Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee

Report of Brian Hughes, Deputy Accountable Officer, NHS Sheffield CCG

Subject: Development of South Yorkshire and Bassetlaw Integrated Care System

Author of Report: Lucy Ettridge, Deputy Director, NHS Sheffield CCG

Summary:
This report summarises the proposed legislative changes to clinical commissioning groups (CCGs) and integrated care systems (ICS), developments and transitions in South Yorkshire and developments in Sheffield.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	**X**
Other	

The Scrutiny Committee is being asked to:
The committee is asked to:

- Note the update and developments.
- Give support for the direction of travel for the ICS.
- Give support for the direction of travel in Sheffield.
- Agree that local accountability could be maintained from April 2022 by the ongoing section 75 arrangement and a continuation of the JCC.

Background Papers:

Category of Report: OPEN/~~CLOSED~~ (please specify)

Development of South Yorkshire and Bassetlaw Integrated Care System

1. Introduction

The Health and Care Bill which sets out integrated care systems (known as ICSs) becoming statutory NHS bodies is now in the committee stage of the legislative process. It is expected to receive royal assent early next year and changes come into effect on 1 April 2022.

The bill is a natural progression of and builds on the NHS Long Term Plan (2019). The reforms are fundamentally about delivering better integration at three levels: health and social care; primary, community and secondary care; and physical and mental health.

Better integration has been a priority since the last labour government, and these legislative changes will give us a real chance to improve the lives of Sheffield people and staff by reducing barriers and taking collaboration to new levels.

NHS organisations, local councils and other partners in South Yorkshire and Bassetlaw (SYB) have increasingly been working together as an integrated care system since 2018. NHS Sheffield CCG and Sheffield City Council are two of 23 organisations that make up the SYB ICS, which is currently a formal partnership, not a statutory body

By joining forces, ICS partners have developed better and more convenient services, invested more to keep people healthy and out of hospital and set shared priorities for the future.

Our response to the pandemic in Sheffield and the region showed the importance of joined-up working and accelerated the changes on which we had embarked - for example, through more provider collaboration.

Statutory ICSs will consist of a health and care partnership and an NHS body (The Integrated Care Board, known as ICB). The commissioning responsibilities of clinical commissioning groups (CCGs) and some from NHS England, together with existing non-statutory functions of current ICSs will form the basis of ICB statutory functions and responsibilities.

If the legislation passes according to the timetable, on 1 April 2022 South Yorkshire and Bassetlaw ICS will become a statutory NHS organisation. This means the CCG will no longer exist, but its functions and the vast majority of its staff will transfer into the new Integrated Care Board. Sheffield City Council will be a member of the South Yorkshire Health and Care Partnership.

Details of the bill might evolve as it passes through its many stages. Further guidance will be issued on place based partnerships. Therefore, the direction is emergent and adaptive, and we aren’t working to a blue print.

All partners in Sheffield and across SYB have been working hard to minimise disruption of the transition for staff and patients. This paper will set out some of the work and plans so far.

2. What is an ICS?

ICSs comprise all the partners that make up the health and care system working together in the following ways.

The statutory ICS arrangements (subject to legislation) will include:

- An ICS Partnership, the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
- An ICS NHS body, an organisation bringing the NHS together locally to improve population health and care.

2.1. The ICS partnership

Each ICS will have a Partnership at a system level, formed by the NHS and local government as equal partners – it will be a committee, not a body.
Members must include local authorities that are responsible for social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body). Beyond this, members may be widely drawn from all partners working to improve health, care and wellbeing in the area, to be agreed locally.

We expect the ICS Partnership will have a specific responsibility to develop an "integrated care strategy" for their whole population.

The chair of the partnership can also be the chair of the ICS NHS body but doesn't have to be – this would be for local determination.

2.2. The NHS Body (Integrated Care Board)

The functions of the ICS NHS body will include:

- Developing a plan to meet the health needs of the population
- Allocating resources to deliver the plan across the system (revenue and capital)
- Establishing joint working and governance arrangements between partners
- Arranging for the provision of health services including through contracts and agreements with providers, and major service transformation programmes across the ICS
- People Plan implementation with employers
- Leading system-wide action on digital and data
- Joint work on estates, procurement, community development, etc.
- Leading emergency planning and response

The ICS NHS bodies will take on all functions of CCGs as well as direct commissioning functions NHSE may delegate including the commissioning of primary care and appropriate specialised services

We expect the ICS NHS body will have a unitary board – members of the ICS NHS Board will have shared corporate accountability for the delivery of the functions and duties of the ICS and the performance of the organisation.

