

ICS development and place-based arrangements in Southampton

Context

1. The Government has announced a number of reform packages for health and care across England, which includes:
 - Health and Care Bill, which puts Integrated Care Systems on a statutory footing. This is currently progressing through Parliament and is expected to come into effect from July 2022.
 - ‘People at the Heart of Care’, a white paper on reforming adult social care published in Autumn 2021.
 - ‘Health and social care integration: joining up care for people, places and populations’, a white paper published in February 2022.
 - ‘Roadmap to recovery’, a speech by the Secretary of State for Health and Social Care made in March 2022.
2. We await the legislative processes to conclude and therefore the details set out in this paper are subject to further change.

Definitions

3. There are a number of terms used within this paper to describe concepts as defined by the new legislation. A short explanation of these are as follows:

Hampshire and Isle of Wight: The naming convention for the new ICS is Hampshire and Isle of Wight, and this encompasses the entire geographical area covered by the arrangements in this paper, including Southampton and Portsmouth.

Integrated Care System (ICS): the statutory arrangement which brings 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, made up of an Integrated Care Partnership and an Integrated Care Board.

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 Integrated Care Board.

Integrated Care Board (ICB): An NHS body 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).

Place: the entity/locality in which local government and the NHS face a shared set of challenges at a scale that often works well for joint action. In our case, this relates to the city of Southampton.

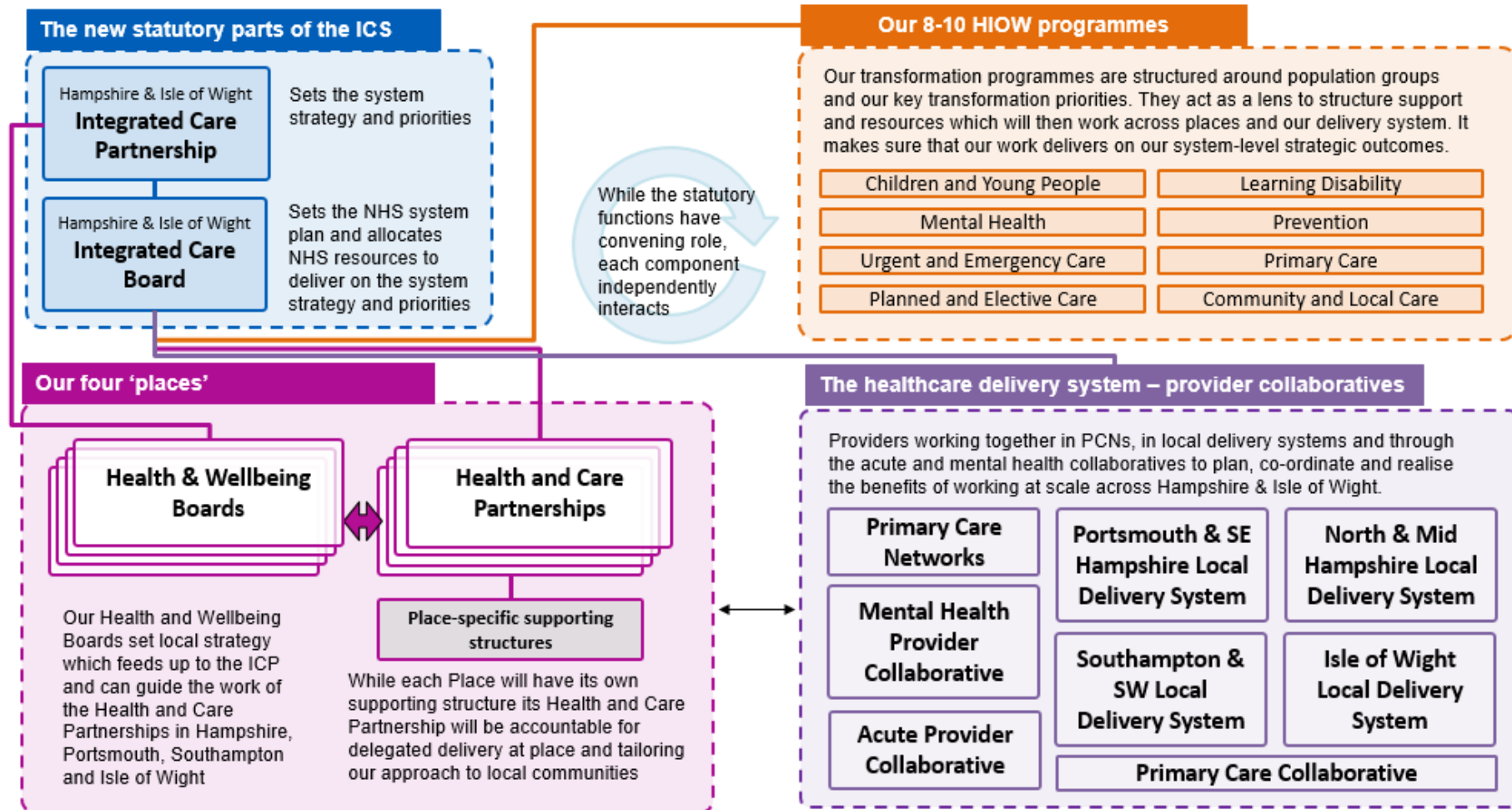
Clinical Commissioning Group (CCG): the existing NHS body responsible for designing, planning and funding NHS services within the location it serves. Presently the city is served by NHS Hampshire, Southampton and Isle of Wight CCG. From July, CCGs will be dissolved and their functions taken on by the ICB.

