



Hampshire Health and Wellbeing Board

STP System Reform proposals

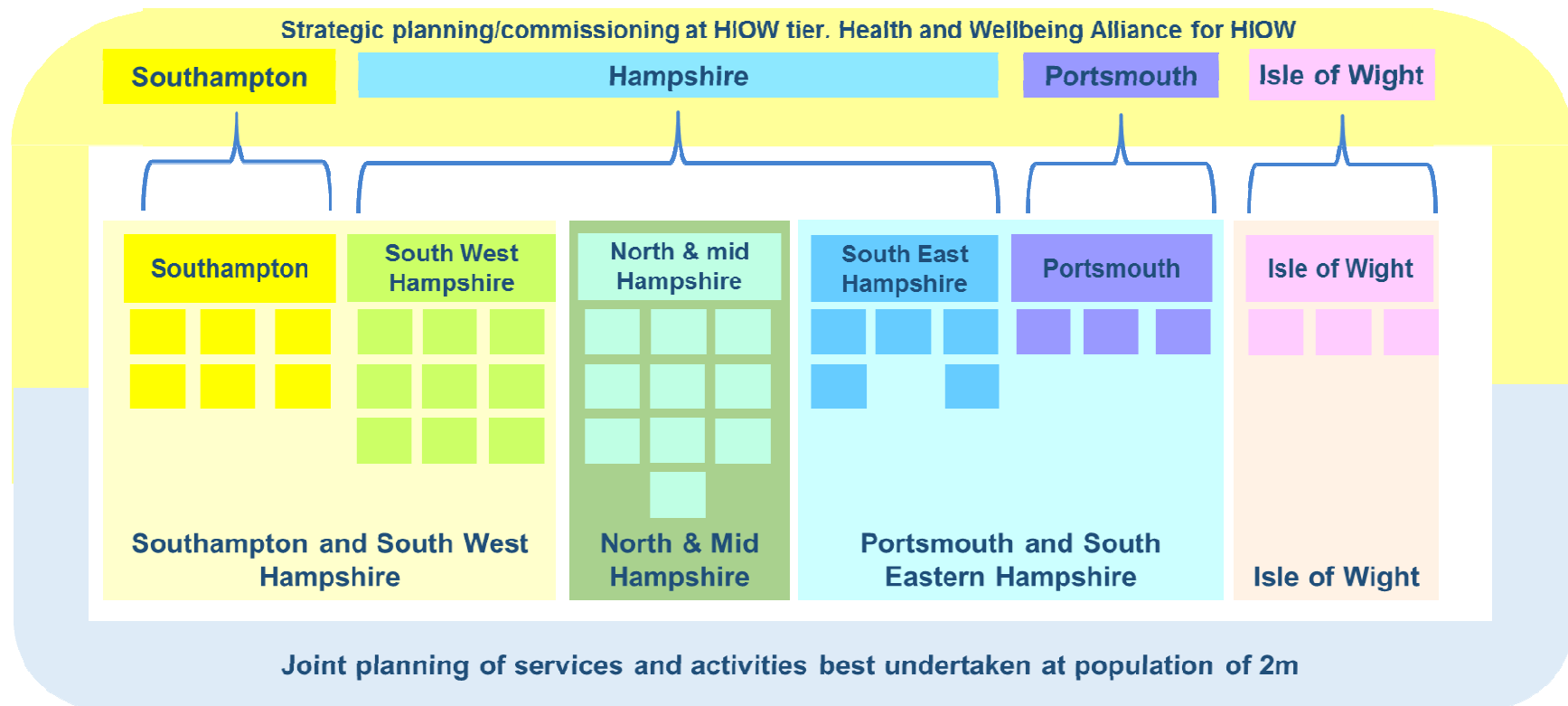
Hampshire and Isle of Wight ICS

What is an integrated care system (ICS)?

NHS England defines an ICS as a system in which:

“Commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations.”

