



Hampshire and Isle of Wight - Becoming an Integrated Care System

January 2021



MOVING FORWARD TOGETHER

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About this document

Hampshire and the Isle of Wight is one of the largest health and care systems in the country with a long history of working with our population and each other, unified in our mission to ***work together to make lives better***. Our services, planning and ways of working together continue to become increasingly joined up. We have a strong track record of working together as partners, currently evident in our response to COVID-19, at the most local 'neighbourhood' level, the 'places' defined by our local authority footprints, and the 'patient flow' footprints around our hospitals as well as a whole Hampshire and Isle of Wight system.

We are uniting around our shared challenges, both local and at scale, including:

- access to urgent and emergency care
- long waits for planned care
- the resilience of primary care
- mental health provision
- workforce and financial sustainability

We are transforming health and care services and outcomes for local people by:

- Reducing complexity, making it easier to access joined up services
- Improving performance including cancer outcomes, hospital discharge and support for people with learning disabilities
- Innovating including use of digital technology such as online appointments in primary care, shared care records, workforce transformation (for example, staff passports helping us to share and more staff across the system) and new ways of delivering care such as COVID-19 virtual wards, community urgent response teams and NHS 111 First

At the end of 2020, we reconfirmed our commitment to working together and our areas of focus. We have been working as, what is nationally called, a 'sustainability and transformation partnership' (STP) since 2016. We are now more formally referred to as an 'integrated care system' (ICS).

This document introduces the Hampshire and Isle of Wight integrated care system. As the contents listed left show, this document describes why we are working together in this way, who is involved and our plans for the future.

Background

In December 2020, Hampshire and the Isle of Wight was approved as an ‘integrated care system’. This new status for our system, acknowledges the great progress we have made over recent years, working together as a partnership of NHS and local government organisations, and with other colleagues, to join up the planning, transformation and delivery of health and care services for our population. In approving us an integrated care system, our national NHS regulators, NHS England and NHS Improvement, have expressed their continued support for our work to date and plans for the future.

As NHS England and NHS Improvement describe in their current proposals for [The next steps to building strong and effective integrated care systems across England](#), in an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS care, and improving the health of the population they serve. Similar to other integrated care systems across the country, we have been working together to coordinate services more closely, to make real, practical improvements to people’s lives and deliver our shared vision for Hampshire and the Isle of Wight which is to **‘together, deliver care that is amongst the best in the world, enabling people to lead healthy and independent lives’**.

For staff, improved collaboration is already helping to make it easier to work with colleagues from other organisations. As a system, our collaboration is supporting us to better understand data about local people’s health and provide care that is tailored to individual needs. Operating at neighbourhood, local place and whole system levels concurrently, drawing on the expertise of others such as local charities and community groups, we are helping people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.

Becoming an integrated care system is a natural next step for us. It is an important milestone in our journey. It puts us in the best possible position to continue to adapt and respond to local need, currently so significantly shaped by the impact of COVID-19, whilst increasing the pace at which we transform services to support our population. We are also mindful that this isn’t an end in itself. Moreover our integrated care system status allows us to build upon the tremendous amount of work that has already taken place both at scale across the whole of our geography and in our local communities.

Integrated care system status gives us greater freedoms to decide locally how we best work together to improve the quality and resilience of our services, reduce inequalities and improve outcomes for local people. It supports us to harness our strengths, make the most of our local focus whilst realising the benefits of working at scale.

This is exactly what we have seen in recent months across all our partners in response to COVID-19. We are immensely proud of all that has been achieved. We have worked together to support each other and transform our health and care services to respond to COVID-19. By working together, the restoration of services across Hampshire and the Isle of Wight is amongst the best in the country. Along with this, our combined system response to step up the biggest vaccination programme in history has been highly commended and is a credit to everyone involved.

With the benefit of integrated care system status, now is the time to develop an even deeper social movement of people and communities to address inequalities and to improve health and wellbeing for the population. Additionally, as NHS organisations, we know we have scope to play a full part in social and economic development and environmental sustainability, through our employment, training, procurement and volunteering activities, and as a major estate owner.

