



Delivering an Integrated Care System for Somerset

Purpose, vision, governance and ways of working

What are integrated care systems?

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area.

They exist to achieve four aims:

- **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**.

The Health and Care Bill, which intends to put ICSs on a statutory footing and create Integrated Care Boards (ICBs) as new NHS bodies, is currently being considered by Parliament.

A new target date of 1 July 2022 has been agreed. This replaces the previously stated target date of 1 April 2022. This remains subject to the passage of the Health and Care Bill through Parliament. The ICB is the successor organisation to the Somerset Clinical Commissioning Group (CCG).

Our community



580,000 Somerset Population



1 'Place' - Somerset



13 Primary Care Networks



2 Foundation Trusts



1 CCG



1 Tier 1 Local Authority



1 Health and Wellbeing Board

If Somerset was a village of 100 people

What we know: 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.

5 would be aged 0-4



15 would be aged 5-17



7 would be aged 18-24



16 would be aged 25-39



33 would be aged 40-64



13 would be aged 65-74



11 would be aged 75+



9 people would live in a deprived neighbourhood



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



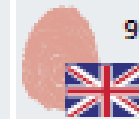
3 people would identify as Lesbian, Gay or Bisexual



64 people would be Christian and 27 would not have a religion or belief



48 people would live in a rural area



95 people identify themselves as white British

Average life expectancy at birth

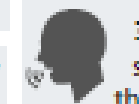
♂ 80 ♀ 84



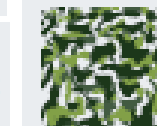
11 adults identify themselves as a Carer



