

Report to the NHS Somerset Integrated Care Board on 1 December 2022

Title: Chief Executive's Report	Enclosure C
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Summary and Purpose of Paper

This paper sets out key items for the Board to note and discuss, arising since the last meeting of the Integrated Care Board (NHS Somerset) on 29 September 2022. It focuses on relevant changes in the National context and highlights key issues to note pertaining to the Somerset Integrated Care System.

Recommendations and next steps

The Board is asked to **Note and Discuss** the Chief Executive's report.

Impact Assessments – key issues identified

Equality	N/A			
Quality	N/A			
Privacy	N/A			
Engagement	N/A			
Financial / Resource	N/A			
Governance or Legal	N/A			
Risk Description	N/A			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
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CHIEF EXECUTIVE'S REPORT

1 INTRODUCTION

- 1.1 This report provides a summary of key items of strategic and operational note for the ICB Board for the first period since its last meeting on 29 September 2022.

2 NATIONAL CONTEXT

Autumn Fiscal Statement

- 2.1 The new government provided its autumn fiscal statement on 17 November 2022. While this has far-reaching implications for the wider economy it is believed that it represents a fair settlement for the NHS.
- 2.2 Health revenue spending will increase by £3.3 billion in each of the next two years (2023/24 and 2024/25). It is anticipated that this will be sufficient to fund the current predicted level of inflation and deliver the national priorities, which are:
- The development and delivery of recovery plans for urgent and emergency care and primary care
 - Continue progress in reducing elective waiting times, including a focus on cancer and early diagnosis
 - The publication of a long-term workforce plan for the NHS
- 2.3 Capital spending will increase slightly from what was planned last October and the New Hospital Programme will continue as planned.
- 2.4 In addition, social care spending will increase by £2.8 billion next year and £4.7 billion the year after to include:
- £1 billion to directly support discharges from hospital into the community, to support the NHS in 2024/25. This starts with the previously announced £500m hospital discharge scheme. NHS Somerset is currently working through the detail of how this is to be used with colleagues at Somerset County Council but its focus will be on supporting a reduction in the number of people who are medically fit and awaiting discharge from hospital.
 - £1.3 billion to support adult and children's social care
- 2.5 Additionally, it was announced that Patricia Hewitt, chair of NHS Norfolk and Waveney integrated care board, will lead a review into the role and powers of integrated care boards, with a view of making recommendations as to how local systems can be granted more autonomy with the right level of accountability in return.

New NHS England Operating Framework

- 2.6 On 12 October NHS England published a new operating framework, which sets out how the NHS will operate in the new structure created by the 2022 Health and Care Act.

- 2.7 The Health and Care Act formally established Integrated Care Systems (ICS) on a statutory basis, with the aim of enabling local systems to plan and deliver health and care services more effectively. The new operating framework ([B2068-NHS-England-Operating-Framework.pdf](#)) sets out the roles that NHS England, ICSs and providers will now play in the new structure. It describes how accountabilities and responsibilities will work.
- 2.8 NHS England's role is to lead the NHS in England to deliver high quality services for all. It will set the national direction; allocate resources; ensure accountability; set the national approach to supporting and developing people; mobilise expert networks; give support to drive improvement; deliver services such as national procurement and digital services; and create the national approach to transformation.
- 2.9 Integrated Care Boards (ICBs) will provide local system leadership which balances immediate and longer-term priorities. They will work with providers, local authorities and other partners to create local integrated care strategies, and deliver joint five-year forward plans for their system.
- 2.10 ICBs will bring the local NHS together to ensure the healthcare needs of their communities are met, and together with local authorities, act as the stewards of local population health outcomes and equity.
- 2.11 ICBs will oversee and support NHS delivery of these strategies and plans including system-level delivery of NHS annual planning objectives and NHS Long Term Plan priorities. They will oversee system health budgets and will account for NHS system financial allocations. They will be responsible for working with partners to ensure effective arrangements are in place across systems for joint working to deliver plans, performance, outcomes and transformation.
- 2.12 Providers will ensure they meet their statutory responsibilities for the delivery of safe, effective, efficient, high-quality services, both now and longer term. They will be responsible for their contribution to effective system working and delivery of ICS strategies and plans.
- 2.13 Providers will also be responsible for meeting the financial and performance requirements set out in NHS planning guidance and complying with their provider licence and Care Quality Commission (CQC) standards.
- 2.14 While the framework does not contain all the answers it is helpful in setting out the respective roles and responsibilities of Integrated Care System partners. In the coming months we will work through what this means to us locally given the nature of the Somerset system.