As a system, we have discussed our ambition to hold onto this momentum and capitalise upon the greater freedoms we have now earned to accelerate our work together. Aligned to the proposals set out by NHS England and NHS Improvement in their [consultation document](#) we plan to further develop:

- even stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- collaborative arrangements across the whole of Hampshire and the Isle of Wight and in local systems, bringing together the organisations which provide care in our hospitals and in the community, to join up services and operate at scale where it makes sense to do so; and
- our service planning and improvement (sometimes referred to as ‘commissioning’) capabilities with a focus on improving health outcomes for our population.

The Hampshire and Isle of Wight system

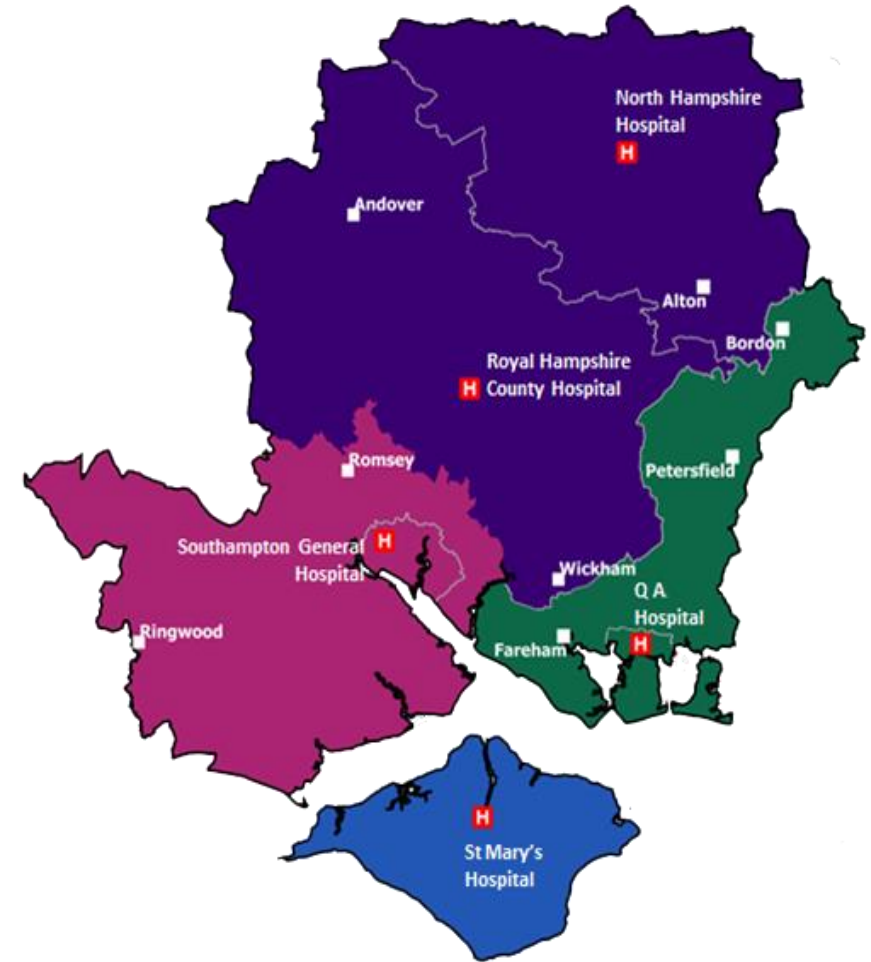
Hampshire and the Isle of Wight is one of the largest health and care systems in the country with a long history of working with our population and each other, unified in our mission to **work together to make lives better**.

We serve a population consisting of the area covered by seven of the eight Hampshire and Isle of Wight Clinical Commissioning Groups (CCGs) - Fareham and Gosport, Isle of Wight, North Hampshire, Portsmouth, South Eastern Hampshire, Southampton City and West Hampshire*.