19 people would have a long term health problem or disability

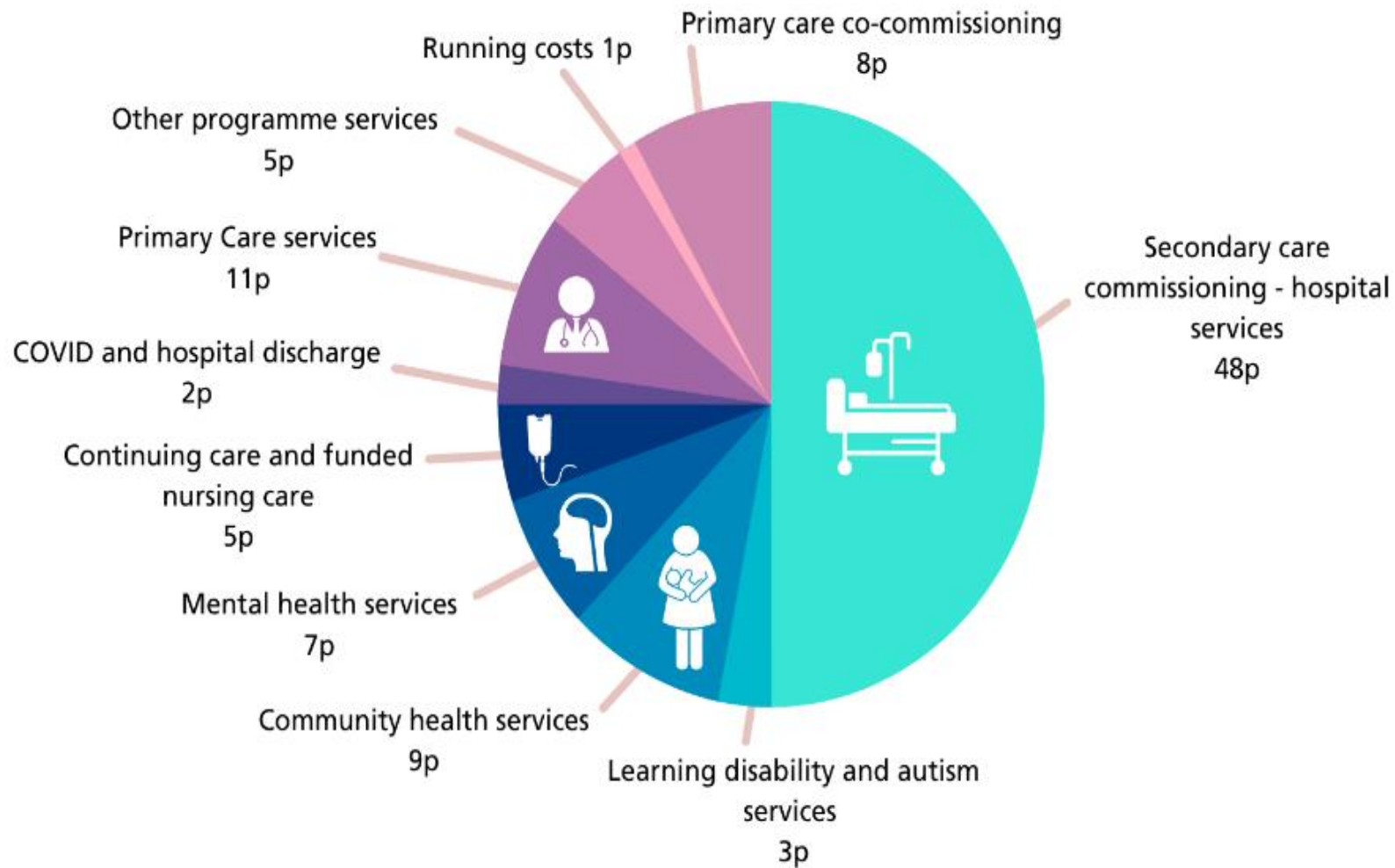


3 people do not speak English as their first language



3 would be veterans of working age

How do we currently spend the Somerset NHS* pound?



£993.5 million for 2020/21

**Social care spend to be added to sit alongside*

Our Somerset ICS vision and strategy

Improving Lives is the Somerset county strategy, owned by the Health and Wellbeing Board, which sets out how we will work to deliver improvements for our population.

The Fit for my Future (FFMF) strategy is how the Somerset ICS will deliver the fourth element of Improving Lives and will guide our system planning and prioritisation.

Organisational strategies (for example, the clinical strategy, which underpins the merger of SFT/YDH) will be set in the context of delivering our overall system strategy.

Ahead of the ICS launching, we are refreshing the strategy and engaging with a number of stakeholders to make sure it is fit for purpose and that we learn from Covid; ensure the strategy is inclusive and covers all ages of our population and meets the requirements of the ICS. We are mapping transformation programmes across the system to identify where we have gaps and need to accelerate activities in order to deliver the 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

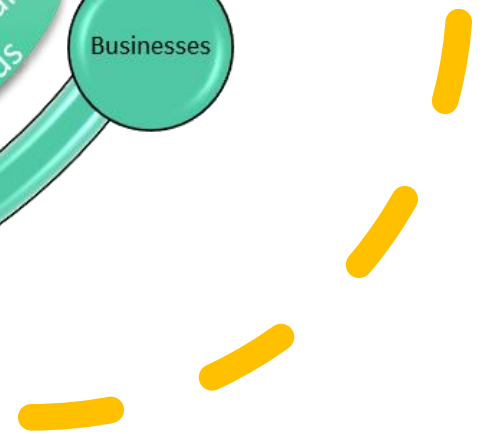
FFMF Vision

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.

