

Brighton & Hove City Council

Policy & Resources (Urgency Sub) Committee

Agenda Item 2

Subject: Sussex Integrated Care System (ICS): Governance Arrangements

Date of meeting: 19 May 2022

Report of: Executive Director, Health & Adult Social Care

Contact Officer: Name: Giles Rossington
Tel: 01273 295514
Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: All

For general release

Urgency

By reason of the special circumstances below, and in accordance with section 100B(4)(b) of the 1972 Act, the Chair of the meeting has been consulted and is of the opinion that this item should be considered at the meeting as a matter of urgency.

Reasons for urgency

The special circumstances for non-compliance with Council Procedure Rule 3, Access to Information Procedure Rule 5 and Section 100B(4) of the Local Government Act 1972 (as amended), (items not considered unless the agenda is open to inspection at least five days in advance of the meeting) were that the relevant information included in the report has only now become available and it is not reasonably practicable to wait until the next meeting to make a decision on this matter.

1. Purpose of the report and policy context

- 1.1 The Health & Social Care Bill has now received royal assent and became an Act on Tuesday 26th April 2022. The Act prescribes new structures which create regional partnerships of NHS commissioners and providers, local authorities and other organisations, to plan and coordinate the delivery of health and care services via a new integrated care system, or 'ICS'. Alongside the passage of the Health and Social Care Bill the published guidance has been closely followed in the formal development of the proposed arrangements. Whilst the guidance has remained unchanged the passage of the Bill into an Act on 26th April did see one significant late amendment introduced by the House of Lords passed into legislation. Where the guidance proposes that local authority members would sit on the Sussex Health & Care Assembly (Integrated Care Partnership) with officers

represented on the Integrated Care Board, the amendment facilitated Local Authority member attendance on the Board also. This amendment has been given full consideration over the past two weeks between BHCC and NHS Sussex and has resulted in governance arrangements being presented in this paper that reflect both the spirit of the amendment that has passed into legislation and the unchanged guidance.

- 1.2 The Sussex Health & Care Partnership (SHCP) will be the local ICS for Brighton & Hove, East Sussex and West Sussex. The information provided by Sussex NHS Commissioners on the SHCP's vision and governance arrangements is included as **Appendix 1** to this report and is described in more detail below (Section 3).
- 1.3 This Report asks this Committee to note the arrangements being made in relation to the SHCP and the integrated care board ('NHS Sussex').
- 1.4 The Report seeks formal approval to set up an integrated care partnership ('Sussex Health & Care Assembly', or 'SHCA') in the form of a joint committee, as required by legislation.
- 1.5 The Report further seeks full Council approval to appoint a member of the Council – the Chair of the Brighton & Hove Health & Wellbeing Board – to the SHCA in addition to other proposed representation on the ICS as outlined in the recommendations below.

2. Recommendations

2.1 That Policy & Resources Committee:

- (1) Notes the arrangements being put in place to comply with the Health and Social Care Act for an NHS Sussex Integrated Care Board, to have the core membership and functions outlined in Appendix 1;
- (2) Agrees the proposal to appoint a BHCC officer representative to the NHS Sussex Integrated Care Board;
- (3) Agrees the arrangement whereby the Chair of the Health and Wellbeing Board will be invited to join the ICB and all NHS Sussex Board meetings as a non-voting observer;
- (4) Notes that after the first year all existing arrangements will be subject to review;
- (5) Recommends to full Council that it formally approves the establishment of the Sussex Health & Care Assembly (SHCA) as a joint committee of Brighton & Hove City Council, West Sussex County Council, East Sussex County Council and the NHS Sussex Integrated Care Board, with provisional written terms of reference as set out at slide 6 of Appendix 1 and that the full terms of reference be brought back to a future meeting of Council for approval, once agreed with the other parties.

- (6) Recommends that annual Council appoint the Chair of the Brighton & Hove Health & Wellbeing Board as the BHCC member of the SHCA: a proposal to be included in the Report on Appointments for 2022/23.
- (7) Notes that the development of the system will be overseen by elected members of the HWB and the HOSC meeting regularly with the Chair of the HWB and the BHCC Integrated Care Board representative.

