

# 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 Integrated Care System (ICS)



580,000 Somerset Population



1 'Place' - Somerset



13 Primary Care Networks



2 Foundation Trusts



1 Integrated Care Board



1 Tier 1 Local Authority



1 Health and Wellbeing Board

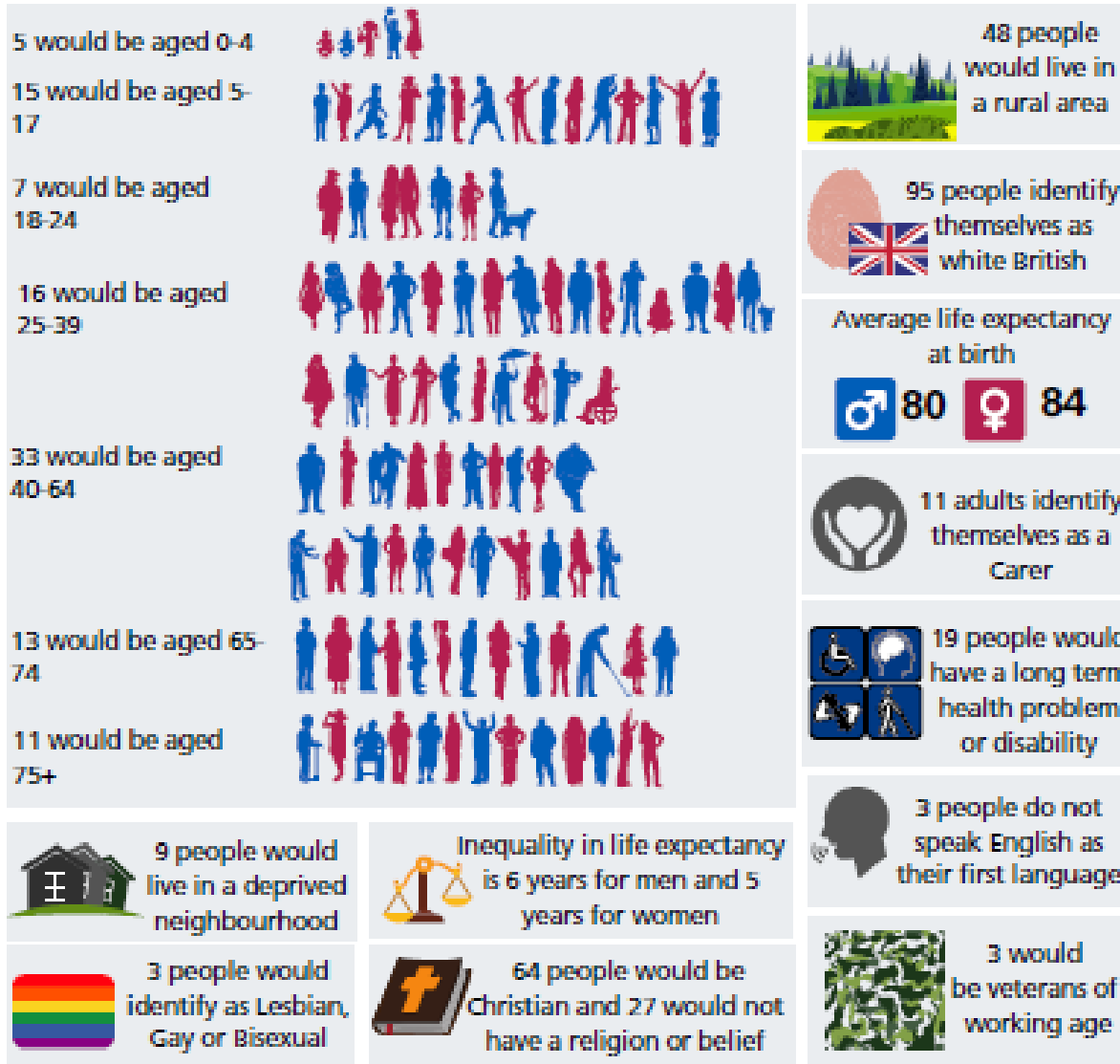
Somerset is a low-complexity system. We have:

- 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 align 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

