

The Integrated Care Partnership and the development of the interim Integrated Care Strategy

1 Introduction

- 1.1 This paper provides an update on the development of the Integrated Care Partnership (ICP) as a core statutory committee within the integrated Care System (ICS).
- 1.2 The ICP is a statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally.
- 1.3 The ICP is charged with developing the Integrated Care Strategy for the ICS and there is an expectation that an interim strategy will be developed by December, complementing the strong role that Health & Wellbeing Boards play within each part of the ICS.

2 The Integrated Care Partnership

- 2.1 In Hampshire and Isle of Wight the ICP is responsible for defining our system strategy and ambition and setting the tone and culture for our whole partnership across Hampshire and Isle of Wight.
- 2.2 In Hampshire and Isle of Wight the ICP 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 Southampton's 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.
- 2.3 The Government has issued its indicative timeline to help systems identify the key milestones in developing the ICPs and the integrated care strategy. It defines 2022 to 2023 as a 'transitional year'.

| Indicative date | Activity |
|------------------------|--|
| April – June 2022 | DHSC engages with systems to inform the guidance on the integrated care strategy |

| Indicative date | Activity |
|------------------------|---|
| July 2022 | ICP formally established by local authorities and ICBs |
| 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) |

2.4 The Integrated Care Partnership will work at three levels:

| Proposed Composition | |
|-----------------------------|---|
| Quarterly assemblies | Each assembly will be built around a set topic or issue and bring together a broad range of relevant partners to collaborate. The assembly will have flexible membership dependent on the topic which gives us the opportunity to invite and connect with new partners. Each assembly could nominate a rotating 'host' to lead each session. We foresee there being three to four session per year. |
| Joint Committee | A joint committee acting as the 'engine' and steering group throughout the year. This will include a core number of standing partners and will be responsible for formal agreement of key material (for example, approval of the Integrated Care Partnership Strategy) and supporting the planning of system assemblies. |
| A way of working | For us the ICP is more than any event or regular meeting it describes a way of working for our partners in the system. It describes the interactions and attitudes we want to take to make sure that our deep and broad partnerships shape everything that we do in our system. |

2.5 During 2022 Local Authorities and Health partners have been meeting as the core members of the committee to consider the national guidance and how that could be best applied locally. This resulted in the coproduced draft set of Operating Principles, shared with Focus Group members in June. Comments were integrated into the draft terms of reference for the Integrated Care Partnership Joint Committee.

2.6 An Integrated Care Partnership Design Group was held in August with a broad range of organisations including Health & Wellbeing Board Chairs. At this meeting, there was a deep dive into our population, their current and projected health outcomes, and our understanding of inequalities.

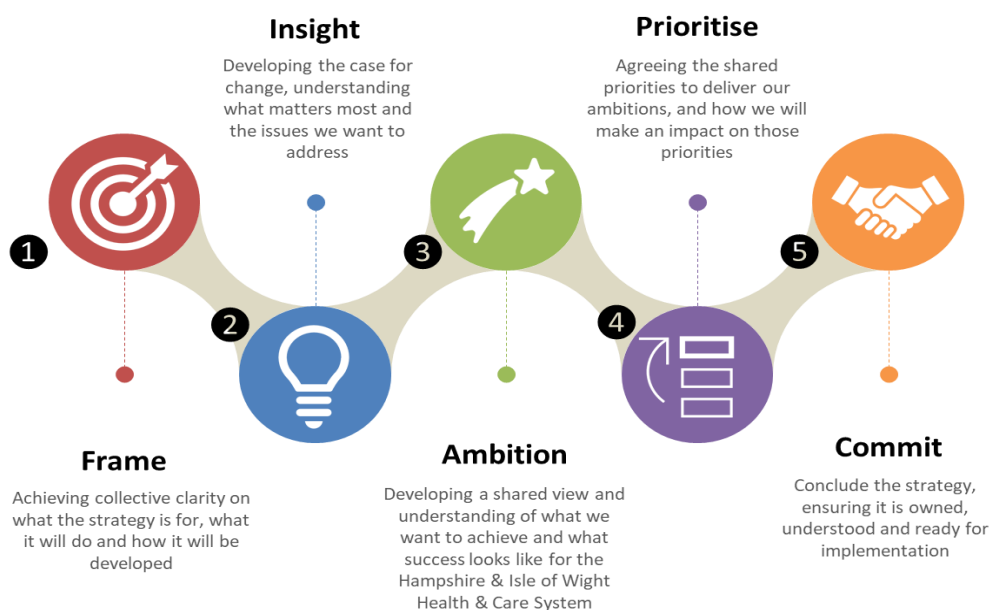
This included evidence from the Directors of Public Health, discussions with Healthwatch Southampton and its equivalents across the wider area, district and borough council chief executives from Hampshire, voluntary and community sector leads, Hampshire Fire & Rescue, Hampshire Constabulary and NHS providers.

