

## Proposed Governance Arrangements for the Somerset ICS

Lead Officer:

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Cabinet Member:

Division and Local Member:

### 1. Summary

- 1.1.** This paper gives a brief update on the development of the Somerset Integrated Care System (ICS). A more detailed overview will be presented on the day of the meeting.

### 2. Issues for consideration / Recommendations

- 2.1.** To provide feedback and offer support on the proposed vision, ways of working and governance arrangements for the Somerset ICS.

### 3. Background

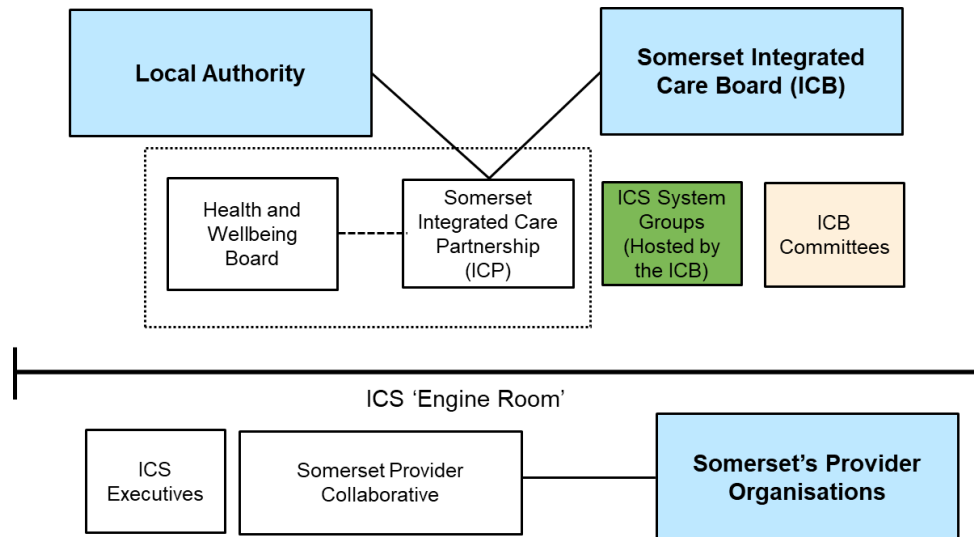
- 3.1.** Integrated care systems (ICSs) are partnerships that bring together providers, commissioners and the voluntary, community and social enterprise sector across a geographical area ('system') to collectively plan health and care services to meet the needs of their local population, in line with four key aims 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**.

- 3.2.** The Health and Care Bill was published in July 2021 and is making its way through Parliament. It introduces two-part statutory ICSs, comprised of an Integrated Care Board (ICB), responsible for NHS strategic planning and allocation decisions, and an Integrated Care Partnership (ICP), jointly established by the local authority and the ICB, responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population. The current target date for establishment of ICSs in statutory form is 1 July 2022, subject to the passage of the Bill through Parliament.

- 3.3.** Joint working arrangements have been in place at a system level for some time and putting ICSs on a statutory footing is consistent with the journey we had started in Somerset.

**3.4.** Somerset has a low-complexity system configuration, with a smaller number of statutory health and care organisations when compared to other areas. This will be beneficial as we develop as an ICS. We will ensure that we use this to our advantage as we develop the governance arrangements for the Somerset ICS to maximize efficiency and effectiveness, and build on the progress we have made in working collaboratively across our system. A more detailed overview will be presented on the day of the meeting, but at a high level we are proposing the following:



#### **4. Consultations undertaken**

**4.1.** Not required, but engagement is taking place across the system.

#### **5. Implications**

- 5.1.** The Somerset Clinical Commissioning Group will be closed down and superseded by the establishment of the Somerset ICB.
- 5.2.** At its meeting on 10 November, the Health and Wellbeing Board (HWBB) supported a recommendation to establish a close working relationship with the ICP. This means there will be an alignment of work programmes and that the meetings will be held in common where possible, recognising that legally we are required to maintain separation of the ICP and HWBB.

#### **6. Background papers**

- 6.1.** Integrating care – next steps to build strong and effective integrated care systems across England.
- 6.2.** Health and Care Bill
- 6.3.** Integrated Care Partnership I(ICP Engagement Document: Integrated Care System Implementation

**Note** For sight of individual background papers please contact the report author