

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	7 October 2021
Title:	Update on the development of Integrated Care Systems in Hampshire and Isle of Wight
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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 a briefing provided at the previous meeting of the Board.
2. Since the last meeting of the Board, further guidance has been published by NHS England setting out the requirements, based on the Bill that ICSs must deliver in readiness for 1 April 2022. These technical documents form the basis on which NHS England will assess progress within the NHS throughout the remainder of 2021/22.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

3. Receive the report and note the direction of travel and anticipated development work planned for 2021/22.
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. Subject to the passage of legislation, and in-line with the requirements set out in the Bill, the statutory arrangements for each ICS will comprise:
 - The **Integrated Care Board** which leads integration within the NHS, bringing together all those involved in planning and providing NHS services to agree and deliver ambitions for the health of the population.
 - The **Integrated Care Partnership**. This is the forum which brings local government, the NHS and other partners together to align ambitions, purpose and strategies to integrate care and improve health and wellbeing outcomes.
6. Place based partnerships operating on a footprint that makes sense for citizens, are the foundations of Integrated Care Systems.
7. During autumn 2021, the statutory arrangements for the ICS and the local place based arrangements in Portsmouth, Southampton, Isle of Wight and Hampshire will be finalised with local partners.
8. Our aim is to maximise joint working arrangements, to contribute to a number of aims:
 - Improvement in population health and healthcare outcomes, tackling inequalities, enhancing productivity and supporting social & economic development
 - Governance arrangements are streamlined
 - Increased opportunities for more joint working, reducing duplication and maximising resources and effort
 - Create an enabling environment to do business within
 - Explore opportunities for further joined up arrangements
9. The development of ICSs across the Hampshire population gives us further opportunity to work together to continue to improve health and care outcomes for the communities we serve.

Contextual Information

10. Integrated Care Systems were established to bring together providers and commissioners of NHS services, local authorities and other local partners to plan and improve health and care services to meet the needs of their population. The core purpose of an Integrated Care System is to:
 - Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience and access
 - Enhance productivity and value for money

- Support broader social and economic development
11. Integrated care is about giving people the health and care support they need, joined up across public services.
 12. The Health and Care Bill is currently making its way through the parliamentary approvals process. The Bill is intended to further support the development of Integrated Care Systems, and make it easier for partners to collaborate to improve health and care for residents. The Bill will establish ICSs (which are currently informal collaborations) as statutory bodies. The functions currently undertaken by Clinical Commissioning Groups will transfer to ICSs.
 13. A key aim is to build on and further strengthen local collaboration between partners to address health inequalities, sustain joined up, efficient and effective services, and enhance productivity.

Co-Production

14. There is an expectation that partners and communities are able to shape and influence the design of the ICS and there is a programme of engagement that is underway
15. Through the development of both ICSs we will continue to build on our strong integrated working across our districts and boroughs across Hampshire as well as at county level, which has been further strengthened through our joint ongoing response to the COVID-19 pandemic

Conclusions

16. Development of the ICS and its governance will continue throughout the remainder of 2021/22
17. 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

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

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
<u>The HIOW Integrated Care System: National Context, Local Progress to Date and Next Steps</u>	March 2020 followed by update at 1 July informal briefing

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 noting.