South Yorkshire and Bassetlaw
Integrated Care System

SYB ICS Development
Development Matrix
v1-4 09/04/21

Live document

Background and objectives

The South Yorkshire and Bassetlaw journey to becoming one of the first integrated care systems in the country has been one built on the foundations of strong partnerships formed over the last 5 years in each of our 5 places, and across SYB, focusing together on delivering our ambitions for the population we serve.

The partnership has been co-created throughout this time, our vision has remained consistent: *For everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well, for longer.*

Integrated Care: Next steps to building strong and effective Integrated Care Systems and the White Paper, extended the requirements to develop Place models that build on the progress to date and support the journey across local systems. Importantly, the progress in the Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield Places has meant that the Places are already on this journey and have been for a number of years. The five Places are the cornerstone of the ICS and progressing jointly over the coming months, and throughout 21/22 is key to the success of the system and each of the Places.

As partners across SYB come together to deliver the transitional arrangements by April 21, for 21/22 and further build plans for September 2021 ahead of legislative change for 2022, we have co-produced the development matrix to support partners on this journey and identify key requirements to evolve local models. The principle of subsidiarity has been agreed as fundamental to the model across SYB, however, to explore local decision making and delegated authority from the ICS NHS Board, there are likely to be key enablers that need to be implemented in each of the Places.

As part of the work to develop the ICS Operating Model, there has been the development of illustrative views of a potential form and approach. The following slides provide an overview of this, understanding that this may evolve but importantly sets outs some of the key areas in further developing Place Partnerships and Provider collaboratives.

SYB System Priorities – Quadruple Aim

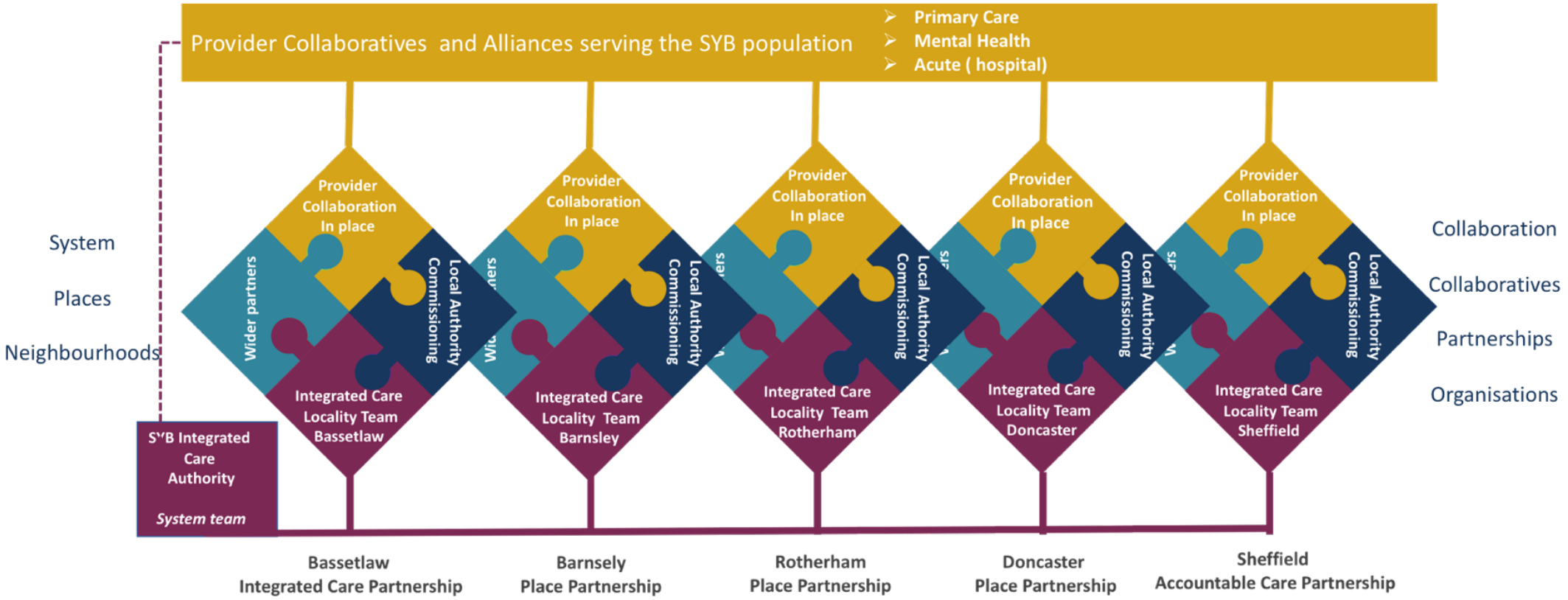
1. **Better health and wellbeing for the whole population**
2. **Better quality care for all patients**
3. **Sustainable services for the taxpayer**
4. **Reduction of health inequalities**

Place Developments

1. **Joint Commissioning**
2. **Vertical Provider Collaborative**
3. **Place Partnership**

High level illustration – Operating Model key components

A high level illustration of place partnerships and their key components in context of a future SYB NHS Integrated Care Authority



The ICS will be the new host employer for current CCG and ICS staff. The majority of staff will continue to work in place and continue to undertake similar roles as they do now and sometimes undertake functions wider than place where that is appropriate. Staff will take leadership and direction from place.