Our improving lives strategy



Draft – a work in progress



Health and Care Strategy (Fit for my Future) aims

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

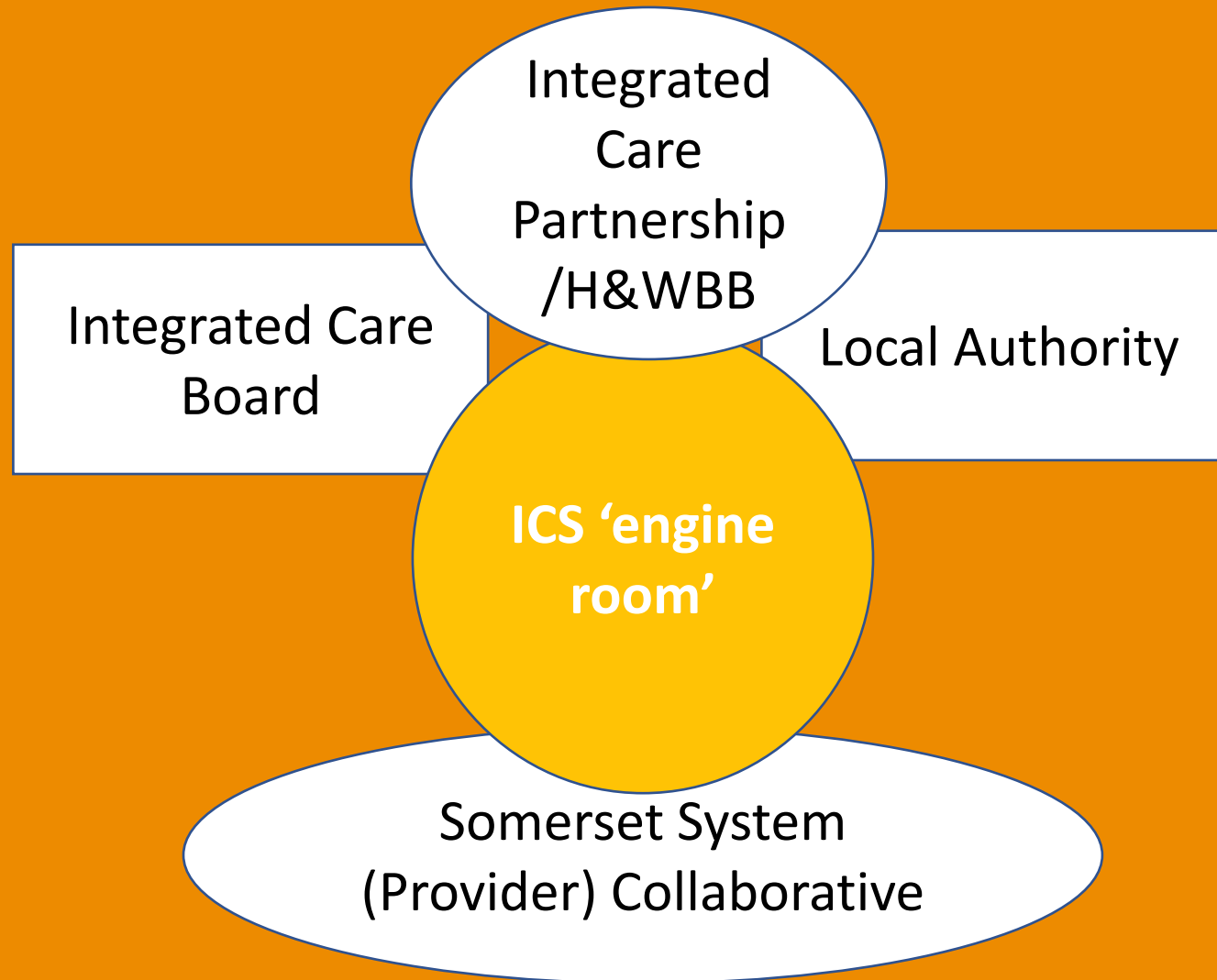
5. RESPOND WELL TO COMPLEX NEEDS

- 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.

