Title	**Proposals for an initial South Yorkshire Health and Care Partnership Forum (ICP)**
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Audience	Initial consideration by Health and Wellbeing Board Leads and Lead Officers South Yorkshire and Bassetlaw Partner Organisations
Date	17 May 2022

Summary

- South Yorkshire Partners have been working together to implement the Health and Care Bill, published on 6 July 2021 which became an Act of Parliament on 28 April 2022.
- As a result of the Act, Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) are to be established.
- South Yorkshire has well developed relationships and arrangements between health, local authorities, the voluntary sector and wider partners in each of our four Places.
- ICP will evolve as more is understood about how they will work and in context of the Government's recent Integrating Care White Paper.
- Integrated Care Boards and Local Authorities are responsible for establishing ICPs as equal partners.
- Guidance on ICPs has been published providing a framework for development and setting out their key role and purpose.
- Initial proposals for a South Yorkshire interim ICP were put forward in 2021. These have recently been refreshed and reshaped further by Health and Wellbeing Board elected members and lead officers.
- The Act requires all systems are to have at least an interim ICP up and running when statutory ICBs commence on July 1st 2022.
- An interim ICP comprise a chair and a committee of at least statutory members (the ICB and local authorities), and for there to be agreement on how the committee will be initially resourced.
- Proposals for a refreshed initial ICP is set out in this paper including a first meeting in shadow form in advance of July 1st.

Key questions?

- **Do the proposals feel about right for an initial ICP for South Yorkshire?**
- **Do the proposals respond to the challenge of inclusivity and effectiveness?**
- **Has the proposal captured the key purpose and role of the ICP?**
- **Is the proposal for an elected councillor to chair the ICP supported and how might we take that forward?**
- **Do the key immediate next steps cover what we need to do next (page 6)?**

Purpose

1. This purpose of this paper is to summarise progress and set out proposals to implement the Health and Care Act, 2022, with respect to Integrated Care Systems and the establishment of a South Yorkshire Integrated Care Partnership forum (ICP)

2. These build on the progress made by the South Yorkshire and Bassetlaw Health and Care Partnership which includes the proposals **it consulted partner organisations on** in 2021. It also includes recent engagement with all four Health and Wellbeing Board elected members and lead officers in Barnsley, Rotherham, Doncaster and Sheffield, to shape and inform refreshed proposals for an initial South Yorkshire ICP, in readiness for July 1st, 2022.

3. Important to note - these initial proposals reflect two key factors:

    - we have well established relationships and arrangements between health, local authorities, the voluntary sector and wider partners in each of our four Places across South Yorkshire and these themselves are local health and care systems critical to delivering our quadruple aim for local populations

    - any arrangements for a South Yorkshire ICP will evolve as we understand more about how this will work in context of wider current arrangements, the Government's recent **Integrating Care White Paper -Joining up Care for People, Places and Populations** and what is best for South Yorkshire citizens, patients and its four Places

Background

4. In November 2020, South Yorkshire and Bassetlaw Health and Care Partners agreed a set of arrangements to respond to the WhitePaper ***"Integration and Innovation: Working together to improve integration and innovation for all"*** and subsequent Bill published in July 2021. This included the establishment of an ICS Development Steering group involving all partners across the ICS including Local Authorities, VCSE, Providers, including Primary Care, Mental Health and Children's Services, Commissioners and reflected the key building blocks of our ICS including at that time all five Places (including Bassetlaw) , Partnerships and Collaboratives and Alliances.

5. The steering group considered national guidance and engagement documents including published guidance on **Integrated Care Partnerships (ICPs)** and put forward proposals for a **Health and Care Compact (Annex, A)** which enshrined the commitment of South Yorkshire Partners to deliver the quadruple aim to address inequalities – this now underpins the Constitution which governs the South Yorkshire Integrated Care Board.

6. The steering group also put forward proposals for a refreshed Health and Care Partnership to serve as initial arrangements for a South Yorkshire ICP – these proposals build on these.

7. The Health and Care Bill became an ***Act* of Parliament on 28th April 2022** by royal assent and South Yorkshire partners are working together to make final preparations to established key components which include Integrated Care Partnerships (the focus of this paper), Integrated Care Boards, local Place-based arrangements, Provider Collaboratives and Alliances, ready for July 1st.

