Update on the development of Hampshire and Isle of Wight Integrated Care System

Context

1. This paper is to provide an update on the latest developments to put the Hampshire and Isle of Wight Integrated Care System (ICS) on a statutory footing.

2. As an ICS, we are currently focussing on strengthening partnerships between the NHS, local government and others, giving primary care a more central role in providing joined-up care, and developing strategic commissioning through systems with a focus on population health outcomes. The ICS will also be looking at how provider organisations can step forward in formal collaborative arrangements which allow them to operate at scale, as well as how we can drive system working through the use of digital and data.

3. The ICS already exists as a voluntary collaboration, and is led by Maggie MacIsaac in her role as the Hampshire and Isle of Wight system leader. Lena Samuels has served as chair for many years and has now been appointed as Chair Designate of the statutory ICS.

4. The legislative process to put ICSs on a statutory footing is underway and, if approved by Parliament, we anticipate ICSs to become statutory organisations from April 2022.

5. We recognise Hampshire and the Isle of Wight is a complex geography; substantial urban settlements primarily in the south and north contrast with large open areas interspersed with market towns and villages. This diversity gives our area great strength but also means that there are variations in deprivation, housing and health which will require different solutions.

6. The Hampshire and Isle of Wight ICS serves a subset of this population consisting of the area covered by two Hampshire and Isle of Wight Clinical Commissioning Groups (CCGs) – NHS Hampshire, Southampton and Isle of Wight CCG, and Portsmouth NHS CCG. Our footprint covers all of the areas served by the Isle of Wight Council, Portsmouth City Council and Southampton City Council and the vast majority of Hampshire County Council. The North East Hampshire area is covered by the long established Frimley ICS and its present boundaries have now been confirmed by the Department of Health and Social Care.

7. As an ICS we have a vibrant provider sector. We have 158 GP practices, working in 42 primary care networks, and over 900 suppliers of domiciliary, nursing and residential care. We also have over 300 community pharmacies, more than 200 providers of dental services providing a range of general dentistry and orthodontics and nearly 200 providers of

optometry services. The majority of our acute, mental health and community NHS care is supplied by Hampshire Hospitals NHS Foundation Trust, Isle of Wight NHS Trust, Portsmouth Hospitals University NHS Trust, Solent NHS Trust, Southern Health NHS Foundation Trust, South Central Ambulance Service NHS Foundation Trust, and University Hospital Southampton NHS Foundation Trust.

8. Whilst all our NHS providers have specialised services, University Hospital Southampton is a tertiary provider meaning it provides highly specialised services such as specialist paediatric services across the south of England, with Southern Health and South Central Ambulance Service also providing care across a wider footprint. Our population also accesses care from providers based in Dorset, Wiltshire, Surrey and Sussex.

9. NHS England has recently published guidance on how providers will collaborative with one another. Provider collaboratives will be a key component of system working, being one way in which providers work together to plan, deliver and transform services. ICS leaders, trusts and system partners, with support from NHS England and NHS Improvement regions, are expected to work to identify shared goals, appropriate membership and governance, and ensure activities are well aligned with ICS priorities. More details can be found below.

10. In December 2020 NHS England and NHS Improvement (NHSEI) had proposed options for legislation in Parliament, to support the development of Integrated Care Systems. Earlier this year, the Government published a White Paper outlining which proposals it plans to take forward to Parliament to become law. This summer the government published its proposed legislation which is now subject to votes in Parliament.

11. NHS England and Improvement has published its ICS Design Framework. This document provides us with more clarity on what we need to do locally as a part of our preparation. It describes the 'core' arrangements NHSEI expects to see in each system and those that local areas may be able to determine.

Summary of the ICS structure

12. The new legislation, currently being considered by Parliament, provides clarity on the requirements of a statutory ICS and NHS England has published its ICS Design Framework, which outlines what we should do now to ensure we ready for the planned legislation. Below is a summary of the key points.

- **Developing an 'ICS Partnership'**

13. An ICS Partnership will be the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing

of the population, jointly convened by local authorities and the NHS. It will be expected to develop an 'integrated care strategy' covering health and social care (both children's and adult's), and support place and neighbourhood-level engagement.