Other important ICS features are:

- Place-based partnerships between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families – these partnerships will lead design and delivery of integrated services.
- Provider collaboratives, bringing NHS providers together across one or more ICSs, working with clinical networks and alliances and other partners, to secure the benefits of working at scale.

2.3. Place-based partnerships

Place arrangements and leadership are for local agreement– partners within each ICS will want to decide how best to bring together the parties to address the needs of the place, building from an understanding of neighbourhoods and primary care networks.

It is recognised that 'Place' is where most of our people connect, both physically and emotionally, and it is why place-based teams will form the basis of the structure of the new ICS NHS Body, to provide certainty for our people and minimise the disruption for our functions and services.

An ICS NHS body could establish any of the following place-based governance arrangements with local authorities and other partners:

- Consultative forum, *informing* decisions by the ICS NHS body, local authorities and other partners
- Committee of the ICS NHS body with delegated authority to take decisions about the use of ICS NHS body resources

- A joint committee of the ICS NHS body and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee
- Individual directors of the ICS NHS body having delegated authority, which they may choose to exercise through a committee
- Lead provider managing resources and delivery at place-level under a contract with the ICS NHS body

2.4. Providers and Provider collaborations

Organisations providing health and care services are the frontline of each ICS. The arrangements put in place by each ICS Partnership and ICS NHS body must harness the expertise, energy and ambition of the organisations directly responsible for delivering integrated care.

Providers will continue to retain their statutory duties and meet requirements under the NHS standard contract or relevant primary care contract, but with new relationships between commissioners and providers embodied in the composition of the ICS NHS board and ways of working across the ICS.

It is expected that providers will increasingly lead service transformation, potentially via delegation of functions from the ICS NHS body.

Primary care networks will play a vital role in place based partnerships. In addition to their partnerships at place level, Trusts/FTs are expected to join provider collaborative arrangements from April 2022. (Ambulance trusts, community trusts, and non-statutory providers are not *required* to join provider collaboratives but should where it makes sense.)

Each Provider Collaborative will agree on specific objectives with one or more ICS, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together on how this contribution will be achieved

3. What's happening in South Yorkshire and Bassetlaw ICS?

3.1. Boundary changes

Earlier this year, government ministers asked NHS England to set out options for ICS boundaries in specific geographies where upper-tier local authorities currently work across more than one ICS. The working principle was that coterminous boundaries delivered clear benefits in integration between local authorities and NHS organisations.

Following an assessment of the impact of changes for Bassetlaw, on 22 July the Secretary of State announced that the district of Bassetlaw would align with the Nottingham and Nottinghamshire Integrated Care System, not SYB. The change will take effect from 1st April 2022.

Until then, Bassetlaw remains a part of South Yorkshire and Bassetlaw Integrated Care System and are key partners in developments.

3.2. Draft System Development Plan

SYB ICS published our Draft System Development Plan in June this year. It is still very much in development and is designed to be a 'live' document to reflect the developing ambitions of SYB and its partners and the evolving national landscape, legislation, and policy progression.

This document starts to capture our collective approach to transition over the next 7 months (9 when published), recognising April 2022 is not a definitive endpoint for system development.

Throughout the ICS journey, we have continued to work towards and build on our vision for everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well for longer.

3.3. Development journey

Work to date: Phase 1: The Development Phase (November 2020 –April 2021)
Over the last six months (Phase 1) an overarching Steering Group has been convened from members of the SYB ICS partnership and has been overseeing work that builds on existing ways of working. The Group agreed the key building blocks within SYB are neighbourhoods, places, collaboratives, and the system and set up workstreams to look at:

- Establishing place-based partnerships
- How provider collaboratives will operate across systems
- How the nature of commissioning will change; and
- An integrated care system operating model.

The Steering Group set up a design sub-group, established from its membership to co-design several initial key products to shape the ICS during the transition to a statutory authority. The first of these products have been discussed by Boards, Governing Bodies and Committees and following feedback and review will come into operation from Quarter 2 and include:

- Health and Care Compact
- Health and Care Partnership Terms of Reference
- Development Matrix to inform. Place and provider collaboration development

Phase 2: Design, transition, and implementation (May to Dec)
As we progress our ICS development work taking into account the national requirements, we do so within a wider context. The work sits alongside business as usual and the recovery of services following the impact of Covid.