2.2 That full Council:

- 1) formally approves the establishment of the Sussex Health & Care Assembly (SHCA) as a joint committee of Brighton & Hove City Council, West Sussex County Council, East Sussex County Council and the NHS Sussex Integrated Care Board in accordance with para 2.1(3), with provisional written terms of reference as set out in slide 6 of Appendix 1 and that the full terms of reference be brought back to a future meeting of Council for approval prior to their publication in the Council's Constitution.
- 2) appoints the Chair of the Brighton & Hove Health & Wellbeing Board as the BHCC member of the SHCA: a proposal to be included in the Report to annual Council on Appointments for 2022/23.

3 Context and background information

- 3.1 The Health & Social Care Act introduces measures to create regional partnerships (Integrated Care Systems: ICS) of NHS commissioners and providers, upper-tier local authorities and other organisations to plan and coordinate health and care services across a geographical footprint. In statutory terms, ICSs are a new innovation, but they build on informal partnership arrangements that have been developed for the past several years as part of health & care system responses to the NHS Long Term Plan (2019).
- 3.2 Locally, our ICS is the **Sussex Health & Care System**, encompassing East Sussex, West Sussex and Brighton & Hove. ICS governance is largely prescribed by legislation, with each ICS required to have an Integrated Care Partnership (ICP), known also as the Sussex Health and Care Assembly (SHCA) and an Integrated Care Board (ICB), described here also as NHS Sussex.
- 3.3 **Integrated Care Partnership (ICP): the Sussex Health & Care Assembly (SHCA).**
 - 3.3.1 Each ICP must:
 - develop an '**integrated care strategy**' for its whole population (covering all ages) using the best available evidence and data, covering health and social care (both children's and adult's social care), and addressing health inequalities and the wider determinants which drive these inequalities.

- The strategy must set out how the needs assessed in the Joint Strategic Needs Assessment(s) for the ICB area are to be met by the exercise of NHS and local authority functions. This will be complemented by the Joint Health and Wellbeing Strategy prepared by each Health and Wellbeing Board in the geographical area of the ICS.
 - Each ICP should champion **inclusion and transparency** and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.
- 3.3.2 For Sussex, the ICP will be the **Sussex Health & Care Assembly (SHCA)**. ICPs must be constituted as joint committees of the ICB and the relevant local authorities.
- 3.3.3 The proposed membership of the SHCA is detailed in **Appendix 1** (slide 6). The city council is asked to appoint the Chair of the Health & Wellbeing Board (HWB) to the SHCA along with a council officer, likely to be the Executive Director of Health and Adult Social Care. The city council may wish to establish its own mechanisms for supporting its SHCA (and NHS Sussex) representatives, and ensuring that the decisions they take accord with the Council's policy aims.
- 3.3.4 The statutory functions of the SHCA are included in **Appendix 1** (slide 7).
- 3.3.5 The Chair Designate of the Sussex Integrated Care Board will convene a meeting with the Chairs of the three Health and Wellbeing Boards in June 2022 to agree the frequency and format of the Assembly meetings. Especially during the first year of the new arrangements, meetings will be more frequent than the twice yearly stated in national guidance recognising the requirement to agree a five year Integrated Health and Care Strategy for Sussex by Christmas 2022. It is envisaged that working groups of SHCA members will be required to meet throughout the year to do more detailed work.
- 3.4 Integrated Care Board (ICB): NHS Sussex.**
- 3.4.1 For Sussex, the ICB will be **NHS Sussex**. NHS Sussex will be an NHS body rather than a joint committee, and will be accountable for strategic planning, resource allocation and performance of NHS organisations in Sussex. Key decisions taken by NHS Sussex will include:
- approval of the NHS Sussex five-year delivery plan to address the prioritised health needs and integrated care strategy agreed by the Sussex Health & Care Assembly
 - approval of the strategic commissioning arrangements for acute, community health, mental health, primary care and urgent care services in Sussex
 - approval of the resource allocation for each NHS provider of acute, community health, mental health, primary care and urgent care services in Sussex

