Somerset West and Taunton

# **Community Scrutiny**

Somerset Health and Wellbeing Board update

Or....the establishment of the Integrated Care System and local opportunities for collaboration across housing, health and care services

Mark Leeman (Strategy Specialist) 22<sup>nd</sup> February 2023



# Integrated Care Systems The National Picture

# ntegrated Care Systems



ntegrated care systems (ICSs) are statutory partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for olanning services, improving health and reducing inequalities across geographical oreas

Commissioners / planners	NHS providers	Other providers
NHS Commissioners	Acute trusts  Community Trusts	GPs and community pharmacies
Local Authorities	Mental health trusts  Ambulance trust	Voluntary sector and social enterprises
		Social care providers

- Collectively understanding needs and setting priorities
- Pooling resources and aligning strategies
- Supporting changes to services and infrastructure e.g. IT
- Managing the performance of the system

# What is the point of ICSs?



Joining up services to deliver better integrated care

• A recognition that our health is affected by many things – lifestyle choices, housing, educationa opportunities, unemployment, poverty etc (wider social and economic determinants of health)

Improving population health and tackling inequalities

#### As part of a broader strategic shift:

Moving from	Towards
Focus on organisations	Focus on populations and places
Competition and market mechanisms	Integration and partnership
Transactional relationship between commissioners and providers	Partnership relationship between commissioners and providers

But what they were set up for does not always match what they are now being asked t focus on...

## **Vhat do ICSs look like?**



There are some common features to the basic governance model

 Dual structure comprising an integrated care board (ICB) and an integrated care partnershi (ICP)

Variation is significant: size, complexity, local challenges, involvement, ways of working, maturity

ICSs are still evolving, this is a work in progress

It's not all about ICSs – much of the 'work' of integration will happen more locally, and more local partnerships are forming within ICSs

# CSs – understanding the detail



#### egrated care systems Ss)

anning and partnership bodies

#### **NHS England**

Performance manages and supports the bodies working with and through the ICS

#### **Care Quality Commission**

Independently reviews and rates the ICS



Statutory ICS



#### **Integrated Care Board (ICB)**

Membership: Independent chair, non-executive directors, members selected from nominations made by NHS trusts, foundation trusts, local authorities, general practice, and individuals with expertise and knowledge of mental illness

Role: allocates NHS budget and commissions services, produces five year system plans for health services



Cross body membership. Influence and alignment



#### **Integrated Care Partnership (ICP)**

Membership: Representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs, develops and leads integrated care strategy but does not commission services

Influencing structure, partnerships and delivery that sit beneath

# isks and Opportunities



- ICSs have been "born into a storm": performance, workforce, estates, economy, political instability
- Risk of short-term focus on immediate operational priorities at the expense of longer term objectives, and of unrealistic expectations / asks
- Some major barriers to integration remain: ICSs only take us so far on the path to integration e.g. structural difference in NHS / LA funding remain
- But there is a strong support for and commitment to the reforms and objective around tackling inequalities and improving population health remain front and centre locally, even if national attention is elsewhere
- Key opportunities include: closer connections between the NHS and local government and VCS built on an ethos of equal partnership; a renewed strategic focus on action to drive improvements in population health and inequalities; new ways of working with communities and citizens