Providers of health care working in collaboration and collaboratives both in place and across the system to ensure the local place and total ICS population health and care needs are met.

NHS and Local Authorities working jointly and with other partners in place on population health , public involvement and coproduction supporting local integration, provider collaboration and service transformation

High level illustration – Place Partnership

An illustration which helps us explore some of the key features of the emerging operating model

Providers of health and care are working together in Place:

- in collaboration,
- Collaboratives, and;
- As part of a wider strategic partnership

Local Authorities and the NHS are working Together in Place:

- Joint commissioning in place

How a wider strategic partnership in Place is bringing a wider set of partners together to:

- meet the needs of the place population

Anytown Place Partnership

SYB Integrated Care Authority

And system team

The Integrated Care NHS Authority will be the new host employer for current CCG and ICS staff. The majority of staff will continue to work in place and continue to undertake similar roles as they do now and they will take leadership and direction from place

Delegation from the NHS Integrated Care Authority

- **Leadership, People capacity and skills to co-produce:**
  - Improving population health and reduce health inequalities
  - Development of primary care networks
  - Local integration, provider collaboration and services transformation
  - Coordinate local contribution to health, social and economic development
- **Financial resources, autonomy and decision-making capability including:**
  - Delegated budget to effectively discharge roles for the place population
- **Clear but flexible accountability framework including:**
  - Commissioning and risk management

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Development Matrix

This is a live document and will be updated periodically as and when further detail becomes available.

Development Matrix- Principles and Purpose

The Development Matrix has been designed to support Places and Provider Collaboratives on their journey to achieve their ambition and place based priorities. It has been developed with the aim to support the development of plans through the transition year and below we have referenced key principles that have been central to the development of this.

Key Principles

1. **To enable flexibility, where this is required, to support Place Models and Provider Collaborative Models to deliver their ambitions for the local Place population**
2. **To be reflective of the principle of subsidiarity**
3. **To reflect the journey to date of the 5 Places in developing Partnerships**
4. **To enable focus on the quadruple aim; supporting better health and well being, improving outcomes for the local population, focussing on the wider determinants of health and reducing health inequalities**
5. **To further build the approach to matrix, understanding that the journey for Place and Provider Collaborative development will go beyond April 22**

The purpose of this document is to support development across Provider Collaborative and Place Partnerships, and therefore a process for testing and using the tool to self-assess has been discussed. Across the course of April and in to early May, Partners are encouraged to share their experiences of the tool and use this as a way to share good practice across the five places and identify areas they may require further clarity and support as we further develop on this journey together.

Some of the areas included are applicable to both Place development and Provider Collaborative (vertical and horizontal) development; in time it may be that we start to split these out further to demonstrate the differences but as an initial draft we were keen to include all applicable areas to start to test our approach.

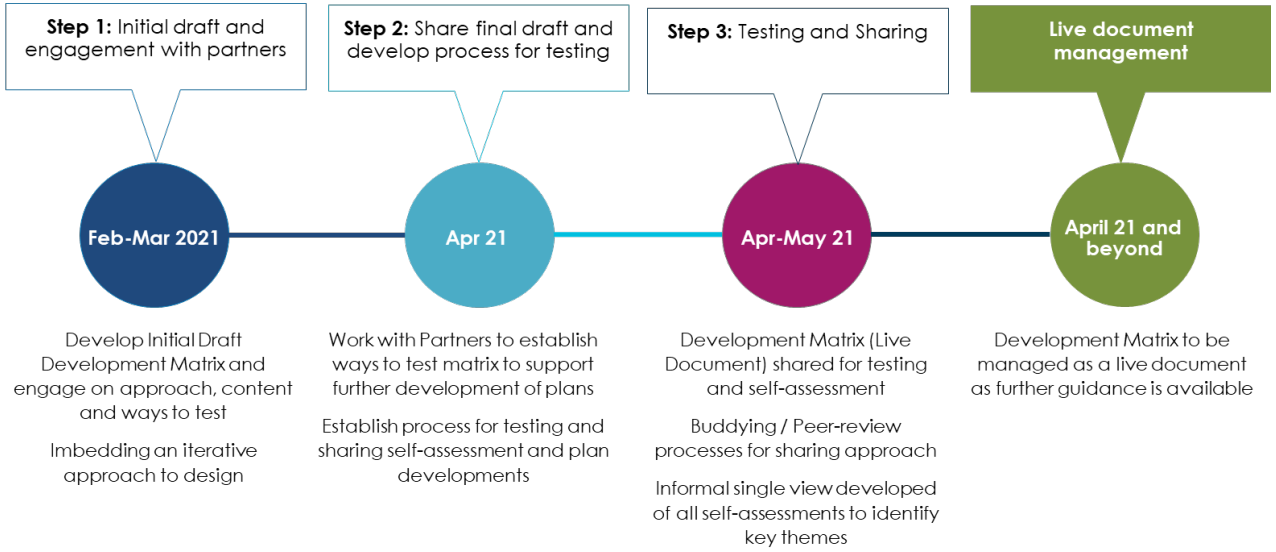
Development Matrix - Approach

Central to the approach of the Development Matrix has been to engage with Partners to establish an approach which is helpful to the development of Place and Provider Collaborative Plans, by taking an iterative approach and ahead of the testing phase in April/May 21.

