DECISION-MAKER:	Health and Wellbeing Board
SUBJECT:	Integrated Care Partnership Interim Integrated Care Strategy
DATE OF DECISION:	8 March 2023
REPORT OF:	Cllr Fielker, Cabinet Member for Health, Adults and Leisure

CONTACT DETAILS							
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

 This report sets out the progress since December on the Interim Integrated Care strategy and an update on the delivery of the Interim Integrated Care strategy priorities.

Background

- Southampton City Council is part of the Hampshire and Isle of Wight Integrated Care System, which was set up in July 2022 as part of the new Health and Social Care Act 2022. The Integrated Care system sees the formation of two new statutory health and care components, the Integrated Care Board and the Integrated Care Partnership.
- Integrated Care Partnerships are formed of upper tier local authorities and member(s) of the newly formed Integrated Care Board. The partnerships can choose to co-opt other members. Their primary purpose is to develop the Integrated Care Strategy for the Integrated Care System and to oversee and ensure the delivery of this strategy.
- Whilst the Integrated Care Partnership is still in formation, there was a national requirement that Integrated Care Partnerships write an Interim integrated care strategy by December 2022. Work has been ongoing over the last year, alongside partners in Local Authorities and other partners (e.g., Fire and Rescue, Police, Voluntary and Community Sector, Healthwatch, Local residents etc.) to build a case for change based on local evidence and insight

in order to develop the strategic priorities for health and care in the Hampshire and Isle of Wight System.

The Interim Integrated Care Strategy development and delivery

- The purpose of the Integrated Care Strategy is to describe our ambitions and priorities across the Hampshire and Isle of Wight system where we can achieve tangible benefits by working together as a new, wider partnership across the system. It should build on the work of the Local Health and Wellbeing Boards, should not duplicate, but set priorities where joint working, beyond place, is most helpful.
- The Interim strategy was published in December 2022. Since December, the Integrated Care Partnership has held several workshops across partner organisations, including colleagues from organisations in Southampton City to determine what can be delivered in partnership under each of the five priority areas.
- This culminated in an ICP assembly on 8 February which started to prioritise what the partnership could deliver at scale and in partnership, recognising that much of the work is either already ongoing at place through the work of health and wellbeing strategies. Each priority area identified several partnership deliverables which could be started within the year and noted several considerations and projects which needed longer term consideration. Some priority areas also identified partnership structures (e.g., the HIOW Children and Young People partnership board) which exist across the HIOW system already where the work could be taken forward. Work is now ongoing with those programmes to develop delivery plans for 23/24.
- The Assembly on 8 February also included discussions about the vision of the Integrated Care System and the associated behaviours that would be required to enable partnership working across the Hampshire and Isle of Wight geography. The outputs of these workshops are being collated to develop a vision statement for the ICS and a charter of behaviours for the Partnership which will be further tested and engaged on in the lead up to the first joint ICP committee on the 11th April.
- The Integrated Care Partnership is establishing the governance support required to ensure the partnership is successful and the delivery of the strategy. Two focus groups have been held in January and February 2023 to work through the detail of how the Integrated Care Joint Committee would work including chairing, quoracy, membership and frequency.
- Following these conversations, a number of actions have been identified to
 ensure that the Integrated Care Partnership Joint Committee is governed
 effectively. A proposed terms of reference is being drafted for the first ICP Joint
 Committee which will include proposals on membership, chairing
 arrangements, quoracy, frequency and voting for the committee.
- The Joint Committee for the Integrated Care Partnership will then formally start to meet on a regular basis.

• In recognition of the discussion at the Southampton Health Overview and Scrutiny panel around dental services in the city. One of the advantages of working together across an ICS geography is that we will have more autonomy over local services. We know Southampton's residents continue to struggle to access dental services, and this is partly due to the existing health inequalities which already exist in the city. We also know that the proportion of our population accessing dentistry services across the city is slightly lower than other parts of Hampshire and Isle of Wight. However, the improvements to access following the closedown during the pandemic is on the same trajectory as the rest of Hampshire and Isle of Wight. Working as an ICS gives us an opportunity to work together to improves services locally and we will need to collectively focus on improving oral health of our local population.

RECOMMENDATIONS: (i) To note and support the direction of travel as outlined in the interim strategy (ii) To seek views from the board on how we ensure that the

continuing development and delivery of the priorities.

Southampton City Health and Wellbeing Board are part of the

REASONS FOR REPORT RECOMMENDATIONS

1. The strategy has been developed in partnership with local authorities; the Joint Strategic Needs Assessment and Health and Wellbeing Strategy for Southampton City alongside those of our other local authorities have been used to inform the case for change and priorities. The strategy has been developed in close partnership working with the Directors of Public Health from the local authorities to ensure that it builds on and supports the work ongoing at a place level. To ensure the effective delivery of the strategy, it is recognised that partnership working with our Health and Wellbeing Boards will be vital.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable

DETAIL (Including consultation carried out)

3. Please see attached the current version of the Interim Integrated Care Strategy.

RESOURCE IMPLICATIONS

Capital/Revenue

4. There are no resource implications inherent in supporting the Interim Integrated Care strategy.

Property/Other

5. There are no property or other implications.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

6. Health and Care Act 2022

Other Legal Implications:			
7.	None		
RISK MANAGEMENT IMPLICATIONS			
8.	None		
POLICY FRAMEWORK IMPLICATIONS			
9.	None		

KEY DE	ECISION?	No			
WARDS/COMMUNITIES AFFECTED:			All		
SUPPORTING DOCUMENTATION					
Appendices					
1.	Interim Integrated C	Care Strategy			

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 – ESIAs are carried out at an individual project level			
Data Pr	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 B	Other Background documents available for inspection at:					
Title of Background Paper(s) Relevant Paragraph Information Procedu Schedule 12A allowi be Exempt/Confiden			tion Procedure R e 12A allowing d	ules / ocument to		
1.	None					