Hampshire and the Isle of Wight Integrated Care Partnership
Principles of Operation and Initial Terms of Reference

The approach and this document have been produced through the work of a series of focus groups that have met during April, May and June 2022 which have been jointly convened by our county and unitary local authorities and the Integrated Care Board Chair.

This document is intended to function as the initial Terms of Reference for the new Integrated Care Partnership 'Engine Room' and Assembly model. It outlines our intentions and aspirations for the Partnership and a starting point for operations which we will build on over time. Following review our aspiration is that this will be approved and signed off by the core committee at the initial meeting in July 2022.

This document covers:

- The role of the Integrated Care Partnership in our Integrated Care System
- The principles guiding our approach
- The model for our Integrated Care Partnership in Hampshire and Isle of Wight
- The initial Integrated Care Partnership Engine Room membership and arrangements

1. The Integrated Care Partnership

1.1 The Health and Care Bill puts Integrated Care Systems on a statutory footing from 1 July 2022. 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; and
- help support broader social and economic development.

1.2 These priorities require all partners to work together, many of which have traditionally been led by different organisations. This partnership enables us to bring our expertise together alongside our understanding, connection and representation of local people. This builds on the statutory health and wellbeing boards.

1.3 One of the most important aspects of Integrated Care Systems are the place-based partnerships which operate at local level bringing the local councils, voluntary organisations alongside the NHS and other partners together to improve care. In Hampshire and the Isle of Wight there are four place-based partnerships; Hampshire, Portsmouth, Southampton and the Isle of Wight.

1.4 In addition to these place-based partnership, every system will have an Integrated Care Partnership. The Integrated Care Partnership is a new statutory committee of the Integrated Care System that is jointly convened between the NHS and with local authorities.

1.5 The Partnership (in our case called the Hampshire and Isle of Wight Integrated Care Partnership) operates as a forum to bring local government, NHS and broader partners together across Hampshire and Isle of Wight to facilitate joint action to

improve health and care services and to influence the wider determinants of health and broader social and economic development.

2. The role of the Integrated Care Partnership

2.1 The Integrated Care Partnership will be responsible for setting **the strategic focus** for the Integrated Care System. It will be responsible for creating an Integrated Care Strategy for Hampshire and the Isle of Wight which covers health and social care (adults and children's). This will be built from local assessments of need in Hampshire, Southampton, Portsmouth and the Isle of Wight and address the factors that impact on health and wellbeing – the wider determinants of health.

2.2 After identifying our joint priorities, the Integrated Care Partnership will **facilitate joint action** to improve health and care outcomes in Hampshire and Isle of Wight, and to influence positive impact on the wider determinants of health and wellbeing building on the strong work of health and wellbeing boards.

2.3 The Integrated Care Partnership will be responsible for setting and modelling our system values. The Partnership will **champion inclusion and transparency**, building on local democracy and ensuring the NHS system is connected to the needs of every community and is making progress reducing inequalities and improving outcomes.

2.4 The Integrated Care Partnership is a new meeting in our system and a unique opportunity to come together with a broad range of partners at scale. This gives us an opportunity to do something different and which will add value to our whole system.

2.5 While we have identified the initial roles and responsibilities for the Integrated Care Partnership, we know that these will develop over time. We have an opportunity to shape what the Integrated Care Partnership becomes, and this will be a key role for the partnership over the next year.

3. The principles guiding our approach

3.1 The Integrated Care Partnership will play a role in nurturing the culture and behaviours of our system. National guidance outlined 10 partnership principles for system to consider. We have reviewed these locally and believe that they are a good statement of our intended ways of working:

1. We come together under a **distributed leadership model** and commit to working together equally
2. 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 though difficult issues where appropriate
3. 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
4. We will agree arrangements for **transparency and local accountability**, including meeting in public with minutes and papers available online

5. We will **focus on improving outcomes** for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities
6. We will champion **co-production and inclusiveness** throughout the Integrated Care System
7. We **support the Triple Aim** (better health for everyone, better care for all and efficient use of NHS resources), the legal duties on statutory bodies to co-operate and the principle of subsidiarity (that decision-making should happen at the most local appropriate level)
8. We will ensure **place-based partnership** arrangements are strengthened, respected and supported, and have appropriate resource, capacity and autonomy to address community priorities, in line with the principle of subsidiarity. This may require working with other ICBs
9. We will **draw on the experience and expertise** of professional, clinical, political and community leaders and promote strong clinical and professional system leadership
10. We will create a **learning system**, sharing evidence and insight across and beyond the Integrated Care System, crossing organisational and professional boundaries

3.2 We have identified some features of our style and approach and how we want to work together and operate to support our initial formation and development of the Partnership.

