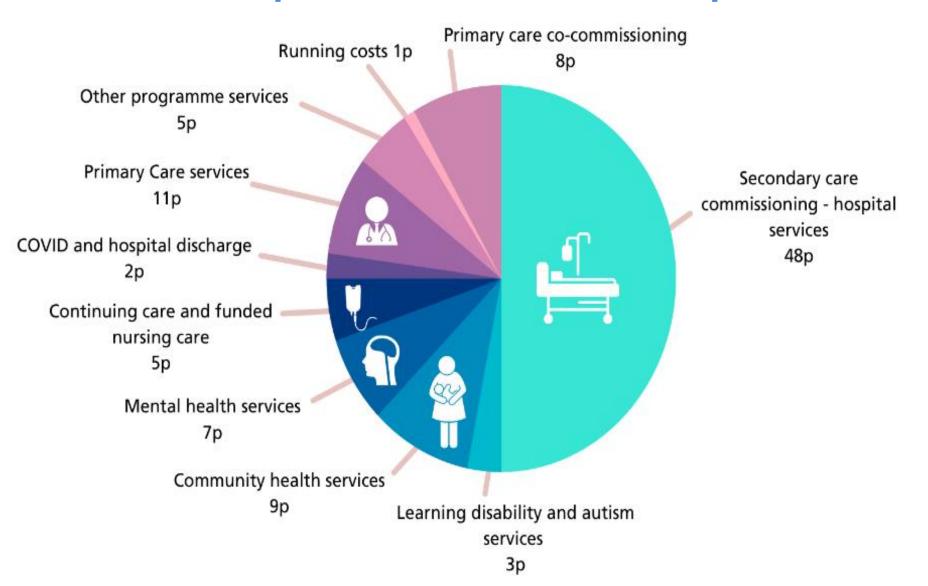
Our population is relatively older than the national average, and over the next 25 years while the overall population will rise by 15% we expect those over the age of 75 to double, resulting in a significant rise in demand for health and care services.

As our population changes, the support they need from our services is also changing. People are living longer and more people are living with long-term **conditions**. As a result, the NHS and its partners need to work differently by providing more care in people's homes and the community and breaking down barriers between services.





How do we spend the Somerset NHS pound?







Our Somerset ICS vision and strategy

Improving Lives in Somerset

County Vision

We have a vision for Somerset. Over the next ten years, we want all organisations to work together as a partnership to create:

- A thriving and productive Somerset that is ambitious, confident and focused on improving people's lives
- A county of resilient, well-connected and safe and strong communities working to reduce inequalities
- A county infrastructure that supports affordable housing, economic prosperity and sustainable public services
- A county and environment where all partners, private and voluntary sector, focus on improving the health and wellbeing of all our communities





Somerset ICS Health and Care Strategy (Fit for my Future)

- 1. IMPROVE THE HEALTH AND WELLBEING OF THE POPULATION
- Enable people to live socially connected, healthy, independent lives, promote early intervention and prevent avoidable illness
- 2. PROVIDE THE BEST CARE AND SUPPORT TO PEOPLE
- Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting
- 3. STRENGTHEN CARE AND SUPPORT IN LOCAL COMMUNITIES
- Develop and enhance support in local neighbourhood areas and bring care and support closer to home
- 4. REDUCE INEQUALITIES
- Value all people alike, target our resources and attention to where it is most needed, giving equal priority to physical and mental health

- 5. RESPOND WELL TO COMPLEX NEEDS
- Improve outcomes for people of all ages with complex needs through personalised, co-ordinated support





Principles of system working

- Our overriding principle is to work as one system, putting collaboration at the heart of all we do.
- This means we will commit to work as one health and care system, taking a single approach to strategy, planning, workforce and finance.
- We will put a commitment to improving the health and wellbeing of the people of Somerset at the heart of our approach and work together to address inequality by targeting our focus and resources towards prevention and early intervention, while ensuring the sustainability of our statutory services.
- We will underpin this with an ICS wide approach to population health management and improvement.
- We will work as anchor institutions within our local economy and will commit to 'buy local, employ local and invest local' wherever possible, playing our part in workforce development and economic regeneration.
- We will ensure that the views of the people of Somerset are central within our decision-making and that the voice of Somerset and the South West is strong nationally.





Year 1 priorities

Year 1 priorities will be further developed over the next three months. This will be triangulated with system priorities, 22/23 planning, System Oversight Framework, Fit for my Future strategic priorities, organisational priorities etc

To continue to lead the pandemic response and recovery

To create the ICS collaborative working approach

- Starting with the population health transformation programme

To establish the ICP and confirm our ICP and health and care strategies

To develop and implement a systemwide strategy to sustain and develop primary care

To develop and begin to implement our 5-year system financial and workforce plans

Board, organisation and system development (using outward mindset approach)





Population Health Transformation Programme

Integrated data systems, leading to joined up analytics and intelligence.

- Replicate parts of Dorset System?
- Joint intelligence function for the system?

• Inform

Intelligence
Analytics &
Evidence

Guide,

Train &

Challenge

Vision,
Coordination
& Priority
Setting

 Consideration about investment of new system funding

Leading and inspiring the workforce across the system,

bringing people on board,

Steering Board and

Teams'

'doer'

changing hearts and minds

programme is a 'Team of

Co-ordination and horizon

scanning function not the

Training and supporting workforce in the system

- Support for culture change and systematically building prevention and equity into all we do
- Develop workforce within the system to have stronger analytical and interpretive skills.
- Expand Population Health Fellows approach

Support

Engage,
Disseminate
& Replicate

Connect

Strategic co-ordination – connecting the workforce to disseminate learning and share skills

- Join people together, develop communities of practice, development of 'spread'
- Joint engagement function for the system



Delivery



collaboration and delivery.

