

Updates on ICS development in Southampton

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.

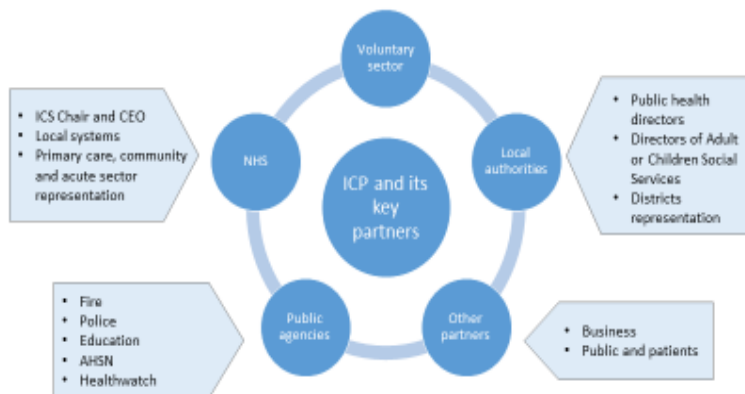
3. Subject to approval of the Health and Care Bill, the statutory arrangements for ICSs have two components:
 - An Integrated Care Partnership (ICP): A broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local 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. The Health and Care Bill is currently making its way through Parliament and we anticipate the changes outlined in this paper will come into effect from July 2022. On 24 December 2021, the initial date of April 2022 was put back to allow Parliament to have more time to consider the legislation. It is expected that shadow ICP committees will be in place from the original April date.
5. It is our intention for the Integrated Care Partnership to be a joint committee of five statutory and equal partners: Southampton City Council, Portsmouth City Council, Isle of Wight Council, Hampshire County Council and the Hampshire and Isle of Wight Integrated Care Board (ICB). The programme in place to

establish the ICP is led by the Chief Executive Officers for each statutory organisation.

6. The arrangements for the Integrated Care Board and its associated governance will be finalised in time for July 2022, and will evolve over time.
7. In Southampton, we are developing governance arrangements for a Southampton-level board, which will have health providers and voluntary sector members in addition to the ICB and Southampton City Council. This board will take on functions currently undertaken by the Joint Commissioning Board (JCB) but with this wider membership. This new group will start to function in shadow form from March 2022. The terms of reference will remain the same as they do for the existing JCB arrangements until legislation is confirmed, and at such a time would require approval through the proposed ICB and council governance processes. We will update the Panel as and when this takes place.
8. As we plan for the new arrangements, the Southampton leadership team has been strengthened with a number of new appointments, as follows:
 - Terry Clark has been appointed as Director of Commissioning for Integrated Health and Care. This is a joint post between the NHS and Southampton City Council, leading the city's Integrated Commissioning Unit. Terry has vast experience in local government and health commissioning, and will join us in mid-April.
 - Josie Teather-Lovejoy has been appointed as Deputy Director of Primary Care. Josie has worked in Southampton over many years and has effectively deputised for the previous lead for over two years, providing further continuity and building stronger relationships with our primary care providers and Primary Care Networks (known as PCNs).
 - Emma Lewis has been appointed as Deputy Director of Planned and Acute Care. This role works across both Southampton and South West Hampshire, serving the footprint of University Hospital Southampton NHS Foundation Trust.
 - A new managing director for Southampton has been appointed due to Stephanie Ramsey's retirement in March 2022. The appointment will be announced shortly.
9. We are aiming for as seamless a transfer as possible. From the start of July, subject to legislation being approved, assets and liabilities of the CCG will transfer to the new ICB. This means, in effect, the day-to-day business and staff of the CCG will transfer to the ICB, and all existing functions and ways of working will subsequently move across.
10. Please find below a simplified explanation of proposed Integrated Care Partnerships and Integrated Care Boards.

Integrated Care Partnership

The Integrated Care Partnership (ICP) will be a joint committee between the proposed Integrated Care Boards (ICBs), Hampshire County Council and the upper tier authorities they cover.



Purpose

Create a genuine multi-agency partnership forum for establishing a culture and function based on joint working

- a. Set the strategic intent and approve the long term strategy of the Integrated Care System
- b. Bring together the Health and Wellbeing strategies of our geographies
- c. Help the public sector as a whole improve the health of the population, deliver taxpayer value and contribute to economic and social improvement

Integrated Care Board

The Integrated Care Board (ICB) is the statutory organisation that allocates NHS resources, leads integration in the NHS, and has oversight of NHS delivery in the area it covers. Assets and liabilities of the CCGs will transfer to the ICB.

The proposed minimum requirements of ICB structures include:

- A chair
- A chief executive
- Non-executive directors
- Executive Directors, including the core roles of Chief Finance Officer, Chief Medical Officer, Chief Nursing Officer. The Chief Executive and Chair have flexibility to add further roles.
- Partner members from local authorities
- Partner members from NHS providers and organisations, including primary care sector
- Clinical representation