Department for Health and Social Care (DHSC): Government department responsible for implementation of national policy.

ICS structure

4. The legislation creates two statutory parts of an ICS: an Integrated Care Partnership and an Integrated Care Board. Place will report and link into both elements as shown in diagram 1.
5. The draft governance structure works in the form of a matrix, given there are programmes which will be undertaken at an ICS level which will naturally link with the work at place, and vice versa. For example, we are proposing transformation programmes will be undertaken at an ICS level to focus on strategic level work and outcomes. Provider collaboratives and local delivery systems (focussing on acute footprints) will often cover more than one place.

Diagram 1: Explanation of ICS structure



Please note the Place-specific structure is explained in a later section of in this paper. Each Place structure may differ in light of the population it covers. This paper outlines the structure for Southampton only.

6. Workshops with partners to help design the new ICS have taken place throughout March 2022. This includes workshops with the voluntary and community sector, all Healthwatch organisations in Hampshire and Isle of Wight, the city's Joint Commissioning Board (and equivalents across the wider area), and existing CCG staff. Further engagement with partners is due to commence to consider:
 - How NHS money will flow and financial delegation to place
 - Other NHS responsibilities and functions to be carried out at place
 - The management structure in the ICB which brings leadership to places,
 - The planned governance model for place – including how HWBBs link to the ICP and how existing governance between CCG Boards and places will transition to the ICB.

Integrated Care Partnership

7. In Hampshire and Isle of Wight we have the opportunity to develop the ICP as a key driving force in our system. It will be responsible for defining our system strategy and ambition and setting the tone and culture for our whole partnership across Hampshire and Isle of Wight. It will be built on existing partnerships and priorities (particularly through the Health and Wellbeing Boards) and is an opportunity to come together at scale at an impactful level for our populations. There is the opportunity for the ICP to bring different perspectives and ways of thinking together, uniting everyone working to improve health and care, extending beyond our traditional partners locally.
8. To date there have been a series of discussions with members of the Health and Care Leadership Group, made up of senior leads from local authorities and the NHS, and other partners about the development of the ICP. Guy Van Dichele, Executive Director for Health and Adults, represents Southampton City Council on this group. This included discussions with Healthwatch Southampton and its equivalents across the wider area, district and borough council chief executives from Hampshire, voluntary and community sector leads, Hampshire Fire & Rescue, Hampshire Constabulary and NHS providers. There is a strong desire from partners to be involved in the ICP and for it to be an inclusive partnership beyond those organisations directly responsible for health and care.
9. The design of the ICP remains underway and has potential to change in light of the changing legislation. The next steps are as follows:

<p>April 2022</p>	<p>Continue discussions with partners</p>	<p>Deliverables Review key priorities of each Health and Wellbeing Board across the system and identify opportunities for benefit of working together Agree membership of ICP Agree how ICP will be chaired Consider draft ICP terms of reference</p>
<p>May 2022</p>	<p>Interim ICP Interim ICP is launched to operate in shadow form including initial membership, to discuss terms of reference and agree scope for shadow and assessment of how the ICP will work.</p>	<p>Deliverables Terms of Reference Chair arrangements Scope Plan to develop strategy</p>
<p>June 2022</p>	<p>Interim ICP Undertake review of shadow form and agree changes or improvements in advance of go-live dates.</p>	<p>Deliverables Review progress and agree any final changes Agree schedule and topics for upcoming meetings</p>
<p>July 2022</p>	<p>Statutory ICP goes live The ICP has its first official meeting alongside the formation of the ICB. This is the beginning of the ongoing development of the ICP and when the strategy will begin to be developed.</p>	
<p>December 2022</p>	<p>ICPs publish interim strategies Expectation that ICPs will publish an interim integrated care strategy if it wishes to influence the ICB's first 5-year forward plan for healthcare to be published before April 2023.</p>	