In Quarters 2 and 3 of 2021/22, we expect to confirm the CEO appointments along with other executive and non-executive appointments to the NHS Body (ICB). The designate chair was appointed in July. Pearse Butler, most recently chair of Blackpool Teaching Hospitals FT, will start at the ICS in September.

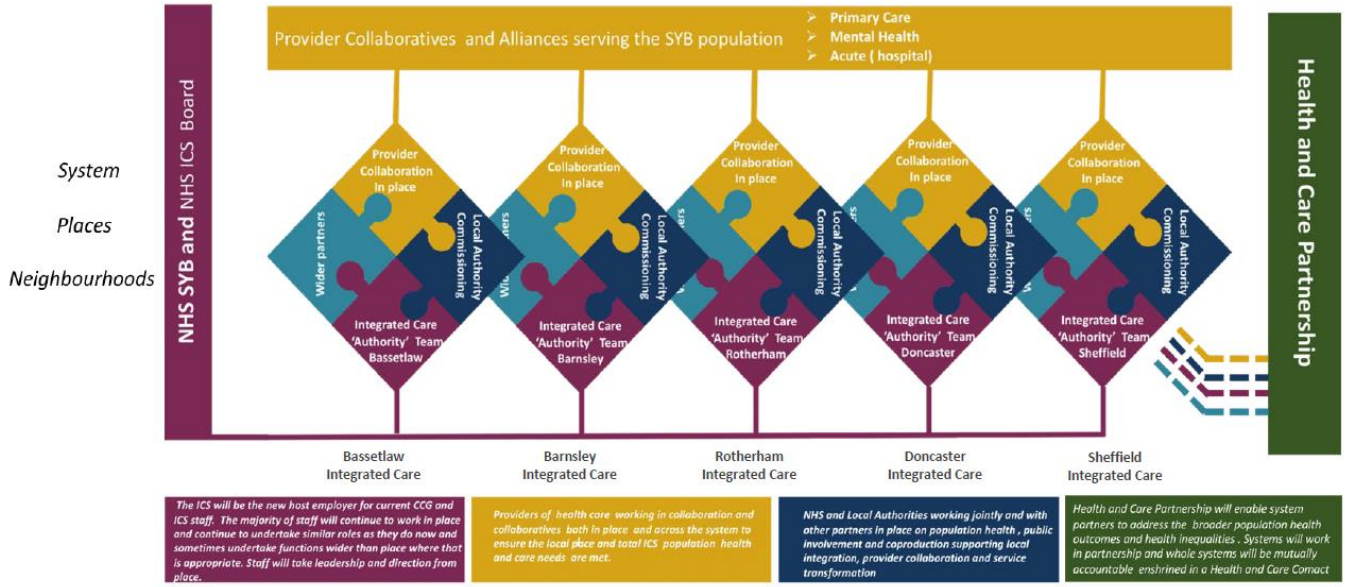
Following the readings of the Bill and subsequent guidance, we will be able to finalise and confirm the Health and Care Partnership and NHS Body arrangements and operating model.

Phase 3: Shadow Phase (January to March 2022)
In Quarter 4, there will be other designate appointments to NHS Body, completion of sender and receiver due diligence and submission of the System Development Plan. This quarter is described as the shadow phase.

Phase 4 – Statutory phase (April onwards)
In Quarter 1 of 2022/23 the new ICS body will be established with staff and property (assets and liabilities) transferred and Boards in place.

3.4. SYB Operating Model
A key output of our phase 1 work was our system operating model. With our system building blocks of neighbourhoods, places, collaboratives and system with the Health and Care Partnership and ICS body as the future employer. By place, we mean town or city and the system is South Yorkshire.

SYB features large places with weight-bearing infrastructure in each place, working in partnership with health and care. Provider collaboratives working both in each place and across the SYB system. Operating principles of subsidiarity and highly delegating structures.



Fundamental to the entire model is supporting the population that we serve through the organisations that provide health and care services and we are focused on creating a model which supports us in being able to deliver our quadruple aim for the benefit of local people.

The principles of the ICS are that the vast majority of its work and responsibilities will be delegated to place. that needs to have a home, which in Sheffield is likely to be the joint commissioning committee.

