

Update on the development of Hampshire and Isle of Wight Integrated Care System for Isle of Wight Council Policy and Scrutiny Committee for Health and Social Care

Context

1. This paper provides an update on the development of the Hampshire and Isle of Wight Integrated Care System (ICS) and the Isle of Wight Health and Care Partnership. This update builds on the briefing provided at the July meeting.
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 Hampshire and Isle of Wight ICS serves 1.9 million people living in Portsmouth, Isle of Wight, Southampton and Hampshire, and is one of 42 ICSs in England. In Hampshire and Isle of Wight, NHS, local government and voluntary sector partners have been working together for a number of years to improve and integrate care. For the Isle of Wight, the Integrated Care Partnership brings local partners together to collaborate and to plan and deliver improvements for Island residents.
5. 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.
6. A key aim is to build on and further strengthen local collaboration between partners – for example on the Isle of Wight – to address health inequalities, sustain joined up, efficient and effective services, and enhance productivity.
7. Since the last meeting of the committee, 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:
 - ICS readiness to operate checklist and statement

- ICS people function, HR and employment commitment
- Provider collaborative guidance
- ICS functions and governance guide
- CCG close down and ICS establishment checklists
- Model constitution
- NHS oversight metrics and framework

Statutory ICS arrangements for Hampshire & Isle of Wight

8. Subject to the passage of legislation, and in line with the requirements set out in the Bill, the statutory ICS arrangements for Hampshire & Isle of Wight will comprise:
 - The **Hampshire & Isle of Wight ICS NHS Body** 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 Body 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 the population of Hampshire & Isle of Wight. The ICS NHS Body will have a unitary board (the Integrated Care Board) with a chair and chief executive, executive and non-executive directors and members from NHS Trusts, general practice and local authorities.
 - The **Hampshire & Isle of Wight ICS Partnership**. This is the forum which brings local government, the NHS and other partners together across Hampshire & Isle of Wight 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 Body and the four upper tier 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 Body and local authorities will have a duty to have regard to this Integrated Care Strategy.
9. In order to deliver their core purpose, the ICS NHS Body and ICS Partnership will be supported by strong local place-based partnerships (see section below on the Isle of Wight partnership) and provider collaboratives.
10. 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).
11. Isle of Wight NHS Trust has developed provider partnerships with Solent NHS Trust, South Central Ambulance Service NHS Foundation Trust and Portsmouth Hospitals University NHS Trust to support the delivery of high quality sustainable patient services for Island residents.

Isle of Wight Place Partnership (Isle of Wight Integrated Care Partnership)

12. Strong local place based partnerships, such as that for the Isle of Wight, are at the heart of the way ICSs work to deliver improvements for residents. Local partnerships have the best opportunity to reflect the needs of their community and design local services to meet those needs.
13. Health and care partners on the Isle of Wight currently work together through the Isle of Wight Integrated Care Partnership.
14. The national guidance for the design of ICSs makes clear that local place based partnerships are key to the co-ordination and improvement of services, and to addressing the wider determinants of health. The Health and Care Bill does not prescribe the local arrangements for place based partnerships, instead providing flexibility for each ICS to agree with local partners the approach that best suits local needs (including the membership and governance), building on existing arrangements. The ICS NHS Body will remain accountable for NHS resources deployed at local level.
15. National guidance sets the expectation that, as a minimum, local partnerships should include primary care provider leadership, local authorities (including directors of public health), providers of acute, community and mental health services, and representatives of people who access care and support. Local partnerships are expected to work closely with Health and Wellbeing Boards.
16. There is now the opportunity to further develop the Isle of Wight Integrated Care Partnership, further strengthening the local partnership arrangements to meet the needs of Island residents. Work is already underway with members of the Isle of Wight Integrated Care Partnership to consider the arrangements that will be best suited to meet the needs of the Island.

Next steps

17. NHS England has 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. Other roles will be recruited to in due course.
18. During Autumn 2021, the statutory arrangements for the ICS and the local place based arrangements – including the Isle of Wight place partnership – will be designed with local partners.

1 September 2021