Somerset Integrated Care System

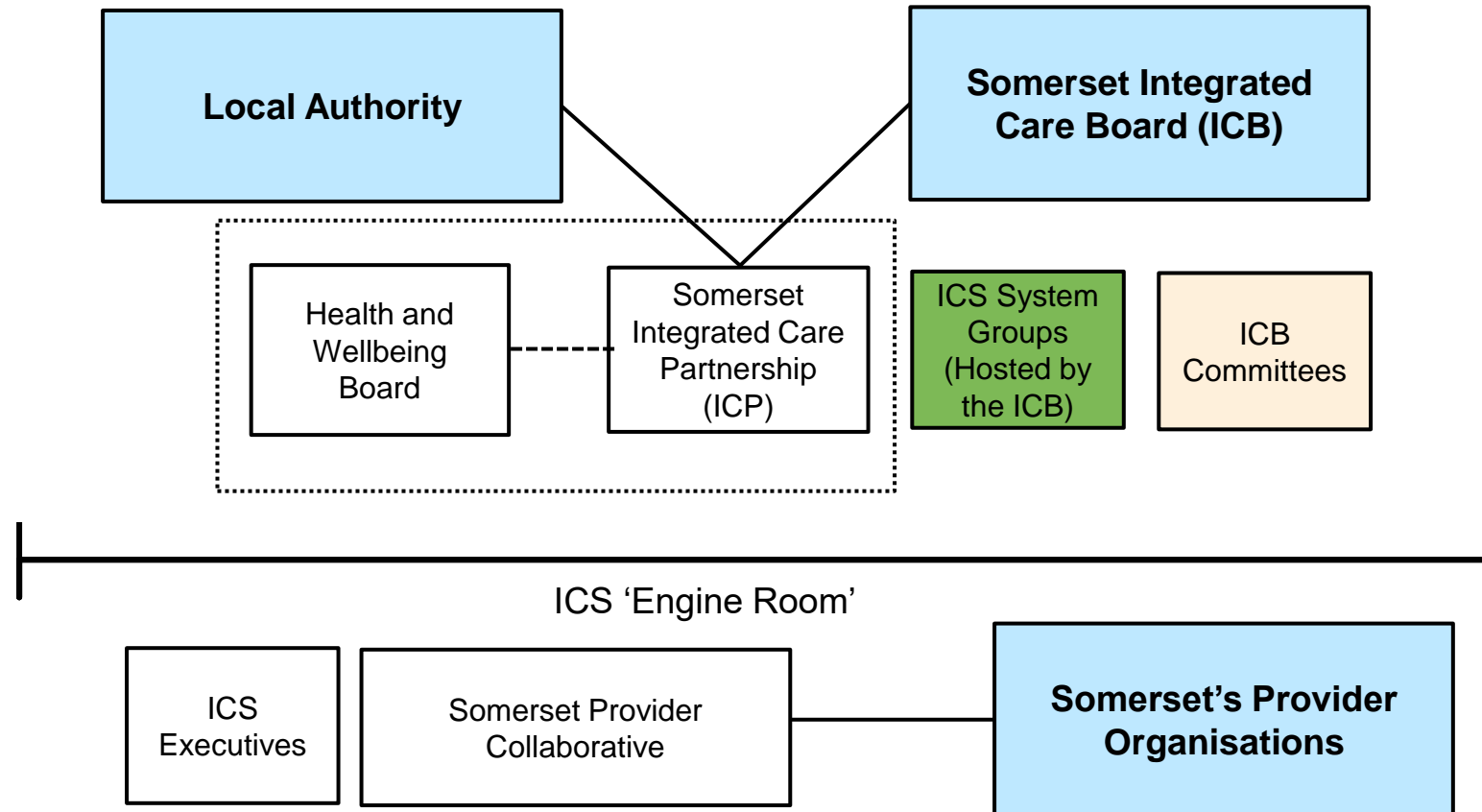


System strategic leadership



Delivery

Somerset ICS governance arrangements – DRAFT



What is the system 'engine room'?

The engine room is a way of working, where partners come together to work as a single system, guided by our new principles of working.

Through this all partners commit to do things once and do things together.

Initially, the engine room is made up of teams from all partner organisations with a senior executive mandated by the system to lead the work. However, as the system develops, functions could be consolidated to be hosted within a single partner organisation.