Kirkup Report – East Kent Maternity Services

- 2.15 Following concerns about the quality and outcomes of maternity and neonatal care at East Kent Hospitals NHS Foundation Trust, NHS England and NHS Improvement commissioned Dr Bill Kirkup CBE to undertake an independent review.
- 2.16 The Independent Investigation report into East Kent NHS Foundation Trust maternity and neonatal services was published on 19 October 2022. The investigation was wide ranging and comes on the back of a number of other similarly focused and high profile investigations - Mid Staffordshire (2013), Morecambe Bay (2015) and Shrewsbury and Telford (2021/22).
- 2.17 There is an acknowledgement that despite these previous investigations the pattern of failure keeps repeating itself and as such this report aims to break this cycle by identifying four broad areas for action based on findings with wider applicability.
- 2.18 In Somerset we will be taking a proactive approach through our LMNS, working with the maternity and neonatal services across our two in-county Trusts and those out of county Trusts that provide services to the Somerset population. An interim report has been provided to the Quality Committee and required actions will be combined into an action plan also encompassing the final recommendations from the Ockenden review. Progress will be overseen by the quality committee and a full report will be provided to the Board in the coming months.

3 SOMERET SYSTEM

Integrated Care Partnership (ICP) and progress with the development of our Integrated Care Strategy

- 3.1 A key element of the governance arrangements of our new Integrated Care System is the requirement (set out in the Health and Care Act, 2022) to establish an Integrated Care Partnership (ICP) between the NHS and all upper-tier local authorities that fall within the area of the ICB.
- 3.2 The primary purpose of the ICP is to prepare, maintain and publish a strategy (an “Integrated Care Strategy”) setting out how the assessed health and care needs for the population of Somerset are to be met over the coming years.
- 3.3 In Somerset we have agreed with Somerset County Council that the Somerset Integrated Care Partnership (ICP) will be combined with our Health and Wellbeing Board. Interim arrangements to allow this to commence ahead of the formation of the new Somerset Council in April 2023 have been agreed and the first joint meeting of the ICP and Health and Wellbeing Board took place on Monday 28 November 2022.
- 3.4 The Health and Care Act 2022 requires integrated care partnerships to develop an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments) can be met through the

exercise of the functions of the Integrated Care Board, partner local authorities or NHS England (NHSE). In Somerset, our integrated care strategy is Fit for my Future, which we first engaged with the public in 2018, and have refreshed during 2021-22. Our vision is that *‘In Somerset we want people to live health independent lives, supported by thriving communities with easy access to high quality and efficient public services when they need them’*. Our strategy is led by colleagues from Somerset County Council and NHS Somerset, with input from system partners including, Primary Care, VCSE and Healthwatch. A draft strategy will be published by the end of March 2023.

- 3.5 There is a statutory requirement for NHS Somerset, along with Somerset NHS FT and Yeovil District Hospital NHS FT to prepare a five-year Joint Forward Plan before the start of each financial year. In Somerset, we have agreed that this five-year Joint Forward Plan will be a health and care implementation plan for delivering the strategy in Somerset. The five-year Joint Forward Plan will be published by the end of March 2023.

NHS Somerset – Our role as part of the Somerset Integrated Care System

- 3.6 As part of our development work we have been working on a form of words that enables us to clearly and concisely communicate the role of NHS Somerset within the Somerset Integrated Care system. This will be used consistently within our corporate and system communications into the future. The final text is provided below:

- 3.7 *“We all share enormous pride for the county of Somerset, and we will work together to deliver the highest quality health and care for our population. NHS Somerset will play a pivotal role in breaking down existing boundaries between different parts of the NHS, Somerset Council, and other partners, in this once in a generation opportunity to modernise how we commission and provide services.*

- 3.8 *We will build on our strong foundations, and the amazing work by staff, to form shared aims and to support each other to deliver efficient, safe and high-quality care for the people of Somerset and for all our communities. We will work in partnership, helping colleagues to look beyond organisational boundaries, to inspire each other to innovate and to take collective decisions.*

- 3.9 *We will hold each other accountable for delivering the best possible services, improving outcomes for the population. At the heart of our services will be the voice of our 580,000 residents in every town, village and hamlet. Together with our partners we are committed to working harder to prevent illness, to help people live well, independently for longer. Every pound of taxpayers’ money will be spent wisely, placing a greater emphasis on prevention. We will come together to manage the huge pressures faced across the system, whilst also looking to the future, to help people live well across Somerset.”*

Winter Resilience

- 3.10 All parts of the Somerset Health and Care system have continued to experience unprecedented levels of pressure into the autumn

months, with the system maintaining OPEL 4 status, the highest level of escalation possible.

- 3.11 The level of demand on services is unprecedented and continues to pose a significant risk as we head into the winter months when the pressure on all health and care services are traditionally even higher.
- 3.12 NHS Somerset has established a winter resilience centre which will form a key mechanism for us to co-ordinate with system partners using a risk based approach and enable us to lead our system response over the coming months.
- 3.13 Work has continued on the series of actions agreed with adult social care and reported in the last report that aim to increase capacity in domiciliary and intermediate care services and subsequently reduce the number of people awaiting discharge from our hospitals. Much of the additional capacity came on line during November and, at the time of writing, this appears to be having a positive impact across the system. Progress is being measured on a weekly basis via a series of agreed metrics and a verbal update will be provided at the meeting.

