

HAMPSHIRE COUNTY COUNCIL

Report

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| Committee | Health and Wellbeing Board |
| Date: | 6 October 2022 |
| Title: | Integration and Better Care Fund Plan 2022/23 |
| Report From: | Director of Adults; Health and Care |

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Purpose of this Report

1. The purpose of this report is to update the Health and Wellbeing Board on the recent developments associated with the Hampshire Integration and Better Care Fund (IBCF) Plan. It also records that due to a mismatch between national planning requirements and local Health and Wellbeing Board arrangements, the Executive Member agreed Chair's action to enable the submission of the 2022/23 Hampshire plan.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. The Health and Wellbeing Board is asked to note the approach to the 2022/23 Better Care Planning requirements.
3. To note that due to a mismatch between national planning requirements and local Health and Wellbeing Board arrangements, Chair's action was invoked to enable submission with required timescales.

Executive Summary

4. This report outlines
 - The background to the Integrated Better Care Fund / Better Care Fund
 - Key messages including a joint vision for a collaborative and integrated Health and Social Care pathway
 - Governance (including the role of the Hampshire Place Board) of the BCF and associated funding
 - Performance monitoring during the year
 - Future direction for the BCF and associated funding

Contextual information

5. Introduced in 2013, the Integration and Better Care Fund (IBCF) intended to establish a nationally agreed single pooled budget to blend investment from the NHS and Local Government with the aim of strengthening local joint working in support of the drive towards local integration. The policy required Clinical Commissioning Groups (CCGs) and Local Authorities in every area of England to pool budgets based on a nationally determined value and to agree an integrated spending plan. The stated aim of the policy at the time was to protect Social Care services (not spend).
6. The latest policy requirements for 2022/23, published in July 2022 provided the framework for an update to Hampshire's plan. The plan consists of:
 - A narrative plan
 - A demand and capacity plan
 - A completed BCF planning template, including: -
 - planned expenditure from BCF sources of confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams
 - ambitions and plans for performance against BCF national metrics
 - any additional contributions to BCF section 75 agreements.
7. Our Full Year effect 22/23 Hampshire Better Care Fund (BCF) narrative plan describes the high-level vision for Health and Social Care services for the population served by the Hampshire Health and Wellbeing Board through the Hampshire and Isle of Wight Integrated Care System, Frimley Integrated Care System and Hampshire County Council. It builds on our previous submissions, demonstrating how the BCF investment supports our continued drive towards integrated Health and Social Care services delivery and explains how our system is working to meet national conditions as well as improving collaborative and partnership working at the place-based level.
8. The narrative set out in the policy requirements has been developed and submitted in accordance with nationally prescribed timescales.
9. The submission of the plan was agreed by the Executive Member under Chair's action having been approved for submission by:
 - Both CCG Chief Accountable Officers and Chief Finance Officers
 - The Chief Executive of Hampshire County Council
 - The Section 151 Officer, Hampshire County Council
 - The Director of Adults' Health and Care.

Key Messages

10. Our agreed joint vision has always been for a collaborative and integrated Health and Social Care pathway, supporting people to be as independent as possible and to remain in their communities.

11. The key changes since the previous year's Better Care Fund plan remain linked to the out of hospital model but with a wider emphasis on:
- admission avoidance – so reducing flow into our Acute Hospitals in the first place
 - maintenance of the individual in their own community – place-based support through a wide range of services
 - assessment outside of a hospital space to reduce discharge waits –
 - D2A models for both Health and Social Care through Reablement and community-based services
12. We continue to allocate significant funds to these services, as indicated in the table below:

BCF Funding Allocation FY 22/23

| Strategy | Activities | BCF Allocation |
|--|---|----------------|
| Admission Avoidance | <ul style="list-style-type: none"> • Carers strategy • Day Care • Urgent Community Response • Winter Pressure schemes • Step Up Services | £17M |
| Maintenance of the individual in their own community | <ul style="list-style-type: none"> • Disability Facilities Grants • Assessment responsibilities • Reablement • Hampshire Equipment Services • Domiciliary Care /Provider support • SHFT community services • FHFT community services • Tech Assisted Services | £109M |
| Assessment outside the hospital space | <ul style="list-style-type: none"> • Reablement /IIC service delivery • SHFT community services • FHFT community services • Care Provider support and management • Advocacy • Day Services | £17M |
| Total | | £143M |

13. The previous Integrated Commissioning Board reviewed the existing BCF arrangements in the summer of 2021 and concluded that all schemes were necessary and aligned to our joint priorities, with no opportunity to redirect any funds without there being a consequence for the area being supported.
14. It was recognised that the BCF arrangements could go further and wider and as part of transitioning to the new, Hampshire Place Board, it is important that the BCF morphs into a more robust and comprehensive arrangement and is then built upon to better reflect the shared intention to collaborate further and/or integrate more of what we do every day.

