

# HSI22/022

## GOVERNING BODY

<b>Title of paper</b>	Hampshire and Isle of Wight Integrated Care System Development		
<b>Agenda item</b>	9	<b>Date of meeting</b>	6 April 2022
<b>Executive leads</b>	Paul Gray, Executive Director of Strategy (ICS Development) Fiona Howarth, Chief of Staff (Safe Transfer)		

<b>Purpose</b>	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input type="checkbox"/>
	To note	<input checked="" type="checkbox"/>

<b>Link to strategic objective</b>	Supports delivery of all strategic and operational objectives
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### Executive Summary

The Health and Care Bill is making its way through the parliamentary approvals process. The Bill sees the establishment of Integrated Care Systems as statutory bodies, designed to better enable the NHS and its partners to improve health outcomes and health services for patients and communities.

This paper provides an update on the development of the Hampshire and Isle of Wight Integrated Care System including an update on the process of the safe transfer of functions and responsibilities from our two Clinical Commissioning Groups (NHS Hampshire, Southampton & Isle of Wight CCG and NHS Portsmouth CCG) to a new statutory body, the Hampshire & Isle of Wight Integrated Care Board, which will be known as NHS Hampshire & Isle of Wight.

Preparations for the closure of CCGs and the establishment of Integrated Care Boards (ICBs) is continuing and is on track.

<b>Recommendations</b>	The Governing Body is asked to note the update report.
<b>Publication</b>	Include on public website ✓

# Development of the Hampshire & Isle of Wight Integrated Care System

## 1. Introduction

- 1.1 The Hampshire & Isle of Wight health and care system was designated as an Integrated Care System in 2020 with a shared ambition of all partners to deliver excellent care and enable people to lead healthy and independent lives.
- 1.2 Subject to the completion of legislative processes, Integrated Care Systems will be placed on a statutory basis on 1 July 2022. The aim is to make it easier for NHS teams, services and organisations to work together and with local government, voluntary sector partners, patient groups, and academic bodies to improve health and care services for local people.
- 1.3 This paper provides an update on the development of the Hampshire and Isle of Wight Integrated Care System including an update on the process of the safe transfer of functions and responsibilities from our two Clinical Commissioning Groups (NHS Hampshire, Southampton & Isle of Wight CCG and NHS Portsmouth CCG) to a new statutory body, the Hampshire & Isle of Wight Integrated Care Board, which will be known as NHS Hampshire & Isle of Wight.
- 1.4 The Integrated Care System builds on the work already happening locally in each part of Hampshire & Isle of Wight, and the design of the ICS is built on the following key principles:
  - **Outcome focus:** We will focus on improving outcomes for people in Hampshire & Isle of Wight, improving services, health & wellbeing, supporting people to live more independent lives and reducing health inequalities.
  - **Collaboration:** Collaboration between partners, both within a place and at scale, is essential to address health inequalities, sustain joined-up, efficient and effective services and enhance productivity. We will use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working through difficult issues where appropriate. We will operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.
  - **Subsidiarity:** Decisions taken closer to, and in consultation with, the communities they affect are likely to lead to better outcomes. We will ensure local partnership arrangements are respected and supported, and have appropriate resource, capacity and autonomy to address community priorities.
  - **Leadership:** We will draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.
  - **Learning and innovation:** We will create a learning system, sharing evidence and insight across Hampshire & Isle of Wight, crossing organisational and professional boundaries. Enabled by common digital capabilities and coordinated flows of data, we will identify the best way to improve the health and wellbeing of the population.

