

CABINET MEETING – 11 JANUARY 2022

EXECUTIVE SUMMARY SHEET – PART I

Title of Report:

Integrated Care System: Approach to Place-Based Partnership Arrangements

Author:

Executive Director of Public Health and Integrated Commissioning and Executive Director of Corporate Services

Purpose of Report:

The report provides a formal update to Cabinet on the proposed approach to partnership working arrangements to integrate Health and Care in Sunderland in readiness for the establishment of the Integrated Care System as a statutory body from 01 April 2022.

Description of Decision:

It is recommended that Cabinet:

- a. approve the approach to formalise Sunderland's place-based partnership arrangements as set out in the report; and
- b. authorise the Chief Executive, in consultation with the Leader of the Council, the Executive Director of Public Health and Integrated Commissioning and the Executive Director of Corporate Services, to approve the Place Based Agreement that would underpin the collaborative working arrangements described in this report, once finalised.

Is the decision consistent with the Budget/Policy Framework? *Yes

If not, Council approval is required to change the Budget/Policy Framework

Suggested reason(s) for Decision:

A formal place-based partnership will need to be in place in Sunderland from April 2022

Alternative options to be considered and recommended to be rejected:

NHS Sunderland Clinical Commissioning Group (CCG) will cease to exist from 31 March 2022 and the North East and North Cumbria Integrated Care System will become a legal entity from April 2022 and as such there are no other options for consideration.

Impacts analysed;

Equality Privacy Sustainability Crime and Disorder

Is the Decision consistent with the Council's co-operative values? Yes	
Is this a "Key Decision" as defined in the Constitution?	Yes
Is it included in the 28 day Notice of Decisions?	Yes

INTEGRATED CARE SYSTEMS: APPROACH TO PLACE-BASED PARTNERSHIP ARRANGEMENTS

Report of the Executive Director of Public Health and Integrated Commissioning & Executive Director of Corporate Services

1. Purpose of the Report

- 1.1 The report seeks Cabinet's approval of the approach to collaborative partnership arrangements to integrate health and care commissioning and delivery in Sunderland in readiness for the establishment of the Integrated Care System as a statutory body from 01 April 2022.

2. Description of Decision (Recommendations)

It is recommended that Cabinet:

- a. approve the approach to formalise Sunderland's place-based partnership arrangements as set out in the report; and
- b. authorise the Chief Executive, in consultation with the Leader of the Council, the Executive Director of Public Health and Integrated Commissioning and the Executive Director of Corporate Services, to approve the Place Based Agreement that would underpin the collaborative working arrangements described in this report, once finalised.

3. Background

- 3.1 The Health and Care Bill ('the Bill') was laid before Parliament on 6 July 2021. The Bill introduces new measures to promote and enable collaboration in health and care and key elements are as follows.
- 3.2 Subject to the passage of legislation the statutory integrated care system (ICS) arrangements comprise: an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).
- 3.3 The ICBs will be directly accountable for NHS spend and performance. Draft legislation and interim NHS England/Improvement policy guidance require each ICB to set out its governance and leadership arrangements in a constitution following an engagement process with clinical commissioning groups, local authorities and other partners.
- 3.4 The ICPs will operate as a forum to bring partners – local authorities, NHS and others - together across the ICS area to develop a plan to integrate care and address the broader health, social care and public health needs of their system. The membership and detailed functions of the ICP will be up to each ICB to decide.

- 3.5 From April 2022, the ICBs will replace existing clinical commissioning groups (CCGs). The CCGs' statutory functions will be conferred on ICBs, including commissioning responsibilities. Relevant CCG duties will also be transferred to ICBs, including those regarding health inequalities, quality, safeguarding, children and young people with special education needs or disability.
- 3.6 ICBs will be required to publish a scheme of reservation and delegation in relation to functions that are reserved to the ICB and the functions it would distribute to place-based partnerships.
- 3.7 Currently the Bill avoids a nationally mandated approach to place level arrangements. Place based arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange.
- 3.8 Health and Wellbeing Boards will continue to undertake their important role in local places. NHS provider organisations will remain separate statutory bodies, retain their structures and governance and be expected to work collaboratively with partners.