15. An underlying objective of working ever more collaboratively is to look at areas for development and to continue to 'push' for what is in the BCF, to be appropriately added to, with the value of budgets/funds that go through it increasing year on year as more of the work programmes that the NHS and the Local Authority has a joint and vested interest in are agreed to be taken forward jointly. This will enable greater amounts of the overall financial resources that the parties are responsible for, to be either pooled, aligned or earmarked for a greater array of joint initiatives.
16. Over the coming months Health and Social Care leads will continue to review the BCF investments particularly in terms of outcomes and increasing knowledge of what is being supported. This will enable the work described above to widen what is included in the BCF and for a joint longer-term strategy that confirms the areas of work to be developed.
17. The immediate priorities will drive performance against the following BCF metrics:
 - Admission Avoidance; target growth of 4% of Avoidable Admissions to the nationally held baseline (9% growth from the locally held baseline).
 - Discharge to Usual Place of Residence; maintenance of strong "Home First" performance that currently sits above 92%.

NB: The system has noted an increase of acuity and dependency of patients leaving hospital and as a consequence, there has been a growth in demand for Pathway 2 (interim bed) support in particular.

Hampshire Integration and Better Care Fund Plan

18. The Hampshire IBCF plan describes the high-level local vision for Health and Social Care services for the population served by Hampshire Health and Wellbeing Board through Hampshire, Southampton and Isle of Wight and Frimley Integrated Care Systems (ICSs) and Hampshire County Council. It builds on previous submissions, demonstrating how the IBCF investment contributes to the care and support of residents in the community and supports the move towards more integrated health and social care services delivery.
19. In essence the plan describes the IBCF as an enabler that supports our whole Hampshire system to deliver "joined up" Health and Social Care that meets the needs of local people in communities. It also describes how many partners are working to commission and deliver services to meet expectations of the NHS Long Term Plan and the Adults' Health and Care Strategy 2018 - 2023.
20. This approach supports the delivery of high quality, integrated person-centred Health and Care that removes artificial divides between primary, community and secondary Healthcare and Social Care. The plan promotes a prevention-based approach, wherever possible, to support individual health seeking behaviour, building patient activation and behavioural change. The IBCF investment is being targeted to make a direct impact to achieve the following:

- Improve health related quality of life for people with long-term conditions
- Help older people to recover their independence more quickly after illness or injury.
- Increase independence and self-reliance so that people retain control of their lives

21. In the longer term these changes to lifestyle will:

- Reduce premature and total mortality from the major causes of death;
- Reduce the difference in life expectancy between people living in the least and most deprived areas.

22. All providers and commissioners across Hampshire that are working within their local Integrated Care Partnerships (ICP) have designed, developed, contracted for and provide services that can care for people at locations as close to their home as possible, supporting them to manage long-term conditions, to live with dignity and independence at home and in the community and to access high quality hospital services when they need it.

Governance

23 As we move forward through 2022/23 and linked to the developing new ICS governance arrangements that has seen the recent establishment of an Integrated Care Board (ICB), we have established a Hampshire Place Board (please see Appendix A for the Boards Terms of Reference) to oversee and decide upon collaborative Health and Social Care commissioning. The Hampshire Place Board replaces and builds on the work of the previous Integrated Commissioning Board that led on strategic collaborative work between the CCG's covering Hampshire and North-East Hampshire and Hampshire County Council.

24. One of the key responsibilities for the Hampshire Place Board (HPB) that oversees the strategic relationship and key work areas between the Hampshire ICS's and Hampshire County Council's Adults Health and Care (combining Adult Social Care and Public Health) is to ensure that the Better Care Fund is robustly governed and is regularly monitored/reviewed.

