



Purpose: For Decision

Committee report

Committee

HEALTH & WELLBEING BOARD

Date

26 OCTOBER 2018

Title

**HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY
AND TRANSFORMATION PARTNERSHIP**

Report of

**LEADER AND CABINET MEMBER FOR ADULT
SOCIAL CARE, PUBLIC HEALTH AND HOUSING**

EXECUTIVE SUMMARY

1. The National Health Service (NHS) introduced Sustainability and Transformation Plans as a mechanism for improving the health outcomes of individuals from more efficient and effective health and social care services across an area. The Isle of Wight is part of the Hampshire and Isle of Wight Sustainability and Transformation Partnership which has published its proposals for the reform of the health and care system across the area that will help it to deliver this aim.
2. The Board is asked to endorse the system reform proposals made by the Hampshire and Isle of Wight Sustainability and Transformation Partnership, which are consistent with and would help to enable the council's own One Public Service ambitions.

BACKGROUND

3. National Health Service (NHS) planning guidance published in December 2015 requires NHS organisations to come together in different areas of the country and lead the development of 'place-based plans' for the future of health and care services in their area. The resultant Sustainability and Transformation Plans were developed as five-year plans covering all areas of NHS spending in England and were prepared in October 2016.
4. The local place based partnerships involved in the development of the Sustainability and Transformation Plans have morphed into Sustainability and Transformation Partnerships (STPs), with a responsibility for taking forward the implementation of the plans once approved by NHS England. The STPs are not statutory bodies but collaborations of organisations working together to join up health and care support for individuals across agreed areas, and ensure there is a shared strategy to improve health and care across the area

covered by the STP. Each organisation within the STP retains its own sovereignty and duties to engage with local people on any new proposals

5. There are forty four STPs across the country based on geographical 'footprints' with an average population size of 1.2 million people (the smallest area covers a population size of 300,000 and the largest 2.8 million). The Isle of Wight is part of the STP footprint which includes Hampshire County and the Cities of Portsmouth and Southampton. The development of most STPs is being led by an independent chair and a Senior Responsible Officer (SRO) from a clinical commissioning group (CCGs), a NHS trust or foundation trust; a small number of SROs come from local government.
6. The Hampshire and Isle of Wight STP includes NHS Clinical Commissioning Groups (8), acute hospital trusts (4), community health providers (2), General Practice (226 surgeries), NHS England, specialised commissioning and ambulance trusts, Upper Tier Local Authorities (4) and District Councils (11).
7. Following the publication of its transformation plan the HIOW STP has spent some time considering how best it can transform the health and care system in the area to better improve the wellbeing outcomes of the resident population within the current and future financial envelope of the partnership as a whole. It has now settled on its preferred model and is seeking its endorsement by all of the organisations engaged with the STP, so that it is able to move towards its implementation.
8. The system reform proposals and the outline of this model is attached to this paper at appendix 1 and at appendix 2 is the covering letter from Sir Neil Mackay, the Independent Chair of the Hampshire and Isle of Wight Sustainability & Transformation Partnership, seeking the endorsement of the proposals.
9. The system reform proposals have been developed around four main building blocks as set out on page 14 of appendix 1:
 - (a) **HIOW Integrated Care System** – covering the whole area and leading on the overall system planning and coordination and the commissioning of services at a scale that best serves the widest population.
 - (b) **Integrated Care Partnerships** – based around the four providers of acute care in the area and intended to improve the overall effectiveness and efficiency the provision of health and care service delivery.
 - (c) **Enhanced Health and Well Being Boards** – based on the current four board structure across the area and taking a much stronger lead on place based planning and commissioning, they could ultimately be seen as local Integrated Care Systems (see later).
 - (d) **Health and Care Clusters** – where integrated primary and community care teams work with natural communities of 20,000 to 100,000 people

in order to provide health and care closer to home. There are thirty six (36) clusters planned across the area.

