

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	1 February 2019
Title:	Hampshire and Isle of Wight Sustainability and Transformation Partnership - System Reform proposals
Report From:	Director of Adults' Health and Care

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1. Recommendations

It is recommended that Cabinet:

- 1.1 Endorses and asserts its support to the principle of the Hampshire Local Care System determining the joint strategic direction of health, care and associated services in supporting the whole population of Hampshire.
- 1.2 Further endorses the consequent principle and expectation that wherever possible the NHS should seek to establish its key strategic commissioning and decision making arrangements as they affect the residents of the County of Hampshire so that they are contiguous with the boundaries and authority of the County Council (as with other upper tier local authorities).
- 1.3 Supports partnership working across local authority and other organisational boundaries through aligning services with Local Care Partnerships, ensuring equitable and appropriate access to acute and secondary care services, but on the clear understanding that financial and political accountability and strategic authority for social care remain with the County Council.
- 1.4 Supports the continued development of local operational 'clusters' of appropriate services in partnership with the NHS as the natural and best approach to determine the operational arrangements and delivery of community health and care services capable of supporting Hampshire's residents in the natural communities in which they live across the county.
- 1.5 Seeks recognition by the HIOW STP in its System Reform Proposals of the demographic pressures the Hampshire Local Care System will continue to face in coming years and of the need to support whole population health investments in preventative services and outcomes.
- 1.6 Requires that a further report is brought to Cabinet in the course of this next year which describes the progress of these arrangements and in particular

confirms the progress of the systems of democratic accountability that should support these important developments for the residents of Hampshire.

2. Contextual information

- 2.1 The purpose of this report is to brief Cabinet on the development of health and social care strategic and working arrangements, as developed and proposed by the Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW STP).
- 2.2 The STP has been for the past three years the core strategic planning mechanism focused predominantly on health services but with inevitable implications on care services for the wider Hampshire and Isle of Wight sub region. (There remains a separate STP arrangement for the northeast of Hampshire under the Frimley STP).
- 2.3 Furthermore, the tiers of planning and delivery, described here, are as outlined in the recently published NHS Long-term plan and, as such, this is the approach supported by the Secretary of State for Health and Care. Within the HIOW STP the expectations of this Government endorsement of an approach has guided many of the developments and proposals to date.
- 2.4 Given the complexities of arrangements being described in this summary report it may be helpful here to offer some simple definitions of the building blocks of the proposed arrangements (explained more fully in the attached appendix).
 - The Sustainability and Transformation Partnership will also now be referred to as the **Integrated Care System (ICS)**, which should continue to cover Hampshire and the Isle of Wight as a geography of appropriate scale.
 - **Local Care Systems** refer to the strategic commissioning relationships between clinical commissioning groups and local government, coterminous to individual upper tier local authorities. Increasingly these systems should have the potential to develop stronger joint strategic formal arrangements.
 - **Local Care Partnerships** refer to the local partnership arrangements based upon the footprint populations of the respective hospital catchment areas. LCPs will not be formal structural arrangements.
 - **Locality Clusters** will be the key service operational delivery building blocks made up of integrated health and care services providing health and care to their local communities.
- 2.5 It is widely understood that there are particular complexities to the HIOW STP arrangements because of the pre-existing local and service arrangements, between the four upper tier local authorities, the hospital trusts, the community trusts and the Clinical Commissioning Groups (CCGs). The presence of five CCGs (now functioning as two) across the County of

Hampshire has been a particular complication. More recently the STP processes have acknowledged a strengthened understanding of the need to align strategic decision making arrangements between health services and respective local authorities. Cabinet are being asked in this report, among other things, to strongly endorse that position in order to promote the importance of local authority care services and the democratic mandate that they bring through local government.

- 2.6 The HIOW STP has asked that all constituent organisations consider the proposals within the detailed briefing pack attached to this report – Appendix 1. The Health and Wellbeing Board and Health and Adult Social Care Select Committee (HASC) have previously received and generally supported a series of briefings on the HIOW STP and the proposals. The HASC has established a Member Working Group to oversee, influence and monitor the development of the system reform proposals from a political perspective.
- 2.7 The system reform proposals have been developed through much of 2018 and are designed to support the continued development of more integrated working arrangements and financial sustainability of NHS provision across the population of the HIOW STP footprint, while recognising the essential connections between NHS services and local government provision. These are ambitions of the HIOW STP, in common with all STP developments nationally.
- 2.8 The local authority remains financially and politically accountable for its care services and it is reasonable to note that because of particular complexities in this sub regional health economy the County Council with NHS agreement has been cautious to protect those accountabilities accordingly while doing all it can to support a joint strategy and progressive integration.
- 2.9 On that basis we are now at a point where Cabinet is asked to consider endorsing a direction of travel and confirm the basis by which future engagement is developed.