Our footprint covers all of the areas served by the Isle of Wight Council, Portsmouth City Council and Southampton City Council and the vast majority of Hampshire County Council. The long established Frimley area is outside of our footprint – serviced by NHS North East Hampshire and Farnham CCG. **The population we serve totals 1.8 million.**

In the Hampshire and Isle of Wight system we have **154 GP practices**, working in **42 primary care networks**, and over 900 suppliers of domiciliary, nursing and residential care. We also have over 300 community pharmacies, more than 200 providers of dental services providing a range of general dentistry and orthodontics and nearly 200 providers of optometry services. The majority of our **acute, mental health and community NHS care** is supplied by Hampshire Hospitals NHS Foundation Trust, Isle of Wight NHS Trust, Portsmouth Hospitals University NHS Trust, Solent NHS Trust, Southern Health NHS Foundation Trust, South Central Ambulance Service NHS Foundation Trust, and University Hospital Southampton NHS Foundation Trust. Whilst all our NHS providers have specialised services, University Hospital Southampton is a tertiary provider, meaning it provides highly specialised services such as specialist paediatric services across the south of England, with Southern Health and South Central Ambulance Service also providing care across a wider footprint. Our population also accesses care from providers based in Dorset, Wiltshire, Surrey and Sussex.

* In April 2021, all the above CCGs with the exception of Portsmouth will merge to become the Hampshire, Southampton and Isle of Wight Partnership of CCGs



Our case for change

We understand our key challenges and know that our current ways of working need to be refined to help us better support local people. Our 'case for change' is based on the fact that we have:

- **an ageing population** – partly as a result of more successful treatment for long-term illnesses or injury – and that means increasing demands on health and social care
- some communities experiencing unacceptably poorer access, outcomes and life expectancy than the rest of our population. Across our footprint the **difference in life expectancy is 12 years**
- **variable quality and resilience of primary and community services**, with some people reporting difficulty accessing care, especially in light of COVID-19
- **challenges in sustaining high quality hospital based care** particularly in older buildings, and with growing waiting lists for planned (elective) care
- **challenges in recruiting and retaining the workforce** we need
- **a growing financial challenge** with significant financial challenges across local authorities and a number of local individual NHS organisations unable to meet their financial control totals

We also know that local people want:

- more choice and control over their health and wellbeing, and care tailored to their individual needs
- clear accessible information that allows them to better manage their health and care
- greater access to urgent and emergency care
- better, safer care for major health conditions

Over the years we have adopted a variety of different approaches to resolve these challenges. We know that continuing to operate as we have done in the past will limit our ability to deliver and sustain the change required. We need to reform the system in a way that best allows us to improve the health and wellbeing of our population, their patient experience and the financial sustainability of our system.

We know that we must take the best combination of working through local teams and at other times 'at scale', to harness our strengths; making the most of our local focus whilst realising the benefits of working across a wider geography.

"Health and care systems around the world are adapting to respond to the changing needs of their population. In Hampshire and the Isle of Wight, now is the time to harness our strengths, make the most of our local focus whilst realising the benefits of working at scale. It is important that we retain all that we have learnt and delivered during 2020. This is a really exciting opportunity for us to build on the many positive examples of change during COVID-19, to transform how we work and ultimately deliver better outcomes for local people.

Lena Samuels, Chair, Hampshire and Isle of Wight Integrated Care System

What will change?

Change has always happened in the NHS, to keep pace with new treatments, technology, techniques and medicines, all of which need to be provided and supported by staff with enhanced skills. For example, many procedures that would previously have been carried out in hospital are now done in a day, often in local GP surgeries and clinics. Now, more than ever before, the NHS needs to continue evolving to meet the needs of our population. This can only be successfully achieved through more coordination of health and social care services, new approaches to prevention and wellbeing, and the integration of care across different settings. High quality services, whether at home, in the community or in hospital, should be available to everyone.

Current ways of working sometimes make the integration or coordination of services difficult. We need to tackle this, finding the best possible ways of working across organisational and team boundaries. Whilst a number of decisions need to be undertaken independently, in future we see the overwhelming majority of the work to understand the needs of our population, and subsequently plan, transform and deliver our services, being undertaken collaboratively, through the various elements of the integrated care system we are building together.

Operating as an integrated care system is central to our ability to implement the change required and cater for the evolving needs of our population. For some elements, it makes most sense for our hospitals, community services and GP practices to plan, transform and co-ordinate services alongside local authority colleagues and other partners, in geographies based around our larger hospital footprints. For others, it makes sense to plan and deliver transformation together based on our local authority footprints, or at the scale of Hampshire and Isle of Wight, or even beyond.