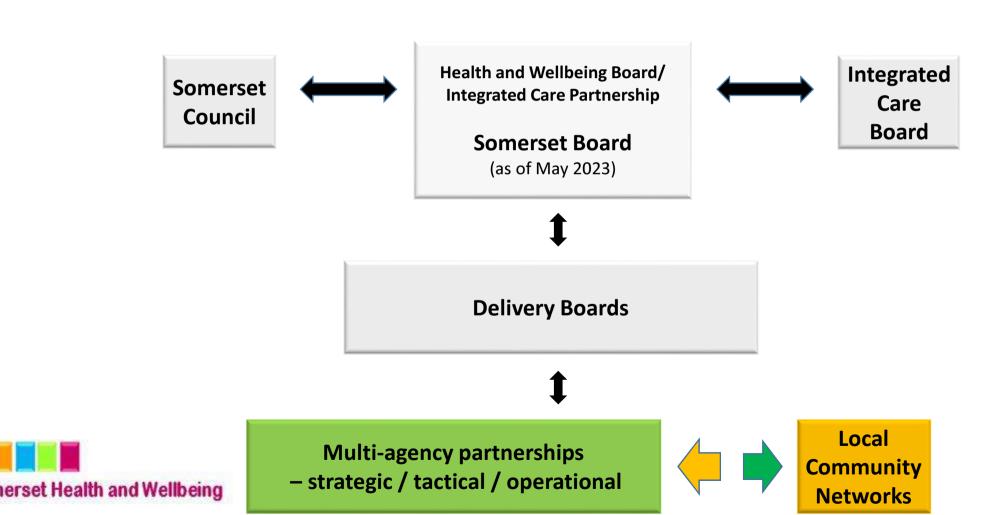


# **Somerset ICS**

#### merset Integrated Care System - simplified



#### **Integrated Care System**



# CP and the Health and wellbeing Board



# Duties & Responsibilities

	Health and Wellbeing Board	Integrated Care Partnership
Duties & Responsibilities	<ul> <li>Assessing the needs &amp; assets of the population (JSNA)</li> <li>Development of Joint Health &amp; Wellbeing Strategy (HWBS)</li> <li>Oversight of Better Care Fund</li> <li>Joint Pharmaceutical Needs Assessment</li> <li>Advocate for the integration of services where beneficial to do so</li> <li>To hold partners to account and ensure local strategy and commissioning is aligned to JSNA and HWBS</li> <li>To involve users and the public</li> <li>Oversight of Quality reports from NHS providers</li> <li>Ensuring local services are fulfilling their role for children and young people with special educational needs and disabilities (SEND)</li> </ul>	<ul> <li>Agreeing an Integrated Care Strategy</li> <li>The strategy should consider a Joint Workforce Plan, including NHS, Local Government, Social Care and VCSE (There doesn't have to be a new strategy if the Health and Wellbeing Strategy meets all the requirements)</li> <li>ICP has a duty to take account of the Health and Wellbeing Strategy and Joint Strategic Needs Assessment</li> <li>The ICB &amp; LAs will have due regard to the ICPs Integrated Care Strategy</li> </ul>

## omerset ICS



The ICS in Somerset is co-terminus with the local authority boundary (we are only 1 of 4 areas in England where this is the case). Most consist of multiple local authorities and ICBs (which replace the functions of the Clinical Commissioning Groups)

As such, a local decision was taken to propose a 'committee in common' – a coming together of the functions of the HWBB and the ICP. This will be the placed-based partnership board for the county. It will be known as the Somerset Board.

The background to this proposal can be found here: Somerset County Council

The next HWBB/ICP committee in common (27<sup>th</sup> March 2023) will have an agenda item to further discuss the constitution, membership etc for the Somerset Board. It then needs to go to Full Council of the new Somerset Council and NHS (ICB) Board for approval

## omerset Board - aims



To understand the needs of the population and, collaboratively, with the community and all sectors in the county, determine and agree the longer term vision for the county, pushing forward agreed priorities to improve the lives of the Somerset population and directing how the assessed health and care needs for the population of Somerset are to be met

Provide strategic leadership to improve health, care and wellbeing of residents of Somerset; leading the heath and wellbeing agenda, deciding its strategic direction, and holding key organisations, agencies and sectors to account to ensure health and wellbeing, including a focus on improving the health and care of the local population, is maximised

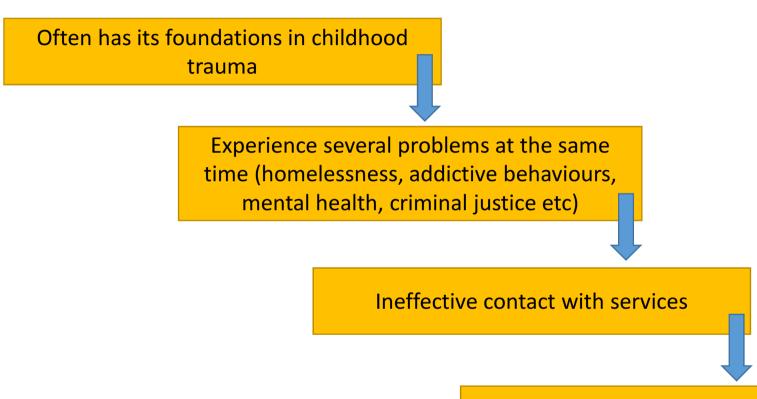
The Somerset Board will be a high-level strategic board which will need to have relationships with a whole range of strategic and operational boards across the system. This is to be defined and is currently being considered