Integrated Care Partnerships published guidance - summary

8. The **engagement document on ICPs** jointly developed by the Department of Health and Social Care, NHS England and NHS Improvement and the Local Government Association (LGA), give consideration of how the Bill (now and *Act*), applies to ICPs – in summary and from this guidance:

9. Statutory Integrated Care Systems have two key components:

    i. a 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.

ii. a statutory body, the integrated care board, or ICB: the ICB will be responsible for the commissioning of healthcare services in that ICS area, bringing the NHS together locally to improve population health and care.

10. The ICP provides a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and community.
11. They have a critical role to play in ICSs, facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.
12. They will consider what arrangements work best in their local area by creating a dedicated forum to enhance relationships between the leaders across the health and care system. For example, the NHS, local government, public health, adult social care, employment support, and VCSE coming together to build a culture of partnership and broad collaborations to promote and support holistic care.
13. ICPs' central role is in the planning and improvement of health and care. They should support place-based partnerships and coalitions with community partners which are well-situated to act on the wider determinants of health in local areas. ICP should bring the statutory and non-statutory interests of places together.
14. ICPs are to develop an integrated care strategy to address the broad health and social care needs of the population within the ICP's area, including determinants of health such as employment, environment, and housing issues.
15. It is the responsibility of ICBs and Local Authorities to establish ICP arrangements and all systems are expected to have initial arrangements ready for July 1st, 2022.
16. ICBs and local authorities will be required by law to have regard to the ICP's strategy they develop when making decisions, commissioning health and care services and delivering services.
17. The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to take the action required. These include, but are not limited to:
    - helping people live more independent, healthier lives for longer
    - taking a holistic view of people's interactions with services across the system and the different pathways within it
    - addressing inequalities in health and wellbeing outcomes, experiences and access to health services
    - improving the wider social determinants that drive these inequalities, including employment, housing, education environment, and reducing offending
    - improving the life chances and health outcomes of babies, children and young people
    - improving people's overall wellbeing and preventing ill-health
18. ICPs will enable partners to plan for the future and develop strategies for using available resources creatively in order to address the longer-term challenges which cannot be addressed by a single sector or organisation alone.
19. ICPs should complement place-based working and partnerships, developing relationships and tackling issues that are better addressed on a bigger area.
20. Places continue to play a central role in population health management, planning and improvement of health and care, joined up service provision, and building broader coalitions to promote health and wellbeing.
21. The principle of subsidiarity should be a driving force to ensure that decisions are taken by communities at the most appropriate geography.

Engagement with Health and Wellbeing Boards

22. In quarter 1, 2022 the newly appointed ICB Chair and Chief Executive (designates) met with Local Authority Chief Executives. This was to discuss next steps to take forward the work started and consulted on in 2021, to develop an initial forum for South Yorkshire ICP arrangements.

23. A key next step was to engage with each Health and Wellbeing Board elected member and lead officers in Barnsley, Doncaster, Rotherham and Sheffield Place to:

    - Reiterate the important role and synergies between Health and Wellbeing Boards and their statutory role and the Integrated Care Partnership and discuss how they could work well together.
    - Reflect on the published guidance above and gain input and views
    - Reflect on the work done by the ICS development steering group in 2021.
    - Test some initial thinking together on potential approaches and key considerations for the South Yorkshire ICP including: its core purpose and role, chairing, membership, meeting arrangements and establishing initial arrangements ahead of July 1st as expected following the Health and Care Act, 2022.

24. A meeting between each of the Health and Wellbeing board elected members and lead officers, ICS chair, chief executive (designates) took place over March and April and a summary of the discussions can be found in **Appendix, A.** In addition, a collective discussion was taken to the regular meeting of Health and Wellbeing Board Chairs and Leads, Lead officers and ICS / ICB leadership on 20th April 2022 to reflect back each of the individual discussions.

    In summary:

    - There was appreciation and support for the work which had been done to date including the Health and Care Compact and initial work on the refreshed Health and Care Partnership.
    - There was broad consensus on the purpose and role of the ICP for South Yorkshire noting its core role of development the system integrated care strategy and complementing place-based arrangements.
    - There was consensus for the importance of balancing inclusivity with having an ICP which was of a size that it could function effectively whilst meeting having a broad membership to be able to facilitate joint action on health and care and wider issues.
    - There was broad consensus of the importance of having an initial forum meeting ahead of the implementation date of 1st July.
    - Who would chair the ICP required further consideration and the ICB chair expressed a preference for this to be an elected member.