Investment

25. In 2022/23, the value of the Hampshire BCF has increased to £143.5M. This sum includes the Health minimum contribution of £98M of which £64M is invested in NHS community-based services. There are no additional funds invested by stakeholders in the BCF plan. Due to the national delay in publication the plan has already largely been implemented for this year and spend has been allocated. The summary of investment is provided in Appendix 1 and supports:

- Community Nursing and Therapy Services
- Community Independence interventions

- Hospital Discharge Teams
 - Reablement including a contribution to Hampshire Equipment Services
 - Care Act duties
 - Carer Support including day opportunities
 - Palliative Care
26. As expected, the plan explains how Health and Social Care partners across Hampshire are working to use this investment in the context of national conditions and nationally determined performance metrics.

Performance Monitoring

27. There are 4 National conditions that are assessed through a national assurance process:
- A jointly agreed plan between local Health and Social Care commissioners and signed off by the Health and Wellbeing Board
 - NHS contribution to Adult Social Care to be maintained in line with the uplift to Health minimum contribution
 - Investment in NHS commissioned out-of-hospital services
 - A plan for improving outcomes for people being discharged from hospital
28. The BCF Policy Framework requires the plan to demonstrate jointly agreed local ambitions against a set of national metrics, specifically:
- effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation)
 - older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population
 - unplanned hospitalisations for chronic ambulatory care sensitive conditions
 - reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
 - improving the proportion of people discharged home using data on discharge to their usual place of residence
29. It should be noted that system coherence to support hospital discharge (National Condition 4), the overarching approach is being delivered through the “Hospital Discharge and Home First Programme” across Hampshire and Isle of Wight. This programme has also facilitated additional short-term NHS investment within all systems held separate to the IBCF plan.
30. Quarterly national reporting against these metrics and expenditure is expected to recommence in the remainder of 2022/23

Consultation and Equalities

31. As this is an annual report / submission which outlines initiatives / services already being delivered, there is no overall EIA to accompany the submission. All services being delivered via this funding have their own associated EIAs where required.

Climate Change Impact Assessment

32. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does
33. This is an annual submission and associated cover report, so therefore no Climate Change assessment has been undertaken.

Conclusions

34. The BCF for 2022/23 builds on what has gone before and is designed to meet the BCF Policy Objectives. Recognising that this is a time of significant change and challenge in regard to the changing NHS landscape, public funding and relentless service demand, the BCF submission can be regarded as 'a work in progress'
35. As stated in this report, there is a strong resolve, linked to the establishment of the Hampshire Place Board for collaboration and integrated working across Health and Social Care to go further and wider as we look ahead to 2023/24 and beyond. Work to develop the BCF will now be taken forward jointly with the ambition being that what is finalised for next year clearly demonstrates strong local progress being made over the 2nd half of this year.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:

Health and Wellbeing Board agreement is a national requirement of the Integration and Better Care Fund policy

Other Significant Links

Links to previous Member decisions:

| <u>Title</u> | <u>Date</u> |
|--------------|-------------|
| | |

Direct links to specific legislation or Government Directives

| <u>Title</u> | <u>Date</u> |
|---|--------------|
| B1296-Better-Care-Fund-planning-requirements-2022-23.pdf (england.nhs.uk) | 19 July 2022 |

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

1.1 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.

1.2 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:

2.1 As this is an annual report / submission which outlines initiatives / services already being delivered, there is no overall EIA to accompany the submission. All services being delivered via this funding have their own associated EIAs where required.

Hampshire Health and Social Care Place Board Terms of Reference

The Board Members are:

Hampshire County Council (HCC), Executive Officers or their nominated deputies of Hampshire and Isle of Wight Integrated Care System Executive team and Frimley Health and Care System (ICS) Executive team.

1. The Board's Strategic reason for being/'its role':

- 1.1 The Hampshire Health and Social Care Partnership Board (The Partnership Board) is acknowledged as being THE board that represents the 'place' of Hampshire within the governance architecture of the ICS/s. As such it is a Board of prime local importance. All the integrated business of Hampshire should flow through it.
- 1.2 The Partnership Board takes on the subsidiarity role of the ICS/s whereby local decisions are taken when they can be and when they can't, acts as the conduit to the ICS Board/s for HIOW geography determination.
- 1.3 In terms of reporting the Hampshire Place Board will be accountable to:
 - The Integrated Assurance Committee as a key part of the new ICS governance, and
 - the Hampshire Health and Wellbeing Board for its role in improving the health of the population, in the wider determinants of health and in the leadership of Health and Social Care collaboration and integration in Hampshire including all matters pertaining to the BCF, delivery of BCF savings and governance over the elements of the BCF plan.

