

Report to Cabinet

May 2022

Health and Care Act: Proposals for Integrated Care System arrangements

Report by Director of Adults and Health (DASS)

Summary

The purpose of this report is to explain the implications for the County Council of the provisions of the Health and Care Act 2022, recently given royal assent, and to set out the proposals for how those implications are to be addressed.

The Act introduces new governance for the NHS nationally and locally and changes to partnership arrangements to enable greater integration within the NHS and collaboration between the NHS and social care. The report explains plans made in anticipation of the legislation for a Sussex Integrated Care System (ICS) and the proposals for the County Council's participation in the arrangements.

The establishment of the ICS represents a significant change to the way the different NHS bodies will work together under the national leadership of NHS England. It will also mean that social care authorities will work through new arrangements with the NHS in the planning and commissioning of services to meet health and care needs of the population of its area. The main changes are summarised in Appendix 1. A new 'duty to collaborate' requires the County Council to participate in the NHS Sussex Integrated Care Board (ICB) and in the proposed Sussex Health and Care Assembly, both organised to cover the whole of Sussex.

This will not change the County Council's sovereignty nor its statutory role and responsibilities nor the Health and Adults Social Care Scrutiny Committee. Some adjustments to the terms of reference of those forums will be needed due to NHS structural changes and other aspects of the legislation yet to be formalised.

Recommendations

Cabinet Members are asked to:

- 1.** Approve the appointment to the Sussex Health and Care Assembly of the Cabinet Member for Public Health and Wellbeing as the County Council's representative for the remainder of the County Council term to May 2025 and the addition of the Assembly to the list of outside bodies.
- 2.** Approve the proposals for appointments to the NHS Sussex Integrated Care Board set out in paragraph 2.1.

3. Agree that the detail of governance arrangements for the Assembly and the Board be settled by the Director of Law and Assurance in liaison with the other local authorities and NHS agencies involved together with any consequential changes from the legislation referred to in the report that may be needed to the constitution and terms of reference of the Health and Adults Social Care Scrutiny Committee and the Health and Wellbeing Board.

1 Background and context

- 1.1 The County Council has a commitment to integrated working with the local NHS to deliver the best outcomes for residents and to make the best use of public funds in West Sussex. One part of this is continuing to strengthen community-based health and social care and to build on the progress made to date in working collaboratively.
- 1.2 The Health and Care Act 2022 has recently been passed into law. One of its principal outputs, the establishment of an Integrated Care System (ICS) for each area of England is required to be in place from 1st July 2022. This will be a system through which the NHS as an organisation will move to closer integration but also how social care authorities and the NHS will discharge a 'duty of collaboration' as required by the legislation. The main provisions in the legislation for the County Council are set out in Appendix 1.
- 1.3 The arrangements being brought in will mainly affect NHS governance and structures as they replace the current model of competition between providers of healthcare services with a new approach that encourages integration. The Government has also published a new integration White Paper '*Joining up care for people, places and populations*', which focusses on the way the NHS and Local Government should work together to deliver shared objectives at the level of the social care authority (i.e. West Sussex).
- 1.4 An ICS brings together the organisations planning, buying and providing publicly-funded healthcare – including mental health and community care services – to the population of a geographical area. These arrangements will need to involve local authorities and other partners. All forty-two ICSs covering England will be made up of two elements:
 - An NHS Integrated Care Board (ICB) will be responsible for strategic planning, resource allocation and performance of NHS organisations in the area of the ICS. These replace and involve merging Clinical Commissioning Group functions, as well as some functions from NHS England. In Sussex this will be called the NHS Sussex ICB and will cover East and West Sussex and Brighton and Hove.
 - An Integrated Care Partnership between the NHS Sussex ICB and the social care authorities within its area overseen by a forum which will be responsible for agreeing the strategic direction to meet the broader health, public health and social care needs of the population in the ICS footprint. In Sussex this will be called the Sussex Health and Care Assembly. It will comprise representatives of the Sussex ICB, WSCC, ESCC and B&HCC.
- 1.5 The NHS Sussex ICB will be responsible for a health budget of over £2bn and will absorb the current role and functions of the three Clinical Commissioning Groups in Sussex. The intention is to start operating the new Board in

shadow form, ahead of moving to the new governance structures on 1 July 2022. Both the NHS ICB and the Assembly will have duties to consider Health and Wellbeing Board plans.

- 1.6 In the Sussex ICS, WSCC, ESCC and BHCC each have one seat on both the NHS Sussex ICB and the Sussex Health and Care Assembly. A national process was undertaken by NHS England to appoint chair designates and Chief Executive designates to all forty-two NHS ICBs. Stephen Lightfoot was appointed as Chair designate for the NHS Sussex ICB, and Adam Doyle the Chief Executive designate. Recruitment of the Executive Director and Non-Executive Director appointments to the NHS Sussex ICB has also taken place.