Proposals for and initial South Yorkshire ICP forum

25. A proposed way forward to establish initial arrangements for South Yorkshire are summarised in **Appendix, B.** These build on the guidance, the work to date and the input of Health and Wellbeing Board elected members and lead officers.

26. It is recognised that these arrangements will evolve as we understand more about how this will work in context of wider current arrangements and potential further changes as a result of the recent White Paper. They offer a pragmatic way forward to have an initial ICP ahead of July 1st.

27. In summary the proposal includes

Key purpose and role

Which is to:

- enhance relationships between the leaders across South Yorkshire health and care system.
- complement place-based working and partnerships, developing relationships and tackling issues that are better addressed on a bigger area.
- facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies
- developing an integrated care strategy to address the broad health and social care needs of the population within the ICP's area, including determinants of health such as employment, environment, and housing.
- enable partners to plan for the future and develop strategies for using available resources creatively in order to address longer-term challenges which cannot be addressed by a single sector or organisation alone

Forum and membership

Proposal for initial arrangements:

- An ICP with a wide membership inclusive of the full range of statutory and non-statutory partners across the ICS and potentially wider **(see Appendix, C).** This could be in the region of 40 members including the ICB and Local authorities in each of the four places within the ICB geography.
- The ICP would be supported by a delivery group whose membership is drawn from our four Local Authorities and NHS. Up to eight from Local Authorities to include as a minimum each Local Authority Chief Executive and a nominated executive lead to support the work of the ICP. It could also include addition Local Authority members for example from directors of public health, directors of adult social services and directors of children's services. From the NHS up to eight members with a minimum of the ICB chair and chief executive and an executive lead from the ICB to support the work of the ICP. It could also include for example members from NHS Trusts, mental health and physical health, primary care, community and the voluntary sector. The ICP may choose to also convene larger assembly type forums to achieve greater engagement and involvement in its work.

Chairing

- The proposal is for one of the local authority elected councillors from within the SY geography to chair the ICP.
- Given the ICP is to be jointly convened by the ICB and LA. The chair will be jointly agreed.

Initial support and secretariat

- The ICB will provide initial interim secretariat support to the ICP for the remainder of 2022/23.
- The ICB will also identify a lead executive to work with the ICP on behalf of the ICP and undertake a review to identify existing resources which align to the work of the ICP.

The role of Health and Wellbeing Boards

28. Health and Wellbeing Boards remain as a result of the changes and have a critical part to play in the success of integrated working. They are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health

and local government. They have a statutory duty, with current clinical commissioning groups (CCGs), to produce a Joint Strategic Needs Assessment (JSNA)and a joint health and wellbeing strategy for their local population. In the future the executive place director of the ICB will be a key link working with HWBBs to support the above.

29. In most cases, Health and Wellbeing Boards are chaired by a senior local authority elected member. The board must include a representative of each relevant CCG and local Healthwatch, as well as local authority representatives. The local authority has discretion in appointing additional board members.

30. Health and Wellbeing Boards have a key role in supporting the underpinning development of the System Plan the ICP will develop and for ensuring it meets the needs of each local Place population. This can either be through a number of mechanisms including promoting integration, producing the JSNA and HWBB Strategy for each place and ensuring this is reflected in the System Plan of the ICP and ensuring local accountability for local delivery. Health and Wellbeing Board Chairs could for part of the ICP membership or work with it to ensure it reflects the needs of all SY local population in Barnsley, Rotherham, Doncaster and Sheffield)

Immediate next steps

- Consider key steps to agree the initial ICP chair.
- Consider the role and relationship between HnWBBs and the ICP as summarised above.
- Discuss the approach with wider system partners.
- Arrange for an initial meeting of the delivery group in advance of July 1st (mid-June).
- Local Authorities and ICB to consider draft terms of reference based the paper and Appendix, B to be discussed at the ICP delivery group in June.

Key questions?