10. In March 2022 the Department for Health and Social Care [published a list of expectations for ICPs](#) which are as follows:
- ICPs will drive the direction and policies of the integrated care system (ICS)
 - ICPs will be rooted in the needs of people, communities, and places
 - ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences
 - ICPs will support integrated approaches and subsidiarity
 - ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners, and utilise local data and insights.
11. The Government has also issued its indicative timeline to help systems identify the key milestones in developing the ICP and the integrated care strategy. It defines 2022 to 2023 as a ‘transitional year’.

Indicative date	Activity
April – June 2022	DHSC to engage with systems to inform the guidance on the integrated care strategy
July 2022	ICP formally established by local authorities and ICBs (subject to parliamentary passage)
July 2022	DHSC to publish guidance on the integrated care strategy
December 2022	Each ICP to publish an interim integrated care strategy if it wishes to influence the ICB’s first 5-year forward plan for healthcare to be published before April 2023.
June 2023	DHSC refreshes integrated care strategy guidance (if needed)

Integrated Care Board (ICB)

12. The Integrated Care Board for Hampshire and Isle of Wight is the statutory NHS body which will take on duties and responsibilities which currently sit with the two Clinical Commissioning Groups (CCGs) covering the area.
13. Its purpose is to bring leadership to the NHS in Hampshire and Isle of Wight. It is accountable to NHS England for the performance of the NHS, for strategic planning for the NHS, for the allocation of the circa £3.5 billion NHS resource for

Hampshire & Isle of Wight, and for ensuring effective collaboration, governance and contractual arrangements in the NHS to deliver.

14. We are now at the stage of deciding on the board membership of the ICB. The board of an ICB differs from a CCG. Whereas CCGs are GP-led bodies and often have lay-member representation with non-voting members, such as local authorities, the ICB will have a unitary board. This means all members act as a single body to make decisions with shared corporate accountability. As such, the process to determine membership from partner organisations is regulated and a three-step process is required to appoint members. Eligibility criteria is required, followed by a nomination/application process, and then the final selection decided by the ICB chair-designate. The regulations for this process are not expected to be finalised nationally until the end of March 2022.

Development of 'place'

15. The White Paper on 'Joining up care for people, places and populations' published in February 2022, has been widely welcomed and provides significantly more clarity around how place-based partnership working will develop in the future. It identifies the value of place based arrangements to bring together NHS and local authority leadership, including responsibility for effective delivery and commissioning of health and care services, in addition to wider partners, such as the voluntary, community, social care and social enterprise sector.
16. It explains that all places within an ICS should adopt a model of accountability by Spring 2023. There should be a single person, accountable for shared outcomes in each place or local area, working with local partners. This could be an individual with a dual role across health and care or an individual who leads a place-based governance arrangement. The paper notes a 'place board' brings together partner organisations to pool resources, make decisions and plan jointly. This is the model we are pursuing in Southampton and builds on the existing arrangements which have been in place for a number of years.
17. The White Paper also indicates that new flexibility around finances will be legislated for, to allow for more to be possible around budgets being aligned and pooled together. This will help in supporting longer-term investment in population health and wellbeing, and therefore provide extra resource in meeting the challenges outlined in our city's Health and Care Strategy (2020-2025). The Government has committed to review section 75 of the 2006 Act which underpins pooled budgets, to simplify and update the regulations.

