Development of the Hampshire and Isle of Wight Integrated Care System

December 2021

Introduction and context

1. The COVID-19 pandemic has proved how greater collaboration across organisations and communities can drive improvements and quicker solutions to our challenges in health and care. This has been demonstrated locally and we are excited by the prospect of adopting the advantages new legislation creates for us. At the heart of the new legislation is putting Integrated Care Systems (ICSs) on a statutory footing.

2. Integrated Care Systems were established to bring together local authorities, providers and commissioners of NHS services and other local partners to plan and improve health and care services to meet the needs of their population. The core purpose of an Integrated Care System is to:
   - Improve outcomes in population health and healthcare
   - Tackle inequalities in outcomes, experience and access
   - Enhance productivity and value for money
   - Support broader social and economic development

   As it stands Integrated Care Systems are voluntary groups of partners. The new legislation will make these statutory for its members.

3. The Health and Care Bill is currently making its way through Parliament. Subject to approval of the Health and Care Bill, the statutory arrangements for ICSs have two components:
   - An Integrated Care Partnership (ICP): a 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.
   - An NHS body, the Integrated Care Board (ICB), which will be responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body will take on the functions currently undertaken by Clinical Commissioning Groups (CCGs).

4. This paper provides an update on the development of the design of the Hampshire and Isle of Wight Integrated Care Partnership and Integrated Care Board.

Hampshire and Isle of Wight Integrated Care Partnership

5. Integrated Care Partnerships will play a critical role in supporting ICSs to achieve their ambitions, facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies. Integrated Care Partnerships' central role is in the planning and improvement of health and care. In Hampshire and Isle of Wight the Integrated

Care Partnership will support local partnerships and coalitions with community partners.

6. Integrated Care Partnerships will be established by the Integrated Care Board and local government as equal partners. The Integrated Care Partnership for Hampshire and the Isle of Wight will be a joint committee between Southampton City Council, Hampshire County Council, Isle of Wight Council, and Portsmouth City Council.

7. The Integrated Care Partnership will be required to develop an integrated care strategy to address the broad health and social care needs of the population in Hampshire and Isle of Wight, including determinants of health such as employment, environment, and housing issues. The strategy must set out how the needs assessed in the Joint Strategic Needs Assessments are to be met by the NHS and local authorities. Under the new legislation, the NHS and local authorities will be required by law to have regard to the Integrated Care Partnership's strategy when making decisions.

8. There is flexibility for a high level of local decision making about the design and development of the Integrated Care Board, building on the following high level requirements:
    - Members must include local authorities that are responsible for social care services in the ICS area, and the local NHS.
    - In addition, members may be drawn from health and wellbeing boards, other statutory organisations, voluntary, community and social enterprise sector partners, social care providers and organisations with a relevant wider interest, such as employers, housing and education providers and the criminal justice system.
    - The Integrated Care Partnership must involve the local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area. In Hampshire and Isle of Wight, there are four Healthwatch organisations based on local authority areas.

9. It is expected that membership of the Integrated Care Partnership will:
    - be representative of the different population groups it serves to ensure involvement of those who are best placed to respond to the diverse health and care needs of the respective population groups
    - provide sufficient capacity of partners to contribute effectively
    - evolve over time

10. All ICSs are required to have at least an interim Integrated Care Partnership up and running from April 2022, with a chair and a committee of statutory members as a minimum. It is expected that these interim arrangements will have developed into substantive arrangements by September 2022 and that the Integrated Care Partnership will develop its first Integrated Care Strategy by March 2023.

11. In Hampshire and Isle of Wight the NHS sees the opportunity for the Integrated Care Partnership to support us to make a step change in improving health

outcomes, tackling the complex challenges we face, influence the wider determinants of health and broader social and economic development, and genuinely integrating care. By working with all partners, it can drive and deliver improvements for local communities, including at a neighbourhood level.

12. The development of the Hampshire and Isle of Wight Integrated Care Partnership has been discussed with local authority representatives and it is proposed that a Design group will be established between Local Authority and NHS representatives between now and March 2022. This group will help define the structure, ambition and role of the Integrated Care Partnership, as well as its specific membership and governance arrangements.

Hampshire and Isle of Wight Integrated Care Board

13. The Integrated Care Board (ICB) is the statutory organisation that sets NHS strategic priorities for Hampshire and Isle of Wight, allocates NHS resources, leads integration in the NHS, and has oversight of NHS delivery. Current CCG functions will transfer to the Hampshire and Isle of Wight Integrated Care Board, as will staff, assets and liabilities of NHS Hampshire, Southampton & Isle of Wight CCG and NHS Portsmouth CCG.