3.5. Communities and Places

Lots of work is happening to support the development of thriving places. The timeline below shows the priority next steps for our places in SYB as we continue to develop jointly through the transition year and beyond.

Over the last five years, all five places in SYB have established place partnerships with their local authorities and other place partners. In Sheffield, this is the Accountable Care Partnership or ACP. These partnerships have become the bedrock of SYB Place development and relationships.

Core to the proposals set out in the BIll is the fundamental building block of Place, and as we work together through the ICS Development Programme the formation and further

development of the place based arrangements are central to the developing operating model. In recent months, the Sheffield Place Partnership has been focused on developing:

- Place Partnership: Developing approach across all Partners, building on the progress to date
- Operating Model: Currently includes an ACP board with members from across Sheffield health and care providers and commissioners, this is under further development for April 22 to develop a weight bearing infrastructure
- Joint Commissioning: There is already a £400m pooled budget for joint commissioning through the local BCF in Sheffield and have been developing a joint outcomes based approach
- Vertical Provider Collaborative: Currently in development

A key focus for the next phase is to ensure that the Place Partnership can deliver on an ambitious scope and set of responsibilities aligned to the developing ICS Operating Model.

3.6. System Provider Collaboratives

The timeline and priority next steps are shown below. They are for developing our system provider collaboratives, to support our at scale development

The Integrating Care White Paper set out the focus for *Horizontal Integration, between places at scale where similar types of provider organisations share common goals such as reducing unwarranted variation, transforming services or providing mutual aid through a formal provider collaborative arrangement.*

Building on our arrangements across the System, the three developing Provider Collaboratives have been focused on coming together to outline their vision, approach, functions and desired form as part of phase 1 of ICS Development.

The approach across all three of the Provider Collaboratives is varied, to ensure that the services provided and approach is aligned to the needs of the system and the scale of provision required across SYB.

The next phase of work will include a focus on developing operating arrangements aligned to national guidance, delivering join priorities to support system recovery and establishing mechanisms as part of the ICS Operating Model to ensure representation from system

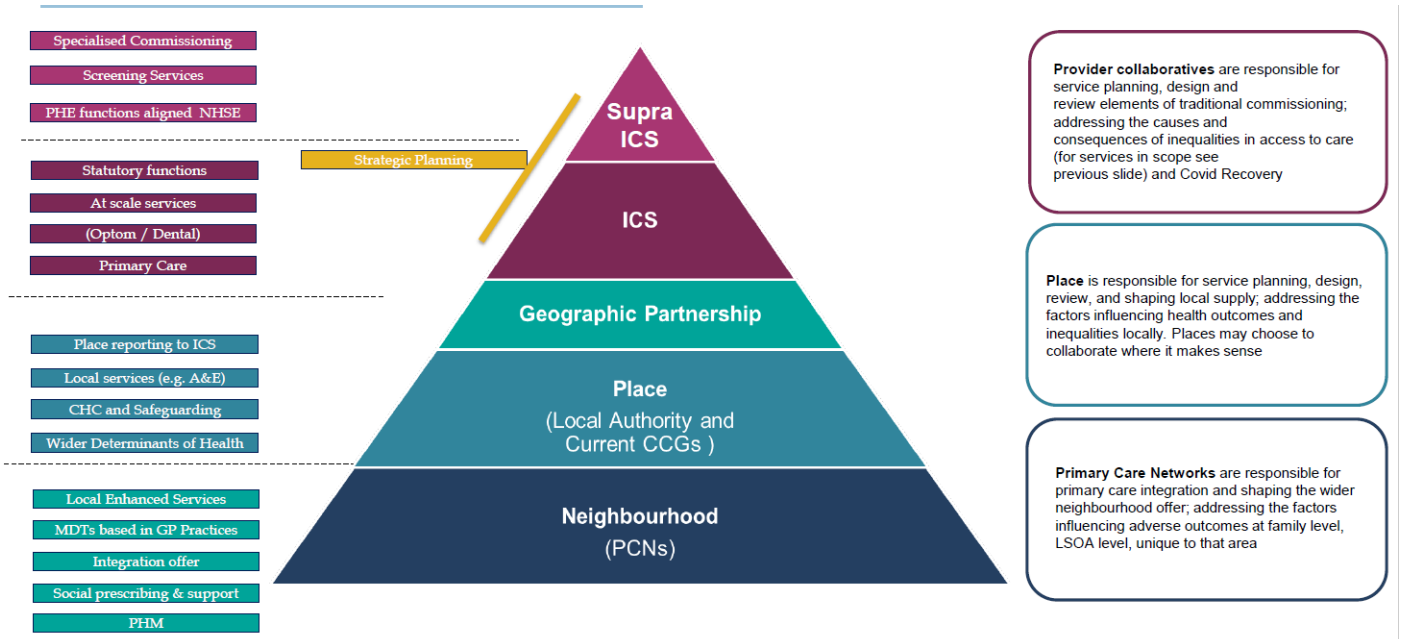
provider collaboratives and enabling approached to support delivery during 2021/22 and from April 22 and beyond.

