Somerset Integrated Care System (ICS)

Health and Wellbeing Board

James Rimmer
Chief Executive, Somerset CCG & System Lead

Introduction

Health and care services in Somerset have been working together closely over the past few years to improve services and provide more joined up care. In December 2020, Somerset was formally designated as an Integrated Care System (ICS).

ICSs have grown out of Sustainability and Transformation Partnerships (STPs) – local partnerships formed in 2016 to develop long-term plans for the future of health and care services in their area.

An ICS brings NHS providers, Clinical Commissioning Group (CCGs), local authorities and voluntary sector partners together to collaboratively plan and organise how health and care services are delivered in their area in a way that improves health and reduces inequalities.

- In November 2020, NHS England and Improvement published Integrating care: next steps to building strong and effective integrated care systems across England outlining the next steps for Integrated Care.
- In February 2021 the government published its White Paper on Health and Social Care Reform which sets out the legislative proposals.
- First and second readings of the Health and Care Bill took place in July 2021.

At present ICSs aren't legal entities. The majority of the Bill is focused on developing system working, with integrated care systems (ICSs) being put on a statutory footing from April 2022.

The Bill introduces a two-part statutory ICS model with an **integrated care board (ICB)**, bringing together the organisations that plan and deliver NHS services within the geographic area covered by the ICS and an **integrated care partnership (ICP)**, bringing together a broad alliance of organisations related to improving health and care. Together these elements form the ICS.

Benefits of being an ICS

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.

Benefits of being an ICS

- An even greater focus on supporting people to live healthy independent lives for longer and reducing inequalities.
- Local people with long term conditions, whether those are physical health or mental health related, should see more joined up care and receive support in the most appropriate setting.
- More of our public services working closely together to tackle all of the factors affecting health and wellbeing including employment and housing.
- Staff should find it easier to work with colleagues from other organisations to support shared health priorities - supporting productivity and sustainability.
- Greater freedom and control to make local decisions about services and use of the Somerset pound.
- Greater opportunities to attract additional money to develop services and support.

Key Functions of the ICB

→ **The Integrated Care Board (ICB)**:

- Developing a plan to meet the health needs of the population.
- Allocating resources to deliver the plan across the system (revenue and capital).
- Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
- Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance.
- Arranging for the provision of health services in line with the allocated resources across the ICS.
- Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.
- Leading system-wide action on data and digital.
- Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes.
- Working with partners, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.
- Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.
- Planning for, responding to and leading recovery from incidents (EPRR).
- Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

Composition of the ICB

Minimum Membership of the Unitary Board of the Integrated Care Board

- Chair
- Two other independent non-executive directors
- Chief Executive
- Chief Finance Officer
- Director of Nursing
- Medical Director
- One member nominated jointly by the NHS trusts and NHS foundation trusts.
- One member nominated jointly by the providers of primary medical services within the ICS.
- One member nominated jointly by the local authorities within the ICS.

**ICBs will be able to supplement the minimum Board positions*

Key Functions of the ICP

→ **The Integrated Care Partnership (ICP):**

- The ICP is a statutory committee of the ICS, not a statutory body. As a statutory committee, ICPs will a) be required to be established in every system; b) have a minimum membership required in law (the ICB and Local Authorities); and c) will be tasked with producing an integrated care strategy for their areas.

- The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required. These include, but are not limited to:

    - helping people live more independent, healthier lives for longer
    - taking a holistic view of people's interactions with services across the system and the different pathways within it
    - addressing inequalities in health and wellbeing outcomes, experiences and access to health services
    - improving the wider social determinants that drive these inequalities, including employment, housing, education environment, and reducing offending
    - improving the life chances and health outcomes of babies, children and young people
    - improving people's overall wellbeing and preventing ill-health

- There are 5 expectations in relation to the purpose of ICPs:

    - ICPs are a core part of ICSs, driving their direction and priorities
    - ICPs will be rooted in the needs of people, communities and places
    - ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences
    - ICPs will support integrated approaches and subsidiarity
    - ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights

Composition of the ICP

The Integrated Care Partnership (ICP)

- ICPs can be flexible in their membership. The only members specified are the ICB and Local Authorities (LA) in an ICS area, who must come together to establish the ICP. Wider membership can be locally determined.

