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Health Overview and Scrutiny Panel

Thursday, 2nd September, 2021
at 6.00 pm

COUNCIL CHAMBER

PLEASE NOTE TIME OF MEETING

Members

Councillor Prior (Chair)
Councillor Bogle (Vice-Chair)
Councillor Guest
Councillor Stead
Councillor Professor Margetts

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 2.

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

2021	2022
1 July	10 February
2 September	7 April
21 October	
9 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 x1st July 2021 and to deal with any matters arising, attached.

7 PROPOSALS FOR MAKING BETTER USE OF LAND AND BUILDINGS AT THE ROYAL SOUTH HANTS HOSPITAL AND WESTERN COMMUNITY HOSPITAL
(Pages 3 - 8)

Report of NHS Hampshire, Southampton and Isle Of Wight Clinical Commissioning Group providing the Panel with an update on developments at RSH and Western Community Hospital.

8 INTEGRATED CARE SYSTEM DEVELOPMENTS
(Pages 9 - 22)

Report of NHS Hampshire, Southampton and Isle Of Wight Clinical Commissioning Group providing the Panel with an overview of the plans to put the Hampshire and Isle of Wight Integrated Care System (ICS) on a statutory footing.

9 MONITORING SCRUTINY RECOMMENDATIONS

(Pages 23 - 26)

Report of the Service Director, Legal and Business Operations, updating the Panel on the responses received to recommendations from previous meetings.

Tuesday, 24 August 2021 Service Director – Legal and Business Operations

COVID – 19 MEETING PROTOCOL – COUNCIL CHAMBER

GENERAL POINTS FOR ALL IN ATTENDANCE

- All attendees are expected to undertake the free Covid-19 lateral flow test within 24 hours prior to attendance at any meetings available from https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests
- If you are experiencing COVID-19 symptoms, have tested positive for COVID-19, or are self-isolating you must not attend the meeting.
- Please consider in advance how you will safely travel to and from the meeting. Public transport should be avoided if possible, with walking or cycling recommended where possible
- NHS Test and Trace QR code and a self-registration facility will be available for attendees.
- Hand Sanitising points will be available on entry and exit to the venue.
- Face coverings must be worn (unless an exemption applies)
- Identified seating plan will be available at the venue observing social distancing requirements.
- You will be responsible for your own refreshments while in attendance at the meeting.
- There should be no unnecessary movement around the meeting room.
- There should be no sharing of stationery, documents or other equipment.

COUNCILLORS AND OFFICERS

- All Councillors and Officers attending the meeting are strongly encouraged to take a staggered approach to arrival/departure and avoid any socialising and mixing before or after the meeting.
- A seating plan will ensure safe social distancing and seating will be labelled accordingly.
- Face coverings should be worn at all times unless exemptions apply and can momentarily be removed when speaking into a microphone
- Microphones in the Council Chamber are free standing, there is no requirement for these to be shared or passed around.

PUBLIC/MEDIA ATTENDANCE

- Public and Media attendees are encouraged to please provide some advance notice of their intention to attend the meeting by contacting democratic.services@southampton.gov.uk or by telephoning 023 8083 2390 as we may need to review the venue to ensure we can facilitate a covid-safe meeting.
- There will be clearly defined seating areas for members of the public and media.
- Face coverings must be worn throughout the meeting.
- Members of the public/media wishing to attend the council chamber for particular agenda items will be escorted in and out of the council chamber by a member of council staff.

It is important to note that although the impact of the COVID-19 testing and vaccination programmes has been positive, the 'Hands Face Space Fresh Air' message is still crucial. People who have been vaccinated and/or tested negative for COVID-19 must still apply COVID-safe measures such as social distancing, good hand hygiene and wearing of face coverings where required.

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 1 JULY 2021

Present: Councillors Prior (Chair), Bogle, Stead, Professor Margetts and J Payne

Apologies: Councillors Guest

1. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

It was noted that following receipt of the temporary resignation of Councillor Guest from the Panel the Service Director, Legal and Governance, acting under delegated powers, had appointed Councillor J Payne to replace them for the purposes of this meeting.

2. **ELECTION OF VICE-CHAIR**

RESOLVED that the Panel elected Counciilor Bogle as Vice-Chair for the Municipal Year.

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

RESOLVED: that the minutes for the Panel meeting on 22 April 2021 be approved and signed as a correct record.

4. **END OF LIFE - COVID AND BEYOND**

The Panel considered and noted the report of the Chief Executive Officer of Mountbatten updating the Panel on progress being made with end of life services in the City.