2 Purpose

The Place Board:

- 2.1 will ensure effective collaboration, assurance and robust governance for the commissioning arrangements between Hampshire County Council and the ICS(s) which cover the Hampshire County Council footprint.
- 2.2 will receive and consider reports on service development, budget monitoring, audit and inspection reports in relation to those services which are the subject of formal partnership arrangements under Section 75 of the NHS Act 2006.
- 2.3 has a wider remit to lead the integration agenda for Hampshire. It will also act as the designated Partnership Group overseeing and driving (adding to) the Better Care Fund plan (BCF).
- 2.4 is the forum for discussion and agreement in relation to system leadership

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and direction for Hampshire integrated and collaborative commissioning, including:

- Overall Governance of all services within the BCF which include:
 - Community Health Services
 - Social Care Services
 - Reablement Services
 - Integrated Intermediary Care Services
 - Discharge Services
 - NHS Continuing Healthcare Services (CHC) Management of Complex conditions in the community) D2A
 - Hampshire Equipment Services (HES)
 - Disabled Facilities Grant (DFG)
 - Governance of all section 75s in respect of pooled budgets, lead commissioning and integrated management of NHS and HCC teams
 - Governance of Section 256 Arrangements - Agreeing and overseeing funding arrangements under Section 256 NHS Act 2006
 - Governance of Older Adults work areas not covered by the above that could be the subject of closer collaboration and/or integration
 - Governance of Younger Adults Learning Disability/Mental Health Integration
 - Governance of Prevention and Demand Management Services
 - Responsibility for ensuring strategic alignment between plans and Joint Strategic Needs Assessment (JSNA) and wider government integration policy.
 - Responsibility for overseeing the work of the Public Health Board and other Boards that come to fruition as integrated working in the Hampshire place develops.
 - Provision of resources and support required to deliver the integration agenda
 - Engagement in dialogue with the provider sector.
 - Oversight of financial benefits realisation (processes and involvement).
 - Oversight of financial flows and accountability for the value for money.
- 2.5 will agree priorities for commissioning activities, how they will be implemented and review and monitor progress.

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- 2.6 will monitor the performance of each of the priority work areas, providing direction and constructive challenge as appropriate.
- 2.7 acknowledges that evidence-based commissioning will be key to achieving integrated and collaborative commissioning and thus the Board will be informed and driven by needs assessment, market analysis, user experiences, consultation and engagement.

3 Aims

3.1 The Board Members have a shared ambition for change to push further and faster towards the aim of transforming the delivery of Health and Social Care across the Hampshire footprint so that it is better collaborative and/or integrated, delivered as locally as possible, person centred and with an emphasis on prevention and intervening early to prevent escalation.

3.2 The Board will:

- Act together for the population of Hampshire by:
 - aligning and allocating as appropriate, our collective resources to achieve priority outcomes that make real differences.
 - orientate our work to the whole population, or to groups of the population where significant improved outcomes can be secured.
 - support people to become more independent and do things for themselves by changing the relationship between citizens and services.
 - be innovative and have an appetite for risk to make the change.
 - make the most of new opportunities and powers.
 - build on our existing good work.
 - ensure that the system is financially sustainable and flexible enough to meet current and future challenges.
 - be clear, open and honest with ourselves about priority work areas that we are going to jointly take forward and commit to resourcing and delivering the expected change outcomes.

Commissioning Principles

Core integrated and collaborative commissioning principles are:

- Giving people a bigger say in their health and care: Involving them when we set our priorities, engaging when we commission services on behalf of the communities we serve and by supporting and enabling people to take greater responsibility for their own and their children's health and wellbeing. This will reduce the reliance on public services required to improve people's long-term wellbeing.
- Commissioning services to reduce inequalities in access to health and care

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services and hence outcomes. Our commissioned services must be part of a common goal to reduce this deprivation.

- Commissioning services to continue to support and develop a motivated, flexible workforce with the right staff and resources, at the right time and in the right places.
- Commissioning for a sustainable and financially stable health and care system that manages demand and harnesses the contribution of the third sector and local communities so that our residents can plan for their future with confidence.
- Commissioning and delivery priorities will be based on where a partnership approach will improve outcomes and promote greater efficiencies
- Approval, monitoring and assurance of the integrated commissioning plan will ensure it meets agreed priorities, objectives, savings and performance targets and aligns commissioning arrangements, financial and business planning cycles of Board Members.
- To ensure that all Hampshire Health and Social Care Partnership Board commissioning decisions are made in line with the principles set out in an Integrated Commissioning plan.
- The response to risks identified and the assurances against them will be integrated.
- All financial planning commitments across areas of integrated commissioning for pooled or non-pooled budgetary provision will be agreed in advance in line with the Board Members decision-making arrangements.

