



Our
ambition for
a **healthier**
future in
Somerset
2023-2028



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Foreword

We want all people who live and work in Somerset to have healthy and fulfilling lives. We want people to live well for longer than they do now.

And we want Somerset to be an attractive place for people to bring up their families, for all people to have good mental health and wellness, living meaningful and fulfilling lives and employment, and to have good lives outside of work. We want people to be willing and able to support each other to be the best that they can be.

We want our communities in Somerset to be supported to create positive and sustainable futures for all people.

We also want Somerset to be a safe, healthy, and positive place for people to come and visit, and to move into and create a life here.

If you need this document in another language or format please contact us: Tel: 01935 384000 or email: somicb.enquiries@nhs.net



We have ambitions and aspirations to improve the health and wellbeing of all Somerset people but we know that the experience of all our people is not the same. Particularly in our most deprived and disadvantaged communities, where people are the least likely in our county to receive the support they need.

This Integrated Care Strategy for Somerset, which originated in the health and care programme called Fit for my Future, aims to address these differences and improve the overall health of the people who live in our county. This strategy also supports the Council Plan 2023-27.

Somerset health and care partners have been working together for several years to make improvements, using data from the Joint Strategic Needs Assessment for the county to guide the direction. We have seen many positive changes. However, there is much more we can do by working together as employers, volunteers and volunteer organisations, communities, and unpaid and parent carers to make more progress.

Many of the changes that are needed are long-term goals, but we must start now. If we truly want Somerset to be the best county it can be, then our ambitions need our collective action for change. This strategy outlines what we can do to make these ambitions a reality for all.

Our Somerset Ambitions and Aspirations are to:

- ✓ **Establish** health and wellbeing as a community and individual asset. Good health and wellbeing are building blocks for better lives for all people regardless of where they live, their backgrounds or personal ambitions.
- ✓ **Focus** on children and young people, engaging them in their future choices to make great decisions about their lives.
- ✓ **Create** services that are universal and personalised, with equity of access.
- ✓ **Use** data and intelligence to help us tailor and personalise support for people.
- ✓ **Work** together on the basis of what is best for our population, then best for our system and finally best for our organisations both for now and the future.
- ✓ **Make** the health and care workforce representative of our communities by making it an attractive place to work and develop.
- ✓ **Increase** resources and investments in wellness such as prevention of ill-health, as well as supporting frail people to remain independent in their own home, reducing the need for hospital and social care interventions.
- ✓ **Spend** our money wisely for longer term sustainability, and take every opportunity to build social and economic regeneration.
- ✓ **Engage** with people. To listen with care and be transparent about our decisions.

Bill Revans

Councillor Bill Revans.
On behalf of the Somerset Board

Introduction

The changes to the Health and Care Act 2022 enable health and care organisations to **improve services and outcomes through stronger joint working**, and to take shared responsibility for tackling growing health inequalities within their population.



The Act requires the local authority alongside the NHS Somerset (formerly the Clinical Commissioning Group) to form a joint statutory committee, the Integrated Care Partnership (ICP).

A key accountability of the ICP is to produce an Integrated Health and Care Strategy, setting out how the assessed needs of the local population will be met, including those from the Joint Strategic Needs Assessment (JSNA). This strategy covers social care, primary, community and hospital care, physical and mental health, and health related services across the whole population regardless of age.

This document is our first Integrated Health and Care Strategy for Somerset, and it supports Somerset’s Council Plan 2023-2027, and the Health and Wellbeing Strategy.

It provides our strategic direction and key aspirations at a high level. We have based this initial strategy on our current understanding of health and care needs across Somerset. Our strategy will develop over time, particularly as we do more work to understand our population’s health needs and involve our key stakeholders, partner organisations, patients and our public.



Section 1 Somerset and our people



1.1 Somerset

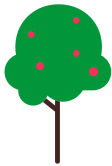
58 miles of coastal trail along the England Coast Path

250,000 households

572,000 people



4,000 square kilometers



Somerset lies within the South West of England and is home to 572,000 people that live within 250,000 households.

In terms of ethnicity, 96.4% of residents identify as White with the remaining 3.6% identifying as Asian/ Asian British/ Asian Welsh or Black/Black British/ Black Welsh or Caribbean or African or mixed ethnic group.

Just over 106,000 residents have a disability (as defined under the Equality Act).

The population within the county is older than the national average, with the number of people aged 75+ set to double over the next 25 years.

The county spans an area of over 4,000 square kilometers. It is characterised by large expanses of rurality, provincial towns and coastal communities along the Bristol channel.

This strategy sets out how the organisations within the Somerset Integrated Care Partnership (ICP) will work with neighbourhoods and local communities to reshape health and care services to enable people to remain healthier for longer, regardless of their preferences or circumstances.

2/3

Around two-thirds of households are single family (65%)

30%

30% of people living on their own.

If Somerset was a village of 100 people...



5 people would be aged 0 - 4



16 people would be aged 5 - 19



4 people would be aged 20 - 24



17 people would be aged 25 - 39



33 people would be aged 40 - 64



13 people would be aged 65 - 74



12 people would be aged 75+



9 people would live in a deprived neighbourhood



14 children would be in low income families



20 people would not have access to a car



15 people would live with depression



62 adults would be obese or overweight



Inequality in life expectancy would be 6 years for men and 5 years for women



80 years would be the average male life expectancy at birth



84 years would be the average female life expectancy at birth



48 people would live in a rural area



Much of South West Somerset would be at risk of digital exclusion



11 adults would smoke



3 people would identify as lesbian, gay or bisexual



19 people would have a long term health problem or disability



3 people would not speak English as their first language



11 adults would identify themselves as carers



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



14 people aged 65 or over would live alone



95 people would identify themselves as white British



3 people would be veterans of working age



Partnership working

The way in which health and care services are delivered is changing. There are new arrangements now in place that bring together how decisions are made about planning and providing services.

The main organisations involved in the planning and provision of health and care services have come together to develop this strategy. They are also now working together in a different way to help refine and deliver it.