The engine room could expand over time but initially would include:

- A population health hub (including analytics and insight)
- A single, system Programme Management Office (PMO)
- Transformation and improvement
- Service strategy, design and implementation
- Digital, workforce and financial strategy development and implementation
- Communications and engagement

Professional and Clinical Leadership

- Vitally important and currently a work in progress
- We need to ensure strong professional and clinical involvement and engagement in all parts and at all levels of our ICS and ICB
 - Independent validation and sense checking of system risk
 - Future service design, transformation and improvement
- Engage with colleagues over the coming months to inform the best model for Somerset and compare and contrast with other systems
 - Previous discussion and varied views as to the value of a 'clinical cabinet'
 - The Clinical Executive Committee (CEC) central to the functioning of the CCG
 - Opportunity to strengthen the Primary Care provider voice
 - Key to the success of the 'engine room'

Proposed composition of the ICB

Role	Number	Voting/Non-Voting
Chair	1	Voting
Non-Executive Directors	4	Voting
Chief Executive**	1	Voting
Director of Finance**	1	Voting
Medical Director**	1	Voting
Director of Nursing**	1	Voting
Additional Executive Directors	See next slide	Non-Voting
Foundation Trust Partner Member	1	Voting
Primary Care Partner Member	1	Voting
Local Authority Partner Member	1	Voting
Director of Public Health	1	Voting
VCSE	1	Non-Voting
Healthwatch	1	Non-Voting



Year 1 priorities

To continue to lead the pandemic response and recovery

To create the ICS 'engine room'
- Starting with the population health hub

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

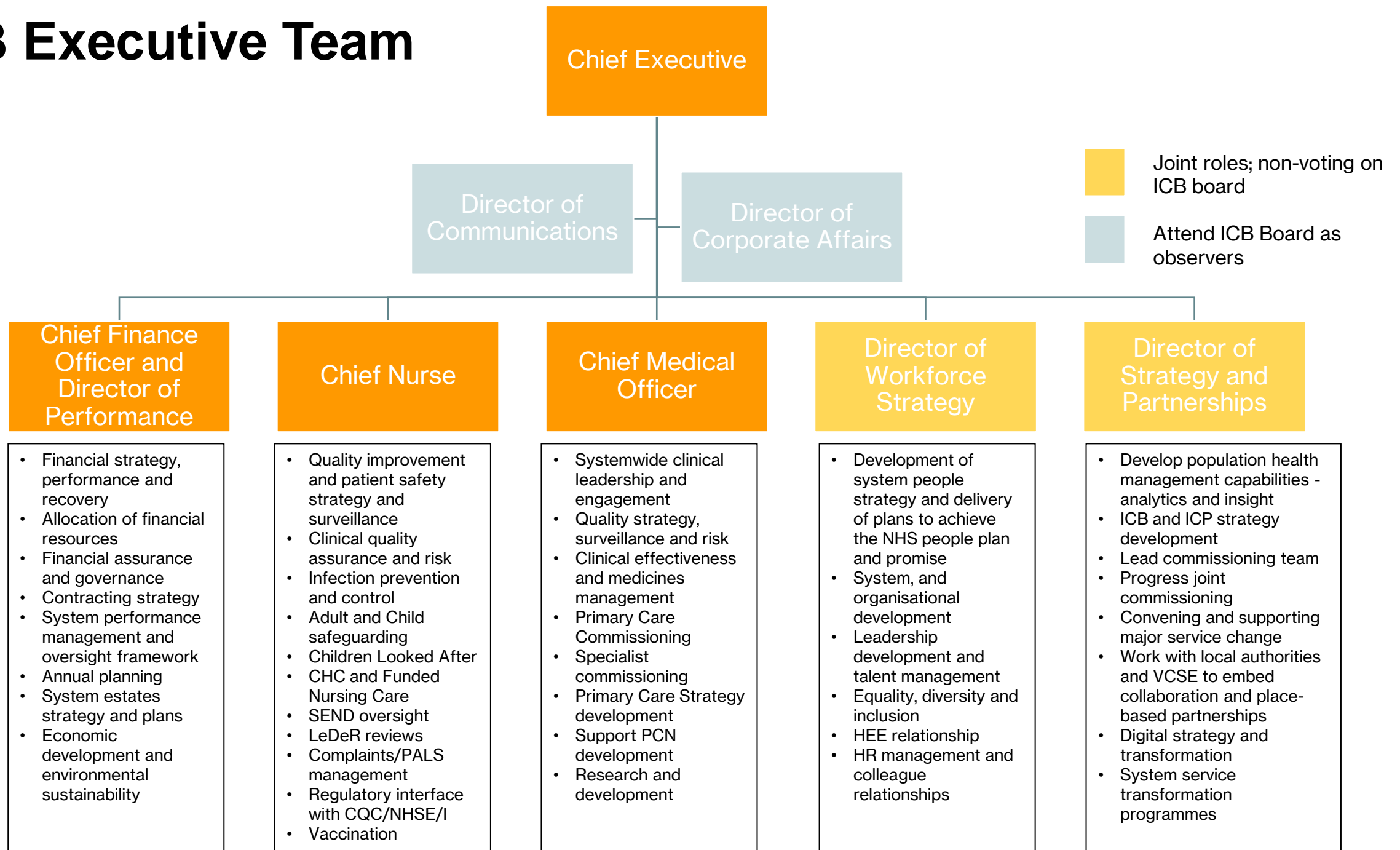
To develop and begin to implement our 5-year system
financial and workforce strategies

