

Health Overview and Scrutiny Panel

Thursday, 22nd April, 2021
at 6.00 pm

PLEASE NOTE TIME OF MEETING

VIRTUAL MEETING

Members

Councillor Bogle (Chair)
Councillor White (Vice-Chair)
Councillor Laurent
Councillor Professor Margetts
Councillor Noon
Councillor Payne
Councillor Vaughan

Contacts

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules) of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

SMOKING POLICY – the Council operates a no-smoking policy in all civic buildings.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
- (iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
- (iv) Any beneficial interest in land which is within the area of Southampton.
- (v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
- (vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:
 - (a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
 - (b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

DATES OF MEETINGS: MUNICIPAL YEAR 2019/2020

2020	2021
2 July	4 March
3 September	22 April
22 October	
17 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 2)

To approve and sign as a correct record the minutes of the meeting held on 4 March 2021 and to deal with any matters arising, attached.

7 FUTURE OF COMMISSIONING ARRANGEMENTS IN SOUTHAMPTON

(Pages 3 - 28)

Report of the NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group outlining the future commissioning arrangements in relation to Southampton.

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 4 MARCH 2021

Present: Councillors Bogle (Chair), White (Vice-Chair), Laurent, Professor Margetts, Noon, Payne and Vaughan

21. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Panel meeting on 17 December 2020 be approved and signed as a correct record.

22. **COVID-19 PLANNING**

The Panel considered and noted the report of the Chair of the Panel requesting that the Interim Director of Public Health has been invited to provide the Panel with a verbal update on Covid-19 planning in Southampton.

Dr Debbie Chase – Director of Public Health, Stephanie Ramsey – Director of Quality & Integration, Integrated Commissioning Unit and Phil Aubrey-Harris – Associate Director - Primary Care, NHS Southampton City CCG, were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- the current situation regarding infection rates, community testing initiatives and vaccinations;
- an overview of the impact the pandemic has had on health services in the City; and
- the concerns over the pressures on staff within the health service and the ability of services to tackle any backlogs in treatment for patients.

In addition the Panel noted that additional information detailing the above would be posted online with the meeting papers.

23. **SOUTHAMPTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/20**

The Panel considered the report of the Independent Chair of the Southampton Safeguarding Adults Board (SSAB) providing the Panel with an update on the work of the Board during 2019-2020

Deborah Stuart-Angus – Independent Chair, SSAB was in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- the new approach taken by the Board as outlined in the report that seeks to improve the robustness of decision making with connected governance and new structure for the Board;
- how the Covid 19 pandemic has affected the Boards ability to undertake reviews;

- how the Board was dealing with the backlog of reviews
- the long-term financial future of the Board;
- the potential impact of the merger of the Region's Clinical Commissioning Groups
- the numbers of Section 42 referrals in the City; and
- the key elements of the new SSAB strategy due for publication in the spring of 2021.

24. **ADULT SOCIAL CARE UPDATE**

The Panel considered and noted the report of the Chair of the Panel requesting an update outlining the direction of travel for developments within Adult Social Care.

Councillor Fielker- Cabinet Member for Health and Adult Care, Grainne Siggins - Executive Director, Health and Adults, Stephanie Ramsey - Director of Quality and Integration, Integrated Commissioning Unit and Guy Van Dichele – Interim Director of Adult Social Services were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- the impact of Covid 19 on demand and infrastructure;
- the key senior personnel changes - The Panel wished Grainne Siggins well in her new position and welcomes Guy Van Dichele to the Council;
- the results of a peer review that identified concerns regarding quality of practice and outcomes and staffing levels along with the new structure for Adult Social Care;
- the ongoing project on better communication with service users and providers;
- budget support for Adult Social Care agreed at Council in February, and the replacement of the Paris IT system; and
- the longer term approaches to reducing demand and costs.

In addition the Panel noted that additional information detailing the above would be posted online with the meeting papers.

25. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel noted the report of the Director, Legal and Business Operations, enabling the Panel to monitor and track progress on recommendations made at previous meetings.

The Panel noted that many of the proposed action as set out in the published appendix had now been completed.