## 2. Hampshire & Isle of Wight Integrated Care Partnership

- 2.1 Integrated Care Systems comprise of two statutory components, an Integrated Care Partnership and an Integrated Care Board.
- 2.2 The *Hampshire & Isle of Wight Integrated Care Partnership* is jointly convened by local authorities and the NHS and is the alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population in Hampshire & Isle of Wight.
- 2.3 The Health and Care Bill (which is currently making its way through parliament) places a requirement on Hampshire County Council, Portsmouth City Council, Southampton City Council, Isle of Wight Council and the Hampshire & Isle of Wight Integrated Care Board (see below) to establish the Hampshire & Isle of Wight Integrated Care Partnership (ICP) as a joint committee of these five statutory organisations.
- 2.4 The purpose of the Integrated Care Partnership (as described in the Bill and in supporting guidance) is to:
  - **Set the strategic focus for the Integrated Care System.** It develops an 'Integrated Care Strategy' for Hampshire & Isle of Wight which covers health and social care (adult and children's), is built up from local assessments of need in Hampshire, Southampton, Portsmouth and Isle of Wight and which addresses wider determinants of health. The NHS and local authorities must take account of the Integrated Care Strategy when developing local plans.
  - **Facilitate joint action to improve health and care** services & outcomes in Hampshire & Isle of Wight, and to influence the wider determinants of health and wellbeing
  - **Champion inclusion and transparency**, ensuring the system is connected to the needs of every community, making progress reducing inequalities and improving outcomes
- 2.5 As new bodies, Integrated Care Partnerships will develop over time, rather than be 'perfect' from day 1. A key focus for 2022/23 will be the further design and development of the Integrated Care Partnership including refinement of membership and the agreement of the Integrated Care Strategy.
- 2.6 In Hampshire and Isle of Wight ICS we have the opportunity to develop the Integrated Care Partnership 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. It will be built on our strong 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 to bring different perspectives and ways of thinking together, uniting everyone working to improve health and care, extending beyond our traditional partners.
- 2.7 Our Integrated Care Partnership is therefore a key component within our system and it is important as we head into formal establishment of the ICB by 1 July that it is set up for success to strengthen our wider system and build our ways of working. It is envisaged that, in addition to its statutory members, the Partnership will have a broad and inclusive membership including Healthwatch, District & Borough Council Chief Executives, leaders from the voluntary sector, Hampshire Fire & Rescue, Hampshire Constabulary and NHS providers.

2.8 Planning for the establishment of the Integrated Care Partnership is being undertaken with local authorities and is on track to have the Partnership in place by 1 July 2022. Our aim is for the Partnership to be operational in an interim form ahead of July, in order that the work of the partnership can begin informally, giving the partnership opportunity to begin its work on the development of the Integrated Care Strategy for Hampshire & Isle of Wight.

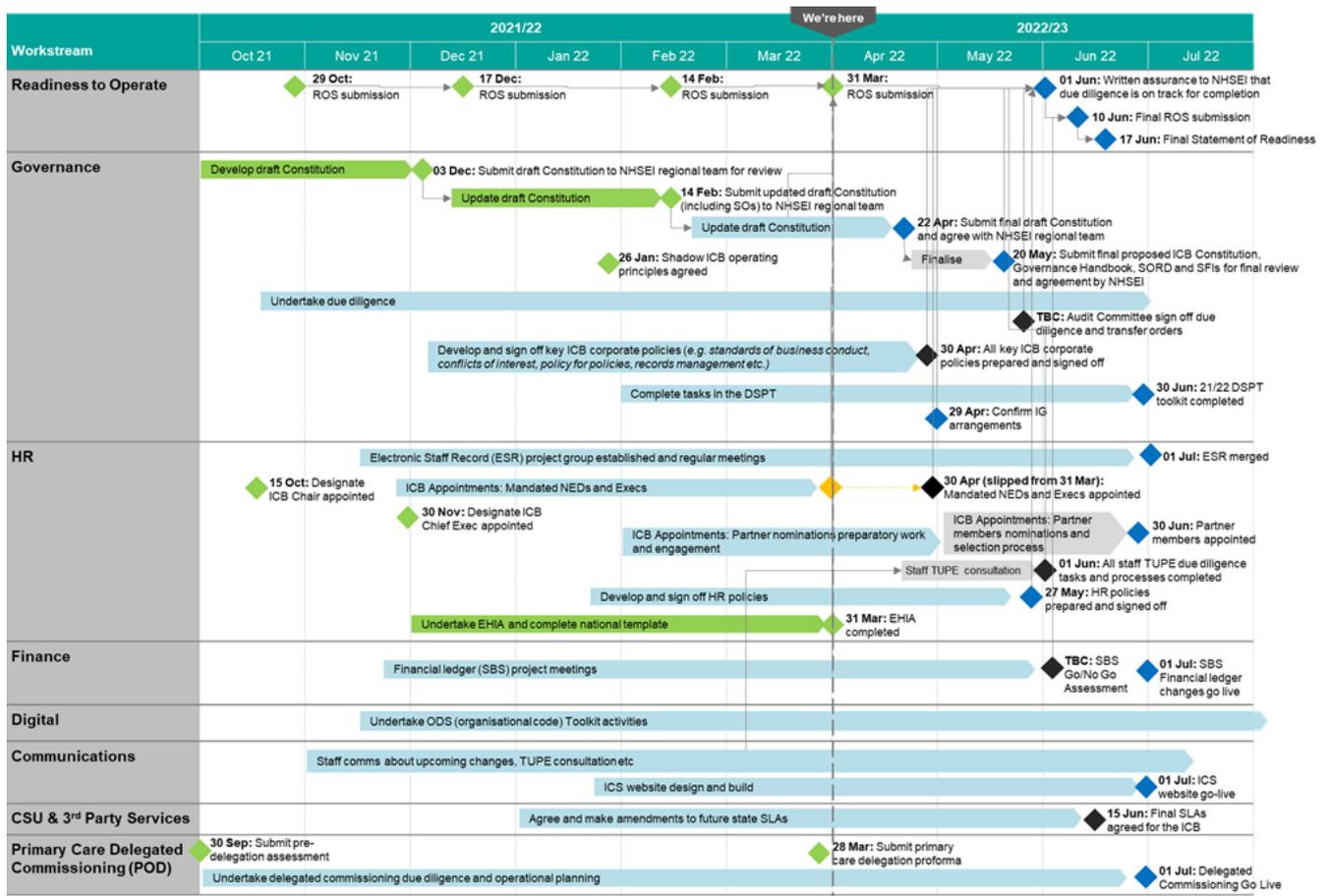
### 3. Hampshire & Isle of Wight Integrated Care Board