Board, organisation and system development

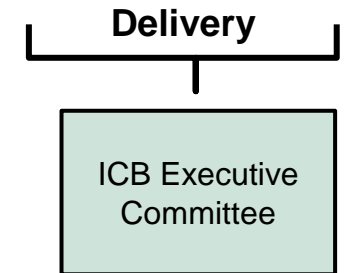
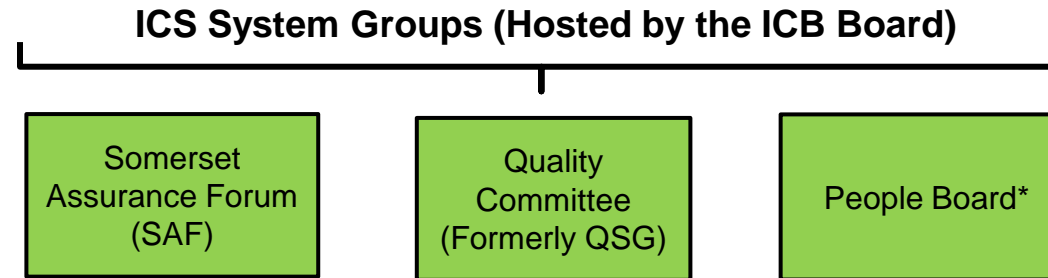
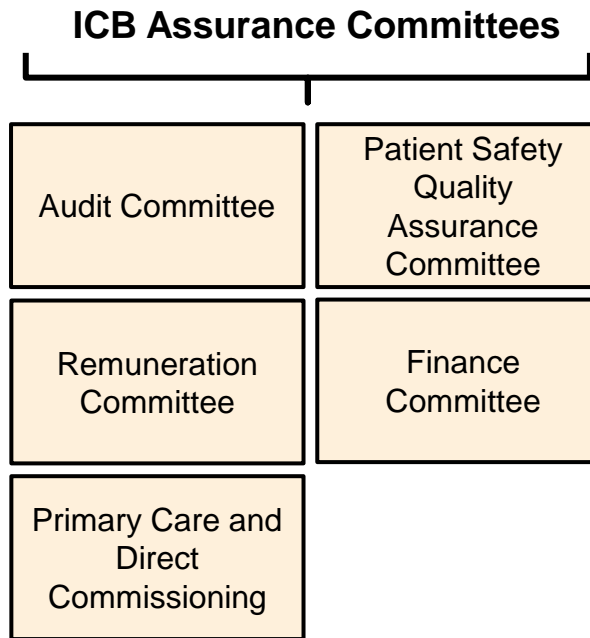
Appendices:



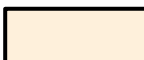

- ICB Executive structure
- ICB committees and ICS system groups – roles and responsibilities