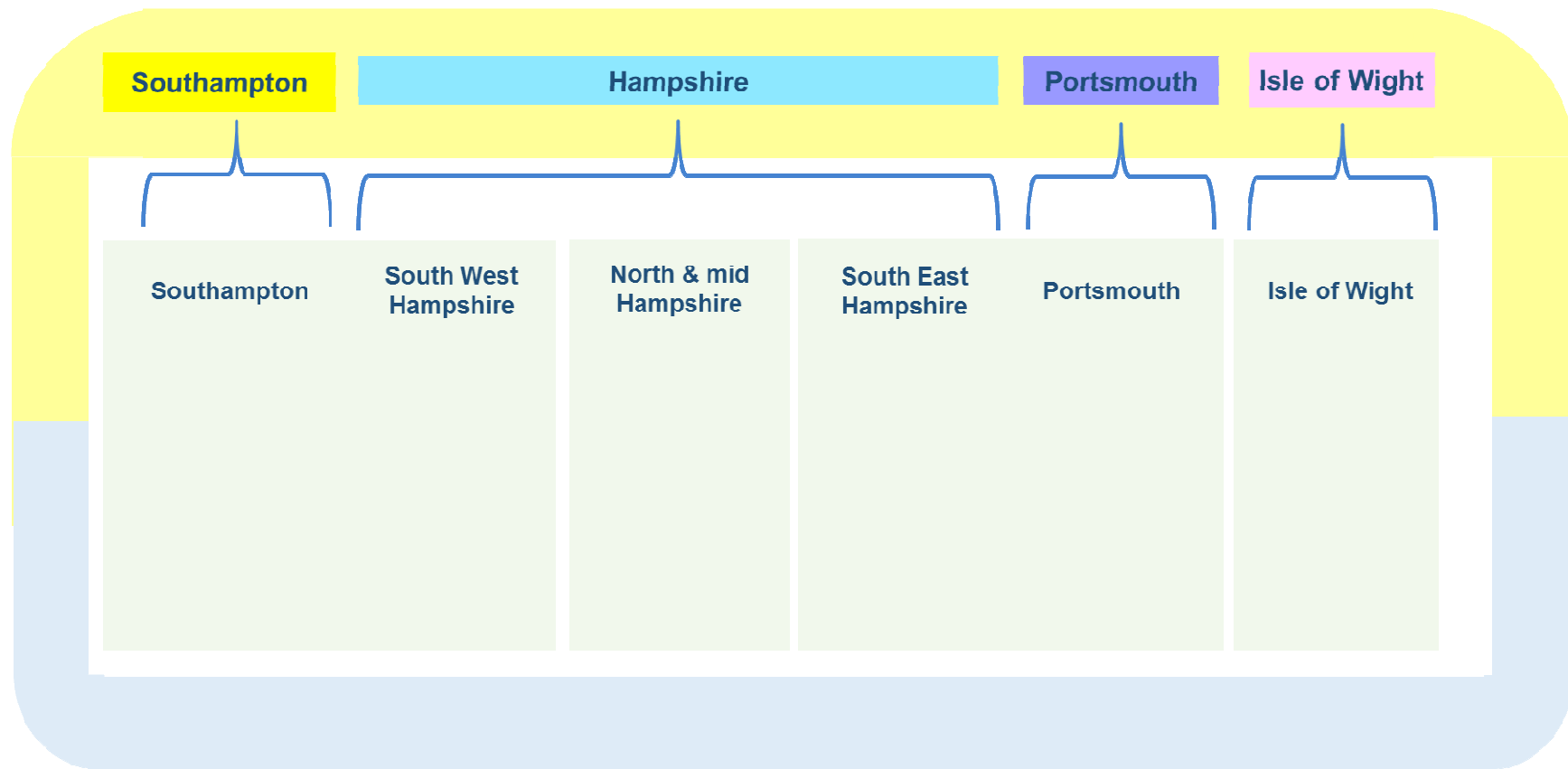
Proposed structure of a HIOW ICS



Activities at a scale of 2 million+

Strategy and Planning	<ul style="list-style-type: none"> • Clear commissioning priorities agreed for HIOW • HIOW system strategy and priorities being refreshed/updated • Demand and capacity planning for HIOW acute services • Agree aligned planning process for 2019/20-2020/21 	<ul style="list-style-type: none"> • CCGs, providers & LAs setting shared strategy & priorities for HIOW with aligned health & LA planning processes • Fully own a single HIOW system operating plan that brings together plans of constituent parts of the system
Care Redesign	<ul style="list-style-type: none"> • Decisions being made about future configuration of acute physical health and mental health crisis and acute care • Leadership of plans to improve urgent care for HIOW, including oversight of delivery of the Integrated Urgent Care Plan • Decisions about community services provision for Hampshire 	<ul style="list-style-type: none"> • Well developed plans being enacted to support the development of integrated care partnerships • Programme managing the implementation of HIOW level strategic change programme • Leading on implementation of acute service and estate reconfiguration
Workforce development	<ul style="list-style-type: none"> • Understanding the workforce issues for the system • Influencing the addressing of key workforce issues 	<ul style="list-style-type: none"> • Strategic workforce plan in place and being implemented • Influencing future workforce supply and training requirements