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	FUTURE OF COMMISSIONING ARRANGEMENTS IN SOUTHAMPTON
DATE OF DECISION:	22 APRIL 2021
REPORT OF:	NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CLINICAL COMMISSIONING GROUP

<u>CONTACT DETAILS</u>		
Executive Director	Title	Managing Director / Director of Quality and Integration
	Name:	Stephanie Ramsey
Author:	Title	Head of Communications and Engagement
	Name:	Tom Sheppard
STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
<p>Since the COVID-19 pandemic began, there has been a huge acceleration in system working and collaboration. We are now starting to look at how we can build on the existing partnership working to improve outcomes for patients as we move to a new phase in our response to the pandemic. While much of this work was in train prior to the pandemic, such as plans to merge Clinical Commissioning Groups (CCGs), the last year has shown we must move at pace to implement the changes needed to improve services for local people. This report provides an update on these changes. On 1 April 2021, CCGs merged to form a single commissioning organisation: NHS Hampshire, Southampton and Isle of Wight CCG.</p>		
RECOMMENDATIONS:		
	(i)	That the panel discusses and notes the report.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To outline the future commissioning arrangements in relation to Southampton.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
3.	Building on existing close working arrangements, NHS Hampshire, Southampton and Isle of Wight CCG brings together Southampton City CCG, West Hampshire CCG and Hampshire and Isle of Wight Partnership of CCGs (which has been a mechanism for closer joint working between South Eastern Hampshire, Fareham and Gosport, the Isle of Wight and North Hampshire CCGs over the last three years).	
4.	The process of merging CCGs follows the development of detailed proposals, in-line with national policy and local plans for health and care, which also saw	

	Hampshire and the Isle of Wight designated as an Integrated Care System (ICS) in November 2020. Arrangements for the new CCG continue to be developed in parallel with the design and development of the ICS.
5.	Place-based working is at the heart of the new CCG. In the new CCG, Southampton has retained its own local area team, led by Dr Sarah Young as Clinical Director and Stephanie Ramsey as Managing Director, which will work to implement the Five Year Health and Care Strategy (2020-2025) for the city.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
6.	N/A
<u>Property/Other</u>	
7.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
8.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<u>Other Legal Implications:</u>	
9.	N/A
RISK MANAGEMENT IMPLICATIONS	
10.	N/A
POLICY FRAMEWORK IMPLICATIONS	
11.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	FUTURE OF COMMISSIONING ARRANGEMENTS IN SOUTHAMPTON - BRIEFING PAPER
2.	NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CCG BOARD BIOGRAPHIES
3.	HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE SYSTEM EXECUTIVE TEAM BIOGRAPHIES
Documents In Members' Rooms	
1.	None

Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		No
Other Background Documents		
Other Background documents available for inspection at:		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	

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Future commissioning arrangements in Southampton

April 2021

1. Background

- 1.1. Our immediate priority remains ensuring our local system can deliver essential services and treat people with COVID-19 in hospitals, and many more in primary, community and mental health care. The COVID-19 vaccination programme is progressing well in Southampton, with hospitalisation rates declining. National data indicates this is also having a significant impact on transmission rates. In Southampton, for many years our priority has been to tackle health inequalities. Nationally, the pandemic has highlighted more clearly the need to address inequalities in access, experience and outcomes.
- 1.2. Since the pandemic began, there has been a huge acceleration in system working and collaboration. We are now starting to look at how we can build on the existing partnership working to improve outcomes for patients as we move to a new phase in our response to the pandemic. While much of this work was in train prior to the pandemic, such as plans to merge CCGs, the last year has shown we must move at pace to implement the changes needed to improve services for local people.
- 1.3. This report provides an update on these changes. On 1 April 2021, CCGs merged to form a single commissioning organisation: NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG).
- 1.4. Building on existing close working arrangements, NHS Hampshire, Southampton and Isle of Wight CCG brings together Southampton City CCG, West Hampshire CCG and Hampshire and Isle of Wight Partnership of CCGs (which has been a mechanism for closer joint working between South Eastern Hampshire, Fareham and Gosport, the Isle of Wight and North Hampshire CCGs over the last three years).
- 1.5. Portsmouth CCG remains a statutory body and will work closely with the newly formed CCG. Portsmouth CCG appointed Maggie MacIsaac as its Accountable Officer on 1 April 2021, which means both CCGs have the same executive lead.
- 1.6. The process of merging CCGs follows the development of detailed proposals, in-line with national policy and local plans for health and care, which also saw Hampshire and the Isle of Wight designated as an Integrated Care System (ICS) in November 2020. Arrangements for the new CCG continue to be developed in parallel with the design and development of the ICS.
- 1.7. Place-based working is at the heart of the new CCG. In the new CCG, Southampton has retained its own local area team, led by Dr Sarah Young as