14. It is expected that the membership, ways of working and administration will vary from system to system, and evolve over time. Partnerships will be permitted to set up sub-groups and networks to help develop and implement their strategy.

- **Developing an 'ICS NHS body'**

15. The ICS NHS body will be the statutory body responsible for bringing the NHS together locally to improve population health and care.

16. All relevant CCG functions will transfer to the ICS NHS body, along with its assets and liabilities. Relevant statutory duties of CCGs, such as those regarding safeguarding, children in care and special educational needs and disabilities (SEND), will apply to ICS NHS bodies.

17. Each ICS NHS body will be required to have its own Board, in addition to an ICS Partnership. This board will be responsible for ensuring the body meets its statutory duties. It will be required to have independent non-executives, including a chair and two other members who do not already hold roles in the ICS footprint. It will have a Chief Executive and finance, nursing and medical directors.

18. Statutory duties for the body will include developing a plan to meet the ICS Partnership's strategy and establishing governance arrangements to support accountability between partners for whole-system delivery and performance.

19. The ICS NHS body will also allocate appropriate resources across the system to support this, and establish joint commissioning arrangements with local authorities if relevant in a local authority footprint.

20. It will be required to put contracts in place to ensure its plan can be delivered by providers, support major transformational programmes to improve health outcomes, lead on estate and commercial strategies, and put in place personalised care arrangements such as Continuing healthcare and funded nursing care, working with local authorities and other partners.

21. A summary can be found on the next page.

The ICS Partnership will be a forum to align ambitions with plans to integrate care and improve outcomes.

- Facilitate joint action to improve health and care services, influencing determinants of health and broader socio-economic development
- Enable collective action and targeting of resources
- Develop an 'integrated care strategy' for whole population
- Locally appointed Chair, agreed by ICS NHS Body and local government
- Provider clear mechanisms for engaging with people and communities
- Use distributed leadership model and collective accountability

The ICS NHS Body will be a statutory body, bringing the NHS together locally to improve population health and care.

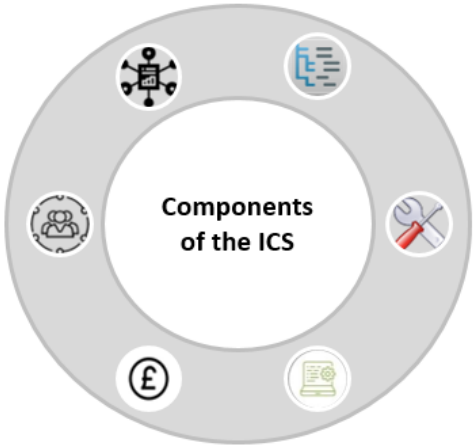
- Develop plans to meet health needs for Hampshire and the Isle of Wight
- Determine how resources are allocated, including contracts and agreements
- Establish and oversee joint working agreements, with a focus on collaboration
- Establish governance arrangements to ensure collective accountability for whole system delivery
- Take on new duties, such as incident management and specific commissioning delegated by NHS England
- Implement the HIOW People Plan and lead on system-wide digital developments
- Deliver on the functions/duties currently provided by CCGs

Place-based partnerships

- Locally defined and based on meaningful communities and geographies
- Coordinate and improve service delivery
- Forum to drive local integration
- Should involve primary care and PCNs, NHS providers, local authorities and place representatives
- Local flexibility on governance arrangements, with place-based governance key in decision making

ICS clinical and care professional leadership

- Act as key decision makers, with central role in ICS strategy under a distributed leadership model
- Sufficient capacity and support to carry out system leadership roles, including leadership and organisational development



Finance

- Current NHS procurement roles to change
- NHS England to allocate funding based on population need to each ICS NHS Body
- ICS NHS Body to agree priorities and outcomes against the NHS budget, and distribution between places, provider collaboratives and providers
- Full capital allocations made to ICS NHS Body

The role of providers in an ICS

- Lead delivery and transformation of care
- Success is judged on duties and contributions
- Help establish priorities and shared plans at place and system level
- Acute and mental health trusts to be part of a provider collaborative
- Primary care should be in involved in all levels of decision making