2.7 Additionally, governance leads from partner organisations, including Southampton City Council, have been approached to help shape the terms of reference and there is ongoing work to get the approach right across Hampshire & IOW. There are a number of areas to be discussed over the coming weeks:

- Chair and vice chair nominations
- Co-opted members
- Voting rights
- Quoracy
- Decision making
- Frequency
- Meeting in public or private

3 Developing the Integrated Care Strategy

3.1 Developing the interim Integrated Care Strategy is the core task of the Partnership up to December. The following process has been adopted in creating the strategy:



3.2 ICP partners met on 9th August to hear from the Directors of Public Health in each of our places about their specific priorities. It was also an opportunity to hear from Hampshire Fire & Rescue and Hampshire Constabulary about their areas of focus. There was group work to test what resonated and what might be missing.

3.3 Following the 9 August meeting there was an opportunity for partners to comment on the following questions to support the development of the Integrated Care Strategy. Responses were collated in advance of a wider event at the end of September to further reflect on the responses.

- **What is the legacy that we want to create as a health and care partnership for Hampshire and the Isle of Wight?**
- **What are the small number of things we should focus on together as a partnership that will have the greatest impact for residents?**
- **Given this is a long list, and we cannot do everything, how should we prioritise – what criteria should we use?**
- **Where should we prioritise our efforts?**
- **Is there anything else you would like to add?**

3.4 At the end of September circa 100 people gathered in Central Hall in Southampton as part of the strategy development workshop. Health & Wellbeing Board Chairs played an active role in describing their local challenges as part of the scene setting at the beginning.

3.5 The potential areas for the strategy that emerged from the interviews, meetings and written feedback prior to the workshop were reflected back to partners for discussion:

- Children and young people
- Mental well-being
- Prevention of ill-health and healthy lifestyles
- Workforce
- Digital and data

3.6 Partners were asked to discuss:

- a) **Where could we together have most impact working together (as opposed to within Place or individual organisations)?**
- b) **Which evidence is compelling (please add any further evidence you might have)?**
- c) **Where can we have the biggest impact on outcomes?**
- d) **What focus would be most relevant and important to people?**
- e) **What initial projects might we work on together?**

- 3.7 The event was a good opportunity to network and engage with multiple partners and a large amount of content was collected on people's responses to the above questions. The outputs from the day were sent back to partners for comment and review on 7th October and there continues to be a mechanism for agencies to input into the strategy development work over the coming weeks in preparation for publication of the interim strategy by the end of the year.
- 3.8 The strategy will come to the Health & Wellbeing Board at the end of the year for comment and there is an expectation that the priorities will be refined through the beginning of 2023.