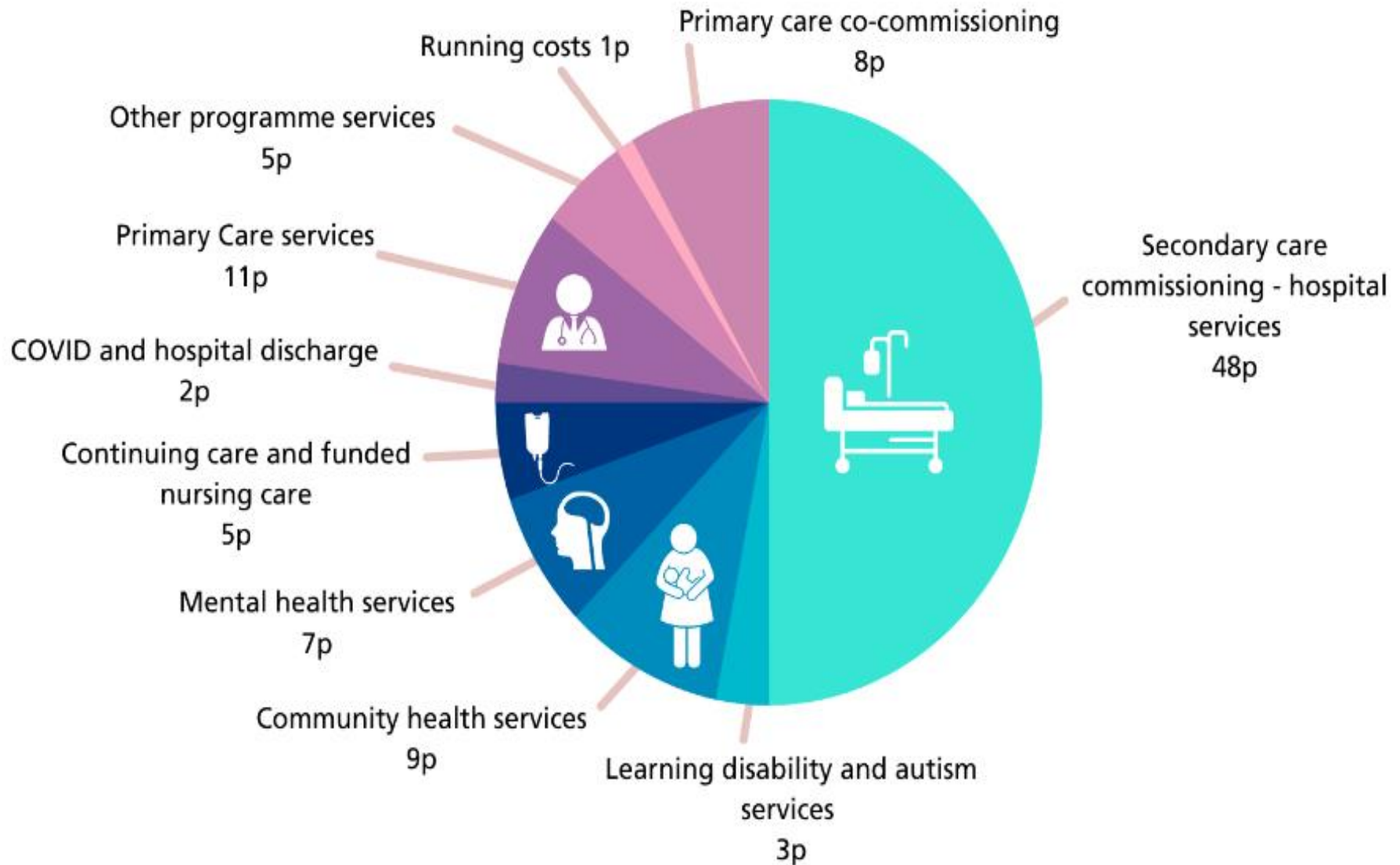
If Somerset was a village of 100 people



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

