Health and Care system changes - update on the development of Hampshire and Isle of Wight Integrated Care System

Context

1. This paper is to provide an update on how the latest developments to put the Hampshire and Isle of Wight Integrated Care System (ICS) on a statutory footing and the associated changes to local governance arrangements to build on the existing strong place-based approach in Southampton.

2. The Hampshire and Isle of Wight ICS will cover the present area covered by the two existing Hampshire and Isle of Wight Clinical Commissioning Groups (CCGs) – NHS Hampshire, Southampton and Isle of Wight CCG, and Portsmouth NHS CCG. The 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.

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. As an ICS, the current focus is 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 can system working can be driven through the use of digital and data.

5. The ICS will become a legal entity in April 2022 and will bring together NHS commissioners, providers, local authorities and other local partners across a geographical area to achieve:
    - Collective planning and greater integration of health and care services
    - Improvement in population health and reduction in inequalities
    - Supporting productivity and sustainability of services
    - Helping the NHS to support social and economic development

6. 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.

7. NHS England and Improvement has published its ICS Design Framework. ICS Design Framework, which outlines what we should do now to ensure we ready for the planned legislation. 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 ICS structure

A summary can be found in Appendix 1

- **Developing an 'ICS Partnership'**

8. 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.

9. 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'**

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

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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.

18. 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. Funding will increasingly be linked to population need and allocations will be based on supporting equal opportunity of access for equal needs.

- **Provider collaboratives**

19. 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.

Southampton as Place

20. In Hampshire and Isle of Wight, there is commitment 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.

21. 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.

22. 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.

23. 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.

24. The formation of place-based partnerships are to 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.

25. 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.

26. Southampton can evidence better outcomes as a result of the strong elements of integration, built up jointly over many years. There is an opportunity to build on the effective working already in place with integrated provision and commissioning, pooled budgets and shared

27. The proposed model for Southampton, developed by Southampton partners across health and care, is that the overall steer will remain with the Health and Wellbeing Board. The existing Joint Commissioning Board to become the Partnership Board, with wider membership. This will oversee the strategy development for the city and influence ICS plans and spend.

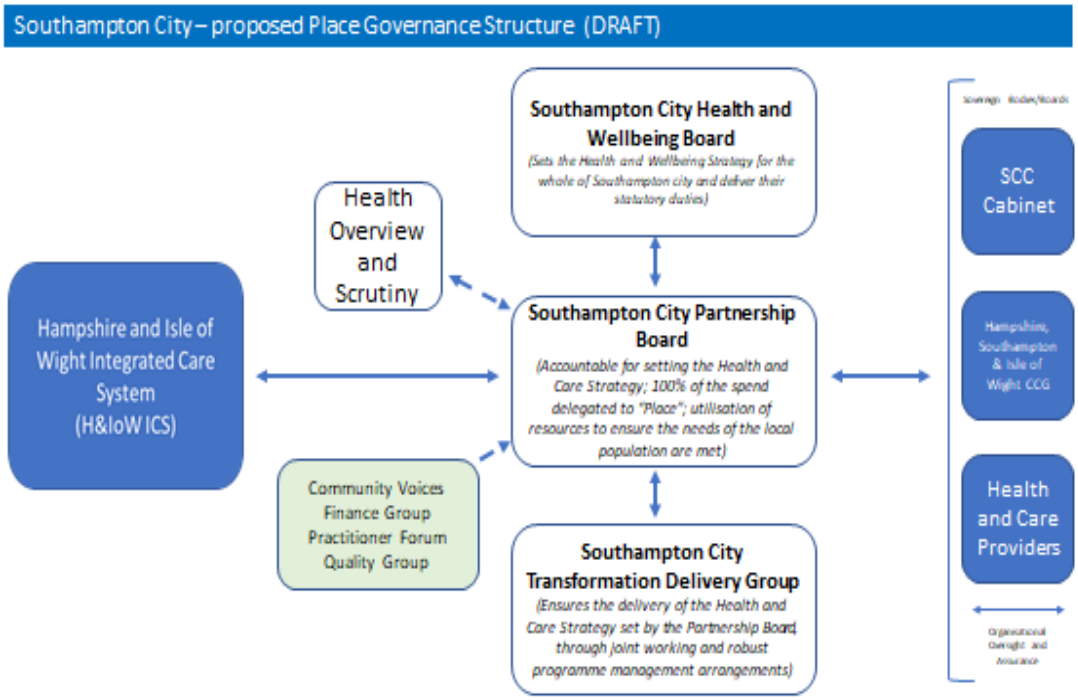
28. Southampton Partnership Board to be responsible for:

- Achieving vision for the city, developed with the Health and Wellbeing Board
- Ensuring strategic alignment of the health and care organisations and voluntary sector within “place”,
- Accountability and responsibility for the city to the ICS – Board and Chief Executive, for all resources delegated to the city as agreed by the ICS
- Joint decision making/delegated authority
- Health and Care 5 year strategy – Collaborative planning, prioritisation, delivery

- Maximising resources, not just fiscal - utilisation of resources to meet the needs of the local population, ensuring value for money
- Transformational/Integration of health and care, new ways of working
- Addressing health inequalities and the wider determinants of health
- Being innovative and having an appetite for risk to make the change

29. The oversight of implementation will be by Southampton City Transformation Delivery Group which will replace the existing Better Care Group. This will ensure the delivery of the Health and Care Strategy (2020-2025) set by the Partnership Board, through joint working and robust programme management arrangements

30. Scrutiny will continue via Health Scrutiny panel. The current proposed model is shown below. This is work in progress and may well alter during future model discussions.



Next steps

31. There is whole ICS wide work with all partners on the future model. The Southampton work will contribute to this. This will include agreement on the level of delegation for the Place Partnership Board to be accountable for.

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

33. 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.

Appendix 1

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.

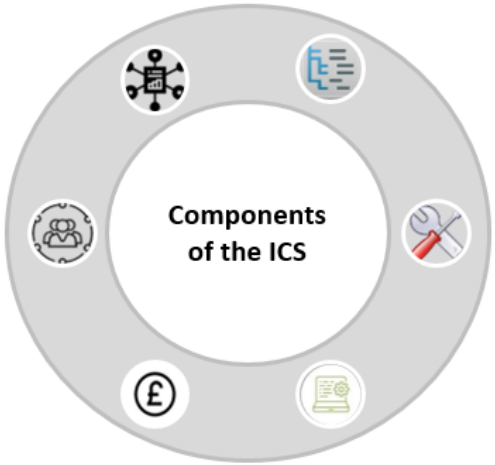
- Develop plans to meet health needs for Hampshire and the Isle of Wight
- Determine how resources are allocated, including contracts and agreements
- Establish and oversee joint working agreements, with a focus on collaboration
- Establish governance arrangements to ensure collective accountability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