2 Proposals

- 2.1 To provide professional knowledge and perspective to operational planning it is proposed that Local Authority representation on the NHS Sussex ICB from the three Councils is made up of one Director of Adults' Social Services, one Director of Children's Services and one Director of Public Health. The representatives would be on the ICB on behalf of all three local authorities and would not act in a delegated capacity either for their organisation or their area of service responsibility. It will only discharge ICB functions. The selection of appointees and period of appointment will be settled by the three Chief Executives.
- 2.2 It is proposed that the Chairs of each of the three Health and Wellbeing Boards will be the Local Authority representatives on the Sussex Health and Care Assembly, supported by officers where this is helpful. For West Sussex this will be the Cabinet Member for Public Health.
- 2.3 In order for the County Council to meet new the requirements for the governance of the ICS the Cabinet's agreement is sought for these proposals. The role of the Assembly and its relationship to local authority functions and local partnership arrangements are summarised in paragraph 3.3 below.
- 2.4 Aside from the new duty to collaborate through participation on these forums there are no other changes to the County Council's statutory role and responsibilities for services and budgets, nor to the role of Health and Wellbeing Boards and the Health and Adults Social Care Scrutiny Committee. The County Council will remain responsible for setting the Authority's priorities and budgets through the Council Plan process. Changes may be required to the County Council's governance arrangements only as set out at paragraphs 3.4 and 3.5 below in relation to Health and Wellbeing Boards and scrutiny. It is proposed that authority be delegated to officers to enable these changes to be made.
- 2.5 The current focus for the Sussex ICS in this transition period is on setting out the arrangements between local NHS organisations, local authorities and other partners in Sussex. This will include:
- The ICS vision, principles and governance arrangements that will support oversight and assurance of the NHS parts of the system and collaboration between all ICS partners
 - How the three 'Place Partnerships' in West Sussex, East Sussex and Brighton and Hove can support delivery of our shared objectives.

3. Further Proposals for integration and the role of Place

3.1 On 9 February 2021 the Government published a new White Paper on health and social care integration called '*Joining up care for people, places and populations*'. This forms part of wider plans to reform the health and social care system building on the Health and Care Act and the Social Care Reform White Paper *People at the Heart of Care* (December 2021), which sets out the Government's ten-year vision for adult social care.

3.2 These set out a vision for integrated health and care services to be achieved at 'place' level, meaning the geography of each social care authority, and complement the direction of travel as an Integrated Care System (ICS) both for Sussex and at the local level in West Sussex, focusing on:

- Population health management using public health principles
- Addressing health inequalities
- Transformation of clinical pathways and health and care service models
- Primary care – accelerate the development of Primary Care Networks (PCNs) and neighbourhood working
- Priorities for social care and housing, and other services related to delivering outcomes for our community
- Operational issues and pressures

3.3 The following high-level principles have been produced to underpin how the NHS Sussex ICB will work with and, at Place, support close working between the three Local Authorities and the NHS in the ICS:

- The three place-based Health and Care Partnerships in Sussex are collaborative, non-statutory arrangements where the organisations responsible for planning, commissioning and delivering health and care services for the populations in that geographical area work together.
- Individual organisations are responsible for taking decisions relating to their budgets and services according to their existing governance and accountability.
- 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 for each place are identified.
- Place-based planning, commissioning and delivery will be focussed on services aimed at integrating care, improving health and reducing health inequalities. Wider partners in the voluntary, community, social enterprise (VCSE) and independent care sector, borough and district Councils (where applicable), will be engaged to ensure the best use of the resources collectively available.

Links to the Sussex ICS – Assembly and Board

- At 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, through the ICB 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 before decisions are taken by the NHS Sussex Board or its executive.

3.4 There is system partnership governance in West Sussex to support delivering this approach and which reports into the Health and Wellbeing Board. The West Sussex Health and Wellbeing Board currently brings together the County Council, NHS West Sussex Clinical Commissioning Group, University Hospitals Sussex NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust, and our wider system partners including Primary Care Networks, West Sussex Voluntary, Community and Social Enterprise partners, Healthwatch and our Borough and District Councils. Some changes will be required to the composition of the Health and Wellbeing Board as a result of the structural changes within the NHS described above. Arrangements can be made for these to ensure they reflect the new models of NHS governance.

3.5 The legislation will also lead to changes to the powers of the Secretary of State in relation to proposals for significant changes to NHS services. Both these provisions, once in force, and the NHS governance arrangements described above will also require changes to the constitution and terms of reference of the Health and Adults Social Care Scrutiny Committee. It is proposed that steps be taken to ensure that the necessary changes are made once these provisions are all in place.

3.6 The shared priorities and joint work are set out in our West Sussex Health and Wellbeing Board Strategy 2019-2024 and is delivered through our integration programme. Update reports are provided to the West Sussex Health and Wellbeing Board. These of course are driven by the outcomes and priorities set out in the West Sussex Plan. **Appendix 2** provides an indicative representation of the governance arrangements described in the report.

4. Other options considered (and reasons for not proposing)

4.1 There are other options for the appointments to the Board and to the Assembly being proposed and which Cabinet is able to consider but these would need to align with the arrangements settled by the other two authorities. The current proposals align with those arrangements.

5. Consultation, engagement and advice

5.1 Details contained within this report have been drafted in consultation with local NHS partners and both of the other Sussex social care authorities.

6. Finance

6.1 There are no financial or resource implications in relation to the recommendations contained within this report. Governance and administration of the proposed Board and Assembly are expected to be resourced by the NHS.

7. Risk implications and mitigations

- 7.1 There are no risk implications in relation to the recommendations contained within this report save that they concern steps needed to meet anticipated legislative requirements and the need for effective local working.

8. Policy alignment and compliance

- 8.1 The proposals are in line with corporate and social care objectives within the County Council Plan.
- 8.2 The public sector equality duty is not applicable in relation to the outlined recommendations, as this report focuses on partnership governance arrangements only rather than the impact on services on individuals or groups within the community. There are no social value, crime and disorder, climate change or human rights implications for the same reason.

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Appendices

Appendix 1 - Summary of the key changes under the Health and Care Act (integration)

Appendix 2 - Draft Sussex ICS Structure Diagrams for West Sussex health and care partnership governance structure