Maraig Forrest-Charde (Associate Deputy Director. Integrated Commissioning Unit and Nigel Hartley (Chief Executive of Mountbatten Hospice) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The independent nature of the hospice network;
- The need for professional end of life care for patients and their families including the levels of support for relatives and school age children;
- How the hospice is an integral element of the wider community and is reliant on volunteers and local fundraising;
- Potential areas of inequality of care provision in society;
- Raising referrals numbers for the service through the existing care framework; and
- Future plans for service provision within the region.

5. **CAREDIRECTOR IMPLEMENTATION FOR ADULT SOCIAL CARE**

The Panel considered and noted the report of the Executive Director Wellbeing (Adults and Health) updating the Panel on the implementation of the new Client Case Management system, Care Director

Sharon Stewart (Divisional Head of Provider Services and Principal Occupational Therapist), Alison Milton, Project Manager (SCC) and Councillor White (cabinet Member for Health and Adult Social Care) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- Implementation date of the new programme;
- The support provision for staff prior to and post the implementation of the new system;
- The compatibility and sustainability of the system; and
- The numbers of other authorities already using the system and the support received from them.

6. **COVID-19 VACCINATION PROGRAMME IN SOUTHAMPTON**

The Panel considered a report from NHS Hampshire, Southampton and IOW CCG and Southampton City Council providing the Panel with an overview of progress being made by the COVID-19 vaccination programme in Southampton

Jenny Erwin – Senior Responsible Officer, Hampshire and Isle of Wight Covid-19 Vaccinations Programme, Phil Aubrey-Harris – Deputy Director of Primary Care at NHS Hampshire, Southampton and IOW CCG and Dr Debbie Chase - Director of Public Health, Southampton City Council were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The rates of vaccination across the City's varied communities. It was explained that the proportion of Southampton's population under 50 was much higher than in some of the surrounding areas;
- The vaccination programmes out-reach to sailors visiting the port;
- The current rates and spread of the Delta variant
- Efforts to reach out to younger people – noting the forthcoming "grab a Jab" campaign;
- The development of the Covid-19 booster vaccinations scheme;
- Development of Long-Covid support programmes.

RESOLVED that the Panel are provided with a breakdown of vaccination uptake rates across Southampton's communities.

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	PROPOSALS FOR MAKING BETTER USE OF LAND AND BUILDINGS AT THE ROYAL SOUTH HANTS HOSPITAL AND WESTERN COMMUNITY HOSPITAL
DATE OF DECISION:	2 SEPTEMBER 2021
REPORT OF:	NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CLINICAL COMMISSIONING GROUP

CONTACT DETAILS		
Author:	**Title**	PAUL BENSON SENIOR COMMISSIONING MANAGER

STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
The purpose of this report is to update the Panel on plans to make best use of unused and under-used land and buildings at the Royal South Hants Hospital and at the Western Community Hospital.		
RECOMMENDATIONS:		
	(i)	That the Panel notes and discusses the proposals within the report.
REASONS FOR REPORT RECOMMENDATIONS		
1.	Both the Royal South Hants Hospital (RSH) and the Western Community Hospital remain vitally important components of the health and care infrastructure of the city. However, a strategic estates review in 2016 found that the use of land and buildings at both sites could be improved and therefore plans were put in place to seek how to better use the land available on both sites for the benefit of patients and frontline services.	
2.	We are committed to involving the city's patients who use these services and the local community who neighbour the RSH site. An engagement exercise will commence this Autumn.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
3.	N/A	
DETAIL (Including consultation carried out)		
4.	The plans outlined in this report represent improved use of both sites. There are no proposals to close any services; these plans represent enhanced and improved services for patients.	
5.	Both the Royal South Hants Hospital (RSH) and the Western Community Hospital remain vitally important components of the health and care infrastructure of the city. However, a strategic estates review in 2016 found that the use of land and buildings at both sites could be improved and therefore plans were put in place to seek how to better use the land available on both sites for the benefit of patients and frontline services.	

6.	We will keep the Panel informed of future developments relating to these plans.
RESOURCE IMPLICATIONS	
Capital/Revenue	
7.	N/A
Property/Other	
8.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
9.	N/A
Other Legal Implications:	
10.	N/A
RISK MANAGEMENT IMPLICATIONS	
11.	N/A
POLICY FRAMEWORK IMPLICATIONS	
12.	N/A

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	ALL
SUPPORTING DOCUMENTATION	
Appendices	
1.	Proposals for making better use of land and buildings at the Royal South Hants Hospital and Western Community Hospital

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 Papers	**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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Proposals for making better use of land and buildings at the Royal South Hants Hospital and Western Community Hospital

1. The purpose of this report is to update the panel on plans to make best use of unused and under-used land and buildings at the Royal South Hants Hospital and at the Western Community Hospital.

2. The plans outlined in this report represent improved use of both sites. There are no proposals to close any services; these plans represent enhanced and improved services for patients.