It is recognised, that the journey for embedding this approach will take time, but given our collaborative approaches, we are in a key position to implement requirements from April 22 to best support the population of SYB.

3.7. Strategic Commissioning

The five CCGs in SYB have a long history of collaboration.

The focus is on building from the neighbourhood up, aligning CCG and NHS England commissioning through our regional work and SYB commissioning workstream and identifying key responsibilities for ISC, place and neighbourhood levels.



3.8. Work of the change and transition board

The focus of the work so far has been the reform of commissioning as part of the proposed legislative change. This includes a key focus on:

- Transitional Year 2021/22 Operating Arrangements
- Transfer of functions and people
- HR Framework
- Place and System Development (Commissioning)

Throughout Phase 1 the Commissioning Workstream has developed key outputs including:

- Development of functions mapping across the 5 CCGs and ICS including current staff aligned to functions
- Launch of the Strategic Commissioning Workstream in support of the JCCCG to further develop the approach to strategic commissioning

3.9. Future of Commissioning

The next steps for developing our approach for the future of commissioning and transition arrangements are shown below.

Transition commissioning arrangements

We have launched our Change and Transition Programme to manage the safe and effective transfer of duties from affected organisations to the Statutory ICS

Strategic Commissioning

We continue to work through our JCCCG to further develop our strategic commissioning functions, to increase system decision making, planning and further embed our Population Health Management Function Clear focus on strategic commissioning in the phase 2 design

Supporting our People

Throughout Phase 1, we have been focused on supporting our staff through our Commissioning Workstream, and as such have co-produced a staff engagement plan which outlines key steps throughout this process

The above areas form a key part of our Phase 2 work, where timelines are included aligned to the workstreams in section 2.

4. What will be different?

For the system

Integrated care systems are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the NHS Long Term Plan.

They will be vehicles for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development.

They will significantly transform how the NHS operates, with NHS partners, with local authorities and with wider partners such as the voluntary sector.

Some of the key differences from the system now and 2022 will be moving ways of operating and focus to better achieve our ambitions, such as those shown below.

From:	To:
Competition	Collaboration and partnership working
Transactional and process driven	Strategic and outcome focussed
People working in organisations	A 'one workforce' approach
Statutory health commissioner in Place	Delegated responsibilities for Place
Organisational accountability	Organisational and mutual accountability
Overly bureaucratic processes	Streamlined processes
Performance oversight	Improvement support

South Yorkshire ICS will be ready to take on its new statutory role, working as one system, one organisation, one workforce and four place-based teams, to deliver its fundamental purposes of ICSs:

- Improving population health and healthcare;
- Tackling unequal outcomes and access;

- Enhancing productivity and value for money; and
- Helping the NHS to support broader social and economic development

South Yorkshire ICS has a clear quadruple aim of:
- Supporting better health and wellbeing,
- Improving outcomes for the local population,
- Focussing on the wider determinants of health and;
- Reducing health inequalities.

We can transform the lives of sheffield people in Sheffield but there are times when we will need to do things differently. This is where the city's residents will benefit from being part of a bigger system such as wider collaboration, shared expertise and shared services.

For patients and service users

Patients, service users, carers and staff are often frustrated that the multitude of health and care organisations in the city don't always work well together meaning they often have a worse outcome and experience. The focus on integration in these reforms sets out to change that.

In the ICS and Sheffield partnerships, we'll all pull together in a common direction, with some of the barriers of the current system eliminated such as competition and multiple autonomous organisations. The voluntary and community sector will be key partners and the voice of the public will be heard.

Local clinical and care teams will be supported to work collaboratively to provide joined-up, coordinated care that flexibly meets individuals' needs.