In Somerset we have a track record of working in partnerships as well as the Council and statutory NHS organisation. The partners in Somerset include: unpaid carers (including parent carers); Healthwatch; GPs and primary care; care homes; and the voluntary, community, faith and social enterprise sector (VCFSE).

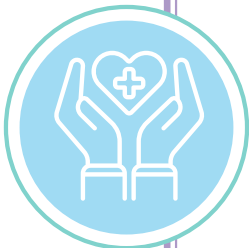
Involving a wide range of partners mean we are better able to plan at a local level, with services centred around towns and localities, communities and local populations, where it makes sense to do so. Some of the planning for services will be county-wide too where it is more effective to do so.

We now have a better opportunity to deliver a healthier future for our residents.

The Somerset Board is where the Integrated Care Partnership and the Health and Wellbeing Board for Somerset come together.

The primary purpose of the Board is to prepare, maintain and publish a strategy (this strategy), that sets out how the assessed health and care needs for the population of Somerset are to be met by the functions of the partner organisations in the Somerset ICS.

The aim is to achieve greater integration across health, care, public health, and the voluntary, community, faith and social enterprise sector, together with other public sector partners and public voices to facilitate cooperation and collaboration to improve health and care across the population of Somerset.



Somerset ICS is a partnership of organisations, including Somerset Council, the NHS, and the voluntary, community, faith and social enterprise sector (VCFSE). Its purpose is to remove barriers to providing joined up care for local people and communities.

It will build collaborative leadership; a focus on quality improvement; innovations in the workforce; in the use of digital solutions and information sharing; and work with communities where the impact of decisions is best understood.

NHS Somerset is the statutory NHS organisation responsible for developing plans aimed at meeting the health needs for its population. It is responsible for managing the NHS budget and arranging for the provision of health services in Somerset. It is also the statutory NHS organisation responsible for implementing the Somerset Health and Care Strategy (this strategy).



Section 2

Where we are now and why we need change



2.1

The need to improve life expectancy, healthy years lived and reduce inequalities.

The needs of the population for support and services in Somerset are best understood using data and information from the county's Joint Strategic Needs Assessment (known as the JSNA). This data provides the intelligence that underpins the strategic plans for services across the county.



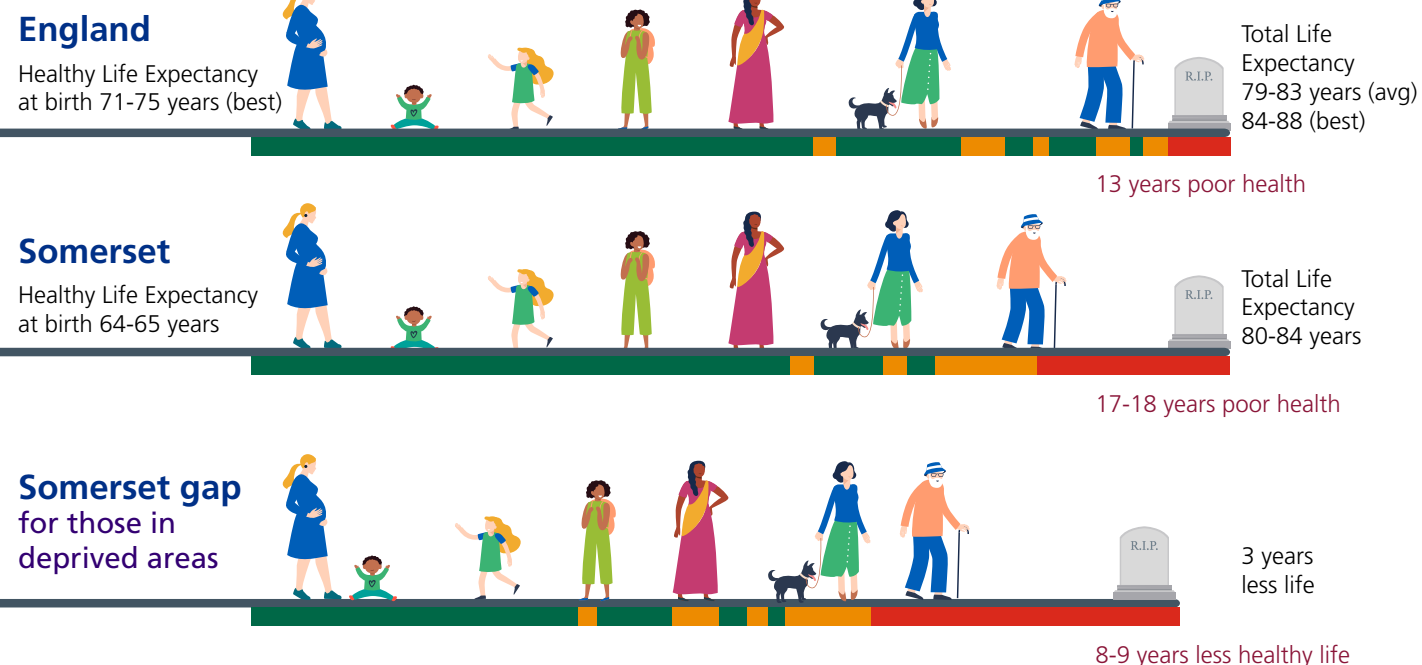
Where our challenges are:

1. Latest population projections suggest that the number of **over 75s in Somerset will double by 2041**.
2. Half the Somerset population lives in rural areas, where **access to services can be difficult**.
3. There were **1,435 hospital admissions for self-harm** in 2020-21, mostly of young people and significantly higher than the England average.
4. There were **2,150 hospital admissions of people over 80 for falls** in 2020-21, significantly worse than the England average.
5. Figures suggest more than **100,000 people** in Somerset **suffer from back pain**.
6. Although the rates are falling, there are approximately **80,000 smokers** in Somerset. Smoking is the most significant risk factor for ill-health.
7. At age 11, **36% of children were overweight** (2021/22); the rate is better than the England average but getting worse.
8. There were **8,575 people** aged over 18 in Somerset **suffering from depression** in 2021/22.