18. Additional aspects of the White Paper to consider is the potential future role the Care Quality Commission will have in reviewing plans at a place level, in its new role of assessing ICSs.
19. Children's services are not directly within the scope of the proposals made in the White Paper, but Places will be encouraged to consider the integration between and within children and adult health and care services where possible. In Southampton, we already look at health and care across all age groups; for example, a core component of our Five Year Health and Care Strategy is 'start well'.
20. There is agreement between the CCG and Southampton City Council, as the existing statutory members of the Joint Commissioning Board, that this board should be reconstituted as the strategic place-based board for Southampton, with representation from leaders of key partner organisations in the city. It should be linked to decision-making structures in all statutory organisations that participate and determine the scope of a pooled budget for the city. In line with the guidance in the recent White Paper, the new Place based Board will be responsible for:
 - Effective delivery and commissioning of health and care services, through joint planning and decision making
 - Setting and agreeing shared outcomes for the city and accountable for delivery of these outcomes
 - Increasing integration and pooled resources.
21. As noted previously, until legislation is approved, the existing JCB terms of reference must remain in place given the existing statutory duties held by Southampton City Council and NHS Hampshire, Southampton and Isle of Wight CCG.
22. At present, in Southampton our pooled budget arrangements cover the following areas: Joining up care for people, places and populations
 - Supporting carers
 - Integrated locality working
 - Integrated Rehabilitation and Reablement and Hospital Discharge
 - Aids to Independence
 - Prevention and early intervention
 - Learning disability integration
 - Promoting uptake of Direct Payments
 - Transforming long term care

- Integrated provision for children with special educational needs and disability (SEND)
- Integrated health and social care provision for children with complex behavioural and emotional needs.

The total pooled budget resource is around £135million for this financial year. This is funded through a pooled arrangement with the CCG contributing 63.7% of funding and Southampton City Council contributing 36.3%.

23. The proposed and draft principles for the Place board are:

- lead on the vision for the city, working with the Health and Wellbeing Board to improve population health and healthcare and to tackle unequal outcomes.
- be responsible for setting the strategic direction and development of the place based on the Health and Care Strategy (2020-2025), business as usual and all Partnership business.
- approve and monitor the implementation of the Health and Care Strategy (2020-2025) to ensure it meets agreed priorities, objectives, savings and performance targets.
- ensure resources are committed appropriately, with adequate oversight, to deliver the Health and Care Strategy (2020-2025), including working with the wider Hampshire and Isle of Wight ICS and Southampton and South West Hampshire Local Delivery System, where it makes sense to plan, commission or deliver services across a broader geography.
- have full transparency of whole population spend for health and care budgets, ensuring enhanced productivity and value for money.
- be accountable for 100% of the spend delegated to “Place” through joint decision-making and delegated authority.
- and responsible for Southampton “Place” and achieving better outcomes for our local population as a result of strong integration.
- remain accountable for those areas of health and social care commissioning covered by the Better Care Fund (BCF) Section 75.
- oversee and maximise all resources, not just financial, within a shared financial framework, in order to achieve place-based efficiencies and place-based financial balance, ensuring value for money.
- help the NHS to support broader social and economic development.

24. These principles are based on the Health and Care Bill legislation currently under consideration by Parliament. Further legislation will be required to take into account the proposals identified in the new White Paper, and therefore these will likely change again before April 2023 to take into account the new responsibilities for Place.

25. At present, arrangements already exist where specific health projects are led locally at Place, or at a Local Delivery System level (i.e. Southampton and South West Hampshire) or at the scale of Hampshire and Isle of Wight. The benefit of new legislation means these arrangements can and should be formalised, and clarity for our teams to undertake their work and reduce unnecessary duplication; however they do not represent a significant change in the way of working. With regards to finances and resource, the following draft principles will be put into place:

- For services prescribed nationally or a uniform service across Hampshire and Isle of Wight, the decision-making, resources and finances would normally be led at an ICS level.
- For service models which rely on integration with other community services and social care, the decision-making, resources and finances would normally be led at a Place level.
- For services tailored for a specific geography, the decision-making, resources and finances would normally be led at a Place or Local Delivery System level.

When considering finances and resource, it is important we focus not only on money and pooling budgets, but also on ways in which we can share resource and expertise across organisations.