Clinical Director and Stephanie Ramsey as Managing Director, which will work to implement the Five Year Health and Care Strategy (2020-2025) for the city.

- 1.8. In February 2021 the Government released its White Paper, 'working together to improve health and social care for all'. Many of the structural changes we have made in recent months were designed to pre-empt future legislation and, as such, our existing plans mean we are well placed to adopt the changes likely to be put to parliament this year.

2. Local context: operating as part of the Hampshire and Isle of Wight Integrated Care System

- 2.1. We remain committed to supporting our communities to stay as healthy as possible and ensuring local residents have access to high quality healthcare when they need it. Coming together as one CCG for Hampshire, Southampton and the Isle of Wight enables us to build on our successful collaborative approach to planning and delivery, maintaining local, clinically-led decision making focused on the needs of local people, while also realising the benefits of working at scale across the area to achieve the best possible outcomes.
- 2.2. Our experience during the COVID-19 pandemic has further highlighted the benefits of closer joint working. Coming together as one organisation also enables us to build a more efficient and effective operating model, make better use of our resources avoid duplication and achieve economies of scale for the benefit of local residents.
- 2.3. The CCG has created five local teams to help to meet the needs of the local population. These teams are North and Mid Hampshire, Isle of Wight, South West Hampshire, South East Hampshire, and Southampton City.
- 2.4. A single CCG/ICS executive team and CCG governing body have been formed. The governing body is chaired by Margaret Scott as an independent chair and Dr Nicola Decker as Clinical Lead for Hampshire, Southampton and Isle of Wight. A clinical director representing each 'place' area also sits on the governing body, which includes Dr Sarah Young representing Southampton City. The governing body also has additional support from a secondary care clinician and three non-executive directors. This is in line with statutory requirements. The full membership of the CCG governing body is:
 - Margaret Scott – Independent Chair
 - Maggie Maclsaac – Chief Executive
 - Dr Nicola Decker – Clinical Lead
 - Edward Palfrey OBE – Secondary Care Clinician (Non Executive)
 - Judy Gillow MBE – Non Executive Director (Patient and public involvement)
 - Matt Stevens – Non Executive Director (Primary care commissioning)

- Simon Garlick – Non Executive Director (Governance)
- Julie Dawes – Chief Nursing Officer (Julie commences her role in May 2021 and until that point the statutory role of Chief Nurse will be covered by Stephanie Ramsey)
- Roshan Patel – Chief Finance Officer
- Dr Sarah Young – Clinical Director, Southampton
- Dr Michele Legg – Clinical Director, Isle of Wight
- Dr Charlotte Hutchings – Clinical Director, North and Mid Hampshire
- Dr Zaid Hirmiz – Clinical Director, South East Hampshire
- Dr Karl Graham – Clinical Director, South West Hampshire

2.5. The executive team is led by Maggie MacIsaac as Chief Executive, supported by:

- Derek Sandeman - Chief Medical Officer
- Roshan Patel - Chief Finance Officer
- Helen Ives - Executive Director of Workforce
- Julie Dawes - Chief Nursing Officer (due to start in May 2021 on part time secondment from Hampshire Hospital NHS Foundation Trust)
- Tessa Harvey - Executive Director of Performance
- Paul Gray - Executive Director of Strategy
- Richard Samuel - Director of Transition and Development
- Fiona Howarth - Chief of Staff
- Emma McKinney - Director of Communications and Engagement