This Integrated Care Strategy is aimed at providing the direction for the county in delivering one of the four strategic aims of the overarching Somerset Improving Lives Strategy. Two important outcomes from the Improving Lives Strategy are focused on health and wellbeing and these are:

- 1 increased life expectancy: taking account of the quality of life as well as the length of life
- 2 reduced inequality in life expectancy and healthy life expectancy between communities: achieved through greater improvement in more disadvantaged communities.

The image below summarises the stark difference in both the number of years lived and the numbers of years lived in good health for those living within the most deprived areas of Somerset when compared against the Somerset and national averages.



Communities and health inequalities

Health inequalities are unfair and reflect avoidable differences in health across our population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Not all people in our communities have the same life opportunities and chances of good health. Some of the reasons for these differences include the age of the population, access to work, life styles, and access to education and housing.

Some of our communities need extra support to improve their life experiences in health and care. An example of inequalities in our coastal communities include:

- By 2028, we expect **more than half** of West Somerset residents will be aged over 65 years.
- In our Somerset coastal communities **23%** of people aged 16+ live with a long-term condition. It is lower at 17% in non-coastal communities.
- In West Somerset young people are more likely to be overweight. For example: **12.9%** of children in reception year are very overweight **vs 10.1%** for Somerset. In year 6 of school, **24.7%** are very overweight vs **17.4%** for Somerset.



2.2 Improving experience and outcomes

There have already been a number of positive and successful developments delivered by partners working together across Somerset, which aim to improve the experiences and outcomes for our population.

Continuity of Care in Maternity

In Yeovil District Hospital the maternity service has championed the delivery of a training programme for midwives to help understanding of implicit bias and care of black and brown babies. This training programme has received national recognition and was presented at the National Maternity and Midwifery Festival. The training programme will be adopted across all of Somerset.



First Contact Centre

Somerset Council's Contact Centre team helps residents to find the services that they need and solutions to their problems quickly, through strengths-based conversations. The Contact Centre is the first point of contact for people who need to access services, and as well as supporting and caring for those who contact them, they also help the Council to improve the services it provides by offering valuable feedback to the appropriate teams.



GP Primary Care Services

GP Primary Care services in Frome (Frome Medical Practice) have fostered a connected, community-based approach to preventing avoidable illness by taking an early-intervention approach. They have also reduced emergency admissions through their 'Compassionate Communities' project.



Although a number of improvements have happened, people tell us that things could be better.

The voices of our communities are very important in understanding what is needed as well as how we can achieve our aims.

The engagement work for this strategy has been done with the support of voluntary organisations including Healthwatch, Spark Somerset, and health and care professionals. We are grateful for all the support we have received so far but there is more to do. In 2018, we listened to a range of communities and interest groups as well as adults and children across the county. We listened to views about community-based beds, stroke services, waiting times and the mental health of children and young people.



People told us that the following three issues were important to them and their families:

- ➔ I want to receive care in my own home
- ➔ I want services to be local to me
- ➔ I don't want services that are disjointed and confusing

More recent engagement with Somerset residents during the first 3 months of 2023 has shown that what people want from their health and care services is largely unchanged. The feedback received can be grouped into two broad headings:

Staying healthy



Respondents indicated a need for improved:

- Access to green space for exercise and leisure.
- Provision of healthy living advice.
- Dietary advice and support.
- Signposting to information, advice and health and care services.
- Provision of village agents or signposting support within communities.



Accessing care



When the need to access health and care services arises, respondents set out a need for improvements in the following areas:

- Ambulance response times.
- The time it takes to access GP and primary care nursing services.
- A desire to have greater choice over how they access care, wanting a choice over whether their appointment is face-to-face or virtual online.
- Quicker access to NHS dental services.
- Easier access to mental health and social care services for children, people of working age, and older adults.
- Better use of community hospitals, minor injuries units and walk-in centres to ensure services are joined up between providers and are locally accessible, particularly in areas with poor public transport provision.

MY TIME TO CARE

Proud to Care
SOMERSET



"I have a Downs Syndrome daughter. She gets excellent care but we support her. I think it is people without family support who tend to miss out."

"A holistic approach needs to be taken rather than existing distinct silos of health care"

"Prevention - more focus on free health lessons on healthy eating, helping people to help themselves freeing up NHS for us when we need their support."

"Mental and physical health go hand in hand to me. When I feel physically unfit or unwell it impacts my mental health"

"From my own experiences as an autistic person, I think health and care services in general could do with a lot more training around autism and the reasonable adjustments that are required for autistic people to access better healthcare..."

Whilst the focus of this strategy is on meeting the needs of the people of Somerset, there is also a need to ensure we are spending our resources as effectively and efficiently as possible.

The current spend across health and care services is c£2bn per annum. At the present time we are spending more money than we receive. Given the forecast changes in population, and therefore demand on services, there is a pressing need to work with local neighbourhoods to remodel how care is provided so that people's needs are met in the most efficient and effective way possible.

It is recognised nationally that health and care bodies could be making better use of data and technology to provide care to people in a more effective way. Examples include data to identify people who are becoming unwell and supporting them enabling them to return home as soon as they can, before they need hospital-based care; improving the sharing of data between health and care professionals to reduce duplication; and technology to remotely monitor people in their place of residence where they are most comfortable.

To support the improved use of data and technology, the NHS is developing developing closer links with regional and national research bodies, with the aim of improving the outcomes for our population.

It's important to note that Somerset health and care bodies spend 50% of our money supporting 4% of the population. This is why we have placed a focus on improving the care for those with the most complex needs to ensure the right care and support is available when those people need it.

5,976+

Individual pieces of feedback

611

Public engagement events and drop in sessions

2,747

Questionnaires completed

Online communication reaching more than

368,465

people across website and social media

Although this strategy will be first published at the beginning of July 2023, we will continue to involve the people of Somerset as part of the delivery phase.

We also know that we have more to do, so that we hear the voices of communities and people who find public services difficult to engage with. Our engagement work with the people of Somerset will require a clear set of principles and we aim to build a Community Based Asset approach in Somerset. To support this we will work with organisations within the voluntary, community, faith and social enterprise (VCFSE) sectors to develop a way of working that builds on their connections within communities to deliver a new model of community involvement.