Industrial Action

- 3.14 A number of Trade unions representing NHS staff have advised the Secretary of State for Health and Social Care that they are in dispute over the 2022/23 pay award. A number of the unions are balloting or have signalled their intention to ballot their NHS members to take part in industrial action (including GMB, Unite, Unison, CSP, RCM, HCSA and the BMA).
- 3.15 The Royal College of Nursing has already balloted staff across England and several Trusts are affected including, in Somerset, Somerset Foundation Trust (currently NHS Somerset ICB and Yeovil District Hospital NHS FT did not meet the threshold). It is expected that action will be taken by the end of the year (December). The critical focus is to ensure minimal disruption to patient care and emergency services can continue to operate as normal.
- 3.16 The preparatory work for responding to strike action (or action short of a strike such as bank holiday working with emergency services only being covered) is occurring at system level as well as at individual organisation-level. This work is being co-ordinated with wider winter planning. To date this has included: (a) the establishment of a multi-agency Workforce Cell (b) a multi-day exercise for ICBs, working with trusts, exploring the health and social care response to multiple, concurrent operational and winter pressures, and the interdependencies with Local Resilience Forum (LRF) partners in responding to these pressures; (c) a Self-Assessed Readiness Checklist based around organisation's Business Continuity plans coordinated by the ICB and (d) a planned daily sitrep on strike actions (NHSE).
- 3.17 The multi-agency approach within the workforce cell is aimed at ensuring a system awareness and response considering the potential

for strike action from other sectors (including rail workers, teachers and fire fighters) which is likely to impact the entire system.

SEND Inspection

- 3.18 The Somerset Local Area's provision for children with Special Education Needs and Disabilities (SEND) was jointly inspected by CQC and OFSTED in March 2020 resulting in nine improvement priorities being identified. The nine areas of concern were as follows:
- The lack of focus on the experiences of children and young people with SEND and their families when formulating strategies to improve the area.
 - The lack of leadership capacity across area services.
 - Weak partnership working between services across education, health, and care.
 - Poor joint commissioning arrangements that limit leaders' ability to meet area needs, improve outcomes, and achieve cost efficiencies.
 - The ineffective assessment pathway for autistic spectrum conditions.
 - Too many children and young people not accessing education because of the disproportionate use of exclusion and poor inclusive practices across the area.
 - Poor assessment and meeting of need caused by inconsistent practice leading to poor outcomes for children and young people with SEND.
 - Poor timeliness of the assessment, writing and publication of education, health, and care plans.
 - The wide variances in the quality of education, health and care plans caused by weaknesses in joint working.
- 3.19 A Written Statement of Action (WSOA) was jointly developed with strategic partners (including NHS, children's social care, education and the Parent Carer Forum) and was published in December 2020.
- 3.20 Since that time significant progress has been made on all the above areas informed by the WSOA. Relationships and partnership working across the system has significantly improved along with improved pathways and provision for children and their families with SEND – with children and their families' voices being heard. Education, Health and Care Plans are now delivered in a timely manner, and there is a functioning autism pathway.
- 3.21 There remains work to be completed, but there is substantial evidence to support the view that overall, the SEND programme in Somerset is in a much better place.
- 3.22 On 28 November 2022, CQC and OFSTED's inspectors will be returning to Somerset to complete a 'revisit inspection' to assess the progress made to date. The inspectors will be on site for four days with high-level verbal feedback being presented to system leaders on Thursday 1 December 2022, followed by a formal report in due course.

Primary Care Data

- 3.23 NHS Digital has published for the first time General Practice Access Data (GPAD) for all practices in England. This will then be published on a monthly basis. We know that there is a mismatch between data that some GP's hold locally and what is being published nationally and will be working with practices to address this and make sure the national data presents the true picture.
- 3.24 There is likely to be a high level of interest in the data, both from patients and wider stakeholders. In the month of April 2020, there were 172,653 GP appointments in Somerset – this had increased to 297,670 in the month of September 2022 (including face to face, telephone appointments and home visits): A 74 per cent increase in GP appointments in two and a half years. We will work with local practices to make sure an accurate picture is reflected in all data over the coming months.

Burnham and Berrow Medical Centre

- 3.25 NHS Somerset has been working intensively with GP partners and the Burnham and Berrow practice team to address the significant problems the CQC report identified. The practice has an action plan, agreed with NHS Somerset and the CQC, to make the required improvements as quickly as possible. We are meeting regularly with the practice to make sure the necessary changes are made.