2.6. In order to better support the planning and delivery of improvements in health outcomes for local people and service performance, the CCG will aim to:

- Increase the support we provide to primary care and to the development of primary care networks. General practice is the cornerstone of the NHS and the first port of call for most people who seek health advice or treatment. We are committed to supporting general practice and Primary Care Networks (PCNs), which are at the heart of integrated care.
- Pursue deeper integration of health and care with local council partners, building on existing relationships at local place across Hampshire, Southampton and the Isle of Wight. Strengthening collaborative arrangements with local authorities, including parish, district and borough councils in addition to upper tier authorities, at local place and maintaining the focus on local communities and the places where people live and work is fundamental. This provides the best opportunity to use our collective resources to make a genuine impact on preventing ill health, reducing inequalities, joining up health and care delivery, and improving people's independence, experience and quality of life.

- Better support providers to redesign and transform service delivery. Providers, CCGs and local authorities are working increasingly closely together to redesign service delivery, co-ordinating and improving the delivery of services for the population they serve. For some services it makes most sense to build delivery alliances to plan, transform and co-ordinate service delivery in geographies based around acute hospital footprints. For other services it makes sense to plan and deliver transformation together at the scale of Hampshire and Isle of Wight, and beyond. Alongside our work to integrate health and care with local authorities, we will also align CCG teams and resources with each delivery alliance, supporting them to redesign pathways and develop services.
- Create a single strategic commissioning function for the Hampshire and Isle of Wight ICS to support and enable the ICS, accelerating simplification of planning, transformation and infrastructure at a Hampshire and Isle of Wight level.

3. National context: the publication of the government's White Paper 'Working together to improve health and social care for all'

- 3.1. In December 2020 NHS England and NHS Improvement (NHSEI) proposed options for legislation in Parliament, to support the development of Integrated Care Systems. In February 2021 the Government has published a White Paper outlining which proposals it plans to take forward to Parliament to become law.
- 3.2. In Hampshire and Isle of Wight, in December last year our Sustainability and Transformation Partnership (STP) was given approval to become an Integrated Care System (ICS) from 1 April 2021. At the moment, in legislative terms, both Sustainability and Transformation Partnerships and Integrated Care Systems are voluntary partnerships of commissioners, providers and local authorities, with no legal powers.
- 3.3. The proposals outlined in the government's White Paper are summarised as below:
 - 3.3.1. **Legislate for every part of England to be covered by an integrated care system (ICS).** This is in line with NHS England's recommendation last year and would formally bring together NHS organisations, local government and wider partners at a system level. The White Paper suggests an ICS will be coterminous with the boundaries of the local authorities within its geography. An ICS will be comprised of two entities:
 - **An ICS Health and Care Partnership.** There will be a broad duty for organisations to collaborate and deliver better care for all patients, better

health and wellbeing for everyone, and maintain a sustainable use of NHS resources.

- **An ICS NHS Body.** This part will be the organisation responsible for the day to day running of the ICS. This body will be responsible for developing plans to meet the health needs of the population within their defined geography, developing a capital plan for NHS providers and securing the provision of health services to meet the needs of the system population.

- 3.3.2. **Merge the functions currently being performed by non-statutory STPs/ICSs with the functions of a CCG.** This effectively means CCGs would merge to become the local ICS NHS Body. Each ICS NHS body will have a board, and this will be directly accountable for NHS spend and performance within the system, with its Chief Executive becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body. At present ICSs do not receive money directly because they are not statutory bodies.
- 3.3.3. Implement NHS England's recommendations to **remove barriers to integration through joint committees, collaborative commissioning approaches and joint appointments**, as well as their recommendation to preserve and strengthen the right to choice within systems.
- 3.3.4. **Formally bring NHS England and NHS Improvement into one organisation.** At present both organisations technically have non-shareable functions but in effect work together as one. The new NHS England will have operational independence but the Secretary of State will have intervention powers.
- 3.3.5. **Give the Secretary of State for Health and Social Care new powers** to set the objectives of NHS England, intervene in service reconfiguration changes where required, have the ability to make direct payments to social care providers, and take on specific public health functions such as the implementation of fluoride in water.
- 3.3.6. **Enable NHS England to delegate or jointly commission some of its responsibilities to ICSs**, such as screening and immunisation services and specialist services. This could also involve commissioning functions with more than one ICS Board, covering larger populations.
- 3.3.7. **Allow for the creation of new trusts to provide integrated care.** However the White Paper also makes clear that there are no plans to significantly alter the provider landscape. New legislation will allow for ICSs to apply to the Secretary of State to create a new trust.