4 Scope

- 4.1 There will be services in scope for which the commissioning responsibility / decision-making remains solely with either Hampshire County Council or the ICSs in the Hampshire footprint. However, the Board will work to ensure alignment towards the delivery of a jointly agreed commissioning and delivery strategy.
- 4.2 There will be services out of scope that may impact on commissioning and delivery which will need to be understood and/or included in the business of the board, specifically where there might be consequences of change/s on others.
- 4.3 The Board may, where appropriate, develop a wider range of services subject to final approval of the County Council and the ICS Governing Bodies. Examples might include the wider determinants of health such as the environment, transport, communities, housing etc.

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5 Review

5.1 These Terms of Reference will be reviewed and approved by the Hampshire Health and Wellbeing Board on a regular, to be determined/agreed basis.

6. Membership and frequency

6.1 The Board Members will each have representatives on the Board:

6.1.1 The Hampshire County Council's representation will be:

- the Director of Adults' Health and Care
- Director of Public Health
- the Deputy Director of Adults' Health and Care
- the Assistant Director for Younger Adults
- Adults' Health and Care Finance Business Partner

6.1.2 The NHS Hampshire and Isle of Wight ICS Executive Team representation will be:

- Director of Partnerships
- Managing Director, South-East Hampshire
- Managing Director, South-West Hampshire
- Managing Director, North and Mid Hampshire
- Deputy Director of Finance
- Director of Mental Health Transformation and Delivery
- Associate Director, NHS Continuing Healthcare and Placements

6.1.3 Frimley Health and Care ICS Executive Team representation will be:

- Place Managing Director
- Chief Transformation Officer (Designate)

6.1.4 Joint Place Board resources

- Associate Director Strategic Work Programmes
- Strategic Integration Lead
- Business Manager, Adults' Health and Care

6.2 The Place Board will be chaired by a senior HCC representative and in this case it is agreed that the Chair will be the Deputy Director of Adults' Health and Care.

6.3 The deputy chairs for the Place Board will come from the NHS Hampshire and Isle of Wight ICS Executive Team representation and from the Frimley Health and Care ICS Executive Team representation. It has been agreed that the Director of Partnerships for the former and Place Managing Director for the latter will assume the deputy roles.

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6.4 HCC and the ICS's Executive Team's may send nominated deputies in any absences and each Board Member will be represented at each meeting.

6.5 Other Invitees:

- Subject to the agreement of Hampshire County Council and the ICS Governing Bodies, the Board membership can agree to include in their membership any other partner who jointly commissions with HCC and the ICSs and other agency representatives, may be co-opted as necessary.
- The relevant commissioning lead for any S75 including the Better Care Partnership Agreement will attend as appropriate at specific meetings to present the performance report for any S75 Partnership Agreement.

6.6 The Board will meet bi-monthly.

7. Decision Making and delegated authority

7.1 The Hampshire Health and Social Care Partnership Board is not a formal decision-making body. Individual representatives sitting on the Board have authority to make decisions within their remit as governed by their respective constitutions.

7.2 The quorum for meetings of the Hampshire Health and Social Care Partnership Board shall be a minimum of [one representative from each Partner organisation].

7.3 The Hampshire Health and Social Care Partnership Board will operate within the governance structure set out in Figure 1 below. It is authorised within the limits of delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation) to:

- authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to the aggregate contributions of the Partners to any Pooled Fund; and
- agree progression in respect of commissioning arrangements.

7.4 The decisions to be taken at the Board may be operational, strategic or financial and each decision will be taken in line with the governance arrangements of the individual organisation.

7.5 Board Members will come to a consensus and matters may be deferred for further consideration where this is not possible.

7.6 Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.

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- 7.7 Decisions outside the remit of the representatives will be taken forward, as agreed, in line with their respective constitutions.
- 7.8 The Board will receive reports on matters arising on health and social care, with the considerations and any recommendations of the Board being minuted. Items will then be referred to the relevant decision maker.
- 7.9 Minutes of all decisions shall be kept and copied to the Authorised Officers within seven (7) days of every meeting.