3.1 Alongside the creation of the Integrated Care Partnership, a new NHS body, the Hampshire & Isle of Wight Integrated Care Board, will be established on 1 July 2022. The Integrated Care Board will be known as *NHS Hampshire & Isle of Wight* and will be responsible for NHS strategic planning, the allocation of NHS resources, and bringing the NHS together locally to improve health outcomes and health services. The Integrated Care Board also arranges for the provision of health services from healthcare providers. A full schedule of the responsibilities of NHS Hampshire and Isle of Wight is set out in the table below.

1	Developing a plan for the NHS to meet the health and healthcare needs of the Hampshire & Isle of Wight population, having regard to the Hampshire & Isle of Wight Integrated Care Strategy developed by the Integrated Care Partnership.
2	Allocating NHS resources to deliver the plan across Hampshire & Isle of Wight Integrated Care System, determining what resources should be available to meet population need in Hampshire, Portsmouth, Southampton and Isle of Wight, 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 NHS resources across the ICS through a range of activities including: <ul style="list-style-type: none"> <li>a) putting contracts/agreements in place to secure delivery of its plan by providers</li> <li>b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes</li> <li>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</li> <li>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.</li> </ul>
6	Leading system implementation of people priorities in the NHS, 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, taking on incident coordination responsibilities as delegated by NHS England/NHS Improvement.
12	Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

3.2 Staff, functions and assets from NHS Portsmouth CCG and NHS Hampshire, Southampton & Isle of Wight CCG will transfer to the Integrated Care Board when it is established. The figure below shows the summary level programme plan for the safe transfer.



Key

- ◆ National deadline set by NHSEI
- ◆ Key Milestone
- Completed
- In Progress
- Slipped, recoverable
- Slipped, irrecoverable
- Not due/ started yet

3.3 The figures below set out the safe transfer highlight and exception report summary, key activities undertaken in March 2022 and key activities for April 2022:

### Safe Transfer Highlight & Exception Report Summary

Workstream	March 2022 (current period)	April 2022 (next period)
Governance	! Exceptions, mitigated	! Exceptions, mitigated
HR	! Exceptions, mitigated	! Exceptions, mitigated
Finance	! Exceptions, mitigated	! Exceptions, mitigated
Digital	✓ No exceptions, on track	✓ No exceptions anticipated
CSU & 3 <sup>rd</sup> Party Services	! Exceptions, mitigated	! Exceptions, mitigated
Communications	! Exceptions, mitigated	! Exceptions, mitigated
NHSEI Direct Commissioning Delegation (Pharmacy, Optometry, Dental)	✓ No exceptions, on track	✓ No exceptions anticipated

**March 2022 (current period)**

*What critical tasks have been achieved?*

- ✓ **Readiness to Operate Statement (ROS)** checklist and supporting evidence submitted to NHSEI region on 31 March.
- ✓ **System Development Plan (SDP)** submitted to NHSEI region on 31 March.
- ✓ **Draft ICB Constitution** – feedback received from NHSEI on 22 March following our draft Constitution submission on 14 February and is being incorporated.
- ✓ **Equality & Health Inequalities Impact Assessment (EHIA)** for the establishment of the new ICB undertaken.
- ✓ **Staff TUPE Comms plan** – the communications workstream produced and signed off the comms plan on 03 March (delayed from November). Communications to staff have commenced during March. Portsmouth CCG staff have now been added onto Hampshire, Southampton and Isle of Wight CCG's staff intranet (StayConnected).