- 3.3.8. Ensure **more effective data use** across the health and care system. A soon to be published Data Strategy for Health and Care will set out a range of proposals to address cultural, behavioural and legislative barriers to data sharing.
- 3.3.9. Ensure its proposals would also, in line with the approach set out by NHS England, **allow for ICSs to delegate significantly to place level and to provider collaboratives**. This means these proposals are as much about making sure the right decisions are made locally as they are about making sure the right decisions are made centrally by an ICS, NHS England or the Secretary of State.
- 3.3.10. **Legislate for the NHS to be free to make decisions on how it organises itself without the involvement of the Competition and Markets Authority (CMA)**. This also means reforming the procurement process we currently use for NHS services and create a bespoke health services provider selection regime that will give commissioners greater flexibility in how they arrange services than at present.
- 3.3.11. **Enhance integration of health and care by placing a social care element in the ICS structure**, a new standalone legal basis for the Better Care Fund and allowing 'Discharge to Assess' models to be followed.
- 3.3.12. Amend previous legislation on social care **to provide a new duty for the Care Quality Commission to assess Local Authorities' delivery of their adult social care duties**, alongside powers for the Secretary of State to intervene and provide support where there is a risk of local authorities' failing to meet these duties.
- 3.4. These are some of the recommendations outlined in the White Paper. Broader reforms around public health functions and social care are not outlined in this White Paper and we expect more details on those areas to be announced in the future.
- 3.5. We await the publication of a Bill to Parliament this year. NHSEI expects ICSs to take steps in their development during 2021/22 to ensure they are able to deliver the four core purposes described above. ICSs are asked to set out how they will organise themselves to support this, including through preparing for moving to a statutory footing from April 2022, subject to legislation.

4. Place-based development in Southampton City

- 4.1. There is a strong history of joint working between health and care partners in Southampton City. Our challenge today is retain strong joint leadership and

governance arrangements in light of the changing policy and organisational landscape.

- 4.2. The CCG and Council have moved from limited joint planning and separate use of health and care resources to joint working across a wide range of areas to improve outcomes for vulnerable adults, children and families. There are established joint roles and joint decision-making forums, with a pooled budget totalling c.£135m. The Southampton City Health and Care strategy (2020-2025) is supported by all stakeholders and is felt to set the vision and ambition for the place-based partnership over the coming five years. Integration with providers has also been developing with joint delivery teams now in place for services such as rehabilitation and reablement.
- 4.3. As part of the CCG merger, a Southampton City local area place team, as identified above, has already been put in place. This team largely inherits the staff from the previous CCG teams, ensuring continuity. The team is led by Stephanie Ramsey on an interim basis as Managing Director.
- 4.4. The CCG is allocated its budget nationally and this is set by the size of the patient population. Whereas the budget will now be allocated to a larger geographical area, Southampton City's share will remain the same. Therefore the commissioning budget for Southampton City for 2021/22 is as it would have been prior to the merger.
- 4.5. In light of existing and upcoming vacancies in senior roles in both the CCG and the Council, we have urgently considered options around leadership and governance. To support this, external support from Carnall Farrar was commissioned by the CCG and Southampton City Council to review existing arrangements and propose next steps.
- 4.6. It is planned that the current scope of joint working should be maintained, with the CCG delegating decision-making to the place-based arrangements in Southampton City. A senior management team and clinical leadership team are in place for Southampton to take on delegated powers.
- 4.7. It is also proposed to revisit the governance arrangements in the city, to ensure both a strategic and operational boards are in place.
- 4.8. As an interim step, there will be no change in the existing leadership structure, although personnel in specific posts may change. This will be maintained as design work is carried out prior to a longer term aim to explore future leadership roles and integrated management teams. Prior to finalising the leadership arrangements for the health and care place-based partnership, a further exploration of options is needed with providers in the context of the new legislative framework to consider whether more ambitious integration is feasible.