2,305

interviews and direct feedback through partners, including Healthwatch

We worked with
over 300

Voluntary, Community, Faith and Social Enterprise Organisations

Engagement with communities who experience health inequalities and marginalised groups during 9 different projects



Section 3

Where we want to get to:
Somerset's vision for healthier lives and healthier communities



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.

To achieve our vision, and considering the data and voices we have heard, we have developed three design principles around which to orientate our services:

Principle 1:

Prevention – living well with healthier lives for longer



We know that where people are able to maintain their own wellbeing for as long as possible, they are much less likely to require support from health and care services and are more likely to live longer with good health. This means that if we focus on prevention and creating good health in the population, we will be in a stronger position to use our limited resources efficiently and more sustainably.

We also know that if people have a health problem and it is detected early because

they know when and where to ask for help, it is more likely that people need less treatment, more serious illnesses can be prevented, and we can stop diseases getting worse.

By focusing our energy on building the knowledge and willingness of people to engage with preventative practices we can make improvements where there are inequalities. This is best achieved working in partnership across all areas of a person's life including education, work and housing.

Principle 2:



Reduce inequalities of access and experience – creating equity and fairness

We know that there are individuals and communities that are not receiving the care they need in a way that others do. This is because they do not have equal access to support and services. To create equity means that we will prioritise those individuals and communities that we identify as having inequity in their outcomes or access to support.

In future we know that we will need to deliver our services in a more personalised way to meet the different needs of our communities. In addition, Somerset residents have told us that we need to consider transport links and access when planning services to ensure they are accessible to all communities.

Principle 3:

Integration in all we do



What we know is that health is affected by several factors, not just the ones we often think of, such as what we eat and drink and our lifestyle choices.

Many health problems are affected by the conditions in which people are born, grow up, live, work and age. They include factors like socioeconomic status, education, neighbourhood and physical environment, employment, and social support networks, as well as access to health care.

We want all partners across the Somerset ICS to work as a single system. Organisations that work in isolation of one

another can lead to a fragmented and tiring experience for people accessing their services. By working collaboratively, we can engage people as a whole person, and partners are able to do things together, do things once, saving time and resources.

In Somerset, integrated working includes partners in the Voluntary, Community, Faith and Social Enterprise (VCSFE) sector, health (including our primary care networks (PCNs)), social care, housing, police, education, fire and rescue, Local Community Networks, City/Town/Parish councils, and our employers.

The Model of Care



1. Prevention

Prevention is built into level 1 (Living Well) and level 2 (Advice and Support) in the model, where living well and advice and support are the greatest part of an individual's life; with the need for high level support (levels 3-5) reduced.

Our ambition is that levels 1 and 2 feature in every moment of a person's life, with living well and advice and support also being a foundation throughout any other health and care interventions (levels 3, 4 and 5).



2. Equity and fairness

Our ambition is that our people and communities will have equity of access to all levels of health and care (levels 1-5). Some people and communities will require additional support to achieve this. In focusing on equity, partners in the Somerset Integrated Care System commit to reducing and eradicating inequalities in health outcomes such as likelihood of obesity or cancers.



3. Integration in all we do

Each level of support or intervention will be experienced without an emphasis on the different organisations that provide the services. The ambition is that when people need to engage in health and care it is simple and well-timed.

The Somerset 'Model of Care' shows how we intend to support people through their health and care needs, with a focus on prevention as the basic building block. The Model has been formed using the principles described earlier in this strategy.

Examples of the system health and care you will experience at each level:



Level 1: Living Well

We will work differently with communities to promote the 8 areas of wellbeing that contribute to living well including: emotional, physical, occupational, social, spiritual, intellectual, environmental and financial wellbeing.

Under this strategy we will focus on the areas that affect health such

as healthy living, including eating a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol.

People have told us they want to live their lives the best that they can by making great choices, and to have a good balance between physical and mental wellbeing.

Level 2: Advice and Support

We will work with people to provide them with support when they need to be listened to and cared for in making their own choices. We will provide people with an improved understanding of how to navigate

their own care pathways and take increased responsibility for their care.

We will also provide people with advice to build on the opportunities to live well.

Level 3: High Level Support

For both mental health and physical health the people of Somerset will be able to continue to access high level support in their community, at home or if required in a hospital.

Level 4: Specialist and Complex Support

We will ensure that people who have rare and or complex conditions are able to receive the specialist care and support they need. This may involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions.

Level 5: Inpatient or Emergency Care

Our inpatient services across physical and mental health and care will meet the needs of the population, and people will stay only as long as they need to.

Our emergency care will be responsive to needs, will be accessed appropriately and will be timely.