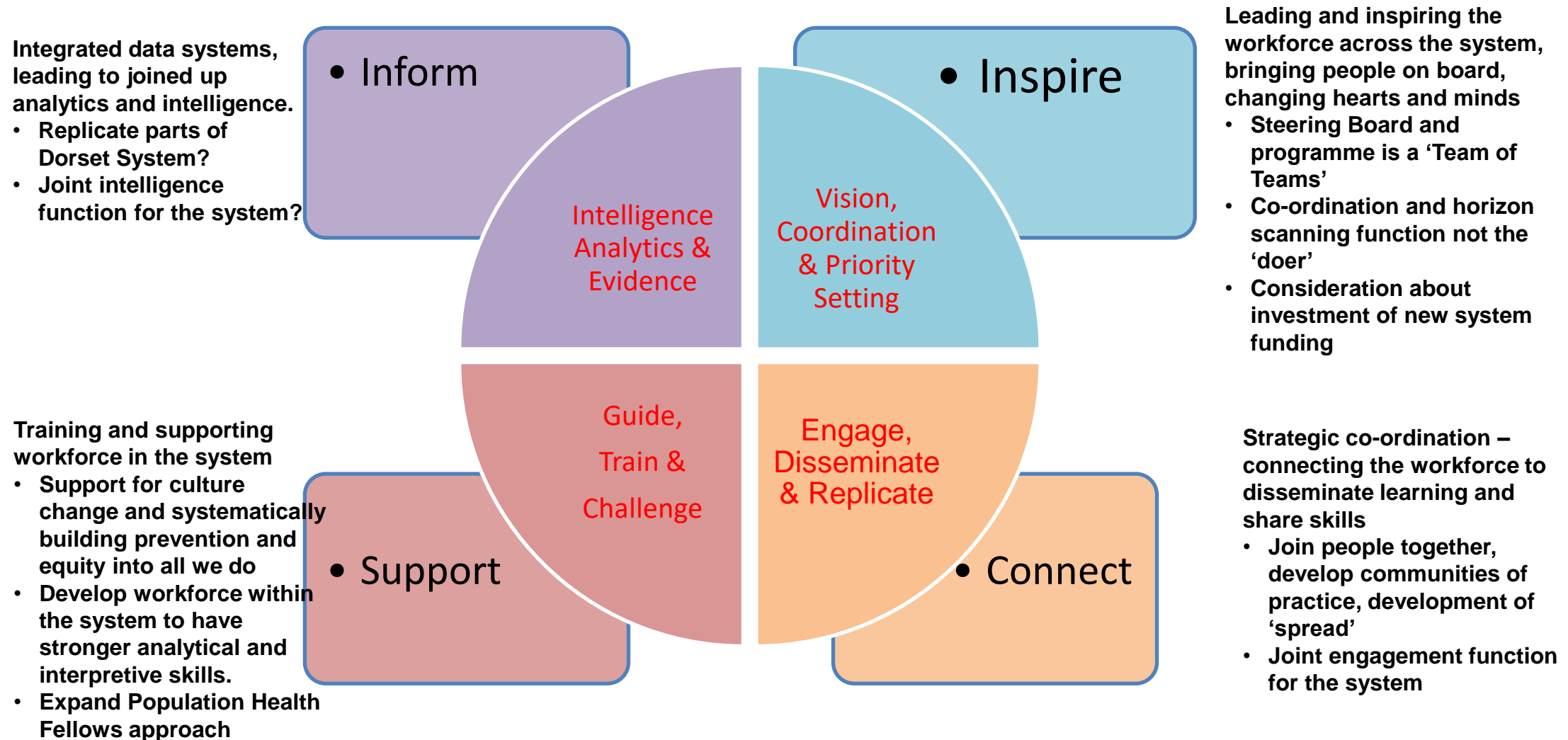
To establish the ICP and confirm our ICP and health and care strategies