- 4.9. A task and finish group has been established to develop options on both future local governance and leadership options. This will require consideration and agreement by all organisations. Local developments will mirror the timescales of the overall ICS development, itself likely to move to shadow form by February 2022.

Hampshire, Southampton and Isle of Wight CCG Board



Hampshire, Southampton and
Isle of Wight
Clinical Commissioning Group



Margaret Scott
Independent Chair



Maggie Maclsaac
Chief Executive



Dr Nicola Decker
Clinical Lead



Edward Palfrey OBE
Secondary Care
Clinician (Non
Executive)



Judy Gillow MBE
Non Executive
Director (Patient and
public involvement)



Matt Stevens
Non Executive
Director (Primary
Care Commissioning)



Simon Garlick
Non Executive Director
(Governance)



Julie Dawes*
Chief Nursing Officer



Roshan Patel
Chief Finance Officer



Dr Sarah Young
Clinical Director,
Southampton



Dr Michele Legg
Clinical Director, Isle
of Wight



Dr Charlotte Hutchings
Clinical Director, North
and Mid Hampshire



Dr Zaid Hirmiz
Clinical Director,
South East Hampshire



Dr Karl Graham
Clinical Director, South
West Hampshire

*Julie Dawes commences her role in May 2021 and until then the statutory role of Chief Nurse for the CCG will be covered by Stephanie Ramsey



Margaret Scott, Independent Chair

Margaret has been a Non-Executive Director with the Hampshire Partnership of CCGs since 2018. Margaret's experience is significant having served as Chair, Governor and Non-Executive Director in the health, education and housing sectors in Hampshire for over 20 years. Margaret has expert knowledge of organisational governance, has served as a Public Appointments Assessor, and has chaired the selection panels for a number of high profile national roles including the Chairs of Ofsted, the Environment Agency and the Equality and Human Rights Commission.



Maggie Maclsaac, Chief Executive

A nurse by background and graduate of the NHS management training scheme, Maggie's career has spanned many sectors in the NHS in a variety of leadership roles at both local and regional level. She has a wealth of experience across operational delivery, strategy development and system transformation. From 2011-2019 Maggie was Chief Officer for North East Hampshire and Farnham CCG where she led the CCG to achieve an outstanding rating within five years. Across Hampshire and Isle of Wight Maggie has oversight of six CCGs which are responsible for a population of 1.7 million and an annual budget of £2.4 billion. In 2020 Maggie was appointed Chief Executive for Hampshire and Isle of Wight ICS.

**Dr Nicola Decker, CCG Clinical Lead**

Nicola was previously Clinical Chair of North Hampshire CCG, a role which she held since 2015. Nicola is passionate about creating diverse teams that are able to adapt, learn and improve together. She has been a GP partner at Watership Down Health in North Hampshire since 2006 and has a special interest in palliative care. In addition she has done a NICE fellowship for her work in Dementia in primary care.

**Edward Palfrey OBE, Secondary Care Clinician**

Edward is a retired consultant urologist and the former Medical Director of Frimley Park Hospital. During his medical career he worked primarily at Frimley Park, St Thomas' and BUPA Clare Park Hospitals. He has also held positions on a number of national and regional health quality groups, including serving on the Medical Advisory Committee and Quality Committee of Monitor (now part of NHS Improvement). Edward was also a founder member of the South East Coast Clinical Senate. In 2018 Edward became Secondary Care Clinician for the Hampshire and Isle of Wight Partnership of CCGs. He is also a lay member on the Board of North East Hampshire and Farnham CCG.



Judy Gillow MBE, Non Executive Director (Patient and Public Involvement)

Judy is a nurse with a career spanning 40 years in roles across primary, community and acute sectors. She gained recognition in her field for leading major transformation programmes and for delivering in the fields of infection prevention, quality improvement, nursing leadership and workforce development. Judy was previously lay member for West Hampshire CCG and is passionate about improving services for patients by continuously striving for excellence.