14. Unlike the Integrated Care Partnership, where there is considerable opportunity for local flexibility, the functions and responsibilities of the ICB are defined by the Health and Care Bill and by NHS England. A summary of these functions is available in Appendix 1. The Board includes:

    - A chair and chief executive. Lena Samuels was appointed as chair designate in summer 2021 and we are pleased to confirm Maggie MacIsaac has been appointed as Chief Executive-designate of the ICB. Maggie MacIsaac is a nurse by background and graduate of the NHS management training scheme. She has more than 20 years of Board experience at both local and regional level, working in roles in provider Trusts, health authorities and most recently within clinical commissioning.
    - Non-executive directors. In Hampshire and Isle of Wight we have proposed three non-executive directors, one more than the statutory minimum of two. The recruitment process for these roles will be underway shortly.
    - Executive Directors. Statutory guidance prescribes the core roles of Chief Finance Officer, Chief Medical Officer, Chief Nursing Officer. There will also be a Chief People Officer. The Chief Executive and Chair have flexibility to add further roles.
    - Partner Members. Partner members are full members of the unitary Board, individually, collectively with other directors and corporately accountable for the performance of the organisation. Partner members bring knowledge and perspective from their sector, but do not act as delegates of those sectors. The ICB is expected to have at least three partner members, to represent the primary care sector, NHS providers, and local authorities.

Next steps to develop the ICS

15. We are currently planning our arrangements for April 2022, which includes:
    - Refresh core ICS purpose and vision, and agree strategic ambitions
    - Initial ICP arrangements agreed, including membership and principles for operation, with clarity on ICP requirements, governance, process and purposes explicitly stated, and clear outputs produced for ICS governance and/or safe transition workstreams to enact.
    - ICB arrangements agreed, with membership, terms of reference, governance, reporting, committees and assurance processes in place, and clear outputs produced for ICS governance and/or safe transition workstreams to enact.
    - Arrangements agreed at 'place' including boundaries, leadership arrangements, vision and strategy in each place
    - Provider collaboratives established, with clear leadership structures, 'form' and representation
    - ICB functions and decision map prepared and ready to be adopted, including clear articulation of nature, shape and functionality at all levels of the ICS
    - Develop a system financial framework based on agreed underlying financial principles. Establish Financial Governance arrangements within ICS including Accountability Framework and Scheme of Delegation to system/place.

16. We plan to have more details on these in the new year.

Southampton local developments

17. As the HIOW ICS is developed in preparation for April 2022, building on the success of local places based on Local Authority boundaries will be essential to the future success of the system.

18. Southampton has benefitted from close collaboration between the NHS, local authority and the voluntary and community sector for many years. The changes in legislation provide an opportunity to expand the existing joint commissioning arrangements between NHS Hampshire, Southampton and Isle of Wight CCG and Southampton City Council, and the success of Better Care Southampton which has led to wider planning across health and care in the city.

19. Governance arrangements are currently drafted for a Southampton partnership board, which will have providers and voluntary sector members in addition to the ICB (as it will be from April 2022 subject to legislation) and Southampton City Council. This board will take on functions currently undertaken by the Joint Commissioning Board.

20. The Integrated Commissioning Unit, set up in 2014, has played a vital role in supporting the city's population, bringing services together and finding solutions quickly and effectively. This team and its work will continue into the new arrangements described above.

21. An opportunity has been identified to recruit a jointly appointed leadership role for the Integrated Commissioning Unit between the CCG and Southampton City Council, replacing the current Director of Quality and Integration role. The recruitment process for this director-level role is nearing its conclusion. The roleholder, when in post, will ensure strategic leadership and collaboration between health and social care in the city remains during the upcoming legislative changes.

22. Each local area within the CCG has a Managing Director role. The recruitment process for the substantive Managing Director role for Southampton is underway. This role is currently filled on an interim basis by Stephanie Ramsey. This post holder will jointly manage the Integrated Commissioning Director with the council's Executive Director for Well-being (Health & Adults) as well as the wider functions of the CCG including primary care, planned care, medicines management, quality and system resilience.

Appendix 1: Nationally defined functions of the Integrated Care Board

1	Developing a plan to meet the health and healthcare needs of the Hampshire and Isle of Wight population, having regard to the Hampshire and Isle of Wight Integrated Care Partnership's strategy.
2	Allocating resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). Financial rules will apply to ensure delivery of key national commitments, such as the Mental Health Investment Standard and the primary medical and community health services funding guarantee.
3	Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
4	Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.
5	Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities including: a) putting contracts and agreements in place to secure delivery of its plan by providers b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, including through investment in PCN management support, data and digital capabilities, workforce development and estates d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and

	funded nursing care, and agreeing personal health budgets and direct payments for care.
6	Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.
7	Leading system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.
8	Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes.
9	Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.
10	Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.
11	Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.
12	Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.