To many, the arrangements we are putting in place will be nothing new. As a health and care system, we have a long history of partnership working, with organisations and system arrangements morphing and changing over the years. Our notable partnerships include integrated commissioning arrangements between health and local authorities, underpinned by section 75 agreements and the Better Care Fund; our early vanguard work, such as My Life a Full Life on the Isle of Wight and Better Local Care in southern Hampshire; and our approaches to integrated urgent care with NHS 111, urgent care, community services and general practice.

Many of our staff have long been working across organisational boundaries to improve care for local people. Becoming an integrated care system, helps us respond formally to the things our workforce has been telling us needs to happen.

We are also changing the way we spend our money. In the past, we used our investment primarily to respond to the pressures and demands faced by our acute hospitals. We are making a shift of investment to strengthen prevention, personalised, primary and community care; whilst also making investment into our hospital sector. We are also investing in our estate; we will invest over £200m in new facilities over the next few years and have ambitions to invest more in our poorer estates.



Our shared vision

We have worked with local people and a wide range of partners from across the system including clinicians, staff, elected members and Healthwatch to reach a shared vision for the future.

In developing the vision, mission and goals (see right) for our integrated care system, we discussed with local people and other stakeholders, the strategic challenges we face and the work we need to do to overcome them, along with the ambition we have for both our services and the health of our population. Our plans to deliver this vision and overcome our historical challenges are set out in our Strategic Delivery Plan (2019).

The system vision, mission and goals build upon those of our constituent partner organisations and local places. They describe what we aspire to achieve by working together at scale, what we stand for as a system and the impact we intend to deliver for the benefit of local people.

In establishing the Hampshire and Isle of Wight Integrated Care System, we are evolving our culture and refining our leadership and partnership working arrangements to enhance our ability to deliver our vision and plan. We are enabling organisations and places to work even more effectively together to make the most of our resources, tackle the challenges we face, redesign care and ultimately improve the health and wellbeing of the population we serve.

Our vision

Together, we will deliver care that is amongst the best in the world, enabling people to lead healthy and independent lives

Our mission

Working together to make lives better

Our goals

To use our resources to the benefit of local people

To deliver the future in our plans

To empower people to lead healthy lives

To deliver a quality of care for local people of which we can be proud

To create a health and care system for Hampshire and the Isle of Wight within which people want to work

"I am looking forward to building on the great progress that has already been made in establishing the Integrated Care System. I continue to be hugely ambitious for Hampshire and Isle of Wight, for the people we serve and for the health and care services we provide. Transformative change happens when we create the conditions in which teams are able to work together across organisational and professional boundaries to innovate and transform services. This is exactly what we have seen in recent months across all our partners in response to COVID-19 and I'm immensely proud of all that has been achieved. Now is the time to develop an even deeper social movement of people and communities to address inequalities and to improve health and wellbeing. Maggie Maclsaac, Chief Executive Officer, Hampshire and Isle of Wight, Integrated Care System

MOVING FORWARD TOGETHER

Involving local people

We have a strong track record of involvement and are excited by the potential to engage with our communities as a whole system in new ways and on new topics in the future. Our work will build on the heightened levels of interest in health and care that have developed as a result of COVID-19 and the relationships forged through our partners in the Local Resilience Forum such fire, police and the community sector.

System partners have continued to engage with local people, reaching over 10,000 members of our communities, staff and stakeholders including colleagues from our emerging primary care networks. This engagement on key topics has given us a strong understanding of local issues, attitudes, and concerns, and our approach to engagement at a system level is to build upon the extensive work of our partners. Involving local people will remain core to the development of our integrated care system. Working together as a partnership, we have developed our ambition for patient and public involvement:

- A common vision for patient and public involvement across our system
- A culture where the patient, carers and the public are at the centre of all decision making and where we continually learn from them and their stories;
- A system where leaders and staff have relevant training and understanding of the mechanisms and benefits of patient and public involvement;
- A shared way of working with the ability to work across organisational boundaries for the benefit of patients, carers and the public;
- A system where it becomes easier for people to engage and communicate

In addition to this work we plan to establish an Integrated Care System Assembly. Facilitated by our Chair, the Assembly will be made up of political, clinical, executive, and community leaders from across the system who meet twice a year and act in an advisory role. Recent examples of their work includes development of our system vision and values.

