HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	16th June 2022
Title:	Integrated Care Systems Update in Hampshire and Isle of Wight
Report From:	Ros Hartley, Director of Partnerships, Hampshire & Isle of Wight ICS Daryl Gasson, Executive Place Managing Director, Frimley ICS

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Purpose of this Report

1. This paper provides an update on the development of the two Integrated Care Systems (ICS) which will continue to serve Hampshire residents - Hampshire and Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS. This update builds on the last briefing to the Board in October 2021.

2. Since the last meeting of the Board the White Paper on joining up care for people, places and populations has been published and provides significantly more clarity around how place-based partnership working will develop in the future.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

3. Receive the report and note the direction of travel and ongoing development work ready for 1st July 2022

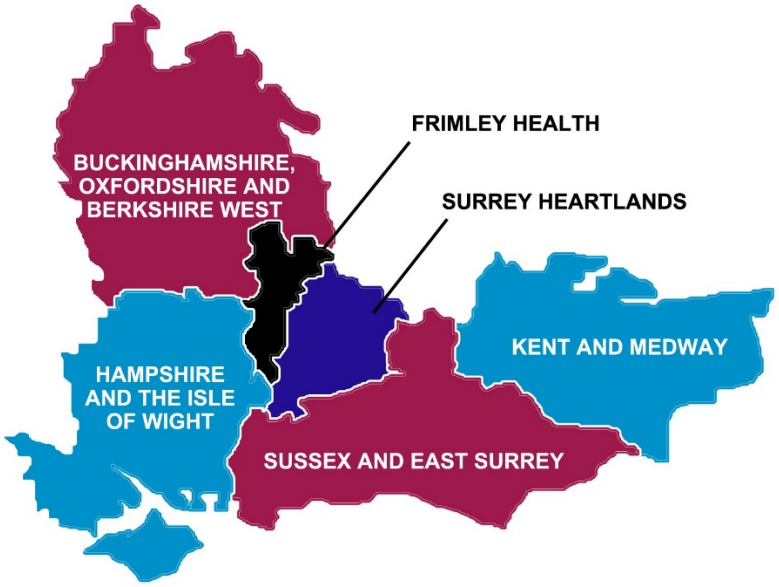
4. Work with other key partners to ensure the role of the Health & Wellbeing Board is clearly defined in the emerging governance framework

Executive Summary

5. From July 2022 Integrated Care Systems will take on the responsibility for improving health and care for residents. It will also be responsible for broader aims such as strategic planning for the area.

6. The NHS was set up primarily to provide episodic treatment for acute illness, but it now needs with its partners to deliver joined-up support for growing numbers of older people and people living with long-term conditions. As a result, the NHS and its partners need to work differently by providing more care in people's homes and the community and breaking down barriers between services.

7. We have two integrated care systems within the Hampshire geography, namely Frimley Health & care and Hampshire & Isle of Wight, both of which are focused on improving population health and reducing health inequalities



8. The Local Authority boundary, combined with historical NHS commissioning arrangements, means that we have a long history of the two areas working together with the Council and there are many services already jointly commissioned including Continuing Heath Care, children's services and maternity.

9. Our systems are working ever more closely together to achieve even better joint working.

10. **The Hampshire & Isle of Wight Integrated Care System** will serve a population of 1.9 million people in Portsmouth, Southampton, Isle of Wight and the majority of Hampshire.
11. **The Frimley Integrated Care System** will serve a population of 800,000 people across Surrey Heath, Slough, Windsor & maidenhead, Bracknell Forest and North East Hampshire
12. Between now and statutory transition in July 2022 we will continue to engage with our partners to find out how we can best work together, identify key areas where joint working will have maximum impact and at the same time design simplified governance and decision making structures that suit us all.

Contextual Information

13. The Government has announced a number of reform packages for health and care across England, which includes:
    - Health and Care Bill, which puts Integrated Care Systems on a statutory footing. This is currently progressing through Parliament and is expected to come into effect from July 2022.
    - 'People at the Heart of Care', a white paper on reforming adult social care published in Autumn 2021.
    - 'Health and social care integration: joining up care for people, places and populations', a white paper published in February 2022.
    - 'Roadmap to recovery', a speech by the Secretary of State for Health and Social Care made in March 2022.

14. We await the legislative processes to conclude and therefore the details set out in this paper are subject to further change.

Definitions

15. There are a number of terms used within this paper to describe concepts as defined by the new legislation. A short explanation of these are as follows:

    Hampshire and Isle of Wight: The naming convention for the new ICS is Hampshire and Isle of Wight including Southampton and Portsmouth.

    Integrated Care System (ICS): the statutory arrangement which brings together local authorities, providers and commissioners of NHS services and other local partners to plan and improve health and care services to meet the needs of their population, made up of an Integrated Care Partnership and an Integrated Care Board.

Integrated Care Partnership (ICP): a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS Integrated Care Board. It is the ICP where we envisage close working with the Health & Wellbeing Board

Integrated Care Board (ICB): An NHS body responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body will take on the functions currently undertaken by Clinical Commissioning Groups (CCGs).