ICS NHS Body governance and role

- Unitary board to include at a minimum a Chair, CEO, two NEDs and 3 CEO level members from trusts, GPs and local authorities
- Process for appointments and other key governance measures to be included in the ICS Constitution
- Local determination of arrangements can be made, supported by a 'functions and decisions' map
- Formal agreement to be made with the VCSE sector
- Adopt a 'one workforce' approach and develop shared principles and ambitions
- Plan workforce development and new ways of working

- **Working in place**

22. In Hampshire and Isle of Wight, we are committed to working at 'place' level serving our diverse communities. This way of working is already reflected in the structure of the CCG with place based teams serving Isle of Wight, North and Mid Hampshire, Southampton, South West Hampshire and South East Hampshire.

23. For us in Hampshire and Isle of Wight 'place' means the areas where our residents live and work, and the issues that matter to them are at the heart of our plans and approach. We will actively listen to communities, understand the reality of their lives and respond in how we transform our services. We will work together with our communities at neighbourhood, local place and whole system level to deliver improvements in health and care.

24. During COVID-19 our teams across health and social care worked together to deliver services differently. This also included working with colleagues from Hampshire Fire and Rescue and Hampshire police which had huge benefits. We want to build on this collaboration to truly transform our services

25. Working together as part of the Hampshire and Isle of Wight ICS allows us greater freedoms to break down barriers between our organisations and services and deliver more seamless care for our patients and communities

26. Place-based partnerships are recognised as the key to coordinating and improving service planning and delivery, and as a forum to allow partners to collectively address wider determinants of health.

27. The formation of place-based partnerships will be determined locally. The ICS NHS body will agree with local partners the membership and governance arrangements, building on or complementing existing local configurations. At a minimum, these partnerships should involve primary care provider leadership, local authorities, and providers of acute, community and mental health services and other representatives of people who access care and support.

28. The roles of place-based leaders will include convening the place-based partnership, representing the partnership in the wider structures and governance of the ICS and, where local place based joint working identifies the opportunity, taking on executive responsibility for functions delegated by the ICS NHS body CEO or a relevant local authority.

- **Working across ICSs**

29. There will be a need for ICSs to work cross-boundary, such as commissioning specialised services and emergency ambulance services. The governance arrangements to support this will need to be co-designed

between the relevant providers, NHS ICS bodies clinical networks or alliances and, where relevant, NHS England's regional teams.

- **The role of primary care and Primary Care Networks (PCNS)**

30. Primary care will need to be represented and involved in decision-making at all levels of the ICS. Under the legislation, ICSs will be able to explore different and flexible ways for seeking primary care professional involvement in decision-making.

31. PCNs will continue to develop. Place-based partnerships will be allowed to provide operational support to PCNs.

- **Procurement**

32. A new procurement regime will be introduced, giving decision-makers more discretion and to make it easier to continue with existing service provision where this is working well. The new regime will have as its central requirement transparency, and must be followed by all ICS NHS bodies and local authorities when commissioning healthcare services.

- **Provider Collaboratives**

33. Provider Collaboratives are partnership arrangements involving at least two trusts working at scale across multiple places, with a shared purpose and effective
decision-making arrangements, to:
    - reduce unwarranted variation and inequality in health outcomes, access to services and experience
    - improve resilience by, for example, providing mutual aid
    - ensure that specialisation and consolidation occur where this will provide better outcomes and value.

34. From April 2022 all trusts providing acute and mental health services must be part of a Provider Collaborative. Other providers should participate where this is beneficial to patients.

35. The purpose of Provider Collaboratives is to better enable their members to work together to continuously improve quality, efficiency and outcomes, including proactively addressing unwarranted variation and inequalities in access and experience across different providers. They are expected to be important vehicles for trusts to collaboratively lead the transformation of services and the recovery from the pandemic, ensuring shared ownership of objectives and plans across all parties.

36. The Health and Care Bill, if approved, creates further opportunities for providers and their system partners to work together effectively by providing new options for trusts to make joint decisions. However, development of provider collaboratives is not dependent on the legislation

itself and there is scope to deliver benefits of scale and support greater resilience within existing legislation.