- approval of major system-wide investment programmes to integrate and transform health and care services across Sussex
 - constructive support and challenge of the NHS Sussex Chief Executive Officer and Executive Committee on the actions being taken to deliver the strategic objectives and financial performance of NHS Sussex.
- 3.4.2 The NHS Sussex Board will be supported by five assurance committees: a Population Outcomes Committee, a Patient Experience Committee, a System Productivity Committee, a Workforce and Remuneration Committee, and an Audit and Risk Management Committee (see **Appendix 1** slides 11-13).
- 3.4.3 NHS Sussex will also be supported by an Executive Committee, a System Leadership Forum, and a Strategic Alignment Forum (see **Appendix 1** slide 14).
- 3.4.4 The three local authorities within the ICS will be asked to appoint a total of three members to the Board. These will be a Director of Adult Social Services, a Director of Children’s Services and a Director of Public Health (West Sussex County Council, East Sussex County Council and Brighton & Hove City Council). The proposal for the first year is that the DCS is from BHCC, the DASS from ESCC and the DPH from WSCC and they will sit on the Board to provide their professional expertise and are not there representing their Council. The Chair of the Health and Wellbeing Board will be invited to join all NHS Sussex Board meetings held in Public as a non-voting observer for the first year of operation. After the first year the arrangements and appointments will be reviewed. This position will have speaking rights in accordance with the stated terms of the meeting. Additionally the Chair Designate has confirmed that they will circulate NHS Board papers to each Council Leader one week before the meeting and has made a standing offer to meet the three Council Leaders to discuss any areas of mutual interest or concern before each Board meeting. Full details of NHS Sussex membership are included in **Appendix 1**, slide 8.
- 3.4.5 The NHS Sussex Board will meet at least six times a year, in public.

3.5 Place

- 3.5.1 The Sussex Health & Care System will plan and coordinate health services across Sussex and some services may be delivered on a regional basis. However, the planning and delivery of many services will be delivered at ‘place’: West Sussex, East Sussex, and Brighton & Hove. Place arrangements are non-statutory and do not form part of formal ICS governance. The Brighton and Hove Health and Care Partnership will have a Joint Senior Responsible Officer in the Executive Director of Health and Adult Social Care and a new NHS Sussex Place Leader. NHS Sussex will involve BHCC in the recruitment process for the NHS Place Leader and we will work jointly to engage political leadership at each Partnership Board. Over the next year we will see considerable effort in this space to establish and embed the ICS principles of place working:

- The three place-based Health & Care Partnerships in Sussex are collaborative and non-statutory arrangements where all the organisations responsible for planning commissioning and delivering health and care services for the populations in that geographical area work together.
- In collaborating at place, individual statutory organisations are responsible for agreeing decisions relating to their budgets and services according to their existing practice and processes.
- The Joint Strategic Needs Assessments and the Health and Wellbeing Strategies agreed through the three Health and Wellbeing Boards set the evidence base and strategic framework within which priorities at place are identified.
- Place-based planning, commissioning and delivery will be focussed on a clear scope of services aimed at integrating care, improving health and reducing health inequalities. Wider partners in the voluntary, community, social enterprise (VCSE) and independent care sector will be engaged to mobilise and support the best use of the resources collectively available.
- At a pan-ICS level, the Sussex Health and Care Assembly will be responsible for producing the Integrated Care Strategy for the system. This high level strategy will reflect the priorities in, and be built from, the three Health and Wellbeing Strategies.
- NHS Sussex is required to develop and implement a Delivery Plan that delivers the Assembly's Integrated Care Strategy. The principle of subsidiarity is paramount – NHS Sussex's Delivery Plan will be implemented through the three place-based Health and Care Partnerships, unless there is collective agreement that it makes more sense to deliver an element at the pan-Sussex level. NHS Sussex will align resources and management capacity to support the three place-based Health and Care Partnerships to implement the Delivery Plan
- Effective delivery at place therefore requires the full involvement of local authority partners in the development of NHS Sussex's Delivery Plan and other key related decisions before those decisions are taken by the NHS Sussex Board or its executive.

3.5.2 Discussions about governance arrangements for place are ongoing, and members will be actively engaged in the development of place-based planning. Discussion will take place with members to establish their preferred means of engagement.