- **Do the proposals feel about right for an initial ICP for South Yorkshire?**
- **Do the proposals respond to the challenge of inclusivity and effectiveness?**
- **Has the proposal captured the key purpose and role of the ICP?**
- **Is the proposal for an elected councillor to chair the ICP supported and how might we take that forward?**
- **Do the key immediate next steps cover what we need to do next?**

Will Cleary-Gray, ICB Executive Director of Strategy and Partnerships (designate)
17 May 2022

Appendix, A

Key Considerations	Summary of feedback from meetings of Health and Wellbeing Board Leads from Barnsley, Doncaster, Rotherham and Sheffield
Relationship with HnWBBs	• Local **JSNA** inform HnWBB strategies and local plans and inform and **shape South Yorkshire Health and Care System Plan**. • HnWBBs central role in ensuring System **plan reflects local needs** in each place. • Each Place has an **ICB Place director** key relationship with HnWBB and has ICB team to work with place partners and support development and delivery of local priorities.
Size and make-up of ICP	• General consensus of importance to balance inclusive membership against functioning ICP. • Potential for **wider membership in first year** which could be reviewed as relationships and role is establishes • Potential for : 1. An ICVP **larger forum or assembly** of all partners **meeting 3 or 4 times per year** around developing and setting the Health and Care System Strategy and reviewing progress 2. a **smaller supporting forum** of Local Authorities and the ICB meeting more frequently for example every month initially to establish approach and support the work of the ICP
Chairing of ICP	• No clear consensus - options include: 1. **Elected member** including a Health and Wellbeing Board Chair 2. ICB Chair 3. Other Independent Chair ICB preference for an elected councilor from within the ICB geography
Meeting arrangements and frequency	• See above: • Assembly type forum meeting 3 or 4 times per year around development and review of Health and Care Strategy • Smaller supporting forum to include LA and agreed membership and ICB and agreed membership meeting more frequently • Consensus to have initial arrangements agreed **ahead of July 1st** in development form and proposed **first meeting of the supporting group in mid June**.
Infrastructure and resourcing	• Both ICB and LA would need to consider infrastructure and resourcing for the ICP

Appendix, B

Proposals for South Yorkshire Integrated Care Board

Below is a summary of a proposed way forward to establish initial arrangements for South Yorkshire which build on the work to date and the input of Health and Wellbeing board elected members and lead officers local authority chief executives and ICB chair and chief executive.

Proposals for a South Yorkshire Integrated Care Board from July 2022		
Key features	**Proposed approach**	**Comments**
Responsibility to establish	• Jointly convened by Local Authorities and the NHS. • The ICP is a core element of the statutory arrangements for ICSs which cannot be fully functional without an ICP. • All systems are required to have at least an interim ICP up and running when statutory ICBs commence as planned on July 1st 2022. • An interim ICP comprise a chair and a committee of at least statutory members (the ICB and local authorities), and for there to be agreement on how the committee will be initially resourced.	Local authorities will not have access to any additional funding to support the ICP but should agree with their health counterparts how best to provide the necessary secretariat and other functions vital to the partnership.
General look and feel and key principles	The 5 guiding expectations developed by DHSC, NHSEI and the LGA are: 1. ICPs are a core part of ICSs, driving their direction and priorities. 2. ICPs will be rooted in the needs of people, communities and places. 3. ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences. 4. ICPs will support integrated approaches and subsidiarity. 5. ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights They are also a: • a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population • a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from	

	across the system and community • focus of the ICP will be on building shared purpose and common aspiration across the whole system. • statutorily equal partnership between the NHS and local government to work with and for their partners and communities. • underpinned by the South Yorkshire Health and Care Compact.	
Role and purpose	• enhance relationships between the leaders across the health and care system • facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies • developing an integrated care strategy to address the broad health and social care needs of the population within the ICP's area, including determinants of health such as employment, environment, and housing. • enable partners to plan for the future and develop strategies for using available resources creatively in order to address longer-term challenges which cannot be addressed by a single sector or organisation alone	**Some must do's** ICP's integrated care strategy should have regard to the NHS Mandate and any guidance issued by DHSC, and explicitly covers the issue of integration and the use of Section 75 arrangements, including pooled funds. The strategy should also consider a joint workforce plan, including the NHS, local government, social care and VSCE.
Balancing inclusivity and effectiveness and size	Recognised as immediate challenge to overcome. Proposal for initial arrangements: • An ICP with a wider membership inclusive of the full range of statutory and non-statutory partners across the ICS and potentially wider **(Appendix, C)** where this facilitates relationships to take joint action. This would meet approximately time 4-6 times per year to be agreed and linked to development, agreement and review of the Integrated Care Strategy. This would be supported by a delivery group whose membership is drawn from the four Local Authorities and the ICB. Meeting each month initially to support the work of the ICP. The ICP may choose to also convene larger assembly type forums to achieve greater engagement on its work,	Stakeholders would need to be engaged in the ICP work to be 'members' of the ICP. The key is that opportunities for co-production and expert input into ICP strategies are available, this could be through sub-committees or dedicated meetings and events or public meetings, for example.

