

Board of Directors –Public

SUMMARY REPORT

Meeting Date: 24 November

Agenda Item: 12

Report Title:	Integrated Care System (ICS) Progress	
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Other Meetings presented to or previously agreed at:	Committee/Group:	
	Date:	
Key Points recommendations to or previously agreed at:		

Summary of key points in report

The attached short report provides an update on progress with the arrangements for setting up the South Yorkshire Integrated Care System (SY ICB).

The overall timeline for the SY ICS has been established and this includes activities related to the shadow form SY ICS (up to 1 April 2022) and those tasks which need to be undertaken after the formal legally entity is established, from April 2022 onwards.

The SY ICS will consist of two key arrangements:

- **Integrated Care Board (ICB) – the NHS statutory governing body** which will develop an ICS Plan to meet the needs of the local population, as well as allocating resources.
- **Integrated Care Partnership (ICP) – a health and care partnership** which will form to bring together partners from across health, social care, local government, voluntary and community organisations to facilitate joint action to improve health and care services and influence the wider determinants of health, along with broader social and economic development.

Some of the key considerations for SHSC to explore include:

- How and where commissioning of SHSC services will be undertaken, given the changes to CCGs and specialist commissioning.
- How revenue and capital allocations will be calculated and made to Sheffield Place and SHSC.
- How parity of esteem for people who have a mental health condition, learning disability or autism will be supported in the new SY ICS governance arrangements.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	
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Recommendation: The Board is asked to NOTE the progress with the development of the South Yorkshire Integrated Care System and the associated governance arrangements.

Please identify which strategic priorities will be impacted by this report:

Covid-19 Recovering effectively	Yes		No	✓
CQC Getting Back to Good- Continuous improvement	Yes		No	✓
Transformation – Changing things that will make a difference	Yes		No	✓
Partnerships – working together to make a bigger impact	Yes	✓	No	

Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission	Yes		No	✓	
IG Governance Toolkit	Yes		No	✓	

Have these areas been considered ? YES/NO

If Yes, what are the implications or the impact?
If no, please explain why

Patient Safety and Experience	Yes	✓	No		The SY ICS will support delivery of Sheffield Place plans, including the Joint Strategic Needs Assessment and the Sheffield Health and Wellbeing Strategy.
Financial (revenue & capital)	Yes	✓	No		The SY ICS will govern the local funding arrangements for NHS organisations.
OD/Workforce	Yes	✓	No		Strategic workforce planning will be co-ordinated at the SY ICS.
Equality, Diversity & Inclusion	Yes	✓	No		The SY ICS will support access to services for all, which includes different ethnic communities and communities of identity.
Legal	Yes	✓	No		The SY ICS will become a formally established legal entity on 1 April 2022.

Integrated Care System (ICS) Progress

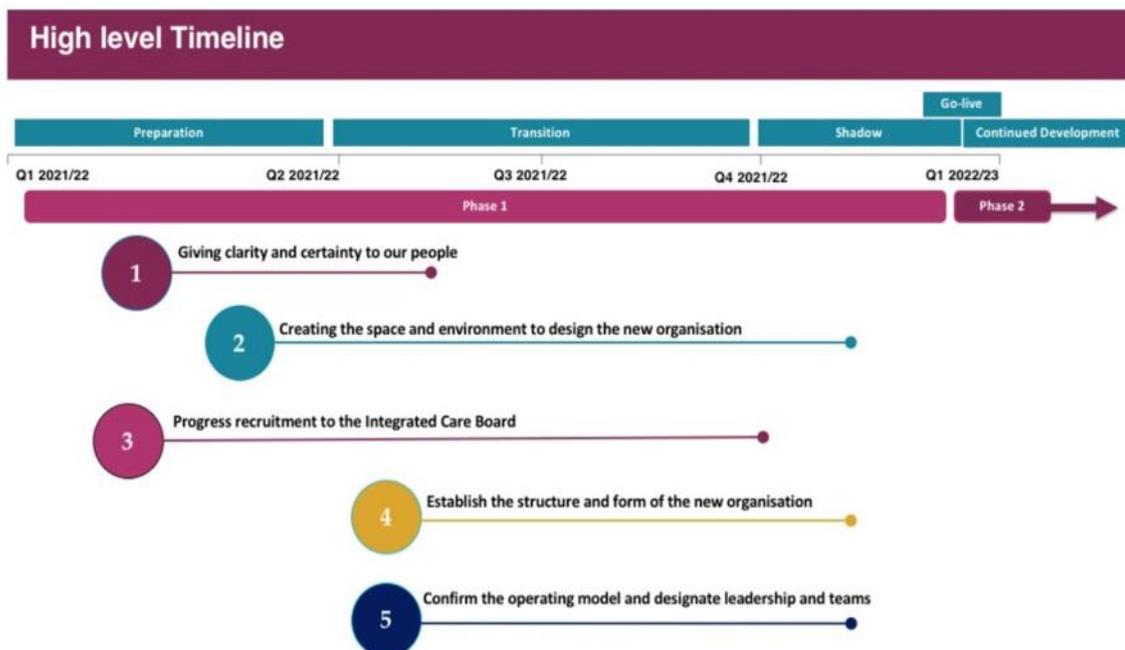
Section 1: Analysis and supporting detail

Background

- 1.1 In spring 2021, the Secretary of State for Health and Social Care published a White Paper proposing that Integrated Care Systems (ICSs) will be established on a statutory footing from April 2022. This builds on the policy direction since 2016 to implement the integrated care agenda.
- 1.2 The governance and transition arrangements for our local South Yorkshire Integrated Care System are progressing and this paper provides an update.