4 Conclusions

- 4.1 The ICP has been developing and maturing over recent months. Although there is a requirement to produce an interim strategy by December it is clear that this is only the starting point for agencies working together in a new way across the system.
- 4.2 The Integrated Care Board will use the outputs of the Integrated Care Strategy to inform development of Integrated Care Board 5-year joint forward plan which needs to be completed by April 2023.
- 4.3 The work of the ICP will complement the strong role that Health & Wellbeing Boards play within each part of the ICS. Each place will still have its individual challenges and priorities based on its population so the ICP priorities need to focus on the small number of areas which are impacting all of our places.
- 4.4 It has been encouraging to see the willingness of people to come together across Hampshire and the Isle of Wight and think about shared solutions to issues that are experienced by all.

Development of our Place Based Arrangements

1 Introduction

- 1.1 Partners across Southampton have a long history of integration and working effectively together to agree and deliver shared outcomes across Health & Social Care. Over the past year as part of the Integrated Care System implementation, partners have been working collaboratively to develop and transition to new governance arrangements that will support closer system working and integration across Health & Social Care within Southampton.
- 1.2 Although Southampton has been successful in its integration journey with one of the largest pooled budgets across the country (circa £140m), as part of the current governments plans to ensure success like Southampton's is replicated across the country, new legislation has been developed to further support and deliver the next phase of this integration.
- 1.3 The first part of this report set out the progress on implementing the Integrated Care Partnership within the ICS. This part of the report focuses on the Place Based governance elements of the ICS.

2 Place within the ICS

- 2.1 The term 'place' is used to describe the geographical level that sits beneath an integrated care system. Boundaries of place are normally synonymous with local authority areas, and this is the case for the place of Southampton. Across the ICS, there will be 4 Places, Southampton, Portsmouth, Hampshire and Isle of Wight.
- 2.2 Since 2014 within Southampton, the Council and NHS have been working in an integrated way through the Integrated Commissioning Unit and the Joint Commissioning Board, which has both Health and Local Authority representatives. Decisions affecting the City's residents in relation to Health & Social Care have been primarily taken at the Board. The Board has worked well in overseeing the priorities for the City's residents, shaping, and championing integrated service delivery.
- 2.3 As an early adopter of integration and recognising that working in a collaborative way can deliver improved outcomes for Southampton, we have been able to:
 - Develop one of the largest pooled budgets in the country totalling c.£140m.
 - We have developed the Southampton City Health and Care Strategy (2020-2025) which is supported by all stakeholders and sets the vision and ambition for the place-based partnership over the coming years.
 - Delivered Joint teams in provider services such as rehabilitation and reablement, and children's locality teams.

- Continued to embed Joint roles and joint decision-making forums across organisational boundaries.
- 2.4 While Southampton has always been at the forefront of integration and partnership working the new arrangements across the NHS, with the introduction of the ICS, gives us an opportunity to further strengthen our approach and governance arrangements locally.
- 2.5 As part of the changes in the NHS, new Place based partnerships need to be in place by April 2023. These partnerships will be central to influencing and supporting the work of the ICB. They will lead the detailed design and delivery of integrated services and be the voice of Southampton within the ICS arrangements.
- 2.6 The partnerships will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population. Place based partnerships are recognised as the foundations for integrated care systems and are described as partnerships that develop over time building on existing relationships.
- 2.7 The role of Place-based partnerships are to:
- Lead on the vision for health & care in the city, working with the Health and Wellbeing Board to improve population health and healthcare.
 - Be responsible for setting the strategic direction and development of the place based 5-year Health and Care Strategy.
 - Monitor the implementation of the 5-year Health and Care Strategy to ensure it meets agreed priorities, objectives and performance targets.
 - Ensure resources are committed appropriately, with adequate oversight, to deliver the Health and Care Strategy.
 - Responsible for Southampton “Place” and achieving better outcomes for our local population as a result of strong integration.
 - Accountable for those areas of health and social care commissioning covered by the Better Care Fund (BCF) Section 75.