4. Current Position

North East and North Cumbria Integrated Care System

- 4.1 Sunderland is part of the North East and North Cumbria Integrated Care System (NENC ICS), a regional partnership of 13 local authorities, 8 CCGs, 12 NHS Foundation Trusts and wider partners.
- 4.2 The NENC ICS has engaged on its development during the summer and through a series of meetings with executive leaders from local authorities and the NHS during October, November and December 2021. The NENC ICS is designing its operating model including the functions the ICB would reserve to discharge at system level and which functions it would distribute to the 13 places working with place level partnerships.
- 4.3 National guidance sets out ways in which functions delegated from the new ICBs to places might be organised. The guidance is covered in three publications: [Integrated Care Systems: Design Framework](#) (June 2021) and [Thriving Places: guidance on the development of place-based partnerships as part of statutory Integrated Care Systems](#) (September 2021) and [Integrated care boards: guide to developing a Scheme of Reservation and Delegation](#). The guidance offers five broad, place-based governance options that could be established by the ICB together with local authorities and other partners at place level to drive and oversee integration

- 4.4 The NENC ICS is proposing in the ICB's draft constitution that the delegated ICB functions and NHS resources distributed to place level would be managed by an individual director of the ICB (Executive Director of Place Based Delivery) working within the existing place-based partnership arrangements.
- 4.5 The NENC ICS is proposing an evolutionary approach to developing the governance arrangements with place partnerships seeking, as far as possible, to continue partnership arrangements that operate at present to gain experience of the new system before decisions about new governance structures are made. Once the ICB is in its statutory form post April 2022, place-based partnerships across the ICS would have the opportunity, if they wish, to propose a longer-term governance model, possibly drawn from the national list outlined above.

Sunderland's existing partnership arrangements

- 4.6 A formal place-based partnership will need to be in place in Sunderland from April 2022 to work with the NENC ICB. The Council and its NHS partners are already working together informally to integrate health and care and to develop plans collectively to enable the organisations to achieve more than they can individually to improve health and care outcomes and reduce health inequalities in Sunderland.
- 4.7 Figure 1 illustrates the current partnership arrangements.