Timeline for the establishment of the SY ICS

- 1.3 The timeline for the establishment of the SY ICS is set out in the chart below. There are two phases:
 - **Phase 1 up to April 2022** – comprising the preparation, transition, and shadow ICS arrangements. This includes the detailed design of the ICS functions, governance, and the transfer of staff who previously worked in Clinical Commissioning Groups (CCGs).
 - **Phase 2 from April 2022** – consisting of the continued development of the ICS and its relationships with partners.



SY ICS Governance Arrangements

1.4 The SY ICS is in the process of designing and establishing its key governance arrangements which include the Integrated Care Board and the Integrated Care Partnership:

- **Integrated Care Board (ICB) – the NHS statutory governing body** which will
 - develop an ICS Plan to meet the needs of the local population, as well as allocating resources to deliver the plan across the system,
 - establish joint working arrangements to support collective accountability for delivery of joint priorities,
 - arrange for the provision of health services in line with the allocated resources (including contracts, convening transformation programmes, working with local partners),
 - lead the Implementation of the NHS People Plan,
 - develop digital and data capability,
 - monitor performance and address variation, improving quality,
 - drive collective work on estates, procurement and supply chain strategies,
 - take on functions that NHS England and NHS Improvement will be delegating,
 - plan for and respond to incidents as well as leading recovery from incidents.
- **Integrated Care Partnership (ICP) – a health and care partnership** which will:
 - bring together partners from across health, social care, local government, voluntary and community organisations,
 - facilitate joint action to improve health and care services,
 - influence the wider determinants of health, along with broader social and economic development.

These arrangements and the link with local Place and Provider systems are set out below:

ICB governance arrangements – core elements	
ICPs <i>statutory</i>	<ul style="list-style-type: none"> • Each ICS area will have an ICP (a committee, not a body) at system level • Established by the ICB and relevant local authorities as equal partners. • We expect the ICP to have a specific responsibility to develop an integrated care strategy.
ICBs <i>statutory</i>	<ul style="list-style-type: none"> • 42 ICBs will replace existing CCGs from April 2022. Each ICB will be governed by unitary board, with flexibility to establish board roles. • Minimum board membership is 10 roles: an ICB Chair, 2 x independent executive members, 4 x ICB executive roles, 3 x partner members • Unitary board will be required to establish an audit committee and remuneration committee • Flexibilities to establish and deploy other committees of the board, with the power to a) appoint non-ICB staff to be committee members b) delegate functions to be exercised by or jointly with other organisations
Place based partnerships	<ul style="list-style-type: none"> • ICBs will be able to arrange for functions to be exercised and decisions to be made, by or with place-based partnerships, through a range of different arrangements. • The ICB will remain accountable for NHS resources deployed at place-level.
Provider collaboratives	<ul style="list-style-type: none"> • May be at sub system, system or supra-system level • Must agree specific objectives with one or more ICB, to contribute to the delivery of that system's strategic priorities.

Section 2: Risks & Issues

2.1 Some of the key considerations for SHSC to explore include:

- How and where commissioning of SHSC services will be undertaken, given the changes to CCGs and specialist commissioning. There is a risk that previous commissioning expertise and experience, in relation to our specific services, may be lost.
- How revenue and capital allocations will be calculated and made to Sheffield Place and SHSC. The new arrangements for capital allocations may have an impact on our new hospital build programme and the need to upgrade many of our facilities. There is a risk that we may not be able to access the capital which we require to deliver safe, modern, fit for purpose facilities for the vulnerable people we serve.
- How parity of esteem for people who have a mental health condition, a learning disability or autism, will be supported and championed in the new SY ICS governance arrangements.
- How different NHS Trusts and their service portfolios, including that of SHSC, will be represented at the Integrated Care Board and the Integrated Care Partnership

Section 3: Assurance

Benchmarking

3.1 Integrated Care Systems are being developed right across the NHS in England. The design and implementation of the SY ICS is therefore built on years of experience in integrated working both locally and more widely since 2016.

Engagement

3.2 A range of partners have been engaged in the development of the SY ICS and these include executive and non-executive members of the SHSC Board. The Sheffield ACP partnership, of which SHSC is also a member, has identified the following anticipated ways of working with the SY ICS, to support Sheffield Place:



Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Covid-19 - Recovering effectively.
2. CQC – Continuous improvement
3. Transformation - Changing things that will make a difference
4. **Partnerships – Working together to have a bigger impact**

- 4.1 We will continue to participate in the development of the SY ICS as part of our work to deliver our strategic priority around partnerships. Due to the importance of these relationships, we have recently identified a new BAF Risk related to partnerships:

Partnerships: engagingly effectively to deliver our strategic priorities

- 4.2 The SHSC Board will support the following actions with colleagues in SY ICS, to assist the developing governance arrangements over the next months:

Key points	Action Required
<ul style="list-style-type: none">• ICBs will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the ICS.• Each ICB must be set out its governance and leadership arrangements in a constitution formally approved by NHSEI, including delegation of responsibilities.• While preparations for these new arrangements are being made, all NHS organisations must continue to operate within the current legislative framework.	<ul style="list-style-type: none">• Proceed with preparations to design and implement ICB governance and leadership arrangements that fulfil the requirements set out in this interim guidance.• Recruiting members of the unitary board and other roles locally agreed.• Developing and submitting an ICB constitution for approval by NHSEI, following engagement with relevant partners.• Develop a 'functions and decision map' showing the arrangements to support good governance and effective decision-making.

Section 5: List of Appendices

None