This has included the following steps outlined in our approach.

Approach:

1. **To work together across partners to co-produce a matrix which supports the five Places and Provider Collaboratives in developing their plans for September 2021 and throughout 2021/22**
2. **To identify key enablers and support from across the system to build on the successes to date**
3. **To utilise the matrix as a live document and update and evolve the approach as further clarity is provided nationally to best support local developments**
4. **To develop a process for testing the matrix in each of the five Places from April 21 and beyond, including a sharing and learning approach**



Development Matrix – Key Areas (Contents)

1. Purpose and Vision

Purpose and Vision								
Thriving			The Place has a clear interface with the ICS to manage delegation/contracting and mechanisms for communication between ICS and Place are further developed.	All Partners have a shared vision and purpose that is agreed, documented and embedded throughout their organisations.	Alignment of the Place vision and purpose with the ICS vision and purpose, including as set out in any plans produced by the Place with the ICS (such as HWB and the ICS Health & Care Partnership). ICS Plans would reference Place developments	The strategy to achieve the shared vision and purpose is informed by PHM insights and the Place can demonstrate how it will use PHM techniques to help the place deliver improved outcomes	Partners are clear and can express the benefit the partnership work brings to the population at place and this is reflected in interactions and behaviours across the place and also between the place and the ICS.	Partners are developing relationships or working with wider partners (e.g. police, housing associations) to seek to address the wider determinants of health
Developing		All Partners have a shared vision and purpose that is agreed and documented though it may not yet have been embedded throughout the organisations themselves.	The strategy/plan is clearly aligned to the place-based Health and Wellbeing Board Strategy The strategy/ plan identifies key health inequalities and steps to tackle them.	The Place strategy/plan includes a road map for implementing population health management techniques across the Place.	There is an awareness at Place level of emerging plans of the ICS NHS Body and the ICS Health & Care Partnership	The Place has a clear interface with the ICS to manage delegation/contracting and mechanisms for communication between ICS and Place are being developed.		
Emerging	Partners have started coming together to develop a shared vision and purpose for their collaborative working. These working arrangements are informal currently and not binding.	Partners understand the need to embed tackling health inequalities and are exploring PHM approaches. strategy and objectives.	There is a clear strategy and/ or plan for the development of collaborative working and benefits of partnership working are recognised to achieve improved outcomes at Place and an ambition to share with other Partners across the ICS.					

Development (Maturity) of Place Partnership / Provider Collaborative

2. Leadership

Leadership							
Thriving			The Place Partnership has developed structures and processes to enable both clinical and professional leaders to support the vision, strategy, plan and service design at Place	Partner leaders can demonstrate examples where they have taken action focused on collaboration across organisations to ensure greater benefit for the population and have not prioritised organisational interest or silo working.	Leadership team representation is agreed and reflected in governance. Partners have agreed to be represented by the single leadership team in wider ICS conversations with underpinning reporting and governance.	Leadership team is agreed and documented with roles defined and agreed across all organisations and reflected in governance structures with an associated track record for delivery.	Partner leaders are coming together to identify the common challenges facing them and are demonstrating that they are developing their responses to these together.
Developing		Leaders of Partners demonstrate their agreed values and behaviours in interactions with each other and the wider ICS.	Leaders of Partners are focused on collaboration across organisations and the value of collaborating for the population in line with the vision and shared purpose	Groups of clinical and professional leaders from Partners meet to discuss common issues of concern and are able in some instances to present a unified position for the Place/collaboration.	Leadership team at place/collaborative agreed by partner organisations.		
Emerging	Leaders work together to drive collaboration across the footprint though there is little formal structure around the place leadership.	Leadership groups at have begun to develop objectives for the Partnership / Collaborative.	Looking to increase engagement across key partners and sectors both at place and with the ICS and there is alignment forming with local Health and Wellbeing Boards.	Initial discussions are being held in relation to organisations representing each other on behalf of the Place or the collaborative in wider system discussions.	The Place has mechanisms to develop both clinical and professional leadership approaches.		