10. NHS England's update on its Forward View proposes that some STPs will evolve into Integrated Care Systems (ICS) which could¹:
 - (a) agree a performance contract with NHS England and NHS Improvement to deliver faster improvements in care and shared performance goals
 - (b) manage funding for a defined population by taking responsibility for a system 'control total'
 - (c) create effective collective decision-making and governance structures aligned with accountabilities of constituent bodies
 - (d) demonstrate how provider organisations would operate on a horizontally integrated basis, for example, through hospitals working as a clinical network
 - (e) demonstrate how provider organisations would simultaneously operate as a vertically integrated system linking hospitals with GP and community services
 - (f) deploy rigorous and validated population health management capabilities to improve prevention, manage avoidable demand and reduce unwarranted variations
 - (g) establish clear mechanisms by which residents can exercise patient choice over where they are treated.
 - (h) take delegated decisions in respect of the commissioning of primary care and specialised services
 - (i) have a single 'one-stop shop' regulatory relationship with NHS England and NHS Improvement in the form of streamlined oversight arrangements
 - (j) have the ability to redeploy attributable staff and related funding from NHS England and NHS Improvement to support the work of the ICS.
11. There are presently ten Integrated Care Systems in England, with four more planned and a new call for expressions of interest for STPs to become ICSs is expected early in 2019.
12. The Isle of Wight has already established an effective Local Care Board, initially bringing together the Council, the NHS Trust and the Clinical Commissioning Group in order to better coordinate the community's health and care needs and to plan the delivery of services to meet those needs. The

¹ See: <https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems#ics>

Board has been established for over a year and has recently been enhanced by the addition of representatives from the voluntary and primary care (GPs) sectors. It has many of the characteristics of an ICS and has the potential to further develop those listed in italics above.

13. In a Local Isle of Wight Care System the partners would work together on place based health and care planning, aligning and pooling resources to deliver improved outcomes, undertaking population needs assessments and supporting cluster development. Most prevention and health improvement activities will be designed at this level in the proposed STP system reform model but this will be a sub system of the wider HIOW ICS.
14. In an Integrated Care Partnership, providers of health and care services including the NHS, local authorities, voluntary organisations come together to align the work of the local clusters, community services, acute and specialised physical and mental health services. The geography of the partnership is based on the catchment of the acute hospital and in the case of the Island is the same as for the ICS.
15. It is proposed that clusters will bring together health and care professionals, GPs, the voluntary sector and the community working as one team to support the health and care needs of their local community. They will focus on helping people to manage long term conditions and improve access to information about healthier lifestyles and improving/maintaining wellbeing. Health and care services on the Isle of Wight have, for a number of years, been planned and delivered across three separate localities; north and east, central and south with some mixed success. The basis of this clustering also has the support of the police and fire services which have organised some of their activities across the same three areas.
16. Ultimately the involvement of any agency is in these organisational arrangements is voluntary and does not take away from the responsibility of each organisation to its various governing and statutory bodies. There may be a reduction of NHS England (NHSE) and NHS Improvement (NHSI) oversight of some NHS bodies if an HIOW ICS was to be established but other partners, including the council will still be subject to the same regulatory framework as at present.

STRATEGIC CONTEXT

17. NHS England's Five Year Forward View set out the shared ambition to improve health, quality, care and efficiency within the resources given to local health and care systems by Parliament. This triple aim will only be achieved through local health and social care organisations working together in partnership with the active involvement of patients, stakeholders, clinicians and staff. Sustainability and Transformation Partnerships (STPs) are seen as the means of delivering these objectives across the country, without amending the current legislator framework.
18. Three of the outcomes the council is working towards, as set out in its corporate plan (2017 to 2020) are:

- (a) Vulnerable people are supported and protected
 - (b) People take responsibility for their own health and wellbeing
 - (c) Community needs are met by the best public services possible
19. These outcomes are underpinned by a number of key activities, primarily:
- (a) Champion the needs of the Island's community in the development and implementation of the NHS sponsored Hampshire and Isle of Wight Sustainability Transformation Plan/Programme.
 - (b) Work with local partners and key stakeholders to develop a case for government across all of the public services on the Isle of Wight enabling the delivery of 'One Island: One Public Service', sustainable services based on the needs of the community.
20. The propositions of the Hampshire and Isle of Wight Sustainability Transformation Partnership are entirely consistent with these aspirations and activities of the council. They provide a platform for a greater integration of health and care planning at a relevant population scale and underpin the council's own ambitions for a single public sector organisation for the Isle of Wight as the basis for more effective and efficient public services.