Hampshire and Isle of Wight Voices

We strongly believe in the profound importance of meaningful involvement to ensure residents, patients and staff have an opportunity to shape plans. It is critical that everything we do is grounded in a genuine appreciation for what people feel is important. There are a number of ways we do this, including volunteer programmes, events, workshops, focus groups and one to one involvement. This contributes towards our culture of involvement, co-design and coproduction. To complement this work, in 2019 we developed our citizens' panel - Hampshire and Isle of Wight Voices.

The panel is a representative, consultative body of local residents who support our work to identify local priorities in order to improve the health and wellbeing of our communities. Our 3,000-strong panel enriches our ability to engage with the seldom heard, those not currently involved and those who are disinterested in health and care services. Through our surveys we gain valuable insights and elicit views on specific research questions to inform our assessment of need, decisions on priorities and service design and improvement.

Recent surveys have focused on understanding people's attitudes and capability with respect to accessing care digitally. Interestingly those at high risk of COVID-19 were most likely to have started using digital channels for the first time. Personal interaction remains key to a 'very good' experience of care with 78% of respondents rating their experience of telephone appointments as good or very good. Such insight is helping to shape the development of access to primary care as well as supporting outpatient transformation.

The impacts for local people

Working in this new way will mean that more people have access to higher quality services and better health outcomes for themselves and their families. In fact, we are already enacting many of our plans, with teams working together to care for people experiencing the effects of COVID-19 whilst continuing to support those with other health and wellbeing needs.

By working together we have:

- planned and commenced the biggest flu and COVID-19 vaccination programmes in history, ensuring we quickly and safely protect local people from the threat of serious illness;
- established community urgent response teams across the whole of Hampshire and the Isle of Wight which support people at, or close to home, to reduce the need for them to be admitted to hospital;
- prepared for an increase in ill health over the winter months by ensuring we have appropriate critical care capacity and we avoid any potential care home failures, discharge delays and loss of capacity within our GP practices.
- established 'virtual wards' to enable clinicians to monitor patients' health remotely. This enables a quick response if a person's health deteriorates, reduces the need to be admitted to hospital whilst also allows people to be cared for in community settings, which are often more familiar;
- implemented NHS 111 First across Hampshire and the Isle of Wight, building on the learning from the initial roll out in Portsmouth. This provides people with quicker access to care that is right for their needs;
- committed to addressing inequality and inequity of access to services across Hampshire and the Isle of Wight. Working with district, borough, unitary and county councils, police and housing partners, we are supporting some of the most vulnerable people in our community - those living in poverty and people who are homeless.

We building community resilience, shifting focus from symptoms to the place where people live their lives. For example, our work to gather detailed intelligence about the 1,700 people who are homeless across our system, their medical conditions, and average age has been critical during COVID-19. This has meant that to date, not one person in emergency or hostel accommodation contracted the virus. This join up in care, support, action and insight is truly game changing.

Increasing the capacity of primary level mental health services

By joining up social housing and health services we are beginning to tackle - in a completely new way - the inequalities experienced by some of our most deprived communities. In collaboration between housing partners and primary care networks, we are improving the health and wellbeing of social housing tenants who fall below the statutory threshold to access secondary mental health services. We have trained front line housing officers, tenancy support and homelessness prevention teams in Mental Health First Aid and Connect Five training. This has built their competence and confidence in supporting tenants with poor mental health, increasing community self-care and wellbeing, and ultimately reducing demand for GP services and high intensity users of 111 and 999 services, with the case below saving the NHS £17,000 p.a.

Following a referral from his GP, *"Mr X presented to us with worsening mood as a result of a burglary. His mental health was clearly impacted as a result of this and his home environment played a key role in how he perceived his own mental health. The team were able to work with him directly and became a pivotal part of his care during this difficult period...he became less reliant on primary care as a result. The overall effect was a better outcome for the patient and reduced attendances to his practice."*

Our integrated care system – key components

Upon becoming unwell, a member of the public in Hampshire and the Isle of Wight could have interactions with any number of our services depending on their specific needs. Here we describe how these different components will work together to provide the best possible care.