Place: the entity/locality in which local government and the NHS face a shared set of challenges at a scale that often works well for joint action. Our definition of 'place' is with respect to the geographies of the upper tier local authorities in Hampshire and the Isle of Wight.

Clinical Commissioning Group (CCG): the existing NHS body responsible for designing, planning and funding NHS services within the location it serves. From July, CCGs will be dissolved and their functions taken on by the ICB.

Department for Health and Social Care (DHSC): Government department responsible for implementation of national policy.

ICS structure

16. The legislation creates two statutory parts of an ICS: an Integrated Care Partnership and an Integrated Care Board. The Place of Hampshire will report link into both ICS governance structures as shown in diagram 1 below.

17. The draft governance structures work in the form of a matrix, given there are programmes which will be undertaken at an ICS level which will naturally link with the work at place, and vice versa. For example, we are proposing transformation programmes will be undertaken at an ICS level to focus on strategic level work and outcomes. Provider collaboratives and local delivery systems (Hampshire specific and focussing on acute footprints) will often cover more than one place

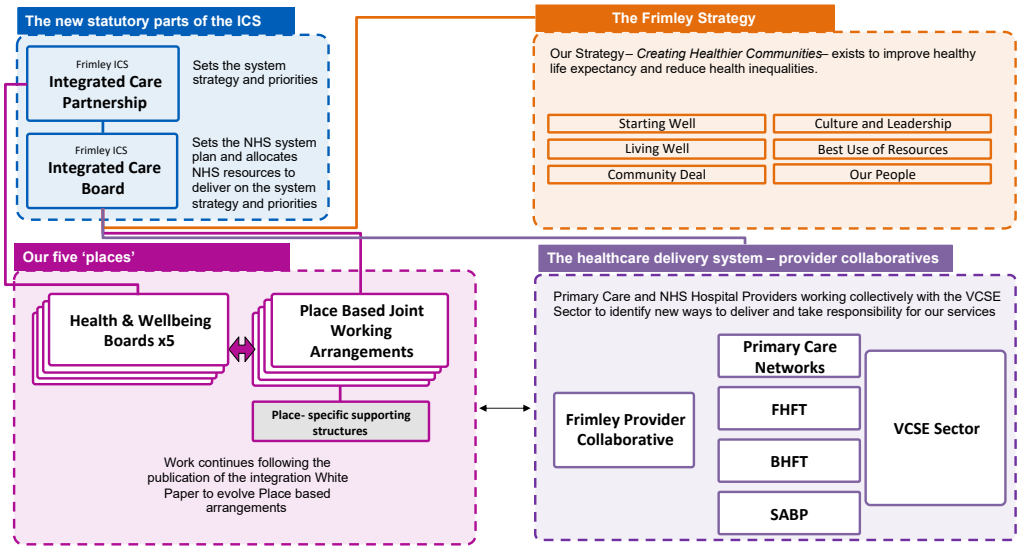
18. Workshops with partners to help design the new ICS have taken place throughout 2021/22 and are continuing. This includes workshops with the

voluntary and community sector, all Healthwatch organisations in Hampshire and Isle of Wight, and existing CCG staff.

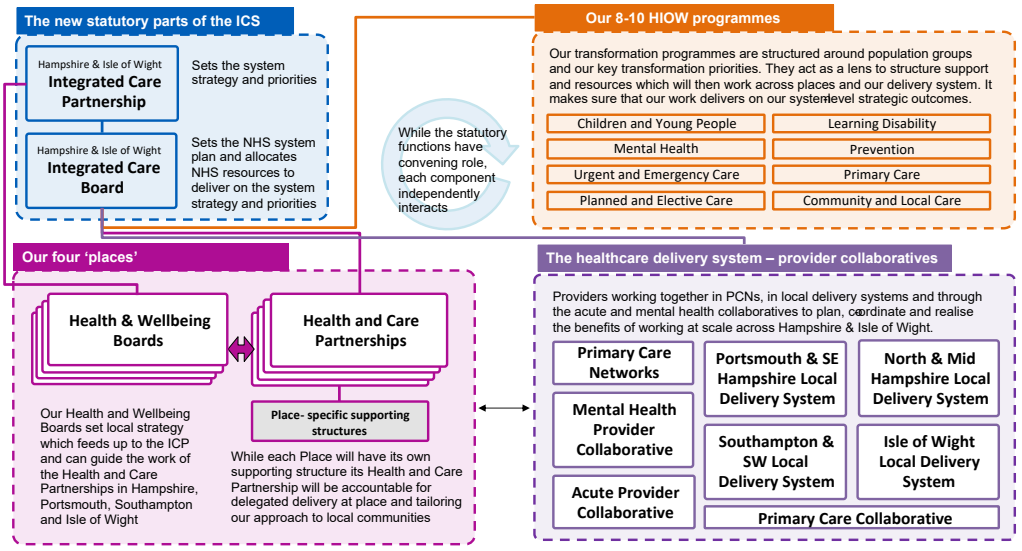
19. Further engagement with partners has also commenced to consider:
    - How NHS money will flow and financial delegation to place
    - Other NHS responsibilities and functions to be carried out at place
    - The management structure in the ICBs which brings leadership to places,
    - The planned governance model for place – including how HWBBs link to the ICPs and how existing governance between CCG Boards and places will transition to the ICB.