Development (Maturity) of Place Partnership / Provider Collaborative

3. Governance

Governance								
Thriving			CEOs/AOs have delegated decision making authority from boards in agreed areas to allow common decisions to be taken by the Place Partnership Committee and/ or other groups	The Place / Collaborative operating model has clear governance with lines of accountability alongside agreed terms of reference for the Partnership and associated groups. This is co-owned by the members and has reporting lines to the ICS NHS Body and constituent organisations for decision-making abilities (where appropriate). It should also have the ability to employ staff. The approach may include some of the following elements: Place Partnership Committee (with authority to make decisions on behalf of Partners, including if there is not consensus); • Joint Commissioning Committee; • Collaborative of local providers; • a Partner willing and able to act as host; • a Vertical Provider Collaborative or suitable delivery entity that has the ability to hold and deliver contracts for services.			An agreed infrastructure to support Place e.g. co-ordinated input from primary care networks and multi-professional teams to support delivery of plans.	Transparent and robust governance to support working and decision making in the system, connects to the democratic process through a strong relationship with the Health and Wellbeing Board.
Developing		Governance structure agreed for Place Partnership which has agreed TOR and lines of accountability to ICS NHS Body and constituent organisations for decision-making abilities. • Place Partnership Forum • Joint Commissioning Committee , • Vertical Provider Collaborative of local providers		Vertical Provider Collaborative is supported by formal governance arrangements e.g. a collaboration or alliance agreement with governance structures and representation to allow decision making	Partners are working towards a "weight-bearing infrastructure" that will enable joint appointments/ authorisation of a single leadership team across place or the collaborative.			
Emerging	Local loose arrangements for a partnership forum enabling involvement and representation of all Partners. Ad hoc meetings of Partner leaders to discuss common issues of concern.	Discussions are being held regarding the development of a model for aligned and/ or joint decision-making that will enable the delivery of the place strategy/ plan.	Some joint decision-making through existing structures e.g. commissioners through BCF and section 75 arrangements	Issues that span different Partners are beginning to be addressed by all Partners working together and there are clear governance processes in place to address any issues.				

Development (Maturity) of Place Partnership / Provider Collaborative

3. Co-ordinated Decision Making and Service Design

Co-ordinated decision making and service design						
Thriving		There is a shared infrastructure in development to enable the delivery of strategy and plans at place and neighbourhood.	Primary Care is embedded in the working of the Place Partnership and wider system with clear alignment of plans. PCN leaders are participating at place and have access to required information.	Partners have developed structures to enable greater levels of co-ordinated decision-making with a focus on health outcomes and the wider determinants of health at Place level which could include: • Joint commissioning: between the ICS and the Local Authority management of significant section 75 agreement (including Better Care Fund) or alternative joint committee arrangements with the local authority and other local partners for place integration. • Providers : wider place contracts (ICP or outcomes based) developed across groups of Providers with suitable legal structures in place across providers to manage delivery of specific services e.g. alliance or lead provider arrangements and/or provider joint committee • Providers: Partners have formed a Vertical Provider Collaborative to manage wider service delivery across the place or the collaborative as appropriate •Place Partnership: services and functions that Partners wish to work together on more closely are described in the shared governance arrangements	
Developing	Primary Care is embedded in the processes for Place, and PCN Leaders are engaged in the Place Partnership and working at neighbourhood level.	Partners have co-ordinated their delivery where appropriate to the Place footprint	Partners are developing structures to enable greater levels of co-ordinated decision-making at Place which could include: • Joint commissioning: between the ICS and the Local Authority management of significant section 75 agreement (including Better Care Fund) or alternative joint committee arrangements with the local authority and other local partners. • Providers : wider place contracts (ICP or outcomes based) in development across groups of Providers with suitable legal structures in place across providers to manage delivery of specific services e.g. alliance or lead provider arrangements and/or provider joint committee • Providers: Partners are working to develop a Vertical Provider Collaborative to manage wider service delivery across the place or the collaborative as appropriate •Place Partnership: services and functions that Partners wish to work together on more closely are described in the shared governance arrangements		
Emerging	Developing an approach to co-ordinate decision-making and service delivery across the Place footprint by exercising functions in a co-ordinated way, which could include: • Joint commissioning between the ICS and the Local Authority: increasing the level of joint commissioning e.g. through increasing the scope of the Better Care Fund section 75 arrangements. • Providers: working towards developing integrated pathways and models of care. • Providers: assessing the appetite for the creation of new joint committees e.g. between providers • Place Partnership: identifying the functions that they will want to explore exercising together at Place.			Primary Care is engaged in the work and processes of the Place Partnership.		

Development (Maturity) of Place Partnership / Provider Collaborative

5. Financial Framework

Financial framework				
Thriving		Resources are targeted to system priorities through application of shared financial framework across the Place / Provider collaborative.	Delivery against single financial plan with delegated authority/ contract from ICS NHS Board to manage budget and act within agreed financial framework Development of single budget to be managed by Place or Provider collaborative (e.g. via BCF or other contractual mechanisms)	
Developing		Documented financial plan across the Partnership / Collaborative as to how the financial arrangements will be managed across partners. Aligned/Pooled budgets and risk share agreements across place / collaborative Financial plans determined by individual Partners		
Emerging	Small pooled or aligned budgets across specific pathways (with transparency of financial arrangements) that demonstrate integrated working.			

Development (Maturity) of Place Partnership / Provider Collaborative

NB: This section will be further developed as more information becomes available through national and regional work.