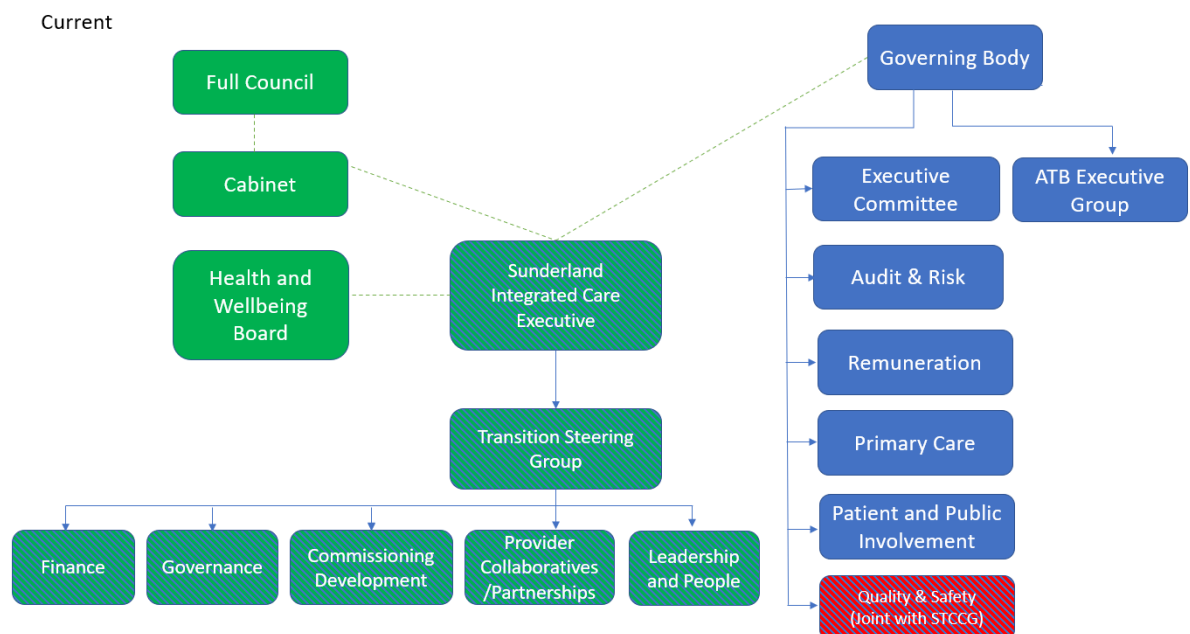


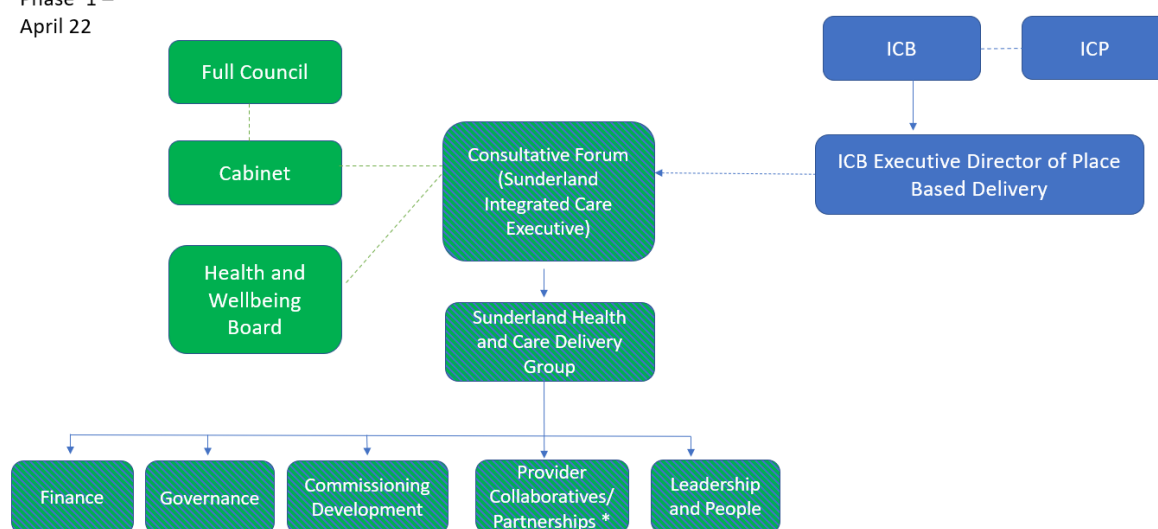
Figure 1

- 4.8 The Sunderland Integrated Care Executive ('the Executive') was established as a non-formal Partnership Executive to lead, provide direction, and support the transition to new place-based arrangements within Sunderland. It is led by Chief Executives from Sunderland City Council, Sunderland CCG, South Tyneside and Sunderland NHS Foundation Trust (FT), Cumbria, Northumberland and Tyne and Wear NHS FT and clinical chairs from Sunderland CCG and the All Together Better Alliance (ATB), Sunderland Council's Director of Public Health and Integrated Commissioning and Sunderland CCG's Chief Officer/Chief Finance Officer.
- 4.9 The Executive is supported by the Transition Steering Group (TSG), again a non-formal partnership group with executive representation from the Council, NHS and partners. The TSG Governance Group has led the development of Sunderland's partnership working arrangements as part of the future statutory ICS arrangements.

5. Future partnership governance arrangements in Sunderland

- 5.1 Figure 2 shows the evolution of the existing arrangements to deliver the vision and aims of the partnership as well showing how the partnership will work as part of the NENC ICS system governance.

Phase 1 –
April 22



* This includes the ATB, a provider-commissioner alliance, which would continue to operate within existing levels of delegation under the proposed arrangements from April 2022 subject to the final ICB delegation (financial).

Figure 2

- 5.2 The Executive would develop into a Consultative Forum agreeing together the strategic direction for Sunderland and informing both local partners and the ICB's decisions from a strategic perspective. The current Transition Steering Group would develop into a Sunderland Health and Care Delivery Group to support the Consultative Forum to fulfil its functions and accountabilities.