3.6 **Health & Wellbeing Boards (HWB)**

3.6 Two major functions for HWBs are identified in the ICS governance plans. The local Joint Strategic Needs Assessment (JSNA) and the local Joint Health & Wellbeing Strategy (JHWS) should be used to “set the evidence base and strategic framework within which priorities at place are identified” (Appendix 1, slide 15). In addition, the SHCA is responsible for setting a high-level Integrated Care Strategy for Sussex, which is to be “built from the three health and wellbeing strategies for each of our places” (Appendix 1, slide 6). The conclusions from each SHCA meeting will also be reported to the HWBs. NHS Sussex have notified BHCC that from July 2022 it proposes that its newly appointed Chief Delivery Officer and new NHS Sussex Place Leader will replace the existing CCG members on the Brighton and Hove

HWB. There is a planned HWB Development Day facilitated by the LGA on June 1st 2022 where we will be exploring the role of the Board in the context of prevailing ICS arrangements. Additionally the Chair Designate has suggested that when the meeting with HWB Chairs is convened to discuss frequency of Assembly meetings they will discuss also how to ensure the work programmes of the Assembly and the HWB complement each other with clearly differentiated accountabilities so that the strategic agendas of each statutory committee can be aligned to avoid any unnecessary duplication of work or resources.

3.7 Health Overview & Scrutiny

3.7 The governance structures of the ICS do not provide local Health Overview & Scrutiny Committees (HOSCs) with an oversight role. The Department of Health & Social Care is expected to release guidance on local authority scrutiny of ICSs later this year. However it is expected there will be an ongoing role for HOSC.

3.8 The new ICS arrangements will come into force on 01 July 2022. **Appendix 1** includes a timeline for the development of ICS governance structures (slides 18 and 19).

4 Analysis and consideration of alternative options

4.1 The Act referred to above requires relevant responsible authorities to establish a joint committee. That joint committee must include one member appointed by the ICB (i.e. NHS Sussex) and one appointed by each responsible authority. Responsible authorities will not have discretion to decline to comply with the legal requirement.

5 Community engagement and consultation

5.1 There has been no community engagement to date. We fully expect and will continue to press for appropriate discussions with the city about the future governance of the ICP and ICB. Communities across Brighton & Hove will in any case continue to be able to raise concerns about healthcare at the Health and Wellbeing Board and through the democratic decision-making process.

6 Conclusion

6.1 Members are asked to note the development of local ICS structures and to agree the city council's engagement with the ICS in terms of appointing representatives to the Sussex Health & Care Assembly and to the NHS Sussex Board and associated committees.

7 Financial implications

7.1 The NHS Sussex Integrated Care Board will agree the strategic priorities and resource allocation for all NHS organisations in Sussex, and be responsible for leading the improvement and integration of high-quality health and care services for all communities across Sussex.

This will inform priorities, budget development and the Medium-Term Financial strategy of the partner organisations. This requires a joined-up process for budget setting in relation to all local public services where appropriate, and will ensure that there is an open, transparent and integrated approach to planning and provision of services. Any changes in service delivery for the council will be subject to recommissioning processes and will need to be delivered within the available budget.

Governance arrangements will need to be established to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.

Name of finance officer consulted: Sophie Warburton Date consulted: 27/04/2022

8 Legal implications

- 8.1 The Health and Social Care Act 2022 as recently enacted requires responsible authorities to establish an ICP with other responsible authorities in the terms outlined above. The Local Government Act 1972 requires that full Council approve any proposal to establish a joint committee.

Name of lawyer consulted: Victoria Simpson Date consulted 18.5.22

9 Equalities implications

- 9.1 Reducing health inequalities, including those experienced by particular protected groups, will be a core task for the Sussex Health & Care Partnership, with 'Better and Equal outcomes' listed as one of the three ICS system imperatives.
- 9.2 It remains important that Brighton & Hove City Council is able to make case for the needs of our diverse communities through the new structures.

10 Sustainability implications

- 10.1 The ICS partnership offers potential opportunities to align the city council's sustainability and carbon reduction commitments with those of other ICS partners, perhaps most obviously NHS provider Trusts. A more coordinated approach to the planning and delivery of health and care services across Sussex offers potential opportunities and risks in terms of balancing the needs to use system resources efficiently and to ensure that people have access to local services, minimizing travel times and carbon use.

11 Other Implications

Social Value and procurement implications

- 11.1 The ICS partnership has the potential to facilitate more collaborative procurement across organisations, with better value for money achieved and a better coordinated approach to delivering social value

Public health implications:

- 11.2 Population health is a major focus of the ICS, particularly in terms of the Sussex Health & Care Assembly. Both place and system planning will be based on the evidence contained in local Joint Strategic Needs Assessments and on the priorities identified in Joint Health & Wellbeing Strategies.

Supporting Documentation

1. Appendices

- 1) Sussex Health & Care System Governance Proposals (slides provided by NHS)