6. Workforce and Culture

Workforce and Culture								
Thriving			There is an OD culture of shared learning across the Place, sharing experience, best practice to support shared decision making alongside a clear programme to develop and support future system leaders.		There is a body that is able to employ staff where appropriate arrangements are in place e.g. one of the Partners acting as a host (it is unclear whether joint committees would be able to carry out this role)		Responsibilities for managing staff working are clearly allocated and where appropriate secondment arrangements are agreed. Joint appointments made where appropriate at all levels	There is a developed OD Plan which is supported by Leaders and socialised across the Place.
Developing		Introducing a culture and mechanisms to support shared learning across Place, sharing experience and best practice.	Investment by Partners in the development of the relationships between Partners that underpin working at Place, at all levels of seniority. This includes investment of staff time and possibly also external resource to support organizational development	Staff feel they work for their local area not organisation	Plans to improve flexibility of movement between organisations. Joint appointments being explored to a leadership team and other posts	Workforce resource that can be utilised by Place (e.g. former CCG staff now at the ICS and or staff employed by Partners) have been identified and consideration given to the practicalities of line management/ secondments etc.	Partners have developed a skills mapping exercise and developing a plan to ensure that workforce needs are aligned to population health needs.	
Emerging	A documented shared ambition between the Partners to work towards representing each other as part of the Partnership / Collaborative.	Developing approach with ICS NHS Body and Partners to align CCG workforce and others to the Place / Collaborative.	Identifying areas where multi-professional working across organisations could be introduced or deepened	Developing an organisational development programme to deepen trust between Partner leaders	Partners are starting to build an understanding of the skills and capabilities required to deliver their aims and objectives jointly.			

Development (Maturity) of Place Partnership / Provider Collaborative

7. Values and Behaviours

Values and Behaviours				
Thriving			Agreed values and behaviours are agreed and embedded across all staff working. Failure to adopt agreed values and behaviours is identified and addressed by Partners working together.	
Developing		Agreed values and behaviours are demonstrated by leaders and within their organisations and recognised by staff		
Emerging	Agreement across Partners on set of values and Behaviours			

Development (Maturity) of Place Partnership / Provider Collaborative

8. Integration of Services

Integration of services								
Thriving						Working in integrated teams has become the norm as the experience from “early adopter” pathways is extended	Integrated / aligned teams work across primary, secondary, social care, public health and other areas connected to the wider determinants of health e.g. housing, education	There are compelling plans to integrate primary care, mental health, social care, public health and hospital services further, and collaborate vertically to develop care design.
Developing		A deeper understanding within Partners of the challenges other Partners face in relation to care pathways that are within the areas of focus for the Place	A deeper understanding of how the actions of one Partner or Partners impact on others, including through public health and prevention measures	“Proof of concept” regarding the ability to work in a more collaborative and joined up way to obtain better outcomes for local populations has been achieved, although in limited areas	Plans to extend better integrated working to new areas (widening integrated care)	Plans to deepen existing integrated working e.g. through the use of multi-professional teams, co-located teams, shared budgets etc. in areas identified by the Partners.		
Emerging	Initial plans for, or limited provision of, ways of collaborative working between Partners that smooth the transition of service users into, through, out of and between organisations.	Conversations beginning between Partners regarding the impact their actions have on one another in relation to particular care pathways						

Development (Maturity) of Place Partnership / Provider Collaborative

9. Reporting, Quality and Outcomes (Contracting)

Reporting, Quality and Outcomes (Contracting)				
Thriving			Routine reporting of the performance of the Place as a whole and its elements in a range of different formats, in alignment with the priorities identified by Place (alongside the ICS NHS Body, ICS Health & Care Partnership and Health & Wellbeing Board).	Quality and outcomes-based contracts/ delegation agreements with ICS NHS Body held at Place or by Provider Collaborative.
Developing	Reporting processes that allow the Place to report as one on some aspects of work/services to place partners and the ICS.	Single agreed set of outcomes across the Partnership to tackle priorities.	Small contracts/ delegation agreements in place for some services on an outcomes-based commissioning basis with ICS NHS body held at place or by Provider Collaborative.	
Emerging	Sets of target outcomes where joint or integrated working is in place, but such arrangements are limited.	Standard 'organisation-level' reporting on regular timetable, including to ICS NHS Body with limited evidence of interest in other methods for delivery of analysis for wider influence.		