- 5.3 The membership of the Consultative Forum, and Sunderland Health and Care Delivery Group, would be determined by the function of each. National guidance and the proposed longer-term approach to place arrangements agreed by the Council and partners (section 6) will also influence the evolution of the membership.
- 5.4 Working with partners, the Council and CCG/ICB would develop and agree how the functions (for example, the monitoring of quality of local health and care services) might be discharged in practice at place level.
- 5.5 It is expected that the ICB Director of Place Based Delivery would consult appropriately with the Consultative Forum and have due regard to its views when discharging the delegated functions and decision making in accordance with the ICB's Scheme of Delegation.
- 5.6 It is anticipated that the place-based arrangements shown in figure 2 would be in place during 2022/23 while work would continue to develop a formal proposal to the ICB for a longer-term governance model to underpin collaborative partnership arrangements to develop an integrated, all-age, place-based health and care system for Sunderland.
- 5.7 A draft Memorandum of Understanding (referred to below as a Place Agreement) has been developed to underpin and strengthen the partnership arrangements so that the Consultative Forum is able to discharge potential functions distributed to it by the ICB and deliver better outcomes through collaborative working.

Memorandum of Understanding / Place Agreement

- 5.8 The Memorandum of Understanding is intended to reflect the arrangements at "Place" level for collaboration between the partners. It will set out:
- Vision and aims of the collaborative partnership
 - Key collaborative principles that partners will comply with when working together to achieve the vision and aims
 - Governance structure underpinning the partnership
 - Financial framework and financial principles to secure financial sustainability of partners
 - Provisions for dealing with conflicts of interest and information sharing
- 5.9 The Place Agreement is designed to evolve over time (figure 3); this is particularly important during 2022/23 given the proposed developmental approach by the NENC ICS to place-based partnerships' governance arrangements in order to secure continuity of place-based working and gain experience of the new system before decisions about new governance structures are made.



Figure 3

- 5.10 The Place Agreement is not a legally binding document. It will not override the existing statutory requirements/duties of governance arrangements of partner organisations, nor replace those organisations' decision-making processes.
- 5.11 The aim of the Place Agreement is to guide the work of partners at place, ensure decisions are based on what is best for the health and care system in Sunderland and for individuals receiving services and secure greater levels of health and care integration in commissioning and provision.
- 5.12 It is envisaged that the Agreement will be entered into by the following partner organisations:
- Sunderland City Council
 - Sunderland Clinical Commissioning Group
 - South Tyneside and Sunderland NHS Foundation Trust
 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

6. Longer term approach to place level collaborative partnership working in Sunderland

- 6.1 Figure 4 illustrates the potential future arrangements which could be proposed to the NENC ICB during 2022/23.

