

The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee

18th March, 2019

**TO: THE CHAIR AND MEMBERS OF THE SOUTH YORKSHIRE, DERBYSHIRE,
NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE**

**GOVERNANCE ARRANGEMENTS FOR SOUTH YORKSHIRE AND
BASSETLAW INTEGRATED CARE SYSTEM FOR 2019/20**

EXECUTIVE SUMMARY

1. This report outlines the next phase governance arrangements for South Yorkshire and Bassetlaw Integrated Care System for 2019/20.
2. Work will continue on full governance arrangements, recognising both the national developments on NHS system architecture and the work with system partners in order to develop an overall system governance framework for the ICS.

EXEMPT REPORT

3. There is no exempt information contained within the report.

RECOMMENDATIONS

4. That the Committee considers and comments on the information presented.

BACKGROUND

5. South Yorkshire and Bassetlaw Integrated Care System has evolved from the establishment of a Sustainability and Transformation Partnership in January 2016, an Accountable Care System in April 2017, to then becoming one of the first and most advanced ICS systems in England and working arrangements have changed little over this time period.
6. The current core arrangements consist of: Oversight and Assurance Group, Collaborative Partnership Board and Executive Steering Group together with a Clinical Forum, Citizens' Forum and a number of Programme Boards.
7. In September 2018 our Partnership supported a review of governance and ways of working.

The NHS Long Term Plan and the ask of ICSs

8. The NHS Long Term Plan for the NHS has now been published and has implications for our partnerships, local and systems and gives additional focused context to our need to move forward with a revised set of interim governance.

9. The role of ICSs are seen as central to the delivery and implementation of the NHS Long Term Plan with local NHS organisations increasingly being supported to focus on population health and moving to integrated care systems everywhere by April 2021.
10. NHS organisations will be supported to take on greater collaborative responsibility as 'mutual aid' becomes an integral part of the role of all leaders, clinical and managerial and will form part of a revised 'duty to collaborate' for providers and CCGs alike.
11. ICSs are viewed as the pragmatic and practical way forward to deliver the integration between primary and specialist care, physical and mental health services and health with social care at a local level. ICSs have a key role in working with local authorities at a local level and through ICSs, commissioners can make shared decisions with providers on how to use resources, redesign services and improve population health.
12. Every ICS will need streamlined NHS commissioning arrangements to enable a single set of NHS commissioning decisions at a system level as CCGs become leaner and more strategic organisations that support the partnering of organisations.
13. The organisation that regulates NHS Foundation Trusts, NHS Improvement, will take a more proactive role in supporting collaborative approaches between NHS trusts as ICSs are required to implement integrated services.
14. A new ICS accountability and performance framework will consolidate the current local NHS accountability arrangements and provide a consistent and comparable set of NHS performance measures.
15. The Long Term Plan is supported by a number of proposals to change legislation that relates to the NHS. However, it is expected that the changes set out in the Plan can be achieved within the current legal framework.
16. ICSs are required to work together with local partners to develop their local response to the Long-Term Plan by producing an ICS five-year strategic Plan by the autumn of 2019.

Engaging with Local Authority Partners

17. SYB ICS leadership has engaged directly with local authority partners to shape proposals for partnership working and to identify a number of priorities which would benefit from system collaboration.
18. A workshop is currently being planned in March, led by each Local Authority CEO and to include Directors of Adult Social Care, Directors of Public Health and the ICS Chief Executive and Chief Operating Officer. Following this work wider discussions will take place with system partners.

Strategic developments

19. Work underway to align NHS national strategic organisations and NHS regional bodies, as well as developments to achieve efficiencies within CCGs will be taken into account in due course.

The Next Phase

20. In the next phase a number of actions will be taken including:

- Continuing to work with our **Local Authority partners** to inform and shape how our system health and care partnership work including a revised Collaborative Partnership Board as set in the NHS Long Term Plan. The next step for this will be a series of workshops led by local authority CEOs. System partnership working will of course be developed taking due account of existing partnership arrangements in **Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield**.
- Maintaining our **Collaborative Partnership Board** meeting on a bi monthly basis which will be reviewed in due course the light of the work above.
- Establishing **interim governance arrangements for NHS collaboration** which will work alongside much of our existing system collaborative forums.

OPTIONS CONSIDERED

21. There are no alternative options within this report, as the intention is to provide the Committee an opportunity to consider the information presented, as detailed above.

REASONS FOR RECOMMENDED OPTION

22. There are no alternative options within this report.

RISKS AND ASSUMPTIONS

23. There are no specific risks associated with the recommendation in this report.

CONSULTATION

24. There are no consultation implications within this report.

REPORT AUTHOR & CONTRIBUTORS

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