Diagram 1

How each aspect of our system functions – Frimley ICS



How each aspect of our system functions – HIOW ICS



Integrated Care Partnerships

20. In Hampshire and Isle of Wight and Frimley ICS's we have the opportunity to develop the ICPs as a key driving force in our systems. They will be responsible for defining our system strategy and ambition and setting the tone and culture for partnership working. They 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 our populations. There is the opportunity for the ICPs to bring different perspectives and ways of thinking together, uniting everyone working to improve health and care, extending beyond our traditional partners locally.

21. In Hampshire there have been a series of discussions with members of the Health and Care Leadership Group, made up of CEOs from local authorities and the NHS, and other partners about the development of the ICP. This included discussions with Healthwatch, district and borough council chief executives from Hampshire, voluntary and community sector leads, Hampshire Fire & Rescue, Hampshire Constabulary and NHS providers.

22. There is a strong desire from partners to be involved in the ICPs and for it to be an inclusive partnership beyond those organisations directly responsible for health and care.

23. 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 to engage with systems to inform the guidance on the integrated care strategy
July 2022	ICP formally established by local authorities and ICBs (subject to parliamentary passage)
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.

Indicative date	Activity
June 2023	DHSC refreshes integrated care strategy guidance (if needed)

Integrated Care Boards (ICB)

24. The Integrated Care Boards for Hampshire and Isle of Wight and Frimley are the statutory NHS bodies which will take on duties and responsibilities which currently sit with the Clinical Commissioning Groups (CCGs) covering the area.

25. Its purpose is to bring leadership to the NHS and is accountable to NHS England for the performance of the NHS, for strategic planning for the NHS, for the allocation of the circa £3.5 billion NHS resource for Hampshire & Isle of Wight and Frimley, and for ensuring effective collaboration, governance and contractual arrangements.

26. The board of an ICB differs from a CCG. Whereas CCGs are GP-led bodies and often have lay-member representation with non-voting members, such as local authorities, the ICB will have a unitary board. This means all members act as a single body to make decisions with shared corporate accountability. As such, the process to determine membership from partner organisations is regulated and a three-step process is required to appoint members and is currently underway. Eligibility criteria is required, followed by a nomination/application process, and then the final selection decided by the ICB chair-designate.

27. **In Hampshire and Isle of Wight** our Chair and Chief Executive, Lena Samuels & Maggie MacIsaac respectfully, have been appointed. Nominations are underway for Five Local Authority partner members drawn from the county council, unitary and district / borough councils

28. Other members will include two Primary Care partner member and two NHS Provider partner members

29. **Frimley Integrated Care Board** level executive and non-executive positions are now complete and we are in the final phase of working with partner organisations to identify a further eight colleagues to join the Board.

30. These eight seats will be filled with members who are working in the Local Authority, Primary Care and NHS Provider sectors and will ensure we bring a true system partnership approach to how the ICB takes decisions for the benefit of our population.

Development of 'place'

31. The White Paper on 'Joining up care for people, places and populations' published in February 2022, has been widely welcomed and provides significantly more clarity around how place-based partnership working will develop in the future. It identifies the value place based arrangements to bring together NHS and local authority leadership including responsibility for effective delivery and commissioning of health and care services, in addition to wider partners, such as the voluntary, community, social care and social enterprise sector.

32. It explains that all places within an ICS should adopt a model of accountability by Spring 2023. There should be a single person, accountable for shared outcomes in each place or local area, working with local partners. This could be an individual with a dual role across health and care or an individual who leads a place-based governance arrangement. The paper notes a 'place board' brings together partner organisations to pool resources, make decisions and plan jointly.

33. The White Paper also indicates that new flexibility around finances will be legislated for, to allow for more to be possible around budgets being aligned and pooled together. The Government has committed to review section 75 of the 2006 Act which underpins pooled budgets, to simplify and update the regulations.

34. There is agreement between the CCGs and Hampshire County Council, as the existing statutory members of the Integrated Care Board Board, that this board should be reconstituted as the strategic place-based board for Hampshire, with representation from leaders of key partner organisations in the county. It should be linked to decision-making structures in all statutory organisations that participate and determine the scope of a pooled budget. In line with the guidance in the recent White Paper, the new Place based Board will be responsible for:
    - Effective delivery and commissioning of health and care services, through joint planning and decision making
    - Setting and agreeing shared outcomes and be accountable for delivery of these outcomes

- Increasing integration and pooled resources

Conclusions

35. Development of the ICS and its governance will continue beyond its formal launch on July 1st. ICS arrangements are new, but look to build on the integration already in place and particularly newly forged relationships between statutory partners working closely through the pandemic

36. The role of Health and Wellbeing Boards continues to be fundamental in driving improved outcomes for the local population but will also need to support the development of the wider Integrated Care System strategies and have appropriate representation on the new Integrated care Partnerships

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	
Title	Date
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**

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 disproportionally 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.