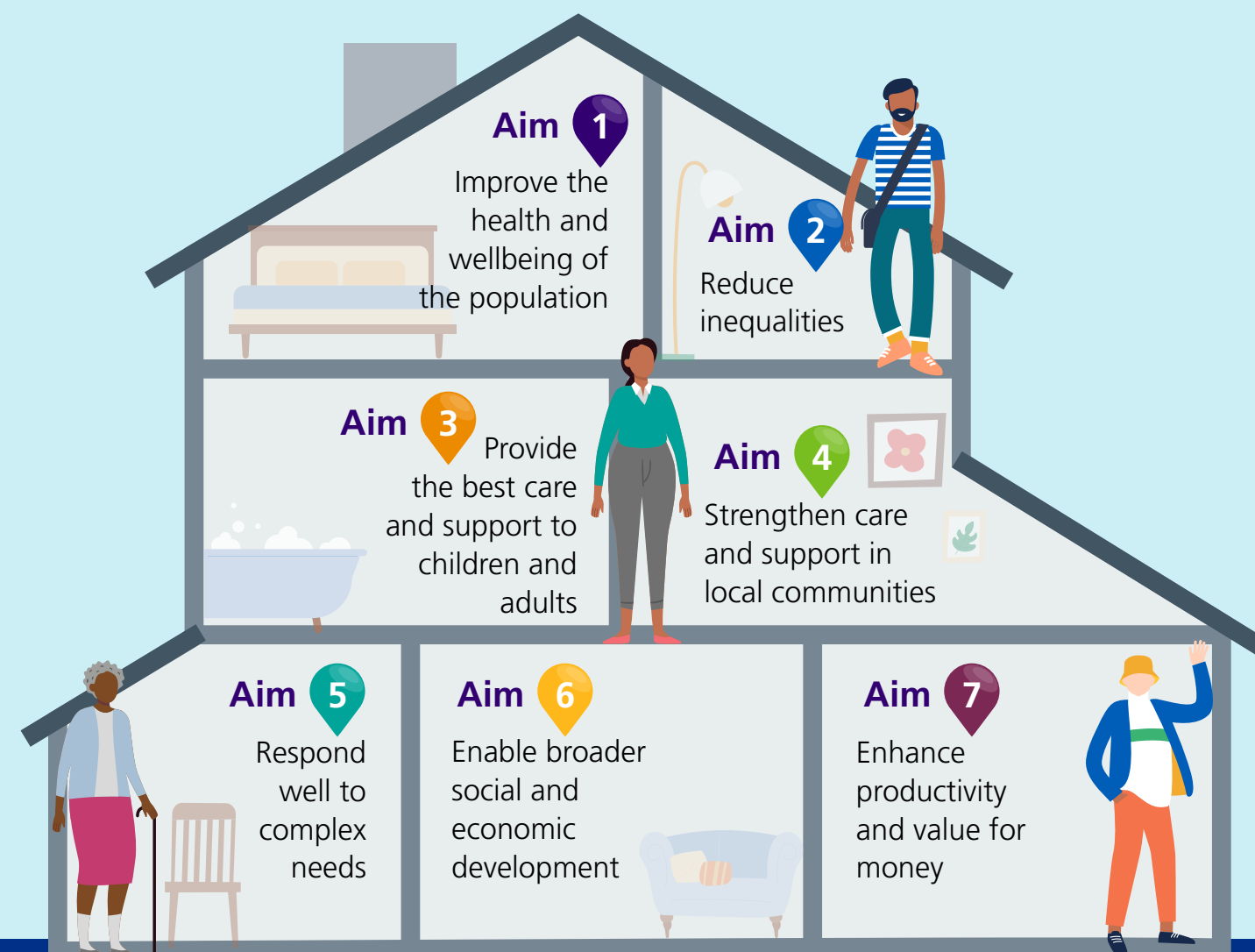
Section 4

The steps we will take



Our aims for the future

Working together, Somerset has identified seven key strategic aims, focused on achieving the ambition of enabling people to live healthier lives. To achieve these aims we all need to take some action now. If we work together, take collective action, and support one another we can go much further than if we work alone.



Aim 1:

Improve the health and wellbeing of the population



Our ambition is to create an environment in Somerset where people relate to one another in their communities and across the county. We want people to feel connected and not isolated and be able to support one another.

Our ambition is for people to live as healthily as others, where information is available for people to make the best choices for themselves and their families. We want people to stay independent because they don't require health or care services and to see more people living well into their later lives.

We want people to avoid getting ill or needing support, but where they start to develop a need for support from services, they can access them as early as possible.

We want Somerset to be vibrant, with a population that can live full and fulfilling lives, not spoilt by avoidable illnesses.

Partners will need to commit to a different distribution of resources so that we can stop preventable health issues to enable people to have the best chances of living a fulfilling and healthy life.



Aim 2:

Reduce inequalities

We know that there are many people experiencing inequalities across a range of services in Somerset. This means that some people living in Somerset do not have the opportunity to live as healthy lives as others.

The factors that lead to inequalities include: socio-economic factors (e.g. income), geography (eg where people live, such as in coastal communities or urban areas), access to good education. Other factors include gender, ethnicity or disability, and socially excluded groups including people experiencing homelessness.

The consequence of health inequalities is that some people have a shorter life expectancy than others, and higher chances of developing cancers, heart disease and other life changing illnesses.

Our ambition is to reduce inequalities and improve population health with a focus on specific groups. This requires a systematic and systemic change in our approaches to educating and supporting people.

We will support specific groups and individuals more than others, to reduce the gap by improving the health outcomes for people who experience disadvantage.

Aim 3:

Provide the best care and support to children and adults



For their future, we must ensure that children across our county experience the dedicated care that they require.

There are many children and families who require support for additional needs including those with special educational needs and disabilities (SEND) and working together means that we can offer personalised interventions. This is also the case for adults who require care.

In Somerset we will put the child or adult at the centre of everything, ensuring they have more control and choice in how,

where and when their care is planned and delivered. The individual's identity, their history, hopes, strengths, preferences and ambitions will be the starting point. This requires a radically different approach to how we work together as organisations, the types of conversations we have and the willingness not to be the expert.

We will be prioritising our intermediate care services in Somerset to ensure that we support people to get home from hospital as soon as possible, and remain at home and enjoy their lives more.

Aim 4:

Strengthen care and support in local communities



Our ambition is to support communities and local community networks to build an asset-based approach, where we help people to help themselves. We want people to live as part of a community, connected to the people who are important to them and benefit from a range of local, flexible, high-quality services and support them to live a good life together.

For most people, care begins at home, within their own local communities.

We want to ensure, as part of promoting our independence and person-centred approach, that people are able to live full and happy lives as part of a community and can access the services they require with ease.

Our voluntary sector organisations (and there are over 2,100 in Somerset) are critical partners in this plan, and we will ensure that we work together with local carers too, to make a difference.

Aim 5:

Respond well to complex needs



When a person has complex needs, they have two or more needs that affect their life. A person with complex needs will often experience physical, mental, social and or financial difficulties.

For instance, if a person has problems with their mobility (e.g. they are struggling with walking) they may become isolated and experience mental health difficulties, and if they are not able to work they may experience financial challenges too. This combination of needs means that their life is affected in a negative way.

For children, their complex needs may limit their interactions with friends and school, and their ability to become independent as they grow up.

Each need is usually supported by a different organisation in Somerset. By integrating and working collaboratively we aim to make sure that the whole person is considered in a personalised way, and that their wants and needs, ambitions and hopes are placed at the centre of the support.