# Health, Care and Housing

# ough Sleeping

### Severe Multiple Deprivation



Revolving door – complex, siloed and crisis driven response

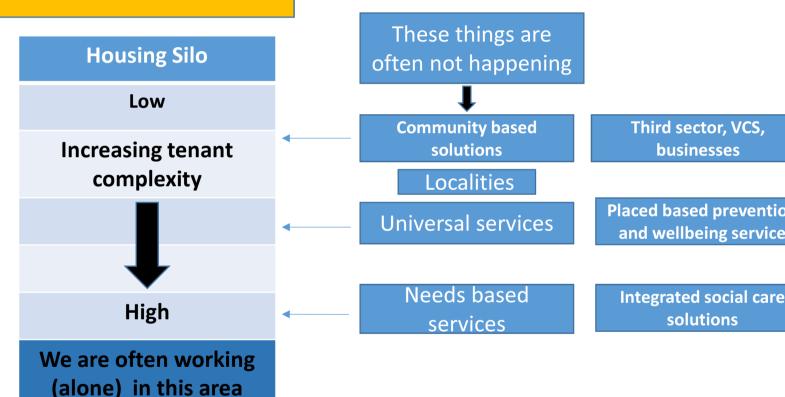
## ocial Landlord view...



Tenants – it can feel like this at the moment:-

- Poor Mental Health
- Coping strategies overwhelmed
- Tenancy breakdown
- Withdrawal
- We often notice too late
- Worst case...

**Staff**: Overwhelmed and not enough of them



What we need: A sustainable level of service, provided across partners to better utilise resources across whole system, targeted on most in need

Things that could help: Co-located teams, pooling data, realign funding streams (re-thinking how we commission) to invest in communities

# xtra Care Housing - Background



ECH is for tenants who can live independently with some care support

Landlords: SWT & Livewest

Care provider: Way Ahead Care

Commissioner: ASC

Ideal mix: 1/3 low level, 1/3 medium needs, 1/3 more complex needs

Most tenants – require ASC funded care, whilst contributing a weekly payment that pays for 24/7 care (one person on site overnight)

ECH is cheaper than care / nursing home placements

## CH – recent trends



Increased thresholds for help i.e. greater complexity:

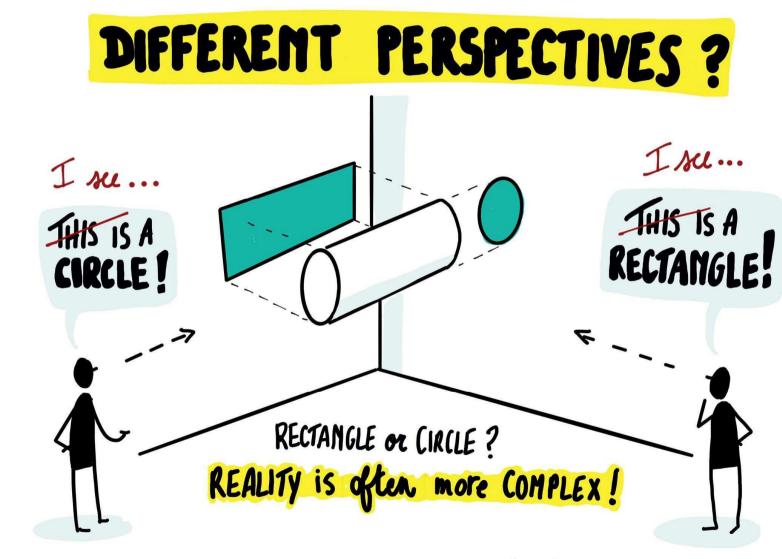
Dementia, more complex MH needs, end of life care.