8 Information and Reports

- 8.1 Each Pooled Fund Manager shall supply to the Hampshire Health and Social Care Partnership Board on a Quarterly basis the financial and activity information as required under the Agreement.

9 Post-termination

- 9.1 The Hampshire Health and Social Care Partnership Board shall continue to operate in accordance with this Schedule following any termination of this Agreement but shall endeavour to ensure that the benefits of any contracts are received by the Partners in the same proportions as their respective contributions at that time.

Annexes

4 Priority Areas

This is first stage we will be evolving and broadening the workstreams going forward but these are seemed to be our immediate priorities.

1. Prevention

This covers the wide range of all things, prevention, including how prevention can play an increasing important role in the immediate term in terms of helping to reduce service demand levels. The workstream will also help to bring coherence to the way in which health and social care work with the voluntary and community sector. Longer term prevention ambitions and transformation opportunities in Public Health overseen by the Public Health Board will also form key parts of the overall prevention focus. This includes work that is currently being pursued in four priority areas namely: Cardio Vascular Disease, Smokefree Hampshire, Substance Misuse and Children and Young People.

2. Discharges

This covers the timely (and safe) discharge of clients/patients mainly from acute hospital settings but also extends to community hospitals with clear and timely access to appropriate care using resources wisely and avoiding duplication. The key approaches are to provide equality of resource and approach across the Hampshire Place and in a manner that is sustainable and can be relied upon.

3. CHC

This covers the intention to move towards an integrated or more collaborative CHC arrangement from 2022/23 that is focussed on client outcomes which significantly improves the efficiency and effectiveness of the CHC D2A end to end process.

4. Mental Health

This covers, moving towards an improved (new?) rehabilitation/reablement pathway to better support the population within the Hampshire Place who have complex mental health needs and who require additional support as they move on through their recovery journey. This specifically targets those with complex needs and those with a diagnosis of EUPD and is intended to move people from a less restricted environment to one better supported locally.

Integrated and collaborative commissioning

Integrated and collaborative commissioning will be based on the following criteria:

- Realising a shared vision, – including a shared focus on prevention and early intervention and community solutions to promote independence & a shared commitment to realise improved outcomes.

- Sharing risks and benefits associated with implementation of the shared vision, enabling us to do the “right thing” without unfairly disadvantaging or advantaging the other organisation.
- Commissioning against a single agreed set of common outcomes and priorities and making best use of resources.
- Sharing of needs data and good practice evidence – leading to more intelligent commissioning.
- Developing innovative solutions to meet people’s needs in the round (as opposed to commissioning in silos) for people’s “health” versus “social” needs – leading to improved outcomes for people.
- Bringing together health, public health and social care resources and to eliminate duplication, leading to savings and efficiencies.
- Commissioning for a more joined up health and care system, developing together whole pathways from prevention to care, with fewer gaps in commissioned provision.
- Enabling providers to develop more innovative integrated pathways and organisational models, leading to less fragmentation.
- Increasing understanding and management of demand through greater influence over assessment and review processes.

Better Care Fund Governance

The arrangements continue reflect the fundamentally different approach in an agile system leadership required to deliver plans that focus on a common goal. Integrated arrangements for Hampshire continue to be overseen by the Hampshire Health and Wellbeing Board (HWB). Monitoring the direct delivery of Integration and Better Care Fund schemes and overseeing the operational detail of all Section 75 agreements is delegated to the Integrated Commissioning Board.

The membership of the Health and Social Care Partnership Board incorporates Hampshire County Council, NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group and NHS Frimley Clinical Commissioning Group. The Board acts as a single health and wellbeing commissioning voice for Hampshire to ensure effective collaboration, assurance, oversight and good governance across the priority areas for integrated commissioning arrangements between partners. This Board has been established to compliment and not duplicate work done within local “place-based” system level covering natural communities across the scale of the Hampshire geography and has operated in a similar way to the separate “Hospital Discharge and Home First Programme” approach that aligns local and County-wide change management. There are an

agreed set of priorities that blend the IBCF areas and other wider aspirations to maximise the opportunity for integrated commissioning such as supporting people with mental health needs, jointly commissioning services for people living with a learning disability and those who are assessed as eligible for NHS Continuing Healthcare.

In this way, assurance of the overall delivery of the IBCF continues to be integral and monitored through and reported to the Integrated Commissioning Board and HWB. Delivery of the schemes and performance is being assessed through existing CCG Contract and Performance quality monitoring meetings with providers and where applicable involve the County Council.