

Questions from Sharron Milsom, Sheffield Save Our NHS, to NHS Sheffield CCG Governing Body 3 March 2022

Question 1: SYICB will take responsibility for all health and care decision making from all South Yorkshire local areas in July. SYICB membership should (amongst others) include Councillors from each local authority; representatives from Social Care, Mental Health, Public Health, Community Health, Primary Care, Acute Health, Carers and Trade Union representatives. Private sector providers of NHS funded health services should be ineligible for SYICB membership. Will Sheffield CCG support the above proposals to demonstrate there is accountability to the public, patients and staff; to ensure openness and transparency in the SYICB decision making, including public access to Board papers and Board meetings and allow public questions?

CCG response: *The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions. It will also be accountable for NHS spend and performance within the system.*

It has been mandated that the Board of the ICB will, as a minimum, include a chair, the CEO and representatives from NHS providers, general practice and local authorities.

In South Yorkshire our Constitution sets out the roles on the Board as follows a)Chair; b)Chief Executive; c)2 Partner members NHS and Foundation Trusts; d)1 Partner member Primary medical services; e)1 Partner member Local Authorities; f)1 Partner member from the Voluntary, Community and Faith sector; g)1 Partner member from Healthwatch; h)3 Non executive members; i)Director of Finance; j)Medical Director; k)Director of Nursing; l)4 Place Directors (the Lead for each of the 4 Place Partnerships) ; m)Director of Strategy and Partnerships; n)Director of People.

ICBs have the flexibility to determine further governance arrangements in their area – including the ability to create committees and delegate functions to them. We are currently working with partners to develop these governance arrangements.

Our Constitution builds on our commitment to work together and the Health and Care Compact the Partnership agreed in 2021 to realise our shared purpose to deliver the quadruple aim of better health, better care, better value and reduced inequalities to improve population health outcomes for the 1.3 million people who live in our area.

NHS England agrees ICBs' Constitutions and hold them to account for delivery.

Each area will also have an Integrated Care Partnership or ICP, a joint committee which brings together the ICB and their partner local authorities, and other locally determined representatives (for example from health, social care, public health; and potentially others, such as social care or housing providers). The ICP will be tasked with developing a strategy to address the health, social care and public health needs of their system, and being a forum to support partnership working. The ICB and local authorities will have to have regard to ICP strategies when making decisions. We are currently working with our partners to agree the make-up of the ICP, and have already agreed that it will be jointly convened by the ICB and Local Authorities, will include a wide representation of stakeholders and will be committed to seeking the views of local people as we develop our plans.

The ICB and ICP will also have to work closely with local Health and Wellbeing Boards (HWBs) as they have the experience as ‘place-based’ planners, and the ICB will be required to have regard to the Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies (JHWSs) produced by HWBs. Health and Wellbeing Boards 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 and include Councillor representation.

We are also shortly to commence work to co-produce our ICB People and Communities Strategy which will set out how we will work with patients and the public. Please email helloworkingtogether@nhs.net if you would like to be involved in this work.

Both the Integrated Care Board and the Integrated Care Partnership for South Yorkshire will meet in public to ensure transparency.

Question 2: Also, we understand that CCGs have a legal duty under the existing legislation ie. the Health and Social Care Act 2012 to involve the public in any changes to existing commissioning arrangements. Why has Sheffield CCG not consulted individuals in its area on the proposed SYICB constitution? Are there plans to do so?

CCG response: *In South Yorkshire the CCGs have consulted with a small number of relevant stakeholders to inform development of their constitutions rather than undertaking formal consultation with the public (this is also consistent with the approach taken by other CCGs across the NEY region).*

The bill states:

- *(2) The relevant clinical commissioning group or groups for an initial area must propose the constitution of the first integrated care board to be established for that area.*
- *(3) Before making a proposal under subsection (2), the relevant clinical commissioning group or groups must consult any persons they consider it appropriate to consult (and it is immaterial for this purpose whether the consultation is carried out before or after this section comes into force).*