Local partnerships bring together NHS organisations, local authorities and other partners to co-ordinate and improve the care and hence health and wellbeing of people in their area. In Hampshire and the Isle of Wight we have four geographies, based on how patients ‘flow’ through the NHS system and which hospital services are used by which communities.

An example is Portsmouth and south east Hampshire. Here, organisations such as Portsmouth Hospitals University NHS Trust, South Central Ambulance Service, Southern Health NHS Foundation Trust, Portsmouth City and Hampshire County Councils, Solent NHS Trust and local GP practices will work together to ensure that people are cared for in the best possible way. The discussions and decisions will vary between geographies, remaining responsive to local need.

Our **four upper tier local authority** areas will continue to be the focus for place-based planning and for aligning health, care and other sectors to deliver improved outcomes. Partners work together to further improve wellbeing, independence and social connectivity through the wider determinants of health including education, housing, employment, leisure and the environment.

Our **42 primary care networks** are the foundation of our health and care system, where the majority of our 154 general practices work together in networks and with statutory and voluntary community health and care services. Working in teams of people with a variety of expertise, they deliver joined up care to support the mental and physical health and wellbeing of the population, proactively managing the health needs of the population they serve.

The **Hampshire and Isle of Wight acute alliance** comprises our hospital trusts working together to improve such things as the amount of time people wait for inpatient treatment and access to diagnostics.

Our **community and mental health alliance** involves Southern Health NHS Foundation Trust together with Solent and the Isle of Wight NHS Trusts working to tackle challenges such as ensuring people with severe mental illness are cared for as close to home as possible.

| Southampton City Council | Hampshire County Council | | Portsmouth City Council | Isle of Wight Council |
|--|--|-----------------------------------|--|--|
| Integrated health and care commissioning | Integrated health and care commissioning | | Integrated health and care commissioning | Integrated health and care commissioning |
| Southampton and south west | North & mid Hampshire | Portsmouth & south east Hampshire | Isle of Wight | |
| PRIMARY CARE NETWORKS | | | | |
| University Hospital Southampton | Hampshire Hospitals | Portsmouth Hospitals University | Isle of Wight | |
| | Southern | | | |
| Solent | | Solent | | |
| South Central Ambulance Service | | | | |



The Hampshire and Isle of Wight People Plan

WORKING AT SCALE



Collaborating



Developing



Expanding

We have identified a range of actions we believe will benefit from 'at scale', whole-system working for each area of the national people plan and assessed how achievable they will be to deliver, the scale of benefit and level of risk. They include:

LOOKING AFTER OUR PEOPLE...



Working together we will:

- Develop **communities of practice** within health and wellbeing, diversity and inclusion and Freedom to Speak Up to focus on best practice and increase consistency of approach
- Increase **flexible working** opportunities across our system by developing shared principles and approaches to how we recruit, promote and develop our staff
- Open access to occupational health** provision (regardless of host organisation) so staff can use the service closest to them and where appropriate, swiftly access the treatment they need
- Deliver and grow our **keyworker housing** programme so our staff are supported to find good quality and affordable housing

NEW WAYS OF WORKING AND DELIVERING CARE...



Working together we will:

- Develop a **returners and reservists strategy** so we have additional staff we can call on in times of need
- Prepare our workforce to be confident and competent with **digital transformation** so they embrace change and can better support the people they care for
- Introduce **new roles**, in partnership with Health Education England, so we offer exciting career development opportunities and better support our existing staff
- Increase our **portability programme** to other parts of the system so we make best use of our most precious resource and to enable people to rotate, work as part of a HIOW collaborative bank and redeploy into other roles
- Implement our **collaborative bank** to increase workforce opportunities, align terms and conditions and reduce agency and locum usage

Our Hampshire and Isle of Wight people plan describes our ambitions for the 96,500 highly-valued people working within our health and care system. It outlines the actions we will take to deliver those ambitions, what learning we have taken from our response to Covid-19 and what we have achieved so far by working together.

OUR PEOPLE PLAN AMBITION

To take a system-wide approach to workforce planning across health and care in Hampshire and the Isle of Wight that focuses on the areas of greatest need or potential and strengthens the alignment between NHS provider organisations social care, primary care and the independent sector.