Features of our style and approach	
Our Partnership will evolve and change over time as we work together and learn more	• We know that our initial form will likely look very different to how we operate in the future. It is enough for us to create a model to help us get started and adapt as we learn more. • We can start 'small' on our shared ambitions and build up together as we gain greater understanding of our shared issues and the opportunities in working together.
We will build from what is already working well in the system	• The Partnership is new but will be operating in a complex existing landscape. • There are many existing networks and examples of strong partnership working for the Integrated Care Partnership to connect to. • The Partnership will be most successful where it inclusively builds on existing assets rather than creating relationships from scratch.
Our places are the foundation of the Partnership	• Our system is built from our strong places. • The Partnership will have a particularly close connection with our Health and Wellbeing Boards and their insight into their communities and connection with partners.
We have opportunities through coming together at this scale and will focus on what we can add to our system	• We will be thoughtful about what the Partnership can bring that is different to our system and allows us to deliver for our populations.

	• We know that while we are achieving much through our existing networks that there are some discrete opportunities that we can only realise at the scale of the Partnership. • Together we can have real social and economics force as anchor institutions to drive our priorities.

4. The model for our Integrated Care Partnership

4.1 Across England Integrated Care Systems are adopting a range of different models for how their Integrated Care Partnerships will initially operate. Some systems are adopting static committees while other are taking a broader and inclusive 'assembly' approach.

4.2 Reflecting on our principles and priorities in Hampshire and Isle of Wight we are planning to adopt a mixed model of:

4.2.1 **System assemblies** that will meet throughout the year. 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 sessions per year, with the first assembly being hosted by our **Directors of Public Health** focussing on the needs of our HIOW ICS population.

4.2.2 **An 'engine room'** of the Integrated Care Partnership which will act as the core committee 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.

4.2.3 In Hampshire and Isle of Wight ultimately the Integrated Care Partnership is more than any event or regular meeting. Instead, 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.

4.3 These groups will be supported by a **small programme team** provided by the Integrated Care Board who will provide secretariat, policy and planning support. This programme team will be responsible for coordination and bringing the right partners together around the right issues and seeking out expertise within our system when necessary.

5. The initial Integrated Care Partnership engine room (core committee) membership and arrangements

5.1 We are proposing that the Integrated Care Partnership is supported by an engine room which acts as the core committee for the work of the Partnership. This engine room brings together partner representatives as equal members.

5.2 We are proposing an initial membership that can adapt over time to include:

- 4 x county and unitary Local Authority representatives from Hampshire County Council, Portsmouth City Council, Southampton City Council and the Isle of Wight
- 4 x county and unitary Health and Wellbeing Chairs: Hampshire County Council, Portsmouth City Council, Southampton City Council and the Isle of Wight Council
- 1 x District and Borough representative
- Integrated Care Board Designate Chair
- Integrated Care Board Designate Chief Executive
- 1 x Integrated Care Board Non-Executive Member
- 1 x Healthwatch representative
- 1 x voluntary, community and social enterprise sector representative from Hampshire Isle of Wight Voluntary Alliance (HIVA)
- 1 x NHS Provider Chief Executive representative
- 1 x NHS Provider Chair representative
- 1 x Primary Care clinical representative
- 1 x Fire representative
- 1 x Police representative

5.3 The engine room as a core committee will initially be chaired by the Integrated Care Board Chair.

5.4 We anticipate that the first meeting will occur in July 2022 and will be an opportunity to amend and ratify these terms of references.

6. The initial aspirations for our Integrated Care Partnership Assemblies

6.1 The Assembly is an opportunity to work with the broadest range of partners against our identified priorities that will make the biggest impact on our populations.

6.2 The membership of any assembly will adapt to respond the topic selected, but we anticipate that this will include a broad range of partners to include (but not be limited to):

- Local authority leadership, including Directors of Adult Social Care, Directors of Children Services, Directors of Public Health
- Elected Members
- Health and Wellbeing Board Chairs/Vice-Chairs
- Non-Executive Directors
- NHS provider Trusts
- Primary Care
- Voluntary Sector
- Academic Health Science Networks
- Universities
- Clinical and care professionals
- Fire Services
- Police Services
- Local Economic Partnership representatives

- Business representatives

6.3 Our first assembly will be a synthesising event in September to build our system strategy. Our focus will be on bringing together the necessary data, intelligence and insight from our places to drive our strategic approach.