Aim 6:

Enable broader social and economic development



The World Health Organisation (WHO) cite numerous studies that suggest the social determinants of health account for between 30-55% of health outcomes. Social determinants are things like whether people are in employment, how much they earn, the level of education they achieve, food security and the quality of housing.

Indeed, there is research evidence that suggests the factors outside of health have more impact on population health outcomes (how long people live and

whether they enjoy good health) than the quality of health services they receive.

It is for this very reason that partners within the ICS are now working more closely together to take a broader, integrated and longer-term view so that the right level of support can be provided to enable people to stay healthier for longer.

Aim 7:

Enhance productivity and value for money



Data we hold, and feedback from Somerset residents, tell us that that whilst the vast majority of the money spent on health and care services is invested wisely, there is always room for improvement. Reducing duplication between organisations, making better use of data and technology, and taking the time to design services around the needs of residents are all ways that we can make the Somerset pound spent on public services go further.

Of course, teams right across the county are making these changes each and every

day, however; we recognise there is more that could be done to ensure we live within our means. This aim commits us to working together to redesign how and where health and care is delivered as well as ensuring that the preventative steps set out earlier in this strategy are implemented. We know that by preventing people becoming unwell, and by providing tailored support to people with complex needs, that this should improve outcomes and demonstrate that we are making the most of the money allocated to us.





Section 5

How we will achieve our aims: Preparing for delivery



We recognise that this is our new integrated health and care strategy for Somerset, and we commit to continually involving our stakeholders, patients, and our public to ensure our strategy develops further as we gain more insight and evidence of health and care needs across Somerset to ensure our strategy remains current.

Delivering our system strategy

To support the delivery of this strategy we have developed a five year Joint Forward Plan, which forms the basis of our delivery plan for our strategy. It is a whole system plan covering both health and social care.

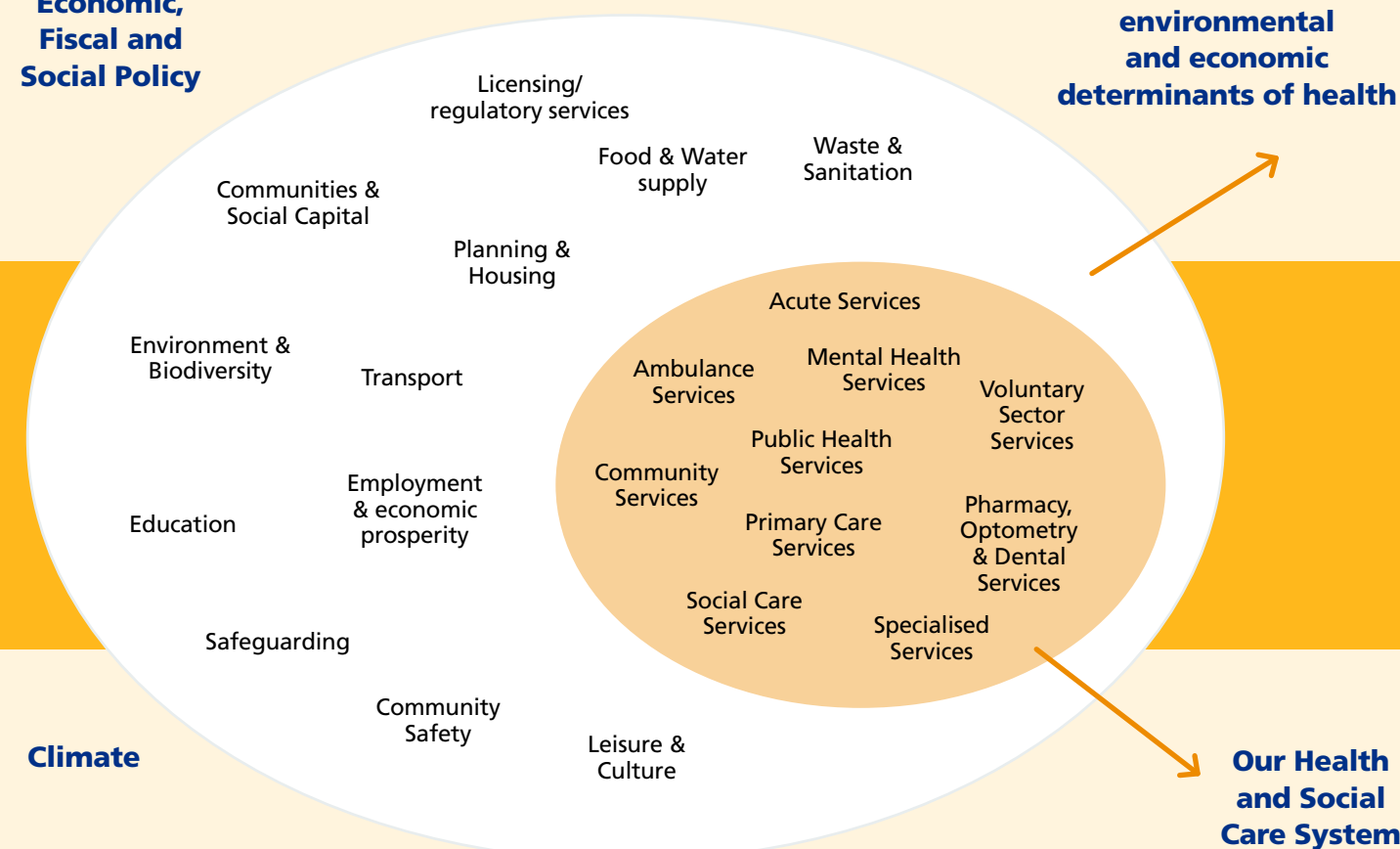
The actions from this will be delivered and monitored through our system governance arrangements, overseen by the Somerset Integrated Care Partnership.

Our approach to working together in Somerset ICS

Our commitment is to work as one system, putting collaboration at the heart of all we do to deliver on this strategy. This applies to those organisations within health and care (outlined in the orange oval below). However if we are to address the wider determinants of ill-health then all agencies within the oval will now need to collaborate in a new way.