Somerset ICS Functions and Decisions Map

Health and Wellbeing Board Integrated Care Partnership (ICP) Strategic Established by the Local Authority. A committee jointly established by the ICB and the leadership Provides shared leadership for the local health and wellbeing system. Local Authority. Responsible for developing an integrated care strategy to improve health and reduce inequalities. The Board has responsibility that meets the assessed needs of the Somerset population and are met over all influences of health and wellbeing including health and care by the exercise of functions of the ICB, Local Authority and NHS services as well as the wider determinants of health. Underpinned by a England. ICP Strategy will be "Fit for my Future". joint health and wellbeing strategy, 'Improving Lives'. Integrated Care Board (ICB) Somerset Assurance A Unitary Board. Forum (SAF) Responsible for arranging for the ICB Committees Operates as a single provision of health services for its forum for the Somerset ICB committees with responsibility delegated by the Somerset System population. Functions of ICB need ICB Board on specific matters. Provision of ICS (with NHSEI) to Groups to meet the assessed needs of the obtain assurance against assurance. Hosted as a committees population, as informed by the ICP the System Oversight of the ICB Board. Strategy. Framework (SOF) and system issues and performance Somerset Collaboration Forum Established by each of the constituent partner organisations. To develop a collaborative Localities way of working amongst system partners. To oversee the aims of the Fit for my Future Development of a locality structure to link ICS with Strategy. Provides a forum for discussion and resolution of crosscutting issues. primary care networks (PCN), neighbourhoods and local community networks (LCN) to support local

Delivery Boards

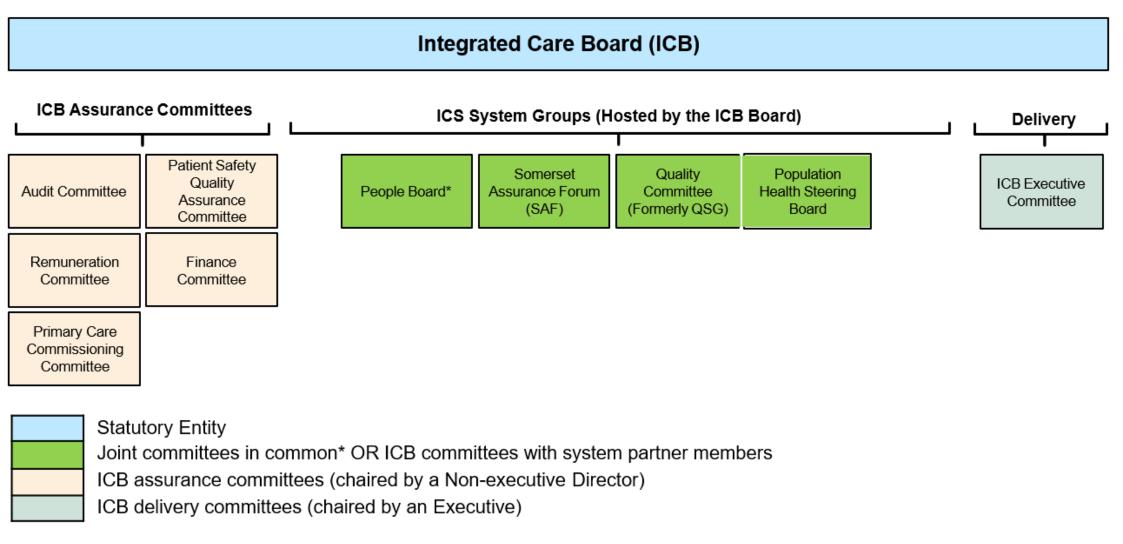
Accountable to the Collaboration Forum, but report to the Somerset Assurance Forum (an ICS)

System Group) on matters relating to performance.





ICB Board Committee Structure



NB: In development in response to ongoing feedback from softengagement





Composition of the ICB

Name	Role	Number
Paul von der Heyde	Chair	1
Suresh Ariaratnam	Non-Executive Directors	4
Christopher Foster		
Dr Caroline Gamlin		
Grahame Paine		
Jonathan Higman	Chief Executive (CEO)	1
Alison Henly	Chief Finance Officer and Director of Performance	1
Awaiting national sign-off	Chief Medical Officer	1
Shelagh Meldrum	Chief Nurse	1
	Additional Executive Directors:	4
TBC	-Director of Strategy & Partnerships	
To be appointed August	-Director of Workforce	
To be appointed in August	-Director of Communications	
To be appointed August	-Director of Corporate Affairs	
Peter Lewis, Chief Executive, Somerset Foundation	Foundation Trust Partner Member	1
Trust and Yeovil District Hospital NHS Foundation		
Trust		
Berge Balian, Chair of the GP Provider Board	Primary Care Partner Member	1
Chief Executive, Somerset County Council	Local Authority Partner Member	1
Trudi Grant	Director of Public Health	1
Katherine Nolan	VCSE Representative (CEO, Spark Somerset)	1
Judith Goodchild	Chair, Healthwatch Somerset	1





Thank You! Any Questions?