26. Our proposed membership for the Place board is as follows:

Recommendations	Proposed membership	(Interim) formal decision making until July
Local Authority	Three elected members Chief Executive DASS – Guy Van Dichele DCS – Rob Henderson Director Public Health – Dr Debbie Chase	Leader, two Cabinet members and SCC CEO make decisions
Primary care provider leadership	Represented by two of the six PCN clinical directors	One PCN clinical director

Providers of acute, community and mental health services	Senior representation from UHS, Solent and Southern (CEO or representative)	Not possible under present legislation
Integrated Care Board (from July 2021) / CCG (until July 2021)	Clinical Director – Dr Sarah Young Managing Director – James House Non-executive advisor (Southampton) – Suki Sitaram	Clinical Director – Dr Sarah Young Managing Director – James House Non-executive advisor (Southampton) – Suki Sitaram
<p>Membership for consideration in Southampton Integrated Health and Care Board from July:</p> <ul style="list-style-type: none"> • People who use care and support services and their representatives , including Healthwatch • The voluntary, community and social enterprise sector • Social Care providers • Provider collaboratives 		

27. The governance arrangements in relation to Place can be found in diagram 2.

28. We will ultimately judge the success of the Place working by monitoring the outcomes of our Health and Care Strategy (2020-2025), and specifically against the following ambitions for the start well, live well, age well and die well components of the strategy. These are summarised in diagram 3.

Diagram 2: Place-level arrangements

Governance arrangements centred on Place

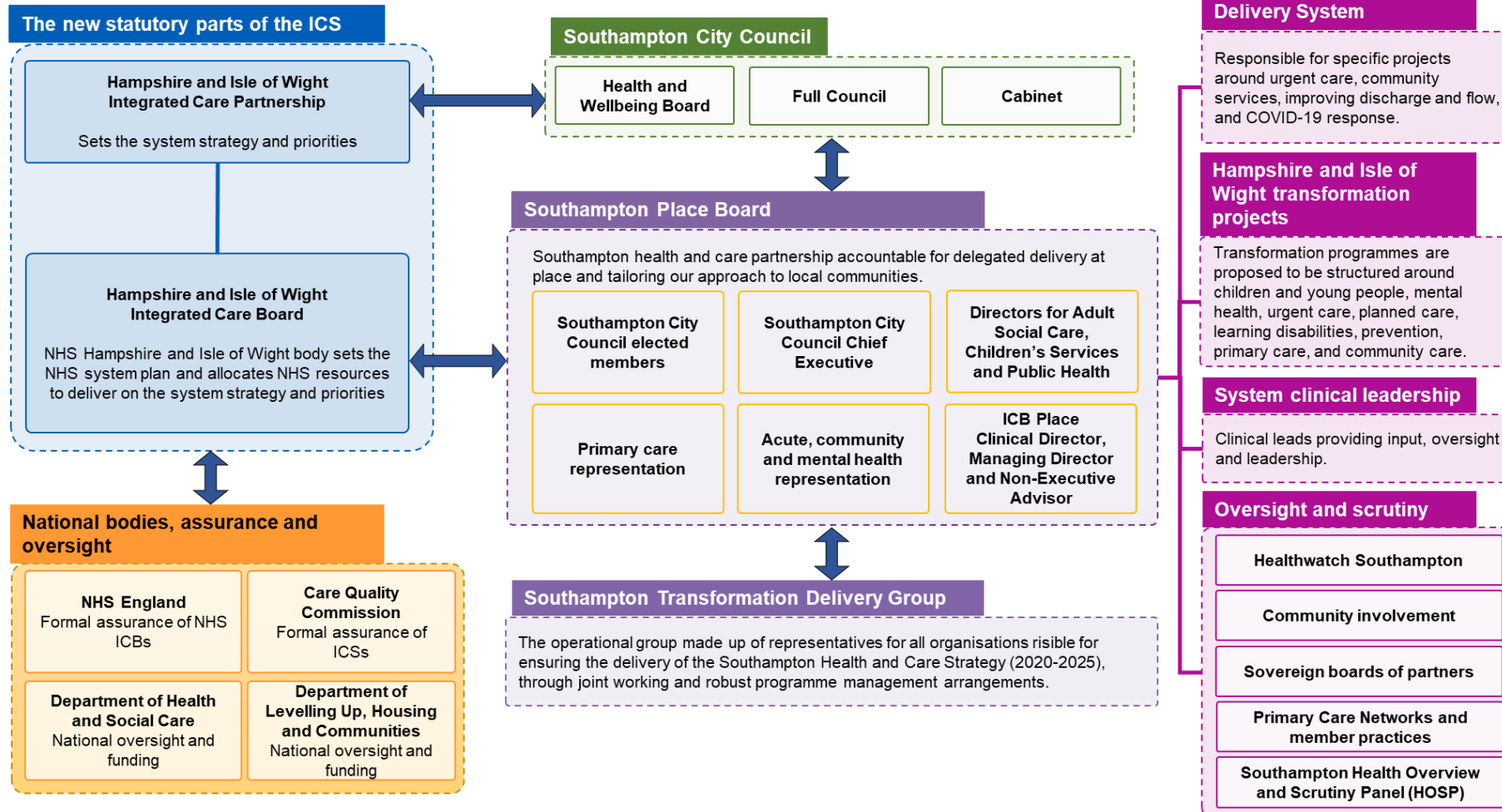


Diagram 3: Metrics to judge success of place-based working in Southampton – from existing Southampton Health and Care Strategy (2020-2025)