Development (Maturity) of Place Partnership / Provider Collaborative

10. Population Health Management

Population Health Management										
Thriving						Single view of population health and associated enabling dashboards	Health and Care outcomes feed into decisions about the allocation of resources e.g. where payment is linked to health outcomes	Commissioning/ service design, care interventions and outcomes at Place driven by population health and health inequalities considerations.	Insight derived from shared analysis is a key part of decision making by senior managers across Place.	Development of a common population health management support function that can be drawn on by Partners across the Place
Developing		Mechanism for decisions and outcomes to be driven by population health techniques and need to reduce health inequalities and focus on the wider determinants of health		Developing capacity to have a joint approach to data infrastructure, sharing and governance to enable: • the forecasting of the population risk profile for the Place footprint; • appropriate prioritisation of resources; • further investment in prevention.; • the tracking of health outcomes and health inequalities; and • a "single version of the truth" to inform discussions about the above • care interventions e.g. in groups experiencing high levels of health inequalities			There is a clear understanding across Place / Provider Collaborative of the population health needs and this is driving the delivery of strategy / plans and approach			
Emerging	Focus on population health through local JSNA and the data that is available locally	Ad hoc generation, sharing and analysis of population health data where required.	Identification of key health inequalities that will be the focus of work by the Place	Partners are developing a shared understanding of their local population health needs.						

Development (Maturity) of Place Partnership / Provider Collaborative

11. BI and Digital Infrastructure

BI and Digital Infrastructure								
Thriving				Data from across primary, secondary and social care is routinely linked, analysed and insights shared across Partners.	Linking with other data from other sources such as education and the police is being explored.	New ways of delivering analysis, to support decision-making, are starting to emerge, in particular using real time data and feeding straight to clinicians.	Joint approach to data infrastructure, sharing and governance Plans for the use of real-time linked data to inform service user care	Single digital approach with IT systems integrated across Partners
Developing			Data from across primary, secondary and social care is starting to be linked and there is proof of concept and imbedded within this is a view of the wider determinants of health.	Digital schemes being explored for joint implementation across organisations. Partners are beginning to align their decisions about IT infrastructure				
Emerging	Partners' IT and data infrastructures are not currently connected but a clear plan is in development to improve connectivity.	There is an approach developed to start to link Service user level data across different organisations						

Development (Maturity) of Place Partnership / Provider Collaborative

12. Defined population that is within the scope of the Place

Defined population that is within the scope of the Place/ Provider Collaborative					
Thriving				Shared understanding of both the Place population and high risk/target groups that are clearly defined and used as a basis for action and review, with specific cohorts and priorities clearly identified. Preventative measures used for target groups or specific cohorts.	
Developing		Shared understanding of both the Place population and sub-groups.	Preventative measures starting to be considered for target groups or specific cohorts.		
Emerging	Population groups not clearly defined in terms of the whole Place, with a focus on historic organisational boundaries.				

Development (Maturity) of Place Partnership / Provider Collaborative

13. Patient and Public Engagement

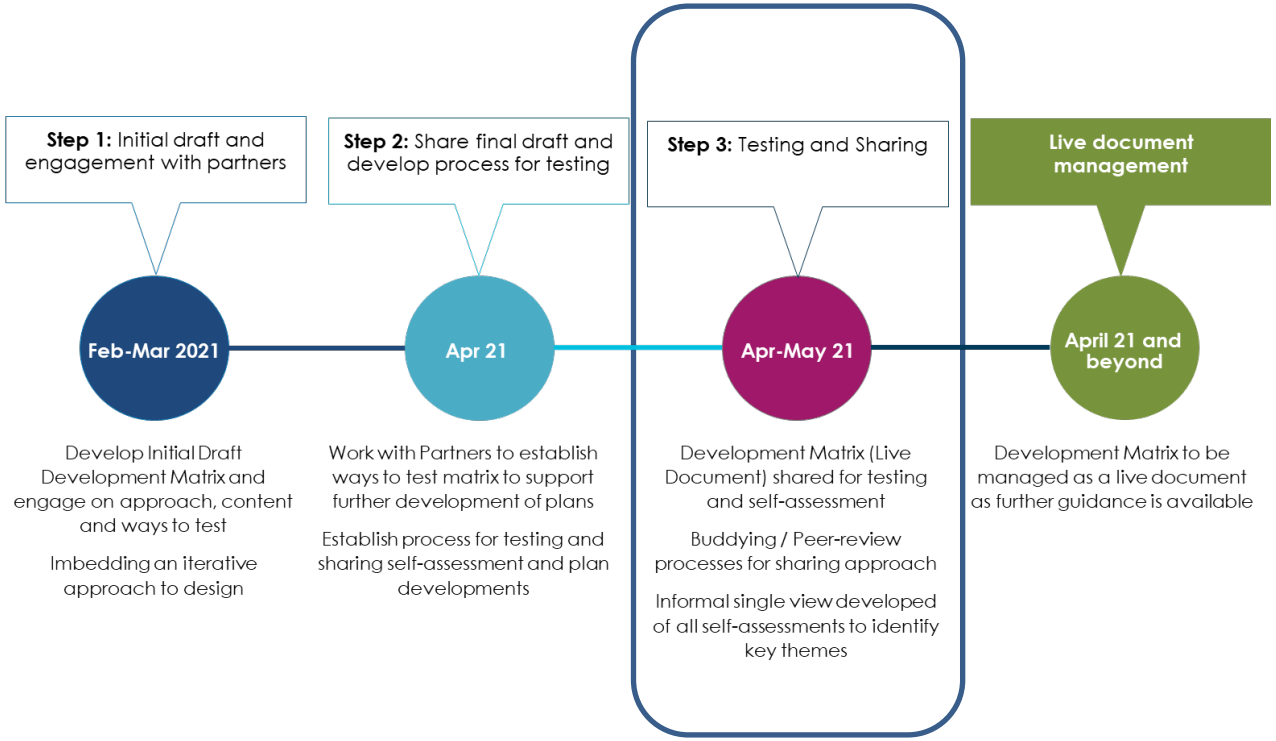
Patient and Public Engagement					
Thriving			The Partnership / Provider Collaborative has a shared engagement and involvement plan which is being enacted and enables, and delivers, co-production.	Demonstrate effective service user and public engagement and involvement. And a clear understanding by service users and public of the Partnership and its work	Shared communications and engagement support service that can be utilised
Developing		Coordinated and streamlined approach to public and service user engagement and involvement.	Engagement built in to emerging governance structures Engagement carried out regarding the new ways of working and used to inform development	There is a clear approach to engage and involve the patients and public in developing strategy and plans.	
Emerging	Awareness of public and service user engagement and involvement legal obligations and requirements.	Evidence of working together to discharge requirements.			