Accountability & performance management	<ul style="list-style-type: none"> • Oversight of HIOW winter resilience and preparedness • Oversight of delivery of integrated urgent care plan • Acting as interface with assurance bodies for HIOW 	<ul style="list-style-type: none"> • Collective oversight of quality, operational performance and money • Acting as the assurance body for HIOW – supporting the system to take action to improve performance and address challenges without the need for outside intervention
Managing collective resources	<ul style="list-style-type: none"> • Agree system wide capital and estate priorities and sign off wave 4 capital allocations • Develop understanding of whole system financial plans and financial risks • Plan for aligned management of specialised commissioning 	<ul style="list-style-type: none"> • Take accountability for a HIOW system control total • Managing collective finances & risk openly and as a system • Aligning resources flowing into HIOW to achieve priorities • Support integrated care partnerships to take delegated budget • Managing the specialised commissioning budget
Leadership & governance	<ul style="list-style-type: none"> • CCGs operating with a single decision making committee for HIOW level commissioning business • All STP partners involved in the design of the future HIOW level system strategic planning, implementation and assurance function • STP partners providing leadership to strategic change programmes 	<ul style="list-style-type: none"> • A single coherent entity in place that brings together HIOW level CCG functions, STP and NHSE/I functions • Strategic alignment of providers, commissioners and local authorities around the system strategy and priorities • Clear clinical leadership for the system and input from HWB footprints and integrated care partnerships in decision making