3. Both the Royal South Hants Hospital (RSH) and the Western Community Hospital remain vitally important components of the health and care infrastructure of the city. However, a strategic estates review in 2016 found that the use of land and buildings at both sites could be improved and therefore plans were put in place to seek how to better use the land available on both sites for the benefit of patients and frontline services.

4. In 2018 an Outline Business Case was put together by Solent NHS Trust. Central to the Business Case was the proposed relocation of two Rehabilitation Wards for Older People from the RSH to a new 50-bed ward block at the Western Community Hospital.

5. Opportunities were also identified to develop a Nursing Home, Housing with Care, and Key Worker Housing on the RSH site. As outlined in the Southampton Five Year Health and Care Strategy (2020-2025), there is a need in the city to increase capacity of nursing home beds and supported housing units. At present the RSH has outdated and unused buildings, such as the former Department of Psychiatry building.

6. Since early 2019, representatives of the City Council, the CCG, and NHS Property Services have been collaborating closely on options and opportunities for making best use of land and buildings on the RSH site. NHS Property Services is a limited company owned by the Department of Health and Social Care that assumed ownership of the RSH and around 3,600 other NHS facilities in April 2013 under the Health and Social Care Act 2012.) In parallel, Solent NHS Trust, as provider of the inpatient rehabilitation services for older people, has progressed the planning of the new development at the Western Community Hospital.

7. The development areas in question are shown at Appendix 1 to this paper and comprise six areas.

Area 1: Currently a staff car park which could be changed to provide either a primary care facility or a 70-bed nursing home providing care for people with dementia or similar conditions of frail old age. The primary care facility could provide space for local GP practices and much needed accommodation for “additional role” primary care practitioners (such as first contact physiotherapists, clinical pharmacists/technicians, care navigators, health and well-being coaches), employed by the Central Southampton Primary Care Network.

Area 2: This is the current location of the Newtown Clinic and the hospital’s Boiler House. The current temporary tenant of the Newtown Clinic is Solent Medical Services Ltd which provides a range of GP-led and nurse practitioner outpatient services and also the city’s community independence service. Under the current development plan, Solent Medical Services would relocate to new accommodation elsewhere in the city. A new energy centre for the hospital will be developed within the Mary Seacole Wing.

Following demolition of the two buildings and removal of the oil tanks and chimney, this area would be used for either the nursing home or the primary care facility outlined above.

Area 3: This is the location of the redundant Department of Psychiatry building. This four storey building was vacated in April 2010 when it was replaced with the modern Antelope House on an adjacent part of the RSH site. The Department of Psychiatry building has remained vacant ever since. Under current proposals the building will be either repurposed (having been stripped back to its supporting columns and floor plates) or demolished to provide approximately sixty units of Housing with Care, similar to the existing Erskine Court and Potters Court complexes in the west of Southampton.

Area 4: The location of the Fanshawe Wing, currently in use. This building dates back to the mid-1960s and was constructed to house the regional cancer centre, which is now provided from Southampton General Hospital. This space now houses the Solent Nicholstown GP service, a specialist dental service, the city’s Urgent Treatment Centre, a 19-bed inpatient rehabilitation ward for Older People, and an out-patient dermatology service. The Fanshawe Wing is in need of modernisation and in its current form will soon not meet the high standards we expect for buildings providing health and care services. The aim is to fully vacate the wing and rehouse services currently based there in unused/underused space in the Mary Seacole Wing or, in the case of the primary care service, in a new primary care facility as outlined for Area 1.

Subject to a Full Business Case and approval by the Department of Health and Social Care, the 19-bed Fanshawe Ward, along with the 24-bed Lower Brambles Ward (in the separate Brambles Wing, explained below) will relocate to a £20m purpose-built replacement facility of 50-beds to be constructed on the site of a redundant ward at the Western Community Hospital in Millbrook. This receives

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planning permission from Southampton City Council in August 2021. This project is scheduled to be completed in summer 2024.

Under the current plans, when vacated the wing will be demolished allowing a second phase Housing with Care development of a further 60 units or alternatively a development of Key Worker Housing.

Area 5: This is the location of the Grade 2 listed hospital chapel which was built in the late 1860s. This is a part of the original Royal South Hants Hospital; the main building of which, constructed in the 1840s and now demolished, ran east-west along Fanshawe Street. The chapel is deconsecrated and has been unused for many years. Under current proposals NHS Property services are keen to see the building brought back into use, and extended to any necessary extent, to become a community space serving both the hospital and the neighbourhood.

Area 6: The location of the Brambles Wing. This two storey building is the oldest part of the RSH still in use and is believed to have been constructed in the early 1900s. It comprises two 23-bed wards on two levels. Upper Brambles Ward is vacant and has not been used for a number of years, in large part due to its physical condition. Lower Brambles Ward houses the second of the two wards for Older People Rehabilitation on the site and, under current plans, the ward will relocate to the Western Community Hospital in summer 2024. Once vacated, the Brambles Wing will be demolished to enable the creation of decked car parking to mitigate the loss of the staff car park on Area 1.