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

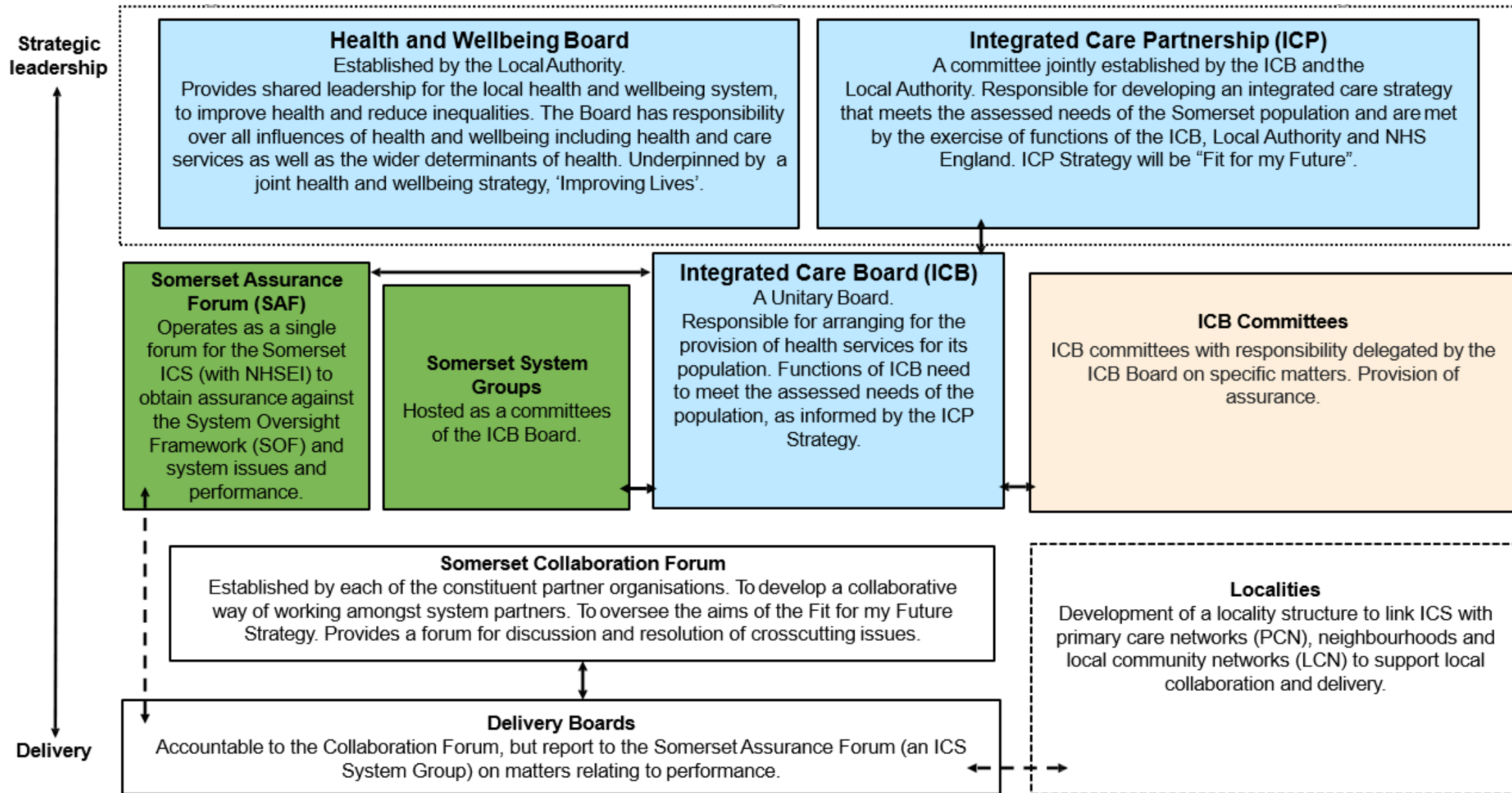
To develop and begin to implement our 5-year system financial and workforce plans

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

# Population Health Transformation Programme



# Somerset ICS Functions and Decisions Map



# ICB Board Committee Structure

## Integrated Care Board (ICB)

### ICB Assurance Committees

Audit Committee

Patient Safety  
Quality  
Assurance  
Committee

Remuneration  
Committee

Finance  
Committee

Primary Care  
Commissioning  
Committee

### ICS System Groups (Hosted by the ICB Board)

People Board\*

Somerset  
Assurance Forum  
(SAF)

Quality  
Committee  
(Formerly QSG)

Population  
Health Steering  
Board

### Delivery

ICB Executive  
Committee

Statutory Entity

Joint committees in common\* OR ICB committees with system partner members

ICB assurance committees (chaired by a Non-executive Director)

ICB delivery committees (chaired by an Executive)

NB: In development in response to ongoing feedback from soft engagement

## Composition of the ICB

Name	Role	Number
Paul von der Heyde	Chair	1
Suresh Ariaratnam Christopher Foster Dr Caroline Gamlin Grahame Paine	Non-Executive Directors	4
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
TBC To be appointed August To be appointed in August To be appointed August	Additional Executive Directors: -Director of Strategy & Partnerships -Director of Workforce -Director of Communications -Director of Corporate Affairs	4
Peter Lewis, Chief Executive, Somerset Foundation Trust and Yeovil District Hospital NHS Foundation Trust	Foundation Trust Partner Member	1
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?

