

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	15 December 2022
Title:	Integrated Care Strategy Development
Report From:	Ros Hartley, Director of Partnerships, Hampshire & Isle of Wight ICS

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Purpose of this Report

1. This paper provides an update on the development of the Hampshire & Isle of Wight ICS Interim Integrated Care Strategy which has been developed in partnership with local Authorities
2. A draft copy of the Hampshire & Isle of Wight ICS Strategy accompanies this paper. It will continue to be amended up to the end of December.
3. Frimley ICS have also been developing their strategy and will be sharing their final document with the Board in due course following a review of the themes as part of the H&WBB Assembly discussions

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

3. Receive the reports and note the priorities identified in the strategy.
4. Consider its role in helping to deliver the emerging priorities across both ICS's

Executive Summary

5. Hampshire County Council is part of the Hampshire and Isle of Wight Integrated Care System, which was set up in July 2022 as part of the new Health and Social Care Act 2022. The Integrated Care system sees the formation of two

new statutory health and care components; the Integrated Care Board and the Integrated Care Partnership.

6. Integrated Care Partnerships are formed of upper tier local authorities and member(s) of the newly formed Integrated Care Board. The partnerships can choose to co-opt other members. Their primary purpose is to develop the Integrated Care Strategy for the Integrated Care System and to oversee and ensure the delivery of this strategy.
7. Whilst the Integrated Care Partnership is still in formation, there is a national requirement that Integrated Care Partnerships write an Interim integrated care strategy by December 2022.
8. Work has been ongoing over the last year, alongside partners in Local Authorities and other partners (e.g. Fire and Rescue, Police, Voluntary and Community Sector, Healthwatch, Local residents etc.) to build a case for change based on local evidence and insight in order to develop the strategic priorities for health and care in the Hampshire and Isle of Wight System.
9. The purpose of the Hampshire and Isle of Wight Integrated Care Strategy is to describe our ambitions and priorities across the system where we can achieve tangible benefits by working together as a new, wider partnership. It should build on the work of the Local Health and Wellbeing Boards, which should not duplicate, but set priorities where joint working, beyond place, is most helpful.
10. The Hampshire and Isle of Wight Integrated Care Partnership is establishing the governance support required to ensure the partnership is successful in the delivery of the strategy.
11. The attached strategy sets out the proposed strategic priorities for the Hampshire and Isle of Wight System but is still in draft form as it continues to have final amendments made throughout December
12. A final version will be circulated to the Board toward the end of December. Partners will then work together to further develop the detailed delivery plan and refine the strategy to ensure the priorities remain relevant and progress against them is measured.
13. The Hampshire Place Assembly will continue to provide a forum for a wide range of colleagues from many organisations to have a discussion about the strategic priorities from both Hampshire and the Isle of Wight ICS and Frimley ICS to make it real for the residents of Hampshire.

Conclusions

14. The daft strategy has been developed in partnership with local authorities; the Joint Strategic Needs Assessment and Health and Wellbeing Strategy for Hampshire alongside those of our other local authorities which have been used to inform the case for change and priorities.
15. The strategy has been developed in close partnership working with the Directors of Public Health from the local authorities to ensure that it builds on and supports the work ongoing at a place level. To ensure the effective delivery of the strategy, it is recognised that partnership working with our Health and Wellbeing Boards will be vital.
16. Recently released non-statutory guidance sets out the roles and duties of H&WBBs and clarifies their purpose within the new system architecture. [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)
17. It recommends that H&WBBs consider the integrated care strategies when preparing their own strategy to ensure that they are complementary.
18. Along with other local leaders, H&WBBs will continue to lead action at place level to improve people's lives and remain responsible for promoting greater integration and partnership between the NHS, public health and local government.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Integrated Care Systems: design framework	June 2021
Thriving places Guidance on the development of placebased partnerships as part of statutory integrated care systems	September 2021
Health and social care integration: joining up care for people, places and populations	February 2022
Health & Wellbeing Board Guidance	November 2022

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

At this stage, an equalities impact assessment is not relevant because the item for discussion is an update for discussion and noting.