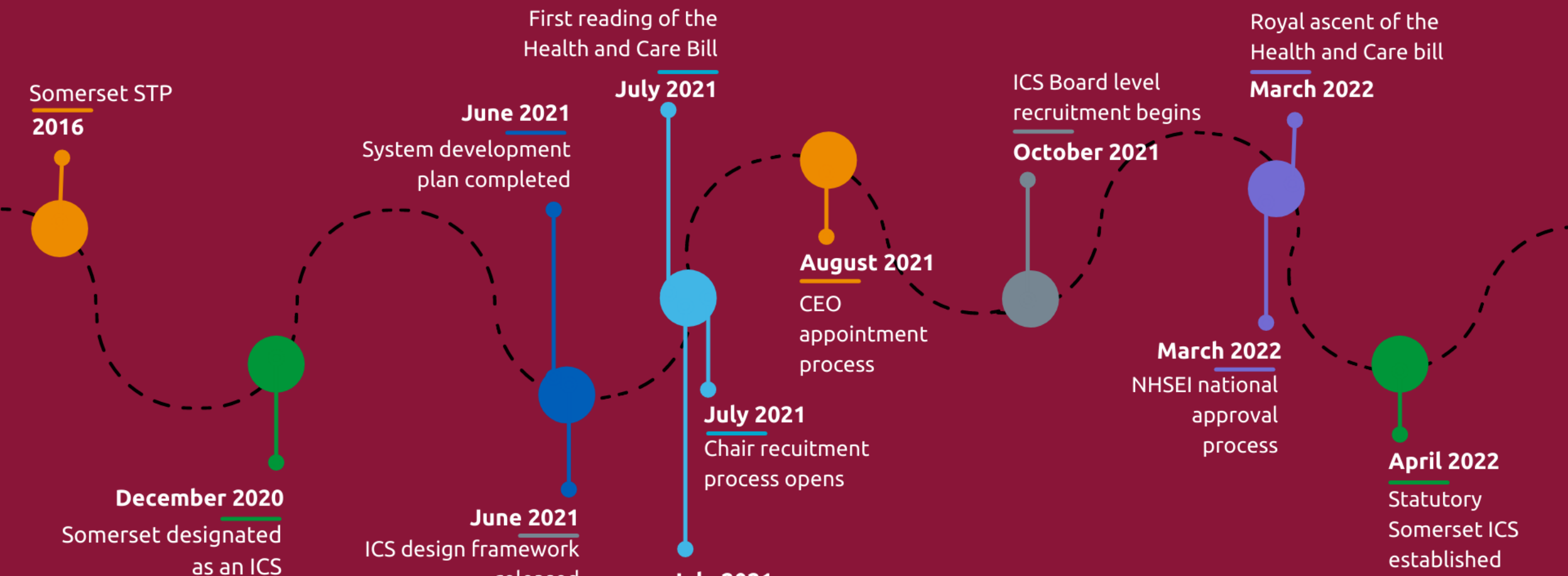
- In smaller systems, where the majority of ICS governance will be conducted at the system level, partners can agree to common membership of the ICP and the Health and Wellbeing Board and streamline arrangements for holding meetings. This may allow different sets of business to proceed in a more coordinated way.

- The Bill also says the ICP must “involve the local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area, and the people who live or work in that area”.