Development (Maturity) of Place Partnership / Provider Collaborative

Next Steps (April 21)

To support the testing and sharing phase for the Development Matrix, the following key next steps will be implemented throughout April and early May:

- To share this final draft (live document) Development Matrix for testing with Partners for the April and in to early May
- To support us to enhance the use of the tool, we will develop a peer review process across Partners to enable sharing and learning between Places and Provider Collaboratives
- The development of a single view of the self-assessments with support from Attain and Hill Dickinson colleagues to establish key themes and develop key areas that may be helpful to support
- To identify key enablers and requests for support and further clarity from partners
- As a separate piece of work, to develop an outline of a potential processes around assessment and assurance processes in the development of a 'weight bearing Place Partnership' separate to this development tool



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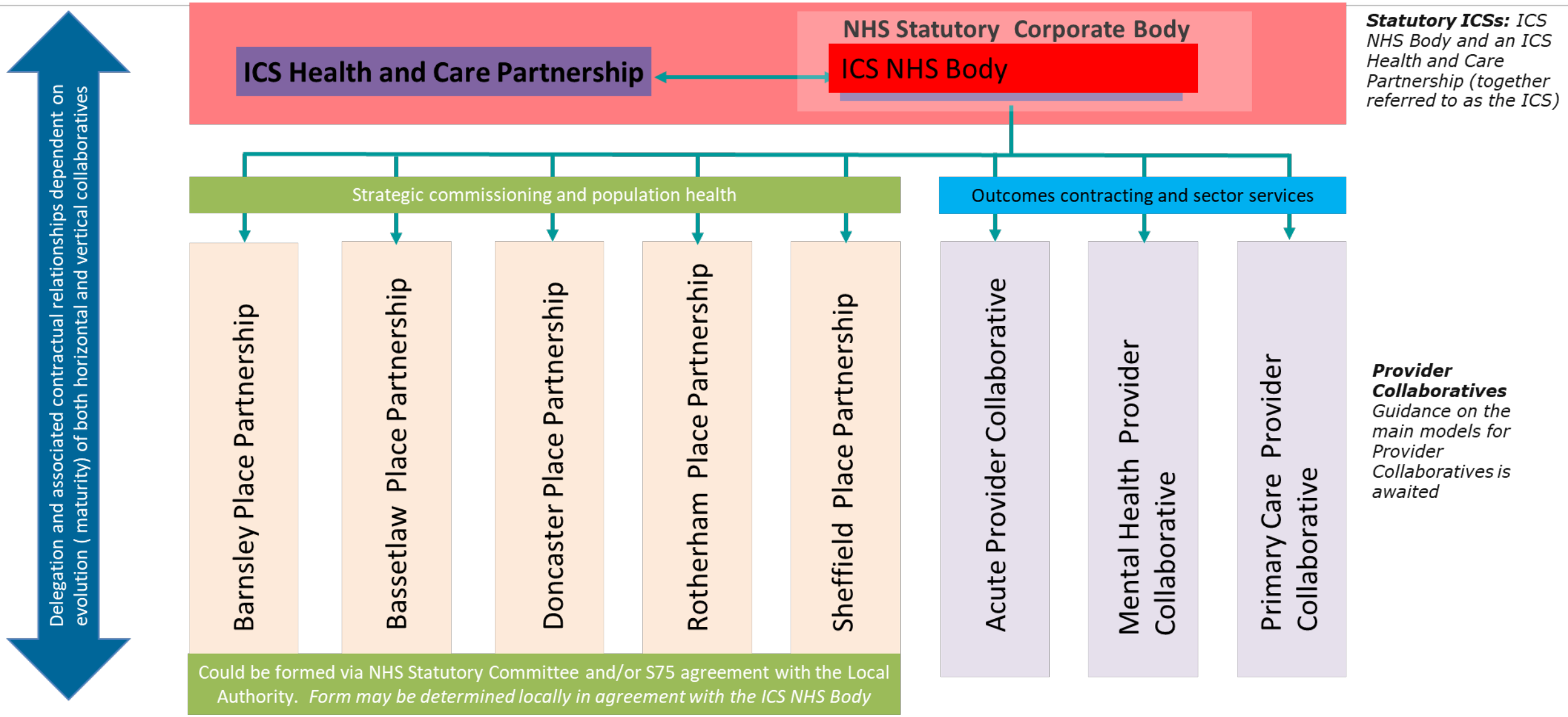
Appendix 1- Background

