

DECISION-MAKER:	CABINET		
SUBJECT:	HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP'S SYSTEM REFORM PLAN		
DATE OF DECISION:	20 NOVEMBER 2018		
REPORT OF:	RICHARD CROUCH, CHIEF EXECUTIVE		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
System reform proposal as developed by Hampshire and Isle of Wight Sustainability and Transformation Partnership's (STP) Executive Delivery Group (EDG) and informed by broader health and care system leadership. This is response to national ambition to improve integration of health and care for benefit of local people.	
RECOMMENDATIONS:	
CABINET	
	(i) To consider and endorse the recommendations relating to further development of elements of a Hampshire and Isle of Wight Sustainability and Transformation Partnership's System Reform Plan as outlined in sections 11 to 14 below,
REASONS FOR REPORT RECOMMENDATIONS	
1.	Sustainability and transformation plans (STPs) were announced in NHS planning guidance published in December 2015 and restated in Next Steps on the Five Year Forward View (2017). NHS organisations and local authorities across England have come together to develop 'place-based plans' for the future of health and care services in their area. All the statutory organisations for Hampshire and the Isle of Wight have been asked to support and endorse the System Reform Proposal so it can be developed further.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	There is an expectation that organisations participate in the development of the Sustainability and Transformation Partnership. The Council could decide not to engage but there would be a reputational risk with this and there could be a significant impact on progress made with integrated working with health.
DETAIL (Including consultation carried out)	

3.	In 2016 the NHS and local councils came together in 44 areas covering all of England to develop proposals to improve health and care. They formed new partnerships – known as sustainability and transformation partnerships (STP) – to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents’ day-to-day health.
4.	STPs represent a shift in the way that the NHS in England plans its services. While the Health and Social Care Act 2012 sought to strengthen the role of competition within the health system, NHS organisations are now being told to collaborate rather than compete to respond to the challenges facing their local services and move towards ‘place-based planning’. This shift reflects a growing consensus within the NHS that more integrated models of care are required to meet the changing needs of the population. In practice, this means different parts of the NHS and social care system working together to provide more co-ordinated services to patients – for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions. In Southampton we have already made significant progress towards this type of approach as part of Better Care Southampton.
5.	The Hampshire and Isle of Wight (HIOW) STP comprises 21 NHS and local authority statutory partners as signatories and 3 non statutory organisations which have focus on workforce, innovation and research.
6.	<p>The System Reform proposal attached in Appendix 1 outlines the case for change which includes:</p> <ul style="list-style-type: none"> • Feedback from the public and staff about the need for further integration • Recognition of the need for strengthening the approach to prevention, early intervention and supported self management • Examples of the challenges that complexity and fragmentation of the current system are causing across health and care; mental and physical health; and acute, community and primary care • Identification of the need to further improve patient/client discharge and flow • Outlines progress made with New Models of Care (e.g. Better Care Southampton) and the real impact made on performance, outcomes and financial benefits.
7.	It also recognises that growing financial problems in different parts of the NHS and local authorities can’t be addressed in isolation. Instead, providers and commissioners are being asked to come together to manage the collective resources available for services for their local population.
8.	The System reform proposal is based on the fact that the current financial position is unsustainable and this is outlined in the proposal. The health organisations across the HIOW STP area have a forecast “do nothing” gap of £577million by 2020 and pressures on social care and local government are unprecedented. Collaboration is needed to improve best value and effectiveness, for example with back office services, reduced variation in practice and employment and retention of workforce. The suggestion within the proposal is to remove obstacles to greater collaboration.
	The recommendation is to develop across HIOW an integrated planning and delivery approach. Commissioners and NHS providers working closely with