CONSULTATION

21. The Isle of Wight NHS Trust, Clinical Commissioning Group and the Council have all been represented on many of the working groups that have informed the proposals developed by the HIPW STP. The Isle of Wight Local Care Board has considered the proposals separately and agreed that it should recommend their endorsement by each partner in the Care Board.

FINANCIAL / BUDGET IMPLICATIONS

22. There are no explicit direct financial implications to this council from the system reform proposals made by HIOW STP. The expectation is that the council would look to align its available resources with the STPs aspirations and, if possible, share in the benefit of any system wide savings or additional funding that might be delivered.
23. There may be some financial benefit, as well better outcomes for an individual, from the closer integration of health and social care but; in reality this is more likely to be able to help the council hold its expenditure at current levels rather than provide funds to reinvest elsewhere in its services.
24. The most significant benefits of the evolution of the Local Care Board into a Local Integrated Care System (enhanced Health and Wellbeing Board) will likely come from a pooling of budgets and sharing of risk across a number of health and care pathways. Any proposals of this nature would need to be considered each on their merits before the council could agree to them.

LEGAL IMPLICATIONS

25. There is no specific statutory duty upon the council to be involved with the health and care system reform proposals developed by the HIOW STP. Even were the council to become closely involved with delivering the changes and ways of working set out in the proposals its current statutory duties and responsibilities would remain unchanged and would have to take precedence above any activities proposed by the HIOW STP.
26. The Care Act 2014 and its statutory guidance provides that Local Authorities must carry out their care and support responsibilities with the aim of integrating services provided by the NHS and other health related services. Similar duties to promote integration with care and support are placed on NHS England and CCG's. Therefore being involved with the STP process, having due regard to the work already underway to progress health and social care integration is appropriate.
27. The NHS Shared Planning guidance 16/17 – 20/21 is clear that local authority involvement is fundamental to the delivery of effective Sustainability Transformation Plans and Partnerships. The Government is also due to publish a green paper in the autumn on adult social care, alongside a ten year plan for the NHS. The paper will consider how funding for adult social care can be made sustainable and will also cover issues such as integration with health and other services, carers, workforce, and technological developments.
28. The Secretaries of State for Health and Social Care and for Communities and Local Government have tasked the Care Quality Commission to carry out a series of targeted reviews of local health and social care systems. A central feature of the reviews is to assess how services meet people's needs and how care providers work together.

EQUALITY AND DIVERSITY

29. All of the public bodies in the HIOW STP are required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The proposals are intended to improve the planning and delivery of health and care services at a range of population levels and types and therefore will take proper account of those with protected characteristics.

OPTIONS

30. The options for the Board are:
 - (a) Endorse the HIOW Sustainability and Transformation Partnership's proposals for the reform of the health and care system across its area, as set out in appendix 1.

- (b) Reject the HIOW Sustainability and Transformation Partnership's proposals for the reform of the health and care system across its area, as set out in appendix 1.
- (c) Note the HIOW Sustainability and Transformation Partnership's proposals for the reform of the health and care system across its area, as set out in appendix 1.
- (d) Request the HIOW Sustainability and Transformation Partnership to consider the creation an Isle of Wight Integrated Care System, based on the existing Local Care Board, as one of its key next step activities in support of the council's One Public Service proposition.