- As a minimum, guidance sets out that the expectation that ICPs should have:
    - input from Directors of Public Health, through arrangements agreed by LAs in the ICS area, and other clinical and professional experts (including primary, community and secondary care) to ensure a strong understanding of local needs and opportunities to innovate in health improvement
    - input from representatives of adult and children’s social services – for example by at least one Director of Adult Social Services or Director of Children’s Services agreed by the LAs in the ICP area. Input from local social care providers will also be needed
    - relevant representation from other local experts, through HWB chairs, primary or community care representatives and other professional leads, for example in social work and occupational therapy
    - appropriate representation from any providers of health, care and related services
    - appropriate representation from the VCSE sector, including of social care, as well as representatives from people with lived experiences of accessing health and social care services in the ICS area, including children and young people
    - a representative from Healthwatch to bring senior level expertise in how to do engagement and to provide scrutiny

- It is not a requirement for all of these stakeholders to be ‘members’ of the ICP committee. The key is that opportunities for co-production and expert input into ICP strategies are available, this could be through sub-committees or dedicated public meetings, for example.

Expected ICS Development Roadmap



SOMERSET County Council

NHS

All timings are subject to the progression of the legislation through the parliamentary process

What this means for Somerset

Somerset ICS vision – Fit for my Future

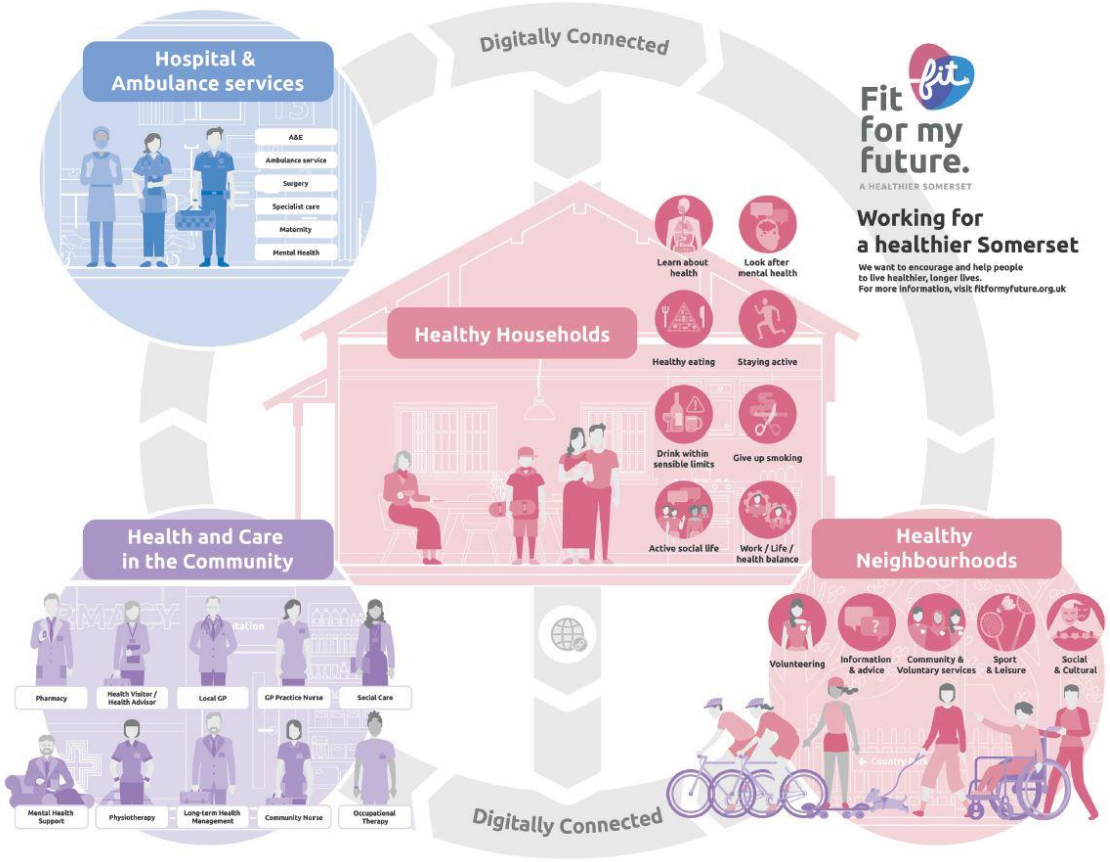
Launched in April 2018, Fit for my Future is Somerset's health and care strategy that aims to support the health and wellbeing of Somerset by changing the way we plan, buy and provide services in Somerset. It is a joint strategy led by Somerset County Council and Somerset CCG, in collaboration with our partners across the NHS, care and voluntary sector. It is driving the Somerset vision.