OBJECTIVES - WE WANT TO:



ensure we have enough people with the right skills, experience and values now and for the future



create healthy, inclusive, empowering and well-led cultures people want to join and stay working within



provide exciting ways of working and accessible career opportunities that use all the Hampshire and Isle of Wight care system has to offer.

As the panel right, summarises, across Hampshire and the Isle of Wight we currently employ 96,500 people in clinical and non-clinical roles, all of whom make up our rich and diverse system.

In 2020, we produced the Hampshire and Isle of Wight People Plan which describes our ambitions for our highly valued workforce.

It outlines the actions we will take to deliver a system wide approach to workforce planning across health and care. It also refers to the learning from our response to COVID-19.

ENHANCING BELONGING IN THE NHS...



Working together we will:

- Share leadership development** programmes and create more system focused programmes so our leaders learn and create system solutions together
- Create talent management processes across our system which ensure there is **greater diversity of talent** within very senior roles
- Create a workforce which is **representative of our communities** at all levels through targeted recruitment, development and talent management

GROWING OUR WORKFORCE...



Working together we will:

- Deliver our **nursing supply programme** to ensure we have sufficient, high quality nurses across our system and value and support our student nurses
- Review our **education and development** functions to identify what could be done at scale and how we can open course access to all (regardless of host organisation)
- Transform how we recruit new staff, through the introduction of an Isle of Wight **recruitment portal**, shared campaigns to inform and embrace our future workforce and collaborate in areas such as **international recruitment**
- Develop a Hampshire and Isle of Wight **Apprenticeship Academy** so we give every opportunity for people to reach their true potential

Next steps

Our immediate steps to improve the way we care for local people and support their health outcomes include:

- a keen focus on the wider determinants of health, such as housing and employment, and reducing inequalities, utilising population health management techniques which allow us to analyse information and develop targeted approaches in partnership with our colleagues in academia, police, fire and the pharmaceutical industry;
- working with teams to align local plans and ensure that the whole is greater than the sum of its parts. This will involve addressing long waits for planned inpatient care, our urgent and emergency care performance and investment in mental health;
- continuing to work collaboratively during winter, the second wave of COVID-19 and to address the related longer term health, wellbeing and wider socio-economic impacts;
- improving our system business intelligence capability, developing a single data repository to enable a significantly more efficient method of collecting and analysing our data to inform decision making at all levels;
- full population health management capability embedded at all levels of the system;
- better understanding people's experience of care during COVID-19 and the learning we can take from this to improve support for our population in the future.

The simplification of our commissioning arrangements is also essential, with plans underway for six of our seven CCGs to formally merge in April 2021. The merged CCG will be organised with the flexibility to maintain a strong local focus as well as achieving the benefits of working at scale. Working closely with colleagues in Portsmouth CCG, and through Hampshire and Isle of Wight wide strategic commissioning arrangements, we will ensure a streamlined approach towards local and pan-system decision making.

As mentioned on page 10, we will have local teams with a local budget for each place in our system; they will hold the responsibility for the planning of health services for the local population and local decision making authority, enabling the important work with primary care, local government and alliances with provider partners described in our application to be effective. Our aim is to retain the benefits of the current CCG model – the local focus, local relationships with partners and local clinical leadership – whilst also gaining greater benefits of working together at scale.

The system is led by our Chief Executive Maggie MacIsaac and our Chair Lena Samuels. In addition, we are currently recruiting to a set of executive joint roles across both the integrated care system and the Hampshire, Isle of Wight and Southampton Partnership of Clinical Commissioning Groups. This team of people, along with clinical, local authority and NHS trusts executives, non-executive directors and Healthwatch will form our Integrated Care System Partnership Board, the decision making body for our system.

We are aware of the need to further develop as a system, recognising the context of COVID-19. We are also aware of the need to keep our plans live and responsive to any developments in national guidance, such as the current [national consultation regarding legislative change](#). We are committed to the following:

- The development of our system wide alliances to further evolve community and mental health models of care, and the networking of acute care provision
- Continuing work on our financial plans to move towards financial balance and shared financial risk, developing the capability to undertake sophisticated modelling of the current and future health and care needs of our population
- Ongoing development of our alliances in place which supports local leadership, governance and transformation, with strong clinical leadership including primary care reflected in these arrangements.