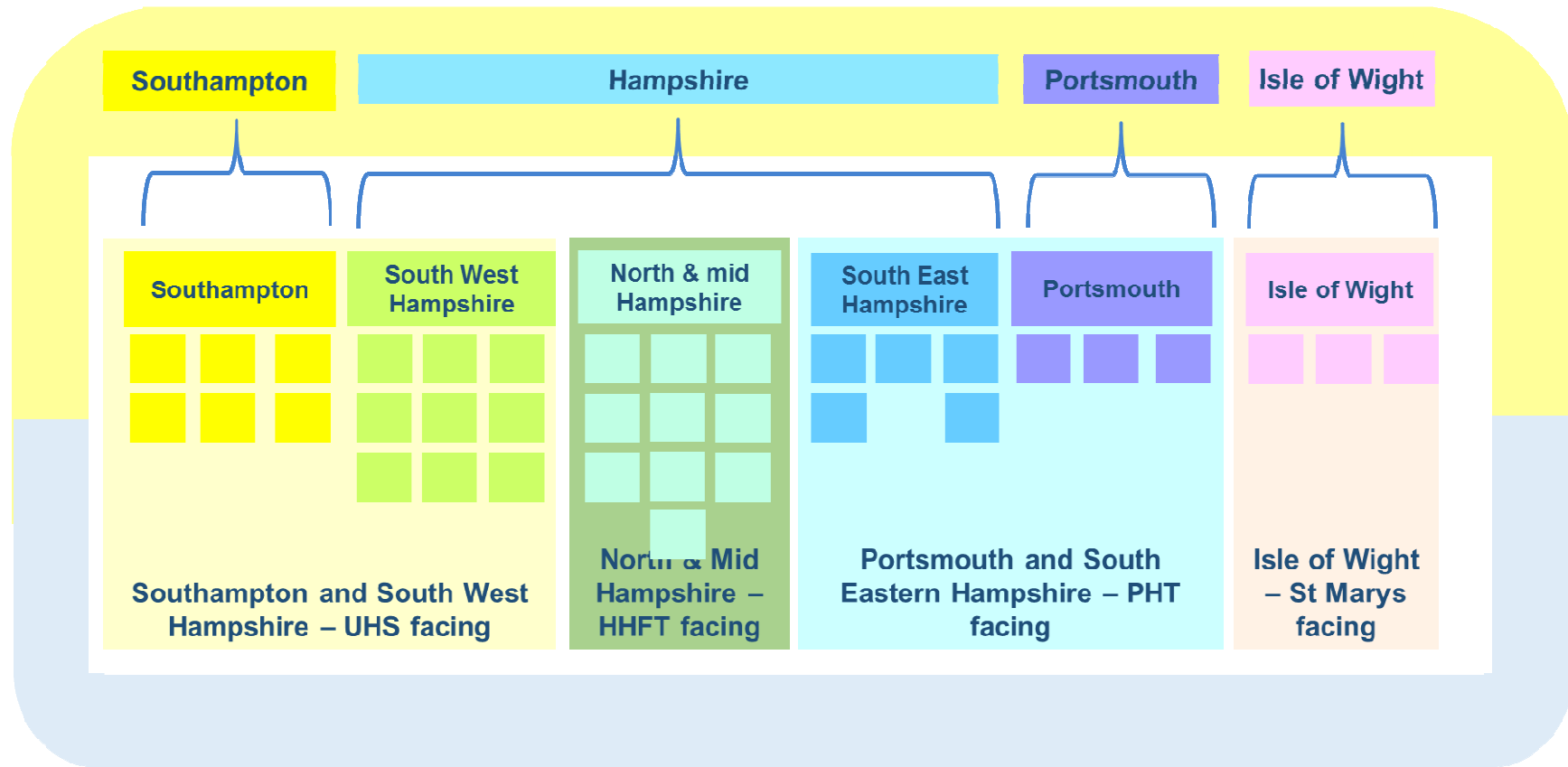
Strategic planning for place, at scale: Health and Wellbeing Board footprints



The benefits of undertaking planning, transformation and delivery on HWB / Local Authority footprints

Principle	Implications
Local Democratic Accountability for health and care	The statutory role of the Health and Wellbeing Boards with their political and clinical leadership means that they are central to the governance of health and care planning for a 'place'. The sustainability of our health and care systems depends on public and political acceptability and support, as well as the right design and delivery system. NHS and local government working together within these footprints provides the opportunity for active and effective democratic public engagement for a 'place' with strong, equitable relationships between health and local government leaders. There is also the opportunity to bring greater, systematic democratic accountability at cluster level in the future system.
Integrated Delivery and Integrated Commissioning	Where it will deliver better outcomes for residents, there is broad consensus that service delivery should be integrated at every level. To fully achieve this ambition, NHS and local government planning, commissioning and transformation also needs to be integrated, and NHS and local authority resources aligned to support cluster development. Cross-sector partnerships of public, private, voluntary and community organisations have important roles to play in all systems.
A whole person and whole population focus for a place	Our shared ambition is to improve health and wellbeing, and success should therefore be measured in terms of improved wellbeing, independence and social connectivity, not only on the basis of health service delivery metrics. This means that the scope of our collective work on Local Authority footprints goes beyond health services and social care, bringing a whole person, whole life, whole population focus - planning and delivering improvements that impact across a wide range of domains, including (eg) housing.
Focus on prevention and early intervention	Our STP vision places prevention, early help and early intervention at the top of our shared objectives for Hampshire & Isle of Wight. Local Authority footprints are where we collectively plan and deliver prevention and earlier intervention activity for 'the place'. Unitary and lower tier authorities have responsibilities for issues that impact on the wider determinants of health, including housing.
Ability to align and pool funding	CCGs and Local Authorities are able to align and pool resources for a place, which creates significant opportunities to deliver better value for residents from the combined budget.