ICB Executive Team



ICB committees** structure – DRAFT



-  Statutory bodies
-  Joint committees in common* OR ICB committees with Partner Members
-  ICB assurance committees (chaired by a Non-executive Director)
-  ICB delivery committees (chaired by an Executive)

**An overview of committees' roles and responsibilities is set out as an appendix

ICS bodies

Integrated Care Partnership (ICP)	Integrated Care Board (ICB)	Provider Collaborative
<p>A committee, not a body, established by the ICB and the local authority as equal partners and bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population.</p> <p>The ICP to have a specific responsibility to develop an integrated care strategy.</p>	<p>ICB will have a Unitary Board. Key functions include:</p> <ul style="list-style-type: none"> • Developing a plan to meet the health needs of the population. • Allocating resources to deliver the plan across the system (revenue and capital). • Leading system implementation of people priorities. • Leading system-wide action on data and digital. • Monitoring and addressing unwarranted variation, health inequalities. • Driving joint work on estates, procurement, supply chain and commercial strategies. • 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. 	<p>The proposed merger between SFT and YDH will enable Somerset to meet the aims of NHSEI’s provider collaborative guidance:</p> <p><i>-All trusts providing acute and mental health services are expected to be part of one or more provider collaboratives by April 2022.</i></p> <p><i>-Community trusts, ambulance trusts and non-NHS providers should be part of provider collaboratives where this would benefit patients and makes sense for the providers and systems involved.</i></p> <p><i>-ICS leaders, trusts and system partners, with support from NHS England and NHS Improvement regions, are expected to work to identify shared goals, appropriate membership and governance, and ensure activities are well aligned with ICS priorities.</i></p> <p>However, in Somerset we have a broader definition of provider collaboration, which also encompasses primary care, the voluntary sector, and social care and as such we are evolving the Somerset Collaboration Forum to enable providers to work together collectively across Somerset.</p>

ICB assurance committees

Audit Committee	Primary Care & Direct Commissioning Committee	Remuneration Committee	Finance Committee	Patient Safety and Quality Committee
<p>Integrated governance, risk management and internal control</p> <p>Internal audit, external audit and counter fraud.</p>	<p>Enable the members to make collective decisions on the review, planning and procurement of primary care services in the ICB, under delegated authority from NHS England.</p>	<p>Make recommendations relating to all aspects of pay and other benefits, arrangements for termination of employment and other contractual terms for: Accountable Officer, directors and other Very Senior Managers.</p> <p>Make recommendations to contractual arrangements for clinicians engaged to support the ICB Board.</p>	<p>To monitor, advise on and recommend to the Board matters relating to the ICB's financial strategy and policies, use of resources, annual budgets and financial performance and risks.</p>	<p>Review current and potential risks to patient safety, quality of service delivery and safeguarding. To ensure mitigations are in place and escalate if appropriate.</p> <p>Oversee and be assured, together with other responsible forums, that effective management is in place to address patient safety, serious incidents (SI's), safeguarding and quality.</p>

ICS system groups (hosted by the ICB Board)

Somerset Assurance Committee (SAF)	Quality Group	People Board
<p>A single forum to monitor and oversee finance, performance and quality, in line with NHSEIs System Oversight Framework.</p> <p>The SAF will highlight areas of strength and areas of poor or deteriorating performance which will be reviewed by exception.</p> <p>The SAF will provide assurance for ICS partners, including commissioners, providers and regulators. The regulator will use the SAF as the one place at which NHSEI will have oversight of performance within Somerset. Monitoring and oversight will be conducted jointly by the ICS and NHSEI Regional Team, supported by an MoU.</p>	<p>Forum to share intelligence, identify and support management of concerns. Focus on diagnosis, planning, improvement and learning, including reducing health inequalities through wider determinants of health. Involves collaborating on risks and sharing practice and developing a systems mindset to quality/ risk .</p>	<p>We are proposing that this will operate as a committee in common to provide the strategic direction and leadership to deliver workforce transformation for the Somerset ICS by working collaboratively across the health and social care sector and with key partners and within own constituent organisations.</p>