3. System Reform proposals in more detail

- 3.1 Alongside the development of these localised HIOW STP reform proposals consideration has been ongoing at a national level, in parallel, of NHS priorities and reforms over the next decade. These deliberations have manifested in the publication of the NHS long-term Plan on 7th January 2019. The NHS long-term plan seeks to prioritise investment and service delivery outcomes, based upon additional funding over the next five years and a clear focus upon prevention, locality based care through GP and community health delivery, as well as integration and simplification across and between health and care provision. Members will be aware that the important “partner” document to this plan will be the social care Green Paper which is anticipated for publication by Spring 2019.

- 3.2 To date, while actively engaged in the HIOW STP and its developments, Hampshire County Council has focussed upon the operational delivery and quality of its social care services, with particular regard to supporting people to appropriately and safely leave acute hospital settings in a timely way, whilst working to identify strategic opportunities with partners as to how services can better coalesce around the needs and outcomes of our population. Work is continuing to determine the potential shape of the STP as it seeks to progress, in due course, from an STP to become an ICS. Whilst this is primarily a consideration of the NHS constituent organisations the future role and importance of local government will be vital. This will be addressed in a subsequent report to be presented to Cabinet later in 2019.
- 3.3 However, for now, the determination of the shape of the Local Care System is a key issue for which this report seeks Cabinet's endorsement. The Hampshire Health and Wellbeing Board is addressing a series of strategic issues, based upon the needs of our whole population and upon a series of key priorities. This is actively being taken forward within the current re-refresh of its 5 year strategy. For example, Hampshire County Council has been able to support the provision of hospice provision across Hampshire through significant contributions toward capital programmes to local hospice providers – the scale and countywide leadership provided by Hampshire County Council enables such investments to the benefit of the whole Hampshire population. It is hoped that this consistent and countywide approach to supporting people at the end of their lives to die with dignity and with the care they need will shortly be endorsed as a key strategic element within the refreshed Health and Wellbeing Board's strategy.
- 3.4 This approach of whole population need, which is in common with the three other Health and Wellbeing Boards within the HIOW STP, is critical to political, clinical and operational alignment and has had the benefit of taking place alongside the development of the wider system reform proposals appended to this report. The Health and Wellbeing Boards will continue to ensure that they can more actively participate and influence the development of the STP as it seeks to progress toward becoming an ICS through both its own work and also through establishing a regularised way of engaging with the three other local Health and Wellbeing Boards. In due course the leadership of the STP / ICS whether it be chaired through a political, clinical, executive or lay member will a future issue to be presented to Cabinet.
- 3.5 Therefore, within the Hampshire Local Care System drive is being offered by the Health and Wellbeing Board. Alongside the Board is a structure of sub-groups, along with Hampshire County Council, the Clinical Commissioning Groups and a range of key partner organisations; NHS provider organisations, primary care, voluntary / community partners, Police, Fire and Rescue, district / borough and town and parish councils, housing and care providers, shaping the strategic, tactical and operational response to our populations needs. Cabinet is asked to confirm its support of this approach, as identified in Recommendation 1.1.

- 3.6 With regard to the HIOW STP system reform the core service delivery proposals are based on “locality clusters”. These are small, locality based arrangements for delivery of integrated care at the point of delivery. Such arrangements are also referenced in the NHS long-term plan. These locality ‘clusters’ are predicated on populations of between 30–50,000, although across the 35 clusters within the Hampshire and Isle of Wight area this population based care does inevitably vary above and below this figure. In Hampshire County there are 23 such proposed clusters.
- 3.7 Clusters are a natural and obvious way of ensuring that professionals and services are arranged around the needs of the people we serve and in this sense Cabinet is asked to endorse this approach as an operational service planning and delivery principle.
- 3.8 The geographic boundaries of such locality clusters remain emergent and need to be based upon ‘natural’ communities, rather than convenient arrangements for constituent organisations. Some services will need to operate locally at greater geographic footprints through combining the 23 ‘clusters’ into groups. For example, the County Council’s Children’s Services currently work across 8 geographies to support the 300,000 children in Hampshire. Generally, Children’s Services will need to relate to, but will not be part of the clusters.
- 3.9 Within Adults’ Health and Care different services will need to apply different arrangements, similarly to those of Children’s Services, given the nature of their services; for example, our learning disability and our mental health specialist services are small and relatively specialist in nature and will need to relate to the new clusters accordingly to support the community of people with learning disabilities / mental health needs in Hampshire; disaggregating the current operational arrangements to have a presence in all 23 clusters would not be viable. However, these local ‘cluster’ arrangements provide the local connection between people and services and as such will become the operational engines to maintain our population’s wellbeing and independence. Cabinet is asked to endorse an approach, as shown in Recommendation 1.4, which aligns services across and within these clusters in line with the needs and outcomes of the people of Hampshire in an appropriate and sustainable way.
- 3.10 These delivery units will need to be able to continue to come together around and within acute hospital footprints in order to ensure that, where needed, hospital based, specialist care is both equitable and accessible to people. Local Care Partnerships (LCPs) built around these acute hospital footprints represent the place to align and determine the tactical arrangements and deployment of community, primary and secondary care resources across populations of circa 500,000–600,000. This is the case with the Mid / North Hampshire LCP based around the footprint of the Hampshire Hospitals NHS Trust.