Local Care Partnerships: supporting residents around acute hospital catchment areas



LCPs: an example of a different approach

We anticipate seeing:

- CCGs deploying their people and resources to work collaboratively with other CCGs in the local care system and with providers
- Providers making decisions and delivering care together – provider alliances
- CCGs, NHS providers and potentially local authorities sharing corporate support services and infrastructure?
- Over the next 18 months, working through together the impact on financial flows, contractual models and organisational forms (drawing national models such as the LCP contract consultation)

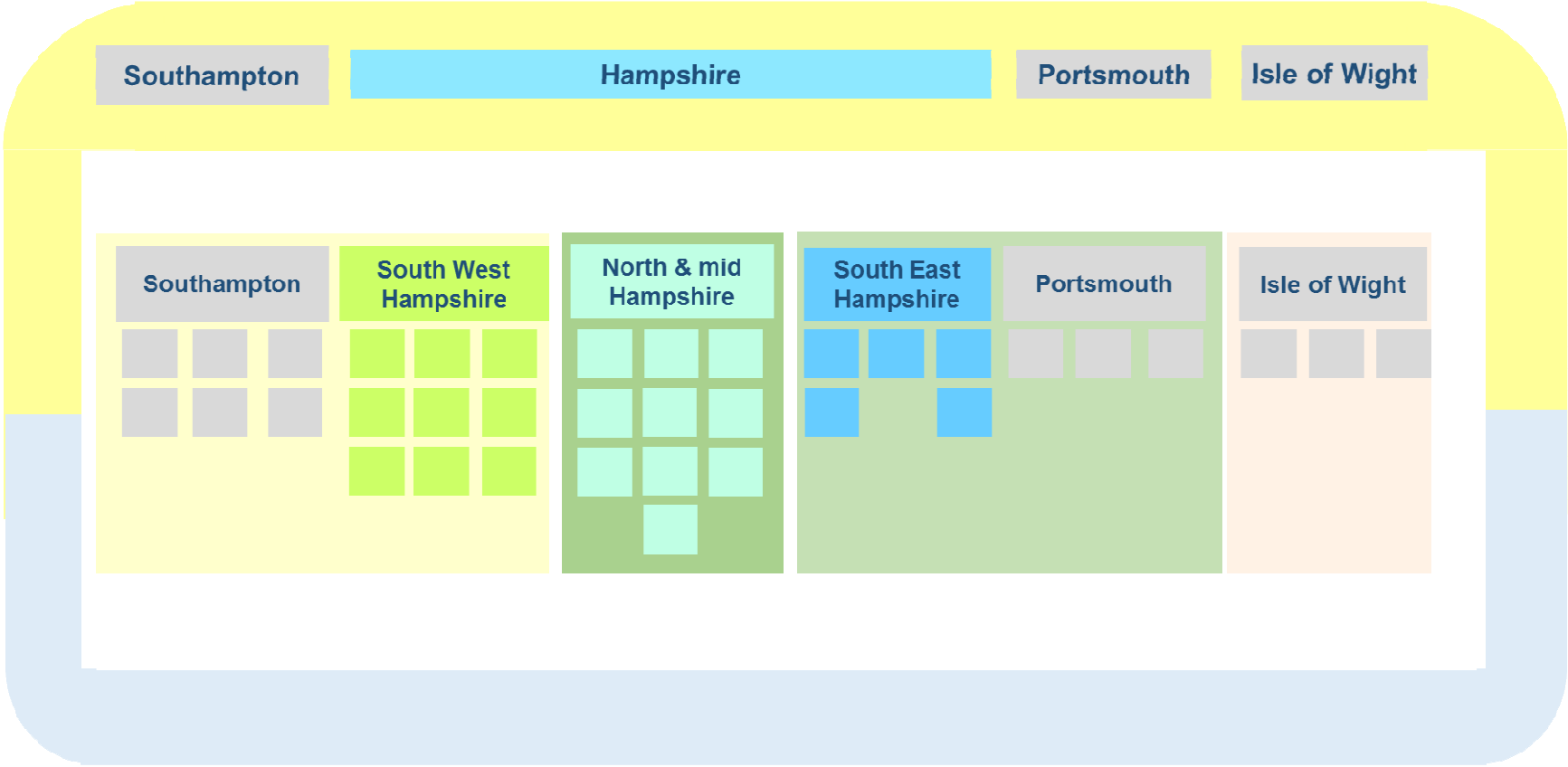
Enabling us to have:

- Better grip on improving the money, performance and quality
- Integrated care partnerships supporting clusters to develop and thrive
- Whole system implementation of improved care pathways, and reduction in unwarranted clinical, operational and service variation
- Collective support for all services in the integrated care partnership to meet operational performance and quality standards
- Reduced transaction costs

The LCP Task and Finish Group has been developing a vision of how the future might look. Each LCP will develop proposals that reflect their local context, challenges and opportunities



Integrated community clusters: the operational, local building blocks



The developing role of clusters

Strategy and Planning	<ul style="list-style-type: none"> • Cluster priorities identified and delivery plan in place • Cluster level population data available and used to support priority setting and planning 	<ul style="list-style-type: none"> • Longer-term cluster objectives being shaped, informed by data • Mechanism in place for co-production of plans and services with local people
Care Redesign	<ul style="list-style-type: none"> • Practices working together to improve access and resilience • Core cluster team membership defined • Integrated primary and community care teams in place with joint assessment and planning processes • Prototypes in place for highest risk groups • Gap analysis undertaken, end state defined for key functions 	<ul style="list-style-type: none"> • Components of delivery model in place for each of key functions (minimum 50% completion) • Active signposting to community assets in place • Shift of specialist resources into cluster teams • Integrated teams fully functioning and include social care
Workforce development	<ul style="list-style-type: none"> • Cluster workforce plan defined with targeted action to support recruitment/retention of key roles • Cluster level OD/team development plan in place 	<ul style="list-style-type: none"> • Development of new/extended roles in cluster teams to meet local need • Beginning to share workforce and skills within clusters
Accountability & performance management	<ul style="list-style-type: none"> • Information sharing agreements in place between all partners • Plan for shared care record confirmed • Cluster responsibilities documented via MOU/alliance agreement 	<ul style="list-style-type: none"> • Data used to drive improvement and reduction in variation within and between clusters • Shared care record (health) in place • Cluster monitoring impact on key outcomes
Managing collective resources	<ul style="list-style-type: none"> • Cluster assets mapped to inform future planning (estate, back office, people, funding) • Resources identified to enable/support cluster plan delivery (eg change management) • Cluster level dashboard including outcomes in place 	<ul style="list-style-type: none"> • Shift of specialist resources into cluster teams • Clusters have sight of resource use and can pilot new incentive schemes • Cluster level plan to optimise use of assets and early components in place
Leadership & governance	<ul style="list-style-type: none"> • Dedicated professional and operational leadership in place in each cluster • Governance arrangements in place in each cluster, eg cluster board • Cluster partners identified and engaged in the development and delivery of the cluster plan • Cluster engaged in integrated care partnership decision making 	<ul style="list-style-type: none"> • Cluster leadership embedded with defined responsibilities for co-ordination of cluster responsibilities • Mechanism in place to share learning between clusters • Practices have defined how they wish to work together going forward • Cluster is full decision making member of integrated care partnership