	<p>local authorities, GP networks and other partners agreeing to take shared responsibility (in ways that are consistent with their legal obligations) for how they operate their collective resources for the benefit of the local population</p>
9.	<p>The HIOW integrated care system is described as functioning on four levels:</p> <ul style="list-style-type: none"> • Cluster level – such as the 6 clusters already under development in Southampton. There would be 36 over all of HIOW, aligned to natural communities and delivering integrated health and care services • Place based planning – which would be around the existing Health and Wellbeing board footprints. Integrated local authority and NHS planning with aligned commissioning. This is already well established in Southampton with increasing levels of effective operational integration, such as 0-19 services and Urgent response service and integrated commissioning with the Clinical Commissioning Group. • 4 integrated care partnerships to support vertical alignment of care to enable optimisation of acute physical and mental health. For Southampton this is the Southampton and South West Hampshire system where there already is in place a joint approach to manage the interface with the acute services. This is not an Integrated Care partnership as defined in the proposal however. • HIOW integrated care system functions at scale of 2 million population allowing alignment of strategic health and LA commissioning. <p>The characteristics of each level are outlined from Slide 19 in Appendix 1.</p>
10.	<p>All Statutory bodies are being asked to endorse a number of recommendations developed by each of the Task and Finish groups that have been developing different elements of the proposal:</p>
11.	<p>Clusters</p> <ul style="list-style-type: none"> • Endorse the developing role of clusters as outlined • Endorse the recommendation that partners across Health and wellbeing Board footprints footprints and integrated care partnerships work together to define the resources required for cluster operation - a critical first step is establishing professional and operational leadership to drive cluster development • Endorse the proposed next steps for the cluster task and finish group, which are summarized as follows: <ul style="list-style-type: none"> - Quantify the impact/expected outcomes of cluster teams (already in progress in most areas): defining outcome metrics for individual clusters and a small set of common metrics across whole - Describe the support requirements and responsibilities to accelerate full cluster implementation - Describe the proposed interplay between clusters and other components of the Integrated Care system (ICS), including governance and participation arrangements for clusters as part of HWB footprints and integrated care partnership structures - Strengthen primary and social care involvement in this work at a Hampshire and Isle of Wight level (membership of the task

	and finish has already been extended to reflect this).
12.	<p>Health and Wellbeing Board Footprints/Care Systems</p> <ul style="list-style-type: none"> • Endorse the emerging restatement of the function of partnership working on a HWB footprint as described earlier in the document • Endorse the proposed next steps for the task and finish group by the end of September, which are to: <ul style="list-style-type: none"> - define the common functions of the role of HWB footprints in an integrated care system - clarify the relationship between this and the other component parts of the proposed Hampshire and Isle of Wight Integrated care system - set out a mechanism for achieving “active and effective democratic engagement at all levels” across the Hampshire and Isle of Wight integrated care system (including the role of HWB)
13.	<p>Integrated care partnerships (ICP)</p> <p>Work with geographically aligned partners within the identified four ICP footprints to:</p> <ul style="list-style-type: none"> • Discuss and agree the remit and focus of the ICP • By October 2018 prepare a Memorandum of Understanding [MoU] that sets out the remit, focus and the leadership / governance / decision making arrangements of the ICP and how the local Health and Wellbeing Boards (Care systems) and the ICP interface with one another - the balance and focus of each; • Set out the key milestones for the ICP for April 2019 and April 2020.
14.	<p>Strategic Commissioning</p> <ul style="list-style-type: none"> • The strategic commissioning task and finish group further develop the proposal with an aim to establish a strategic commissioning function by October 2018, initially through a joint committee which will have delegated authority to make binding decisions in relation to its in-scope functions and responsibilities. • That a new task and finish group is convened including providers, commissioners, local authorities, and NHS England and NHS Improvement, to work together and take responsibility for the development of the next phase of the work to build the strategic planning, transformation, resource allocation and assurance function for HIOW, constructing ICS governance that supports our approach.
15.	<p>Next steps will be that the recommendations from the Task and Finish groups will continue to be implemented and a number Programme Deliverables are outlined including the development of:</p> <ul style="list-style-type: none"> • System reform implementation programme • Structure and leadership • Communications and engagement • Indicative budgets and three year financial planning

RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
16.	Any financial implications of the proposals will need to be assessed as the redesign is developed. KRP
<u>Property/Other</u>	
17.	No direct implications from the proposal currently
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
18.	Health and Social Care Act 2012. Currently Sustainability Transformation Plan has no statutory powers.
<u>Other Legal Implications:</u>	
19	None.
RISK MANAGEMENT IMPLICATIONS	
20.	Financial: Implications of financial risk sharing are yet to be developed. This would be part of the next phase. Initial focus has been on NHS funding.
21.	Service Delivery: locally we have a very well established Better Care Southampton approach, which has a clear plan that has been led by the City Council and Southampton City Clinical Commissioning Group in partnership but developed collaboratively with providers and community interest groups as well, and a robust governance structure that is again inclusive. There is a risk that this effective focus on city residents may become lost in potential confusion between roles and accountability of Health and Wellbeing board footprints and Integrated Care systems. The current lack of clarity around this is causing confusion for staff and stakeholders
22.	Reputation: There has been limited engagement with staff, the public and stakeholders throughout the process so far and so a coherent and well managed process of engagement and transparent communication is required. There is lack of clarity about political oversight of the process.
POLICY FRAMEWORK IMPLICATIONS	
23.	None.
KEY DECISION?	NO
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Hampshire and Isle of Wight Sustainability and Transformation Partnership's System Reform Plan
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and	No

Safety Impact Assessment (ESIA) to be carried out.		
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	