Our Vision

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

For the people of Somerset this means they will receive a different model of care within their community, as close to home as we are able to achieve, that is safe, effective and equitable. No matter where people in Somerset live, we will:

- Enable people to live healthy independent lives, to prevent the onset of avoidable illness and support active self management.
- Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting.
- Provide support in neighbourhood areas with an emphasis on self-management and prevention.
- Value all people alike, address inequalities and give equal priority to physical and mental health.
- Improve outcomes for people through personalised, co-ordinated support.



Working together

We have already achieved a lot by working in partnership; this has been strengthened through our response to the COVID-19 pandemic. Here are just a few of examples of successful partnership working in Somerset:

- Rapid roll out of the COVID-19 vaccination programme.
- Redeployment of staff to support frontline health and care workers.
- Transforming hospital discharge pathways and reducing delays.
- Mutual aid to support care homes in accessing equipment.
- Long covid recovery service operating in primary care settings with a team of GPs and other clinicians including occupational therapy, fatigue specialists, mental health, rehabilitation and social prescribing.
- Partnership working with local VCSE organisations to improve support to vulnerable groups.
- Transforming urgent care through 'Think 111 First'.
- Launching our crisis safe spaces in four locations across Somerset.
- 24/7 access to the crisis mental health support line.
- Fit for my Future community engagement on the early thinking for neighbourhood and community services in Somerset.
- The Somerset Integrated Digital e-Record (SIDeR), our shared care record system. SIDeR is the first time that health and social care organisations have all shared their records in Somerset.
- Development of Open Mental Health and the review and consultation on the location of adult inpatient acute mental health services

These changes have been made possible by different organisations – NHS hospitals, GPs, councils, care homes, commissioners and others – joining forces to agree and plan for local people's needs.

Working as an anchor institution

We know that the effects of the wider determinants of health, including education, employment, income, housing and the environment, together with the impact of deprivation on life expectancy, mean that tackling health inequalities is essential to improving people's health and wellbeing.

An anchor institution is a large organisation that is 'anchored' in place, having a significant impact in that area.

Through its size and scale, through activities such as employment of staff and spend on procurement, and its extensive estates environmental impact, there is an opportunity for the ICS as an anchor institution to influence the health and wellbeing of our communities in Somerset.

Working as an anchor with a range of partners including the local authority and the voluntary, community and social enterprise sector, the ICS will play a critical role in aligning action between partners to achieve shared purpose: to improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities.

The ICS can take a lead, advocate or be a key partner in the system, impacting directly economic and infrastructure issues. Individuals and communities also have a role, and we will 'work with' communities and partners and not 'do to' them.

Our ICS from April 2022

In Somerset we are well prepared for these changes. We've already made progress over the last few years to improve care and provide more joined up services, which means some of the work we need to do to develop as an ICS is already in place. From April 22, it is proposed the Somerset ICS will have:

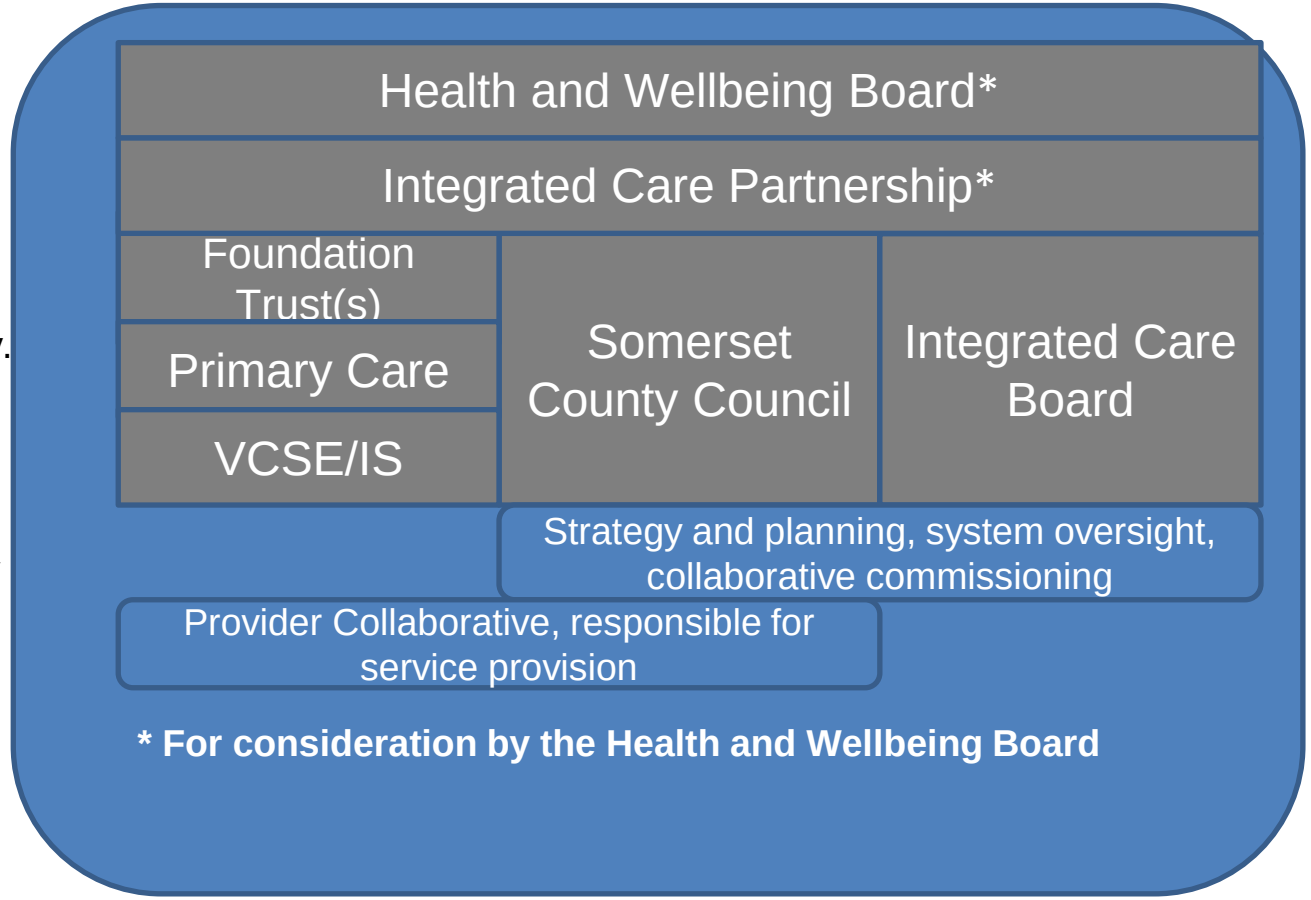
- A **Health and Wellbeing Board***
- An **Integrated Care Partnership***, **formed by the NHS and local government as equal partners** – it will be a **committee, not a body**.
- An **Integrated Care Board**

This high level structure will be underpinned by clear governance and accountability arrangements both within the existing statutory organisations and to support partnership working across the system. Key features include:

- **Locality, neighbourhood and Primary Care Network (PCN) arrangements** and includes representation across our partnerships including the voluntary, community and social enterprise sector and primary, social, community, mental health and acute care.

- A **collaboration forum** to support collaboration across both statutory and non-statutory providers in the ICS.

- Developing **collaborative commissioning** between Somerset County Council and the Integrated Care Board.



Our ambition beyond April 2022
We are also seeking external support to help us to develop the scale of our ambition and long-term vision for the ICS beyond April 22.

Questions?