Economic, Fiscal and Social Policy

Wider social, environmental and economic determinants of health



Climate

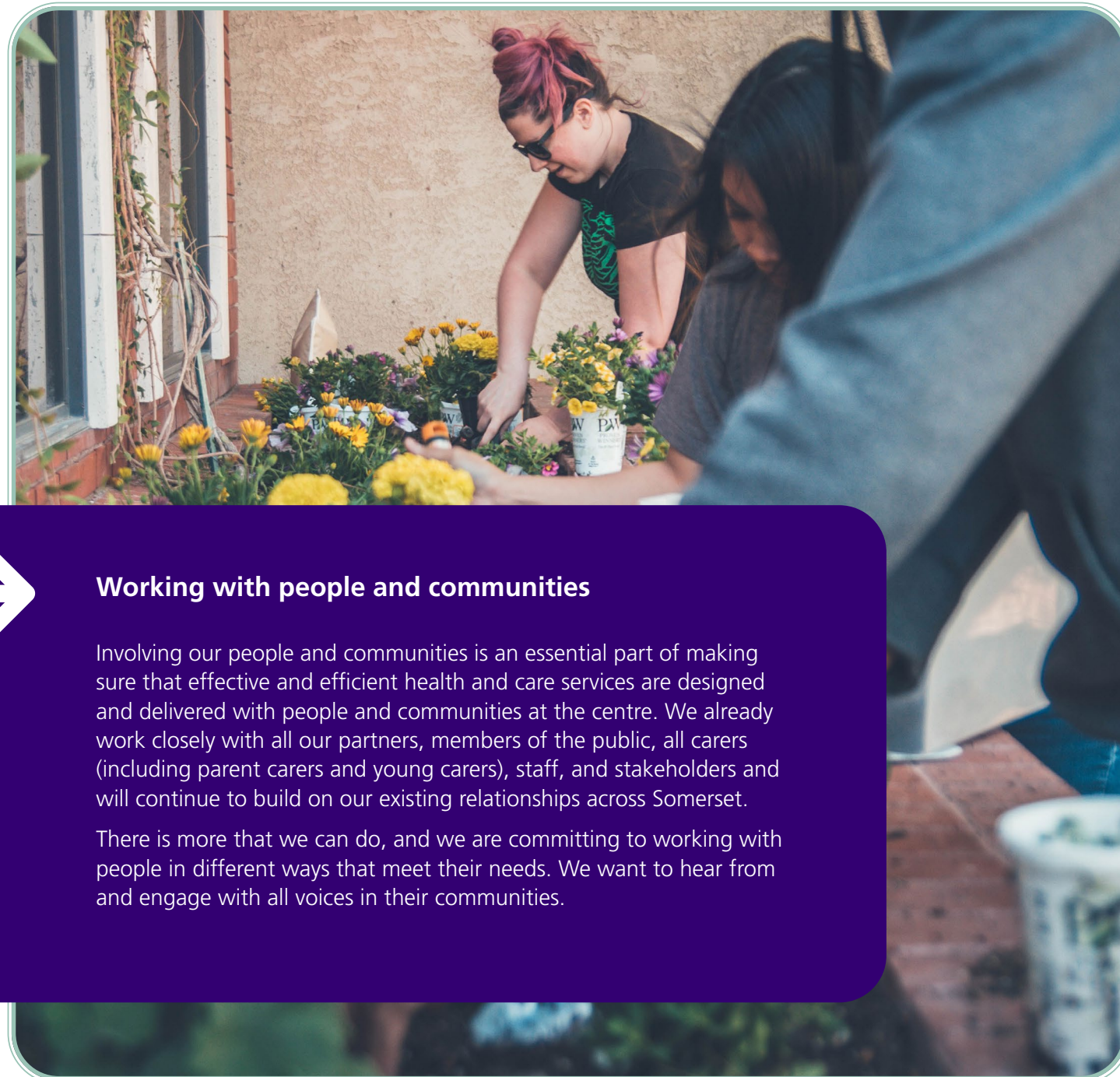
Our Health and Social Care System

Shifting our focus to neighbourhoods

We know from public health data, and feedback from residents, that needs vary both across and within communities. Whilst it will make sense to provide some services once across the county, there is also a need to engage and involve neighbourhoods in how services are delivered in their area.



Involvement with neighbourhoods will enable a more detailed conversation to happen on what is important within that neighbourhood and how organisations and services within the ICS can work differently in that area to improve the experience and outcomes of residents.



Working with people and communities

Involving our people and communities is an essential part of making sure that effective and efficient health and care services are designed and delivered with people and communities at the centre. We already work closely with all our partners, members of the public, all carers (including parent carers and young carers), staff, and stakeholders and will continue to build on our existing relationships across Somerset.

There is more that we can do, and we are committing to working with people in different ways that meet their needs. We want to hear from and engage with all voices in their communities.

Our Somerset 10 principles for working with people and communities

Our 10 principles for working with people and communities have been developed through engagement with engagement leads across the ICS including Healthwatch and with our Somerset Engagement Advisory Group (SEAG).

These principles outline our shared approach for effective public involvement across the ICS and build on national ICS guidance.



- 1 Put the voices of people and communities at the centre of decision making and governance.
- 2 Understand our community's needs, experience and aspirations for health and care, with a strong focus on underrepresented communities.
- 3 Involve people at the start in developing plans and feed back how their engagement has influenced decision-making and ongoing service improvement, including when changes cannot be made.
- 4 Ensure that insight from groups and communities who experience health inequalities is sought effectively and used to make changes to reduce inequality in, and barriers to, care.
- 5 Build relationships with underrepresented groups, especially those affected by inequalities, ensuring their voices are heard to help address health inequalities.
- 6 Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
- 7 Through partnership working, co-production, insight and public engagement address system priorities in collaboration with people and communities, demonstrating accountable health and care.
- 8 Use community development approaches that empower people and communities, building community capacity.
- 9 Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
- 10 Learn from what works and build on the assets of all ICS partners – networks, relationships and activity in local places – to maximise the impact of involvement.