**April 2022 (next period)**

*What critical tasks are forecasted to be achieved?*

- **Developing the delegation arrangements** that describe how local teams of the ICB in Portsmouth, Southampton, Isle of Wight and Hampshire work together and with partners as part of the ICS
- **Final Draft ICB Constitution** – to be submitted and finalised on 22 April, pending release of the model Constitution by NHSEI on 31 Mar.
- **Staff TUPE consultation** – commences 19 April. Staff will receive consultation letters via email.
- **ICB Board appointments** – Non-Executive Director appointments and appointments to mandated executive roles to be confirmed by end of April (slipped from end of March)
- **Transfer orders** – staff, property and contracts lists to be compiled by 15 April in preparation for due diligence assurance processes.
- **Internal audit into the Safe Transfer project** to complete by end of April, with the report and recommendations to be shared at the next available Project Board.

3.4 The Integrated Care Board will work through its local teams. There are four 'places' in Hampshire & Isle of Wight Integrated Care System: Hampshire, Southampton, Portsmouth, Isle of Wight. All four places have made considerable progress with integration to date. The closeness to community gives places an important role in the system, ensuring that we are working in a way that is tailored and appropriate for the communities we serve. Integration at a local level has been important in improving health and care and outcomes locally, and also provides a strong foundation as we transition to a formally established Integrated Care System. Whilst each place is (and will continue to be) different, our four places also have a lot in common. Each has a Health and Wellbeing Board (which sets local strategy) and an existing or emergent Health and Care Partnership Board.

## 4 Strategic Planning for the Integrated Care System

4.1 The core purpose of Integrated Care Systems, and the NHS priorities for 2022/23 are set out in the figure below.

<b>Our Core Purpose and Vision</b>	<b>Improve outcomes in population health &amp; healthcare</b>	<b>Tackle inequalities in outcomes, experience &amp; access</b>	<b>Enhance productivity &amp; value for money</b>	<b>Support social &amp; economic development</b>	
	Together, we will deliver care that is amongst the best in the world, enabling people to lead healthy independent lives				
<b>Key to achieving these outcomes</b>	<b>Keep people as healthy and independent as possible</b>		<b>Provide swift access to efficient high quality care for those who need it</b>		
	<b>NHS National ICB 2022/23 in-year priorities</b>	Invest in our <b>workforce</b> – with more people and new ways of working, and by strengthening compassionate and inclusive culture.	Respond to <b>COVID-19</b> ever more effectively – delivering vaccination programme and meeting the needs of patients with COVID-19.	Deliver significantly more <b>elective care</b> to tackle the backlog, reduce long waits and improve performance against cancer waiting times.	Improve the responsiveness of <b>urgent and emergency care</b> and build <b>community care</b> capacity.
	Improve <b>mental health services</b> and services for people with a <b>learning disability</b> and/or <b>autistic people</b> .	Continue to develop our approach to <b>population health management</b> , prevent ill-health and address health inequalities.	Exploit the potential of <b>digital technologies</b> to transform the delivery of care and patient outcomes.	Make the most <b>effective use of our resources</b> – moving to and beyond pre-pandemic levels of productivity when the context allows this.	ICBs and <b>collaborative system working</b> , develop a five-year strategic plan for their system and places.
	Tackling <b>inequalities</b> in outcomes experience and access				

4.2 During 2022/23 the ICS will ensure there are robust five-year strategic plans for the whole system and for each of our local places: Portsmouth, Southampton, Hampshire & Isle of Wight. The Integrated Care Board (ICB) is required to publish a 5 year forward plan for healthcare by April 2023. The Integrated Care Partnership (ICP) has the option to publish an integrated care strategy by December 2022, to influence the Integrated Care Board plan. Meantime, Hampshire & Isle of Wight ICS is required to produce an NHS operating plan for 2022/23.

4.3 Work has begun to develop these strategic plans. During Q1, the Department of Health and Social Care will engage with ICSs to inform guidance on the development of the Integrated Care Strategy, which will be published in July 2022.