Individuals with extreme self-neglecting behaviours e.g. drugs/alcohol.

Cases where there is a clear need for 24/7 supervision and support

# But..... we need to acknowledge different perspectives





CC - FACILITATION TOOL - CO CREATION by Visuality EU & ECORES -

# ealth, Care and Housing – an ICS riority



The Somerset Committee in Common (HWBB/ICP) agreed that collaboration around health, care and housing should be a strategic priority (30<sup>th</sup> January 2023). Specifically.....

- Collate the learning from the Homelessness Reduction Board, Better Futures Programme, and Make Every Adult Matter (MEAM Approach) to identify the opportunities for embedding systemic change around homelessness and identify opportunities where homelessness can be prevented in the future.
- A focus on enabling a person or family to maintain their independence in a home that is affordable and suitable for their needs (including the availability of necessary support services).

In laypersons terms – within the strategic priority we have two areas of focus i.e homelessness (including rough sleeping), and supporting independent living in the home

But... what does this mean in practice?

# It ain't what you do....



# etter Futures (BF) Programme & omelessness Reduction Board (HRB)



#### **Better Futures for Vulnerable People in Somerset**

- Commenced in early 2020 (ongoing)
- Focus on improving how we support rough sleepers and those with multiple disadvantage
- 'end to end' view, from *prevention* through to *access to supported and then permanent accommodation*, and *tenancy support*
- Originally LGA funded / Ark consultants

#### **Covid – everyone in**

The lessons we learnt...

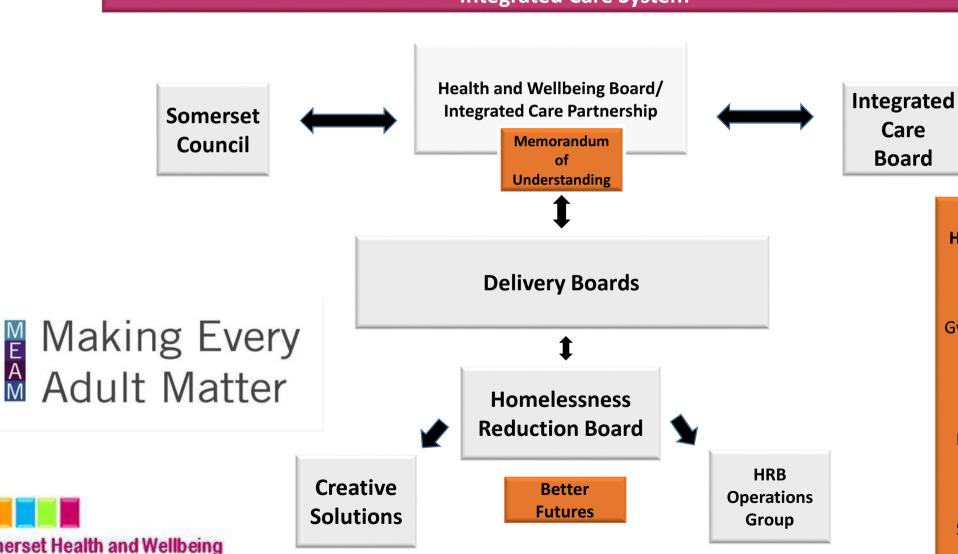
#### **Homelessness Reduction Board**

- Approved by the HWBB in Summer 2021
- Multi-agency senior representatives from all sectors
- Responsible for the BF programme
- Responsible for the Statutory Homelessness and Rough Sleeper Strategy
- Lead body for Somerset MEAM (Making Every Adult Matter)
- Various sub groups / task and finish groups

#### merset Integrated Care System – Homelessness



#### **Integrated Care System**



MoU

Health, Care & Housing
Homelessness
Independent Living
Climate Change
Gypsy, Roma & Travelle
Health Impact