Care will be closer to home, thereby improving access, and they'll be a coordinated effort to reduce health inequalities.

As part of Sheffield's joint commissioning plan, a health and wellbeing outcomes framework is being developed. The ICS is learning from Sheffield and looking to do the same at the SYB level.

The Sheffield health and wellbeing outcomes will provide a strategic framework for the planning and delivery of health and social care services, focusing on improving the experiences and quality of services for people using those services, carers and families. It will be aligned to Sheffield's health and wellbeing strategy. Focusing on improving how services are provided, as well as the difference integrated health and social care services should make for individuals.

Sheffield's ACP has signed up to outcomes framework meaning commissioners and providers are working towards one set of outcomes for the city.

5. What are the proposals for Sheffield?

The ICS will have four strong and effective place based partnerships between sectors in– Barnsley, Doncaster, Rotherham and Sheffield.

On behalf of ICS NHS Body, a place based leader for Sheffield, who will be a member of the ICS executive team, will work with Sheffield partners in an inclusive, transparent and collaborative way to contribute to:
- Strong and effective place-based partnerships between sectors with full involvement of all partners who contribute to the place's health and care
- A continued strong strategic relationship with health and wellbeing boards.

They will have four main roles:

- To support and develop primary care networks (PCNs) which join up primary and community services across local neighbourhoods.
- To simplify, modernise and join up health and care (including primary and secondary care where appropriate)
- To understand and identify people and families at risk of being left behind and to organise proactive support for them
- To coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.

The place based director will be responsible for all the functions and teams which are delegated by the ICS. The NHS ICS Body will remain statutorily responsibilities.

6. What's already happening in Sheffield?

Sheffield's Joint Commissioning Committee (JCC), established in 2019, is the collaborative of the city's health and care commissioners: the CCG and council. This is a binding arrangement between both organisations, underpinned by section 75 of the Health and Social Care Act (2006), to contribute to a common fund that can be used to commission health or social care related services. Section 75 power allows a local authority to commission health and NHS commissioners to commission social care. It enables joint commissioning and commissioning of integrated services.

The JCC has a pooled budget of £408 million to provide a range of health and care services, including mental health, urgent and emergency care, community services, social prescribing, community equipment services, continuing care arrangements, and early intervention/prevention services.

On 15 February this year, the JCC signed off its first ever set of joint commissioning intentions for improved health and care services in the city. It is one of the largest examples of integration of health and care planning and spending in England.

The ambitious plan spells out how health and care services will work better to provide better experiences and outcomes for people in the city, as well as impacting on the health inequalities people across the city face.

The plan recognises at times that services are sometimes fragmented and how this affects the experiences of people using them. The plan spells out how services will look different from the perspective of Sheffield citizens.

In the plan, we demonstrate that both organisations have a shared vision, priorities and face the same set of challenges. By joining up planning and spending, it provides an important springboard for health, care and voluntary/community partner organisations across the city to join up care. This builds upon the many areas of areas partners across the city have been together on, before and during the pandemic.

This means we have solid foundations in the city already for place based working as part of the ICS. It puts Sheffield in a strong position ahead of the proposed legislative changes, meaning that decisions are made with a focus on integration/how partner organisations work better together for the benefit of citizens.

The formation of the plan has been the result of the relationships between the organisations and the alignment of teams around a common purpose: improving health and care for Sheffield people.

The interim guidance on functions and governance for integrated care boards outlines that people, property, contracts, service level agreements, licences and leases will transfer to the new ICB. This

would imply that the existing section 75 arrangement between SCCG and SCC will novate to the ICB.

7. Future accountability

The ICS statutory body will take on the CCG's legal responsibilities on working with overview and scrutiny committees.

We don't know yet if these will be delegated to the executive team at place. What we do know is there will be dedicated officers to work with Sheffield's Healthier Committees, or any successive committee as part of the move to the council's new committee model. This will ensure the continued communication and sharing of plans, strategies, and developments and proposed changes, working together, and ensuring we do the right thing for Sheffield people.

From April 2022, Senior people at the place team and/or the ICS will attend the committee where invited to be held accountable for NHS plans and delivery.

8. Recommendations

The committee is asked to:

- Note the update and developments.
- Give support for the direction of travel for the ICS.
- Give support for the direction of travel in Sheffield.
- Agree that local accountability could be maintained from April 2022 by the ongoing section 75 arrangement and a continuation of the JCC.