RISK MANAGEMENT

- 31. Closer integration of all public services across the Isle of Wight is central to the delivery of the council's One Public Service proposition, set out in its corporate plan. A significant share of the Island's public services are provided by the NHS and the local authority. If the view of the NHS is that the HIOW STPs proposals are its preferred means for delivering closer health and care integration then there is a risk of not securing One Public Service for the Isle of Wight if the council is not able to endorse and work with the proposals. This risk has in part been mitigated by the involvement of Island representatives from health and the council in much of the STPs formative working and the proposals for an Island ICS are entirely consistent with the One Public Service model.
- 32. The HIOW STP has taken some time to develop its proposals for the reforming the governance framework of the HIO health and care system. There is a risk that if there is a delay in implementing these proposals, then the transformative activities that will directly impact on the effectiveness of the health and care services across the area will also be delayed leading and the intended benefits of the reforms, slow to be realised.
- 33. Transformation funding for health and care services, provided through the NHS, is likely to be increasingly channelled through the local STP. There is a risk that access to these important funds will be delayed without agreement across the HIOW footprint about how the STP will be managed and developed in the medium term.
- 34. It is possible that the STP's plans will be regarded as a move towards saving money and/or reducing access to services. The STP's role remains to ensure that services are delivered in the safest clinical way possible, within the financial envelope provided by government and the environmental challenges that impact on its services (eg increasing demand). The council's involvement with the STP allows it to play a role in how these services may be provided in the future, ensuring the Isle of Wight's need are fully accounted. There is also a risk that, without the council's proper engagement in the process, of costs

being shifted from the health to the care budgets, which would add to the council's own financial challenges.

EVALUATION

35. The closer integration of health and care services is considered to be central to any national approach that reduces the overall demand on both the NHS and local authorities, allowing people to better manage their own health and wellbeing but also have simpler pathways to appropriate health and care services, when required. The proposed green paper on adult social care, the latest funding streams such as the Better Care Fund and Improved Better Care Fund, are conditional on promoting health and care integration; the emergence of the CQC's targeted area reviews and the Department of Health and Social Care's focus on targets that relate to improved integration (delayed transfers of care and super stranded patients) all recognise this fact.
36. The STP's proposal for an Isle of Wight Integrated Care System is entirely consistent with the council's own proposals for a One Public Service for the Isle of Wight. Although its remit would be wider than health and care it is entirely possible that an ICS can be constructed so that it can be built on in a 'modular' form, bringing in other key place based activities such as housing, regeneration, transportation and environment, community safety and policing, as the business cases are developed and allow.
37. Endorsement of the STP's model for the Isle of Wight will be important to the further development of the Local Care Board, supporting its transition to the new Isle of Wight Integrated Care System and linking more closely to the Health and Wellbeing Board, than at present. This will help the Isle of Wight to be at the forefront of developments across the STP geography and allow it to influence the next phase of its work to improve the efficiency and effectiveness of the health and care system across the whole geography to the Island's benefit.
38. The council does not need to endorse the proposals of the HIOW STP, neither does it need to engage with its work or their implementation. In either position the council still remains responsible for meeting and funding its statutory requirements for social care. The health sector is, however, a significant strategic partner for the council and it may be more difficult for the council to meet these requirements if its activities are not influencing and influenced by those of its health partners.

RECOMMENDATION

39. To adopt options (a) and (d):-
 - (a) Endorse the HIOW Sustainability and Transformation Partnership's proposals for the reform of the health and care system across its area, as set out in appendix 1.

- (d) Request the HIOW Sustainability and Transformation Partnership to consider the creation an Isle of Wight Integrated Care System, based on the existing Local Care Board, as one of its key next step activities in support of the council's One Public Service proposition.

APPENDICES ATTACHED

[Appendix 1: Hampshire and Isle of Wight System Reform Proposal, Statutory Body Pack, August 2018](#)

[Appendix 2: Letter from Sir Neil Mackay, Independent Chair of the Hampshire and Isle of Wight Sustainability and Transformation Partnership \(STP\)](#)

BACKGROUND PAPERS

The King's Fund; Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England
<https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems#developing>

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