Phase 2 – April 23 onwards

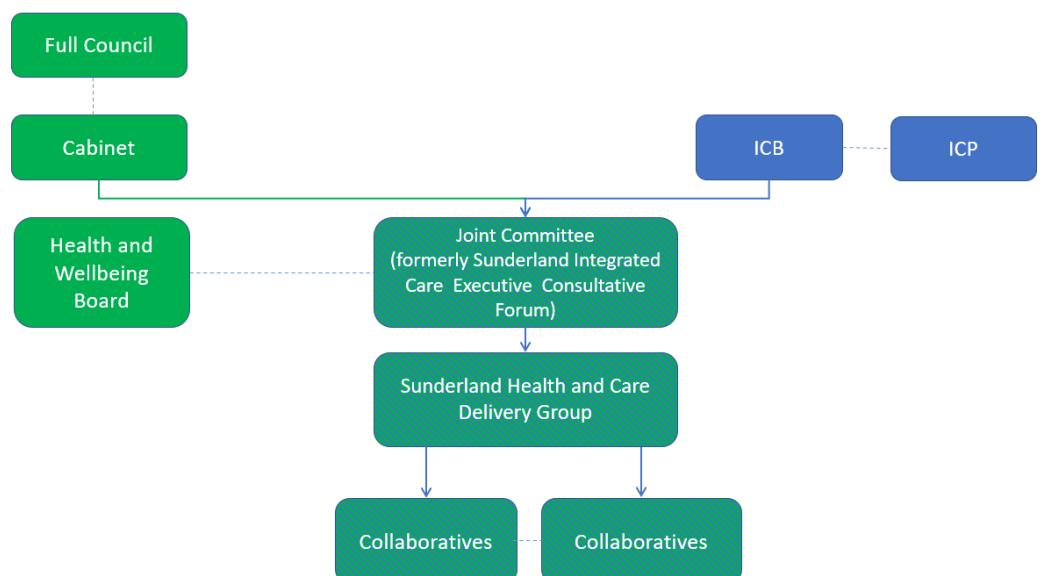


Figure 4

- 6.2 It is envisaged that the consultative forum would evolve into a joint committee between the ICB, Council and partners supported by a Sunderland Health and Care Delivery Group (sub-committee of the joint committee) and collaboratives, which could include a collaborative of NHS and Council commissioners as well as providers' collaboratives. However, this is subject to the Health and Care Bill being enacted as currently drafted and the relevant sections of that Bill, and subsequent secondary legislation, coming into force.
- 6.3 Future developments of the collaborative arrangements between the Council and partners would be the subject of a further report to Cabinet.
- 6.4 The collaborative partnership arrangements proposed in sections 5 and 6 have been shared for comment and support with:
- The Health and Wellbeing Board, 10th December 2021.
 - The Health and Wellbeing Scrutiny Committee, 5th January 2022.

7. Next steps

- To seek approval from Sunderland CCG's Governing Body of the place based collaborative partnership arrangements in readiness for the establishment of the Integrated Care System as a statutory body from 01 April 2022.
- To seek support and endorsement for the proposed place-based partnership arrangements from statutory NHS provider partners, e.g South Tyneside and Sunderland NHS FT and Cumbria and Northumberland, Tyne and Wear NHS FT, subject to Council Cabinet and CCG Governing Body approval.

8. Reasons for the Decision

A formal place-based partnership will need to be in place in Sunderland from April 2022.

9. Alternative Options

The ICS will become a legal entity from April 2022, subject to legislation, and as such there are no other options for consideration. The formation of the ICS and place arrangements are intended to support improved health and wellbeing for the population of Sunderland.

10. Impact Analysis

- (a) **Equalities** – Not applicable as this sets out how partners will work together.
- (b) **Privacy Impact Assessment (PIA)** – this is not applicable as this report pertains to collaborative arrangements between the Council and partners in Sunderland.

- (c) **Sustainability** – there are no sustainability implications arising from this report.
- (d) **Reduction of Crime and Disorder – Community Cohesion / Social Inclusion** – there are no crime and disorder implications arising directly from this report.

11. Other Relevant Considerations / Consultations

- (a) **Co-operative Values** – the approach and draft Partnership Agreement would work in a way that is consistent with the Council's values.
- (b) **Financial Implications** – the draft Partnership Agreement includes a Financial Framework which partners would be asked to commit to based on principles of collaboration, financial sustainability and getting the most from the “Sunderland £” for the benefit of local people. Any specific financial implications would be subject to future reports.
- (c) **Risk Analysis** – the partners have not agreed to share risk within the arrangements set out in this report. Any future introduction of risk sharing would require additional provisions to be agreed between the partner organisations and incorporated into the Partnership Agreement.
- (d) **Employee Implications** – there are no human resource implications arising from this report.
- (e) **Legal Implications** – Subject to the passing of the Bill a duty to co-operate will be introduced to promote collaboration across the healthcare, public health and social care system.
- (f) **Policy Implications** – The draft Bill places a duty on ICBs to promote integration across the healthcare, public health and social care system.
- (g) **Implications for Other Services** – there are no implications for children's services arising directly from this report.
- (h) **The Public / External Bodies** – the approach to partnership arrangements in Sunderland set out in this report has been developed in collaboration with the NHS and partners. It was considered by the Health and Wellbeing Board on 10th December 2021 and by the Health and Wellbeing Scrutiny Committee on 5th January 2022.
- (i) **Children's Services** – there are no implications for children's services arising directly from this report.

12. Glossary

ATB	All Together Better
ICB	Integrated Care Body
ICP	Integrated Care Partnership
ICS	Integrated Care System
CCG	Clinical Commissioning Group
TSG	Transition Steering Group