Matt Stevens, Non Executive Director (Primary Care Commissioning)

Matt is a teacher by profession and has extensive experience in local Government having served as a City Councillor in Southampton from 1995 (Peartree and Bitterne wards). During this time he was Cabinet member for Health and Social Care and Scrutiny Chair for Health. Matt retired from the council in 2015 and in 2017 joined the Board of Southampton City Clinical Commissioning Group as lay member for patient and public involvement.



Simon Garlick, Non Executive Director (Governance)

Simon has over thirty five years experience from his career in audit in both local government and the NHS, including with the Audit Commission. Following his retirement, in 2015 Simon joined West Hampshire CCG as Vice Chair and lay member for governance. He has significant experience of improving the performance of public sector bodies and evaluating the effectiveness of their governance and risk arrangements.



Julie Dawes, Chief Nursing Officer

Julie has more than a decade's experience as a Chief Nurse within both acute, community and mental health providers. She is currently Chief Nurse at Hampshire Hospitals NHS Foundation Trust. Julie has led organisations through periods of significant change and ensured a consistent focus on the patient to drive up standards of patient care.



Roshan Patel, Chief Finance Officer

Roshan has spent his career in NHS finance and brings a wealth of experience from across both providers and commissioners. Until December 2020 he was Interim Chief Operating Officer for the Hampshire and Isle of Wight Partnership of CCGs and was previously the Partnership's Director of Finance. Roshan's combined experience of finance and performance will be crucial to ensuring we get the best possible value for our people and communities.



Dr Sarah Young, Clinical Director for Southampton

Sarah was previously Deputy Clinical Chair for Southampton CCG, having joined the Board in 2017 and is the Designated Doctor for looked after children in the City. Sarah has been based in Southampton for over 20 years and has a deep understanding of the needs of the local community. She helped transform her city practice from the brink of closure and went on to rebuild relationships with local partner organisations. She is passionate about addressing health inequalities having seen their impact at first hand and is committed to improving health outcomes for all.



Dr Michele Legg, Clinical Director for Isle of Wight

Michele has worked as a GP since 2006 and since 2017 was Chair of the Isle of Wight CCG. Michele's leadership was central to bringing the Isle of Wight CCG out of legal directions put in place by NHS England and since then she has been integral in developing strong relationships with local partners. Michele has a special interest in dementia care and supported her practice to become one of the first in the country to be accredited as dementia friendly.



Dr Charlotte Hutchings, Clinical Director for North and Mid Hampshire

Charlotte was previously Deputy Clinical Chair of North Hampshire CCG since 2017 and has worked as a GP in Hampshire for 20 years. She has helped lead the redesign and transformation of a number of services working alongside our NHS partners, local authority colleagues and the voluntary sector. Charlotte has a special interest in cancer, palliative care and is passionate about holistic care generally. She is committed to ensuring the patient voice is listened to and acted on, and is a strong advocate for partnering with patients to improve the health of our communities.



Dr Zaid Hirmiz, Clinical Director for South East Hampshire

Zaid qualified at the University of Baghdad in 2001, has worked as a GP for nearly ten years and been a GP Partner at Horndean Surgery since May 2015. Zaid has particular experience in transforming pathways for patients to improve outcomes and is a strong advocate for ensuring patients are at the heart of any redesign of services. He has been working as a clinical lead and as part of the transformation team in Southampton since 2013. Zaid has worked across various areas and this has greatly helped in cross fertilisation and reduction in duplication across the system. As a GP he has special interest in Orthopaedics, Minor surgery and Dermatology .Previously Zaid was a member of the Governing Body of South Eastern Hampshire CCG.



Dr Karl Graham, Clinical Director for South West Hampshire

Karl has been a GP partner in Hedge End since 2002 and has particular expertise in the field of digital health services which he sees as fundamental to improving quality of care for patients. Karl's understanding of both the challenges and opportunities in integrating health solutions will be of particular importance in the wake of the COVID-19 pandemic. He was previously a locality GP representative on the Board of West Hampshire CCG.