8. This is a long term project and it is unlikely complete delivery would be completed before 2026, and subject to the CCG and NHS Property Service securing an award of Public Dividend Capital in any forthcoming capital bidding round.

9. We are committed to involving the city's patients who use these services and the local community who neighbour the RSH site. An engagement exercise will commence this Autumn. Separately, and as part of the planning process, Solent NHS Trust held an engagement exercise in summer 2020 with people living in the vicinity of the Western Community Hospital and no adverse comments or concerns were received.

10. We will keep the panel informed of future developments relating to these plans.

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Appendix 1:

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	INTEGRATED CARE SYSTEM DEVELOPMENTS
DATE OF DECISION:	2ND SEPTEMBER 2021
REPORT OF:	NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CLINICAL COMMISSIONING GROUP

CONTACT DETAILS		
Executive Director	**Title**	PAUL GRAY EXECUTIVE DIRECTOR OF STRATEGY
Author:	**Title**	TOM SHEPPARD HEAD OF COMMUNICATIONS AND ENGAGEMENT

STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
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.		
RECOMMENDATIONS:		
	(i)	That the panel notes the development of the Hampshire and Isle of Wight Integrated Care System and the development of place-based arrangements for Southampton.
REASONS FOR REPORT RECOMMENDATIONS		
1.	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.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
	N/A	
DETAIL (Including consultation carried out)		
	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.	
	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.	
	We recognise Hampshire and the Isle of Wight is a complex geography. Southampton has a strong place-based presence and relationships with local	

	partners. We are seeking to transition our governance arrangements as detailed in the paper.
RESOURCE IMPLICATIONS	
Capital/Revenue	
	N/A
Property/Other	
	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
	N/A
Other Legal Implications:	
	N/A
RISK MANAGEMENT IMPLICATIONS	
	N/A
POLICY FRAMEWORK IMPLICATIONS	
	N/A

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	ALL

SUPPORTING DOCUMENTATION

Appendices

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

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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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

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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.

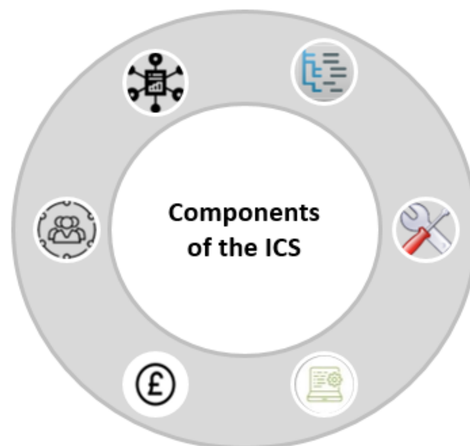
- Develop plans to meet health needs for Hampshire and the Isle of Wight
- Determine how resources are allocated, including contracts and agreements
- Establish and oversee joint working agreements, with a focus on collaboration
- Establish governance arrangements to ensure collective accountability 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



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

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

NHS

- **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.

NHS

- **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.

NHS

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.

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL			
SUBJECT:	MONITORING SCRUTINY RECOMMENDATIONS			
DATE OF DECISION:	2 SEPTEMBER 2021			
REPORT OF:	SERVICE DIRECTOR - LEGAL AND BUSINESS OPERATIONS			

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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

RECOMMENDATIONS:

	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.

REASONS FOR REPORT RECOMMENDATIONS

1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	None.

DETAIL (Including consultation carried out)

3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains a summary of action taken in response to the recommendations.
4.	The progress status for each recommendation is indicated and if the HOSP. confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.

RESOURCE IMPLICATIONS

Capital/Revenue			
5.	None.		
Property/Other			
6.	None.		
LEGAL IMPLICATIONS			
Statutory power to undertake proposals in the report:			
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.		
Other Legal Implications:			
8.	None		
RISK MANAGEMENT IMPLICATIONS			
9.	None.		
POLICY FRAMEWORK IMPLICATIONS			
10.	None		
KEY DECISION		No	
WARDS/COMMUNITIES AFFECTED:			None directly as a result of this report

SUPPORTING DOCUMENTATION		
Appendices		
1.	Monitoring Scrutiny Recommendations – 2 September 2021	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (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 **Equality Impact Assessment and 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		

Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 2 September 2021

Date	Title	Action proposed	Action Taken	Progress Status
01/07/21	Covid-19 Vaccination Programme in Southampton	1) That the Panel are provided with a breakdown of vaccination uptake rates across Southampton's communities.	Information circulated to the Panel 13/08/21	

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