Chairing	There is no definitive guidance beyond that of good practice. • Chair could be from Local Authority or the ICB, including an elected member. In addition, it could be another independent chair. The ICB has expressed a preference for an elected member from within the SY system. • The proposal is for one of the local authority elected councillors from within the SY geography to chair the ICP. • Given the ICP is to be jointly convened by the ICB and LA. The chair will be jointly agreed.	Expected the person appointed to chair: • be able to build and foster strong relationships in the system • have a collaborative leadership style • be committed to innovation and transformation • have expertise in delivery of health and care outcomes • be able to influence and drive delivery and change
Membership	Proposal for initial arrangements: An ICP with a wide membership inclusive of the full range of statutory and non-statutory partners across the ICS and potentially wider see **(Appendix, C).** this could be in the region of 40 members including the ICB and Local authorities in each of the four places within the ICB geography. The ICP would be supported by a delivery group whose membership is drawn from our four Local Authorities and ICB. Up to eight members from each Local Authority with a minimum to include each Chief Executive and a nominated executive lead to support the work of the ICP and could include addition members from directors of public health, directors of adult social services and directors of children's services. From the NHS up to four members to include the ICB chair and chief executive and an executive lead to support the work of the ICP and could include NHS Trusts, mental health and physical health, primary care, community and the voluntary sector.	**Some must do's** must include as a minimum Local Authorities and the ICB in the ICB area must involve the local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area and the people who live or work in that area"
Meeting arrangements and first meeting	Initial meeting of the delivery group to support planning of the ICP meeting to take place before in mid-June date to be confirmed. • Meetings either remote or face to face to be agreed by the chair. • Meeting venue to be agreed by the Chair and to consider rotation across the four Places	
Secretariat and	• The ICB will provide interim secretariat	

support	support to the ICP for the remainder of 2022/23. • The ICB will also identify a lead executive to work with the ICP on behalf of the ICP. • As part of the transition a review will be undertaken to identify existing resources which align to the work of the ICP and its priorities.	
Relationship with the ICB, Places, wider system	• ICBs and local authorities will be required to have regard to the ICP's strategy when making decisions, commissioning and delivering services. • The ICP should complement place-based working and partnerships, developing relationships.	

Representatives and organisations for ICP wider membership and engagement

We expect the ICP to have a broad membership and engagement with the organisations and communities it serves. However, this membership should be managed appropriately to ensure that the operations of the ICP remain efficient and effective. This illustrative list for ICP membership and engagement should not be viewed as a box-ticking exercise but as a genuine way of ensuring the partnerships include people able to represent and connect with communities and the voluntary sector. We welcome perspectives on whether there are any other voices who should form part of this list. For example:

- voices for children & young people
- patients, service users, & public voices
- voluntary, charity and social enterprise sector
- voices from the Children's Board
- led by and for women's organisations
- Black and minoritised voices
- Healthwatch
- social care providers and workforce
- unpaid carers voices
- disability voices
- mental health providers and service users
- primary care (GPs, dental, eye care, pharmacy)
- NHS Trusts and Foundation Trusts (acute, mental health, community, ambulance)
- community care
- public health voices (e.g., Directors of Public Health)
- local Authority Officers (e.g., Director of Children's Services, Director of Adult Services)
- Acute Care
- housing voices
- Criminal Justice System agencies, including probation services
- offenders health and care voices
- alcohol and addiction services
- homeless services
- social prescribing services
- learning disabilities and autism providers and service users
- businesses
- Local Enterprise Partnerships
- armed forces
- police and crime commissioners
- employment support services (e.g., Jobcentre Plus