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Hampshire and Isle of Wight Integrated Care System Executive Team



Maggie Maclsaac
Chief Executive



Derek Sandeman
Chief Medical Officer
(commences 29 March 2021)



Julie Dawes
Chief Nursing Officer
(commences secondment from May 2021)



Dr Nicola Decker
CCG Clinical Lead



Roshan Patel
Chief Finance Officer



Fiona Howarth
Chief of Staff



Paul Gray
Executive Director of Strategy
(commences 19 April 2021)



Tessa Harvey,
Executive Director of Performance
(commences 5 May 2021)



Helen Ives
Executive Director of Workforce
(commences 12 April 2021)



Emma McKinney
Director of Communications and Engagement



Richard Samuel
Director of Transition and Development



Maggie Maclsaac, Chief Executive

A nurse by background and graduate of the NHS management training scheme, Maggie's career has spanned many sectors in the NHS in a variety of leadership roles at both local and regional level. She has a wealth of experience across operational delivery, strategy development and system transformation. From 2011-2019 Maggie was Chief Officer for North East Hampshire and Farnham CCG where she led the CCG to achieve an outstanding rating within five years. Across Hampshire and Isle of Wight Maggie has oversight of six CCGs which are responsible for a population of 1.7 million and an annual budget of £2.4 billion. In 2020 Maggie was appointed Chief Executive for Hampshire and Isle of Wight ICS.



Derek Sandeman Chief Medical Officer

Derek was formerly Chief Medical Officer at University Hospitals Southampton NHS Foundation Trust and is a consultant in endocrinology. Derek has spent over 25 years working as a clinical leader in the local health and care system and has a strong track record of working across partner organisations to improve outcomes for patients.



Julie Dawes, Chief Nursing Officer

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Fiona Howarth, Chief of Staff

Fiona was formerly Director of People and Development across the CCGs covering Hampshire, Southampton and the Isle of Wight. With a background in HR Fiona has worked at local, regional and national level and overseen the delivery of a number of major strategic projects on performance and change management. She has a breadth and depth of knowledge and expertise including supporting leadership teams on their impact and effectiveness.



Paul Gray, Executive Director of Strategy

Paul has extensive experience leading on strategy and organisational development. He spent the first half of his career working as a senior leader within the NHS before moving into consultancy. Recently he has worked with both the Hampshire and Isle of Wight and Frimley systems supporting on strategic change. He has also worked with healthcare systems and organisations across the country helping them plan, navigate and lead through change. He has a strong understanding of the current challenges and opportunities facing the NHS.



Tessa Harvey, Executive Director of Performance

Tessa has significant experience of working in NHS commissioning and joins us from the North West London collaboration of CCGs where most recently she has been part of the leadership team running the COVID-19 incident and enabling system recovery from the first wave. As a former Director of Commissioning Tessa has successfully brought together finance, quality and performance to bring about improvements in outcomes for patients.



Helen Ives, Executive Director of Workforce

Helen is currently Chief Organisational Effectiveness and People Officer at NHS Solent and designed the Trust's 'Great Place to Work programme', which included transforming the organisation's culture. Most recently Helen has been on secondment into the national COVID-19 vaccination programme as workforce and training lead. Before entering the NHS Helen worked in HR across a number of sectors including IT and telecoms, logistics and insurance.



Emma McKinney, Director of Communications and Engagement

With a background in lobbying and influencing Emma came to the NHS 10 years ago and has led the communications for NHS providers who have experienced significant challenge, including national crisis management. In 2019 she became Director of Communications for the Hampshire and Isle of Wight partnership of CCGs. She is experienced in delivering impactful staff and stakeholder engagement which will be fundamental to the success of our new organisations.



Richard Samuel, Director of Transition and Development

Richard is formerly the Hampshire and Isle of Wight STP Responsible Officer and has been appointed to lead the transition work required to accelerate the development of our ICS through to establishment, and manage the implications of any legislative changes in 2021. We have a fantastic opportunity to transform services for our patients and Richard's experience of working across the system for over 20 years will be essential in the coming months.