3 Developing Southampton “place”

- 3.1 As set out earlier in this report, Southampton has for several years been working in a place-based way through the Joint Commissioning Board. As part of the process to align to the framework set out by government, Southampton needs to start the process of transitioning to revised Place Based arrangements.
- 3.2 Discussions/workshops have taken place across the ICB, at the current Joint Commissioning Board, with members of both Groups (Administration & Opposition), the voluntary sector and carers to look at ways in which new place-based arrangements could be implemented. There has been a clear consensus that we need to build on what already

works and is in place in Southampton. Therefore, the following is proposed:

Governance

- 3.3 That the Joint Commissioning Board (JCB) be reconstituted as the strategic place-based partnership board for Southampton: The Southampton Health and Care Partnership Board from November 2022.
- 3.4 The Terms of Reference (ToR) for the JCB be carried over to the new Board, with minor revisions to the name and membership. The ToR will then be revised in incremental stages as the Board establishes itself within the new HloW ICS structure.
- 3.5 To continue with a rotational chair approach, until such time as the Southampton Health and Care Partnership Board is fully established, at which point, a review of the Chairs role will be undertaken to establish what the requirement for Southampton “place” is and action taken accordingly.
- 3.6 That the membership of the board is revised to reflect additional members to join the Board, in line with national guidance and that these members are added to the board in phases over the transition period to April 2023.
- 3.7 The first meeting of the board in November is constituted with the following initial membership:

| Organisation | Member |
|---------------------------------|--|
| Local Authority | DASS & Lead Member Function DCS & Lead Member Function DPH Function Leader of the Council |
| HloW – Southampton Place | Clinical Director Place Director |

- 3.8 By April 2023 that the membership of the board consists of the following representatives:

| Organisation | Member |
|--|--|
| Local Authority | DASS & Lead Member Function DCS & Lead Member Function DPH Function Leader of the Council |
| HloW – Southampton Place | Clinical Director Place Director |
| Providers of acute, community and mental health services | Senior representation from UHS Senior representation from Solent Senior representation from Southern |

| | |
|---|---|
| Voluntary sector and service user voice | Service User and Carer Voice representatives Vol Sector Representative |
| Provider representation | Children's Social Care Provider Adults Social Care Provider |

3.9 The new Partnership Board will continue to meet in public as is currently the case with the JCB. This will continue to ensure that decisions made that effect the residents of the Southampton are taken in an open and transparent way.

Milestone Plan

3.10 From now through to the end of March 2023 there are a range of developments which need to be completed to ensure the beginning of Southampton's place journey is in the best possible position from April 2023.

3.11 The proposed place governance and accountability structure is attached in Annex 1. The following sets out the actions that needed to be taken over the remainder of the year.

Table 1 – Development Table

| Area | Development required |
|--|---|
| Shared priorities for service transformation | Finalise our refreshed shared transformation priorities for 2023/24, with a clear focus on actions to reduce health inequalities as part of our Health & Care Plan work. |
| System financial plan | Continue to develop and set out the underpinning place-based financial framework for our system and link this with our transformation programme to support increased grip on delivery as part of our BCF Pooled Budget arrangement for 2023 onwards. Agree Place Budget for 2023/24. Finalise Financial framework: principles and delegation. |
| Review our capability and capacity to support successful delivery of our aims and objectives | Finalise and implement review of our functions at place level across commissioning, transformation, delivery, assurance and planning in light of the latest guidance, good practice and expectations about the role of place in |

| | |
|---|---|
| | supporting Health & Care across Southampton |
| Southampton Health and Care Partnership Board | <ul style="list-style-type: none"> • Identify Accountable Person • Continue engagement with relevant groups to identify appropriate representation • Update Terms of Reference following transition (ToR) <ul style="list-style-type: none"> ○ Membership ○ Delegated responsibility ○ Voting ○ Quoracy ○ Review of the s75 partnership agreement ○ Review of risk sharing principles |
| Southampton Transformation Delivery Group | <ul style="list-style-type: none"> • Review range of Delivery Groups • Identify future Delivery Group requirements |