

# Update on the development of Integrated Care systems for the Hampshire and Isle of Wight for Hampshire Health and Wellbeing Board

7 October 2021

## Context

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. 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
3. Integrated care is about giving people the health and care support they need, joined up across public services.
4. 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.
5. 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.
6. 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. Guidance received to date include:
  - Thriving places: guidance on the development of place-based partnerships as part of statutory ICSs
  - Working with people and communities
  - Provider collaborative guidance

- Partnerships with the voluntary, community and social enterprise sector
- Effective clinical and care professional leadership
- ICS readiness to operate checklist and statement
- ICS people function, HR and employment commitment
- ICS functions and governance guide
- CCG close down and ICS establishment checklists
- Model constitution
- NHS oversight metrics and framework

## Statutory ICS arrangements

7. 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 ICS NHS Board will be responsible for NHS strategic planning and the allocation of NHS resources. It will receive a financial allocation from NHS England and will be accountable to NHS England for the outcomes it achieves for its population. The ICS NHS Board will be a unitary board with a chair and chief executive, executive and non-executive directors and members from NHS Trusts, general practice and local authorities.
  - 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. The ICS Partnership will be established jointly by the NHS ICS Board and the local authorities and has responsibility for preparing an 'Integrated Care Strategy' setting out how the health and social care needs of the population of Hampshire & Isle of Wight are to be met, and how the wider determinants of health and wellbeing will be addressed. The ICS NHS Board and local authorities will have a duty to have regard to this Integrated Care Strategy.
8. Strong local place based partnerships and Provider Collaboratives underpin the way Integrated Care Systems work to deliver their aims. Guidance has now been published on ['Thriving Places'](#) – setting out expectations about the development of place based partnerships in Integrated Care Systems.
9. Provider Collaboratives are partnership arrangements involving at least two NHS Trusts working at scale, with a shared purpose and effective decision making arrangements to reduce unwarranted variation and inequality in health outcomes, access to services and experience, and to improve resilience (by, for example, providing mutual aid).
10. Recruitment is currently ongoing for the Chair and Chief Executive of the Integrated Chair Partnerships. NHS England and Improvement has recently confirmed the appointment of Lena Samuels as Chair Designate for the Hampshire and Isle of Wight

Integrated Care Board. Lena currently serves as the chair of the ICS and we are delighted that she will be continuing to support the development of the ICS. The Chair for Frimley Health and Care ICP will be announced by the end of September. The recruitment process to appoint designate chief executives of the anticipated 42 NHS Integrated Care Boards, subject to legislation, has now been commenced by NHS England and Improvement.

### **Hampshire and Isle of Wight ICS**

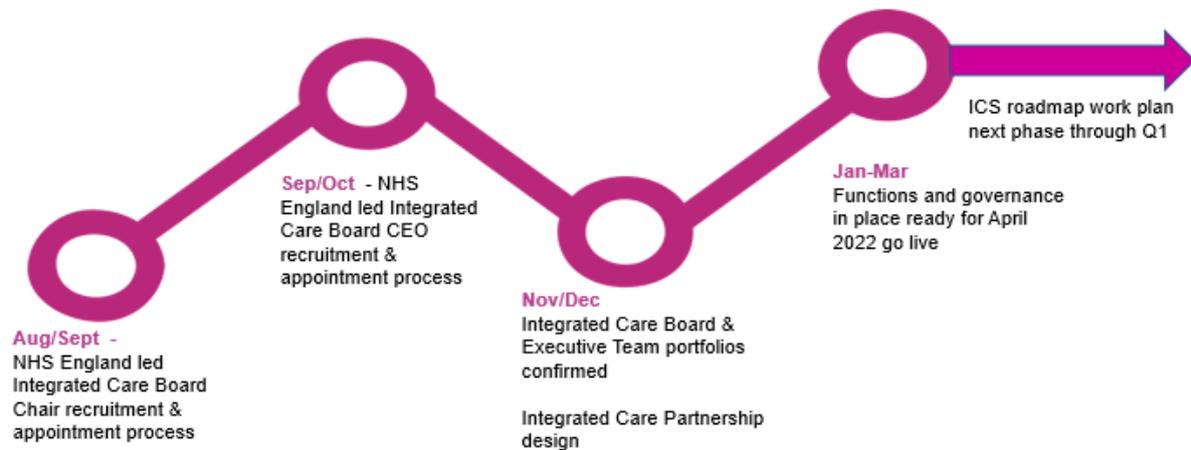
11. The Hampshire and Isle of Wight ICS serves 1.9 million people living in Hampshire, Southampton, the Isle of Wight and Portsmouth, and is one of 42 ICSs in England. In Hampshire and Isle of Wight, NHS, local government, other public sector partners and voluntary sector partners have been working together for a number of years to improve and integrate care.
12. Place based partnerships, are the foundations of Integrated Care Systems.
13. 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.

### **Frimley Health and Care ICS**

14. Frimley Health and Care ICS serves a population of over 800,000 people living in North East Hampshire and Farnham, Surrey Heath, Bracknell, Royal Borough of Windsor and Maidenhead and Slough. Frimley Health and Care has held ICS status for a number of years and has been working with Local Government, NHS organisations and the community and voluntary sector to integrate care for the benefit of local people.
15. There are five place-based committees bringing together key partners and stakeholders at each of our five places. The North East Hampshire and Farnham Committee serves the Hampshire population and includes representatives from both Hart and Rushmoor Councils. The committee enables further integration of services and to plan together around shared objectives.
16. Frimley Health and Care ICS has been planning its development roadmap over the last year to build on strong relationships both within and beyond the system boundaries, with a commitment to listen to partners, strengthen the ways in which they work together, to offer the best possible services and support to every resident.

### **Timeline**

17. Integrated Care Systems across the country are working to a timescale of becoming statutory organisations by 1 April 2022, subject to legislation. There is a tight timescale to achieve this and some key milestones are outlined below:



### Joint working arrangements

18. Local Authority engagement in the development of the ICSs is essential. Both Hampshire and the Isle of Wight ICS and Frimley Health and Care ICS are working closely with all local authority partners throughout this process.
19. We have a long history of the two areas working together across both health but also with Local Authority partners and there are many services already jointly commissioned including Continuing Health Care, children's services and maternity. There are ongoing discussions on how to strengthen this for benefit of the communities we serve. We are also exploring joint posts in collaboration with North Hampshire, North East Hampshire and the Hampshire districts to tackle health inequalities.
20. 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
21. 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. 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.

**ENDS**