**Better Futures** 

Assessment

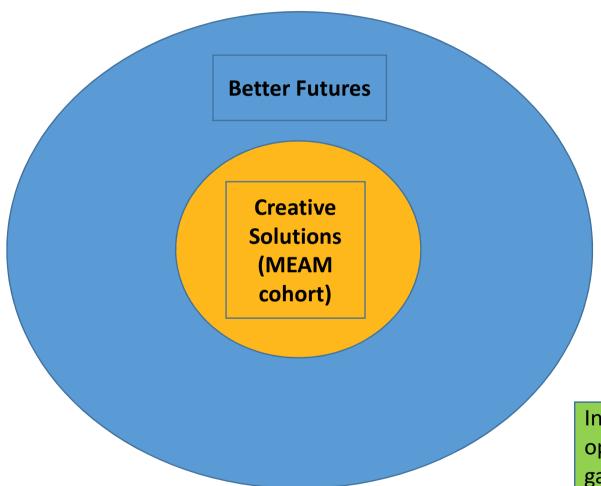
Early Help/Prevention
Commissioning
Supported STA
Permanent Homes
Sustainable Tenancies
Leadership

# **1EAM – Make Every Adult Matter**



#### **MEAM**

A coalition of homeless charities, led by **Homeless Link** 2 year offer of support 1 of 42 localities Intensive work with approx. 10 individuals Aim: to improve outcomes for individuals; to learn - to improve collaboration, partnerships and systems



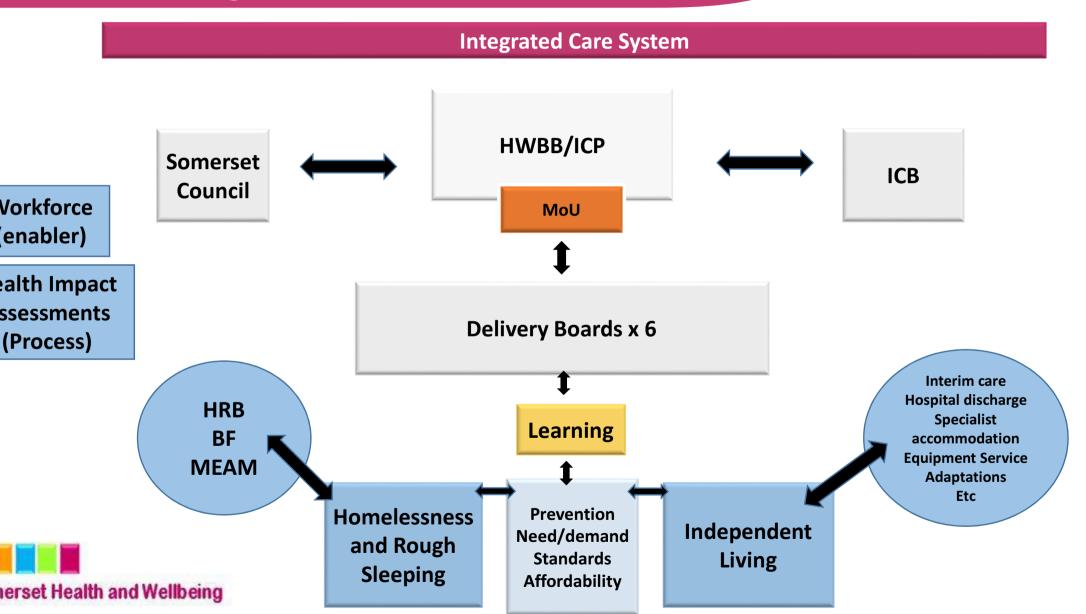
Vulnerable adults (homeless/rough sleepers)

Approx. 30 individuals with a range of extreme multiple disadvantage – no current solutions

Intention: help resolve operational problems whilst gathering learning to improve 'the system'

# WBB/ICP emerging priorities (health, are & housing)





## cknowledgements and further resources



Acknowledgements. With thanks for their assistance/input

- Lou Woolway Deputy Director of Somerset Public Health (slides 10-12)
- The Kings Fund for ideas and inspiration (slides 3-8)

#### Resources

www.kingsfund.org.uk/publications/integrated-care-systems-explained www.kingsfund.org.uk/audio-video/integrated-care-systems-health-and-care-ac All about Integrated Care Systems (ICSs) - NHS Somerset

