

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	1 July 2021
<b>Title:</b>	Hampshire and Isle of Wight ICS development
<b>Report From:</b>	Richard Samuel, Director of Transition and Development

**Contact name:** Richard Samuel

**Tel:** 02380 725620      **Email:** richardsamuel@nhs.net

#### Purpose of this Report

1. The purpose of this report is to provide an update on the ongoing development of Hampshire and Isle of Wight Integrated Care System (ICS). The update follows publication of the Government White Paper, [Integration and Innovation: working together to improve health and social care for all](#), in February which outlines plans to support the development of Integrated Care Systems (ICSs) as statutory organisations. It has been supported by a recently published [ICS Design Framework](#) from NHS England which sets out the consistent requirements for systems and defines the parameters for the tailoring to local circumstances which is key to success.

#### Recommendation(s)

That the Hampshire Health and Wellbeing Board:

1. Receive the report and note the direction of travel and anticipated development work planned for 2021/22.
2. Note that, while the focus in 2021/22 is on a series of technical, structural and transitional changes, the intention is that this will be followed by a longer period of development. The delivery of an Integrated Care System in readiness for 1 April 2022 is not an end in itself but is intended to provide the foundation for continued and long term development within Hampshire and the Isle of Wight.

## **Executive Summary**

3. This report seeks to provide a concise background on the key proposals set out in the White Paper and the proposed approach established within Hampshire and the Isle of Wight to enable development throughout 2021/22 to enable our system to respond to the proposals.

## **Contextual Information**

4. The White Paper outlines plans for ICSs across every part of England to become statutory bodies, taking on commissioning functions of Clinical Commissioning Groups and some of those of NHS England. This is a progression on the system work which has developed throughout England following the creation of sustainability and transformation plans and the subsequent creation of Sustainability and Transformation Partnerships. As part of national approach, NHS England accepted Hampshire and Isle of Wight STP's application in October 2020 to become an Integrated Care System.
5. As set out in NHS England's ICS Design Framework, legislative reform is planned, with the intention to remove barriers to integrated care and create the conditions for local partnerships to thrive. NHS leaders have been asked, working with partners in local government and beyond, to continue developing Integrated Care Systems during 2021/22, and prepare for new statutory arrangements from next year.

## **Performance**

6. The ambition for ICSs is significant. Successful systems will align action and maintain momentum during transition, with systems continuing to make progress in improving outcomes and supporting recovery while embedding new arrangements for strategic planning and collective accountability across partners.
7. The core purpose of an ICS is to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money, and help the NHS support broader social and economic development

## **Co-Production**

8. The next phase of ICS development should be rooted in underlying principles of subsidiarity and collaboration. While the White Paper recognises that local flexibility is important in designing local approaches, it described common

features that every system is expected to have and develop, as the foundations for integrating care. The reasons given are that:

- decisions taken closer to, and in consultation with, the communities they affect are likely to lead to better outcomes
- 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
- local flexibility, enabled by common digital capabilities and coordinated flows of data, will allow systems to identify the best way to improve the health and wellbeing of their populations.

## Conclusions

9. It is requested that the report is noted and endorsed, recognising that 2021/22 is an iterative period of development.
10. The role of Health and Wellbeing Boards continues to be vital and the development of Hampshire and Isle of Wight ICS as it prepares to fulfil a range of statutory responsibilities from 1 April 2022 is dependent on the leadership and support of a wide range of partners, boards and groups.

## REQUIRED CORPORATE AND LEGAL INFORMATION:

### Links to the Strategic Plan

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

### Other Significant Links

<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

## **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/or noting.