Intermediate Care

Mel Lock
Director for Adult Social Care,
Lead Commissioner for Adults and Health
Somerset County Council

Questions?

Leading for System Change in Somerset

Mark Leeman
Strategy Specialist, Housing and Communities
Somerset West and Taunton Council

Leading for System Change in Somerset

Leading for System Change (LFSC) is a support offer to enable people involved in integrating services, especially via the Integrated Care System (ICS), to strengthen their leadership capacity to work effectively across systems and sector/professional boundaries. It's a national offer that's being funded via the NHS Leadership Academy, and Somerset is one of 7 pilots from NHS regions around the country.

The idea is to work with a cohort of up to 40 people, in groups, each working on a complex issue, e.g. in relation to alleviating health inequalities or reconfiguring services, that relates to ICS priorities. The group will get 'taught' input on systems/adaptive leadership approaches from Delivery Faculty, hear from local speakers, and get peer/Faculty coaching support whilst they apply these approaches to their issue. The offer has attracted widespread support from across health, social care, public health and the voluntary and community sectors.

Somerset Health and Wellbeing

Who is involved?

- Partners include senior representation from the following:
  - Social Care (adults and children)
  - CCG
  - NHS Leadership Academy Faculty – Debbie Sorkin (group coordinator)
  - Public Health
  - Somerset Foundation Trust
  - District councils
  - Somerset Care
  - Yeovil District Hospital
  - Spark
  - Registered Care Providers Association
  - ICS governance lead
  - GP representation

For Somerset, following early conversations, two topics have been chosen

- Placed based approaches
- Homelessness

Somerset Health and Wellbeing

Placed-based approaches..

- **In relation to place-based approaches**: What does a better joined-up support offer (i.e. not just health and social care) look like in two small but different places in Somerset? The aim here is to select two different places – e.g. one urban, one rural – and look at the commonalities and differences that go towards getting more integrated services, that make more sense and do more to support local communities. We would then look to share the learning so that it could address ICS-level strategy, particularly around improving population health. This will include a focus on the role played by community and voluntary organisations, both formally as part of the ICS (e.g. via commissioning) and as providers and navigators in actual places; it would be good to have early engagement when the groups involved are starting to define the work, particularly when we're asking people questions along the lines of 'how do you make the system work for you?'.

Somerset Health and Wellbeing

Homelessness

In relation to homelessness:

- How can we commission more effectively to better support homeless people/rough sleepers?
- How can we better understand what works in terms of early help/prevention?

For both projects - we would look to share the learning across the groups and to influence strategic/policy development – this could be at an ICS level and at a local government level, including District Councils as well as the County Council.
We should develop design thinking as well as systems thinking into the mix – e.g. how might we design roles that make better use of existing workforce resources?

Somerset Health and Wellbeing

Next steps

- Key elements to include:
- To draw up a list of **oversight/senior bodies and forums** where we need to present the work, so that we can obtain/maintain senior buy-in: these will include the Leadership Forum, the Health and Wellbeing Board and the Homelessness Reduction Board (August 5th, 2021), as well as joint meetings involving NHS England and Improvement in the South West. **Are there any others?**
- To start working out who's going to be in the groups working on these issues?
- To start to put dates in the diary for the first Orientation and Delivery Days – we are aiming for the end of September/early October.

Somerset Health and Wellbeing

Questions

- Any thoughts or questions?

Somerset Health and Wellbeing

James Rimmer
Chief Executive, Somerset CCG & System Lead

Next steps

Read more – ICS framework

- Integrated Care System Guidance
- ICP Engagement Document
- Integrated care systems explained | The King's Fund (kingsfund.org.uk)
- NHS Confed - ICS design framework overview
- NHS England – what are Integrated Care Systems
- NHS Providers – ICS board governance

We'll keep you informed and involved

We will keep colleagues across the ICS updated and as we get further guidance and as work progresses in Somerset.

Share examples

Have a great of example of successful system working you'd like to share, contact the CCG communications team – somccg.communications@nhs.net