- 3.11 As these LCP arrangements can span local authority footprints (in the case of both the Portsmouth Hospital Trust and University Hospital Southampton acute catchments areas) and as such all organisations will need to operate in alignment across acute catchment areas, rather than develop reconstituted governance and become new statutorily responsible entities in their own right. Otherwise they run the risk of hiving-off elements of service, accountability and statutory duty. However, there is a difference between ensuring the convenience of acute footprints playing such a role and the strategic direction of all services being hospital-led. That direction sits with CCGs and local government and is the Local Care System.
- 3.12 Further consideration will be required in the coming months with regard to the Frimley STP. The Frimley system, of which we are part, was established as an early adopter to test out a range of different ways of working. However, the relationship between approximately 20% of the Hampshire population which looks to Frimley and the relationship overall between the Frimley STP and the Hampshire Local Care System will need to be confirmed. This situation is also the case with regard to Hampshire residents who look to both Bournemouth and Salisbury for acute health provision. Approximately 65% of the Hampshire population look to acute hospitals who are part of the HIOW STP, but a third look outside this arrangement. Development of the relationships between all these systems and the Hampshire Local Care System and the HIOW STP will be presented in the subsequent report to come to Cabinet later in this coming year. Cabinet is asked to endorse Recommendation 1.3 at this time.
- 3.13 Within each of these Local Care Partnerships, which we currently actively contribute to in terms of our everyday operational service delivery, subsidiarity to the statutorily responsible (political) organisations will be key. In the provision of social care services, whether that be for children and young people or adults, accountability will be to Hampshire County Council for the residents of the County of Hampshire. Up to now, in order to help facilitate progress in a complex context, the County Council has taken a deliberately cautious approach in its direct political engagement, relying on the mechanism through the Health and Wellbeing Board described above. As we enter this next crucial phase of the development of these arrangements the County Council's own democratic engagement, alongside that of the other upper tier authorities, will need to evolve accordingly as reflected in Recommendation 1.6.
- 3.14 It is important within any new operating model for the NHS, based upon the NHS long-term plan that Hampshire County Council continues to work across all NHS Commissioners and providers that our population is supported by. In that sense it is important we continue to develop an equitable and easy to access and navigate care offer for our residents. This will mean it will look and behave similarly across the whole of Hampshire, rather than be designed to conform with the multiple different health systems as they currently may apply to the residents of Hampshire. Whole population health, based upon investment in preventative services through

building upon community / voluntary sector, district / borough, parish and town councils, housing and other partners will be vital. These ambitions are set out in the NHS Long-term Plan and Cabinet is asked to endorse these and the HIOW STP to fully include them as key elements of the system reform proposals, this is articulated in Recommendation 1.5.

4. Conclusions

- 4.1 Much work has taken place in developing these system reform proposals. To date Hampshire County Council has participated actively, with a particular focus upon operational service deliver improvements; for example, improving patient flow and onward care and reducing the number of people subject to a delayed transfer of care from an acute hospital setting. Hampshire County Council has also succeeded in sustaining and improving the quality of its adult care services throughout our transformation activity. It is in part the appropriate and absolute determination of the County Council to maintain this important priority and not, for example, to divest itself of these duties, which has meant our approach to the STP and related processes has been as it has.
- 4.2 The work that has been undertaken thus far of the Health and Adult Social Care Select Committee Working Group and Health and Wellbeing Board has been important in ensuring that the future shape of health and care services is being properly influenced and steered through appropriate levels of political accountability and ownership, further work is envisaged in the coming months to continue this.
- 4.3 In terms of health services specifically, this is more a matter statutorily of influence at this stage. With regard to care services that political accountability is of course far more profound. In endorsing the progress so far it is recognised that Cabinet will need to reassert the importance of political accountability and the democratic mandate that the local authority brings to these arrangements. As such it is recognised that substantial additional work will be required as these arrangements take shape, to strengthen and formalise the County Council's political role, including through a strengthening function for the Health and Wellbeing Board.
- 4.4 Cabinet is asked to support the proposed direction, as set out in the recommendations of this report.