Start well

- Reduce the percentage of mothers smoking during pregnancy
- Reduce the rate of teenage pregnancies
- Increase the percentage of mother's breastfeeding 6-8 weeks post birth
- Reduce the rate of looked after children
- Increase the percentage of care leavers in suitable accommodation
- Increase the percentage uptake of healthy child mandated immunisations and health checks
- Increase the percentage of children achieving a good level of development at the end of reception
- Improve School Attendance and reduce Exclusions
- Increase the percentage of children reporting positive mental health at Year 7
- Reduce the rate of first time entrants to the youth justice system
- Reduce the percentage of 16-17 year olds not in education, employment or training (NEET)

Live well

- Increase healthy life expectancy
- Reduce the gap in life expectancy between the most and least deprived areas of the city
- Reduce smoking prevalence in adults
- Reduce the percentage of adults who are physically inactive
- Reduce alcohol-related mortality
- Eliminate all inappropriate out of area mental health placements
- Reduce the rate of suicides
- Increase the percentage of adults with a learning disability living in settled accommodation
- Increase the percentage of cancers being diagnosed at an earlier stage
- Reduce early deaths from cardiovascular disease and respiratory disease
- Increase the number of social prescribing referrals
- Increase the number of people being referred to the national diabetes prevention programme

Age well

- Increase the number of older people with a personalised care and support plan
- Reduce the number of older people being referred for adult social care
- Reduce the rate of emergency hospital admissions, including readmissions
- Reduce the rate of older people having discharge delays from hospital (delayed transfers of care)
- Increase the percentage of older people receiving reablement care after hospital discharge
- Reduce permanent inappropriate admissions into residential care
- Increase the number of carers having a carer assessment and receiving appropriate support
- Increase access for older people with a common mental illness to psychological therapies
- Increase the number of volunteers supported to find a volunteering opportunity

Die well

- Reduce the percentage of older people reporting that they feel lonely
- Increase the percentage of people in the last 3 years of life who are on an End of Life register
- Increase the percentage of people who have, or are offered, a personal health budget towards end of life
- Reduce the average number of patients per month who die in hospital whilst waiting for discharge
- Reduce the percentage of older people who die within 7 and 14 days of an emergency hospital admission

New developments: Road to Recovery healthcare reform

29. In March 2022, the Secretary of State for Health and Care announced a package of reforms which further build on the new legislation and White Paper.
30. This speech provides our Integrated Care System the backdrop to our future objectives and priorities. Much of the speech's content is a continuation of the work we have underway. The emphasis on partnership and collaboration, the focus on prevention of disease and bringing more services and support into communities will be a core parts of our upcoming ICS strategy.
31. The speech focussed heavily on how the NHS can focus on delivery and future proof services, particularly in light of the change in how we manage disease, an ageing population, and high levels of inequalities in society. There is also a focus on sustainability and a need to consider how to achieve this within the existing resources available to us.
32. To summarise, the four key priorities highlighted by the Health and Social Care Secretary are:
 - Prevention. The speech explained the need to shift to a new way of operating in the NHS to help people stay healthy for longer. The whole system across the NHS will be given the power to play its part, and there is recognition of the vital role our Primary Care Networks will have. NHS England and ICSs will be asked to create joint delivery plans to reduce the biggest preventable diseases, and cardiovascular disease will be the first priority.
 - Personalisation. The pandemic has shown the appetite from the public to use technology to improve their health and the speech explains the need to provide convenient and quick support to help our residents to manage their health. There may also be an extension of legal rights for patients and an expansion of personal health budgets.
 - Performance. In addition to a digital transformation, more innovation will be encouraged to improve services and reduce readmissions. There will be an emphasis of partnership working in the NHS between trusts, and the freedom required to make this happen will be put in place.
 - People. A national workforce plan is being put together, looking at all levels across health and social care. It is expected more structure and support be put in place to support our workforce.

His speech can be [read in full here](#).