37. Systems and their constituent providers have flexibility to decide how best to arrange provider collaboratives recognising local issues. Provider Collaboratives will need to consider how best to work with primary care, social care services and local authorities.

38. Providers may also work with other organisations within place-based partnerships, which are distinct from provider collaboratives. Place-based partnerships co-ordinate the planning and delivery of integrated services within localities and alongside communities, while provider collaboratives focus on scale and mutual aid across multiple places or systems.

- **Working with people and communities**

39. Each ICS NHS body will be required to build a range of engagement approaches into their activities at every level, prioritising groups affected by inequalities. This will be supported by a legal duty to involve patients, unpaid carers and the public in planning and commissioning arrangements and, when required, undertaken formal consultation.

40. Working with a range of partners such as Healthwatch, the voluntary sector and experts by experience, the ICS NHS Body should assess and where necessary strengthen public, patient and carers' voice at place and system levels. In Hampshire and Isle of Wight we started this work in the summer. A workshop was held aimed at co-designing a set of ambitions for community involvement across Hampshire and the Isle of Wight. The event received interest from a diverse group of people from across the area, with representation from our communities, the community and voluntary sector, Healthwatch and key NHS and local authority colleagues. Some of the themes highlighted were trust, valuing involvement, common language and the potential to reduce inequality.

41. The existing role of local authority scrutiny panels will remain in place and we are committed to ensuring your panel plays a comprehensive role in holding the ICS to account.

- **The role of NHS England (NHSE)**

42. It is proposed that NHS England and NHS Improvement will formally merge, to become a body known only as NHS England. The existing statutory functions of the two organisations will, once merged, largely remain the same.

- **Funding ICSs**

43. NHSE will make financial allocations to each ICS NHS body for the performance of its functions. Decisions about spending will be devolved to ICS NHS bodies.

44. Funding will increasingly be linked to population need and allocations will be based on supporting equal opportunity of access for equal needs. NHSE will allocate funding to ICSs, taking into account both the need of their population ("the target allocation") and how quickly ICSs move towards their target allocations (known as pace-of-change).

Southampton place-based arrangements

45. Southampton has a strong place-based presence and relationships with local partners. We are seeking to transition our governance arrangements. We recognise a strong Southampton requires:
    - A healthy population and people able to maximise their potential
    - Reduced inequalities
    - Better start to life for children and young people
    - Improved and integrated care for children, young people and adults.

46. A Joint Commissioning Board, including senior representation from the CCG and Southampton City Council, is currently in place. Plans are underway to help transition this board into a Partnership Board with wider membership, to ensure provider and voluntary sector representation is in place. This Board would have joint-decision making powers and appropriate delegated authority. It would be accountable for overseeing the city's health and care strategy, and setting future strategies for Southampton. It would also ensure we maximised our resources to meet the needs of our local population, ensuring value for money.

47. The Partnership Board would be supported by a city Transformation Delivery Group, responsible for ensuring the delivery of the city's strategy.

48. These steps represent a natural progression of the integration journey in Southampton and further strengthen decision making for our population, and ensures Southampton retains a strong voice within the larger ICS footprint.

Next steps

49. In Hampshire and Isle of Wight we are very well placed to become a statutory ICS. We have merged, where appropriate, many of the CCG functions with our current set up for the ICS. We have already looked at how we can work more collaboratively with our providers and we are looking at how to strengthen our relationships with local authorities.

50. There will be a requirement for ICSs to ensure appointments to the Boards and senior roles are confirmed by the end of 2021.

51. At the time of writing, NHS England has confirmed the appointment of Lena Samuels as Chair Designate for the Hampshire and Isle of Wight Integrated Care Board. Lena currently serves as the incumbent chair of the ICS and we are delighted that she will be continuing to support the development of the ICS. Other roles will be recruited to in due course.

52. By the end of March 2022, all due diligence required when transferring liabilities and assets to a new organisation will need to have completed. An ICS strategy will create in partnership with all stakeholders and communities over the coming months.