Ref: NHS Confed

Engagement from June 2023

- Our vision

Embed engagement at the heart of planning, priority setting and decision-making at ICB (including ICS transformation work)

Embed processes for continuous engagement that support long lasting relationships with people in Somerset which are transparent and accountable

To deliver a systematic approach to reaching, understanding and supporting the needs of groups that are not currently heard, investing in meaningful relationships which empower communities

External facing activity - what Somerset will see

Continuous engagement

Inclusive and representative involvement

Gathering insight

listening more so we understand the needs of our people and communities

Working together

working with people and communities with a focus on people impacted by health inequalities

Health inequalities

working with equality leads and wider networks to reach people

Communications

widely communicating our work and opportunities to have your voice heard

Feedback

continuously providing updates on the difference engagement has made

To achieve this, we will

Deliver continuous engagement that ensures people and communities are empowered and involved in the development of the ICS

Improve our mechanisms for gathering insight and feeding these into decisionmaking

Take a community-assets based approach

Implement learning process to ensure these functions are effective mechanisms for ensuring the voices of people and communities are heard by the right people at the right time

Strengthen our relationships with children and young people's networks to actively include their voice and drive collaboration

Map involvement opportunities in partnership with VCFSE

Our engagement approach

People and communities partnerships and networks approach

NHS Somerset ICB Board

Somerset Health and Wellbeing Board and Integrated Care Partnership

Individual boards and committees

Engagement strategic leadership group

Engagement co-ordination leads network

Engagement leads across ICS organisations planning and delivery group.

Citizen's Hub (Previously SEAG)

Provides assurance on working with people and communities. Independently chaired, membership is representative of communities and experts by experience, ensuring that the views and needs of diverse communities inform the development of health and care services. Working groups established on specific areas as required.

Citizen's assembly

A peer network enabling sharing of insights and networking opportunities for engagement professionals.

VCFSE assembly

A new forum for all voluntary, community, faith or social enterprise groups in Somerset led by Spark.

PPG Chair's network

Share PPG best practice, share local insights, and engagement opportunities.

Carers Strategic Partnership Board

Multiagency partnership board to ensure the voice of carers is integral to our network.

Parent Carer Forum

Forum for parent carers and families of children and young people with SEND.

Local Community Networks and City / Town / Parish Councils

Citizen's Panel

Existing insight

Continuous Involvement

People champions

Using our resources well

We are committed to improving the health and wellbeing of the people of Somerset and to put this at the heart of our approach and to 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 adopt the following principles:

- Everyone plays their part by working together and removing barriers in order to create the conditions which promote healthy, connected communities.
- We live within our means, and use our resources wisely to create a sustainable system.
- We have trusting and collaborative relationships.
- We drive innovation by developing high-performing teams, with supportive leadership.
- Our processes and systems make it easy for us to do the right thing and to get it right first time.
- We focus on and measure things that matter to people, carers and colleagues.

This means that we commit to work as one health and care system, taking a single approach to:



Sustainability



Quality & Assurance



Strategy and Long-term Planning



Digital, Data and Innovation



Improvement



Estates



Workforce



Finance



Sustainability

The challenge of tackling the climate crisis cannot be met without substantial changes to the way every Somerset organisation operates.

- We will develop low carbon, sustainable models of care. As with many elements of sustainability, there is a substantial opportunity to improve health outcomes while cutting carbon, for example through green social prescribing. We will factor sustainability considerations into the design of future services.
- We have already adopted a Somerset ICS Green Plan 2022-2025 (on 31 March 2020), which sets out how we will meet NHS national targets of net zero carbon emissions by 2040 and make our contribution to the goal of a carbon neutral Somerset by 2030. Our ambitions for Somerset will go beyond those prescribed for the NHS.



Quality & Assurance:

Partners within the ICS will remain committed to assuring residents on the quality of the services being delivered. It's imperative that the national standards set out for ICS are achieved, and that we remain transparent about the challenges that exist, and our plans to mitigate them. Quality lies at the heart of our strategy, working collaboratively to share insight, ideas and resources that enable those delivering care to achieve a level of outcome that they can be proud of, and that the public can rely on.



Strategy and Long-term Planning:

We are aligning our strategy and planning functions to ensure a cohesive view is taken in line with the Improving Lives strategy. This includes a commitment to scenario plan longer term in areas such as public health, workforce and our digital developments.



Digital, Data and Innovation

We know there are opportunities to use data and technology in more innovative ways that will make it easier for people to maintain good health and reduce the need for hospital care.

- Technology – and the smart use of data – has improved our lives in many ways and we will work as one system to review, develop and deploy solutions that will enable people to access care more effectively.
- We will use data to support the delivery and development of services and for research into better ways of improving the health of our population.
- We will also ensure that data continues to be protected and only shared in line with national guidelines and regulations, and that the increased use of technology does not make inequalities greater.



Improvement

As a system we will adopt a single approach to delivering change that empowers front line professionals and the public. Over time we'll seek to develop a common approach, skill set and mindset with regards to system improvement, seeking to maximise the social assets within our partners and communities.



Estates

We will work collaboratively across all partners to ensure we make the best use of the public estate that we have and develop it to ensure we have the right buildings, in the right place, in the right condition that is needed for people to access advice, support and the services they need.

We will respond to the feedback received in the development of this strategy and look to bring services together physically where there is an opportunity to do so.



Workforce

Our H&C workforce, which is made up of paid and unpaid people, is central to the successful delivery of this strategy.

- A positive, happy, satisfied workforce that is also capable, confident and collaborative provides a great opportunity to make the difference.
- Many of our colleagues and teams will need to adapt the way that they work. This will require an approach which prioritises the needs of the population first, then the system, and then the employing organisation.
- We are aiming for the right people, in the right place, at the right time with the right training to achieve our vision.



Finance

Our strategic financial aim as set out in the overall system strategy is:

- To use our resources wisely to create a sustainable system
- We will focus on directing our resources where we want the activity to be in the future, and will use them carefully to create a sustainable system with a key focus on delivering against our strategic aims.
- Every decision will review quality and finance together and give weight to both in reaching the right outcome. We will continually monitor and review our services, decisions and change programmes to test delivery of best value and take action to improve.



Somerset



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Our
ambition for
a **healthier**
future in
Somerset

2023-2028