ICS flow diagram - Illustrative example



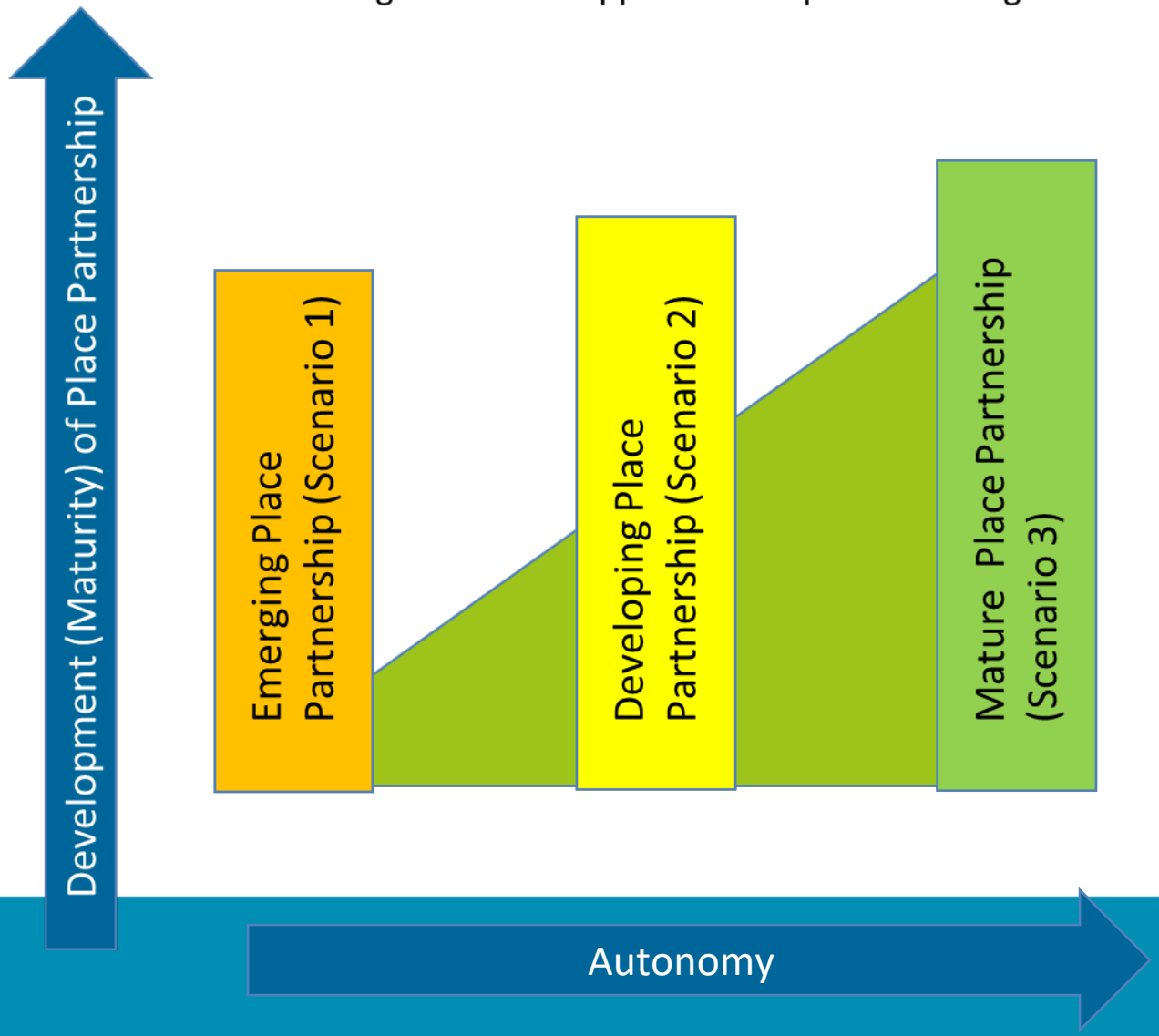
Statutory ICSs: *ICS NHS Body and an ICS Health and Care Partnership (together referred to as the ICS)*

Provider Collaboratives *Guidance on the main models for Provider Collaboratives is awaited*

ICS and Place Relationship – illustrative examples

Places have a number of key building blocks:

- Joint working with local authorities
- A provider partnership or collaborative
- Arrangements to support whole place working and integration



Assessment would be dependent on local position and development at place to manage delivery and accountability. Elements indicating the position of the place could include:

Place Partnership (Scenario 1) Emerging

- Informal arrangements in Place

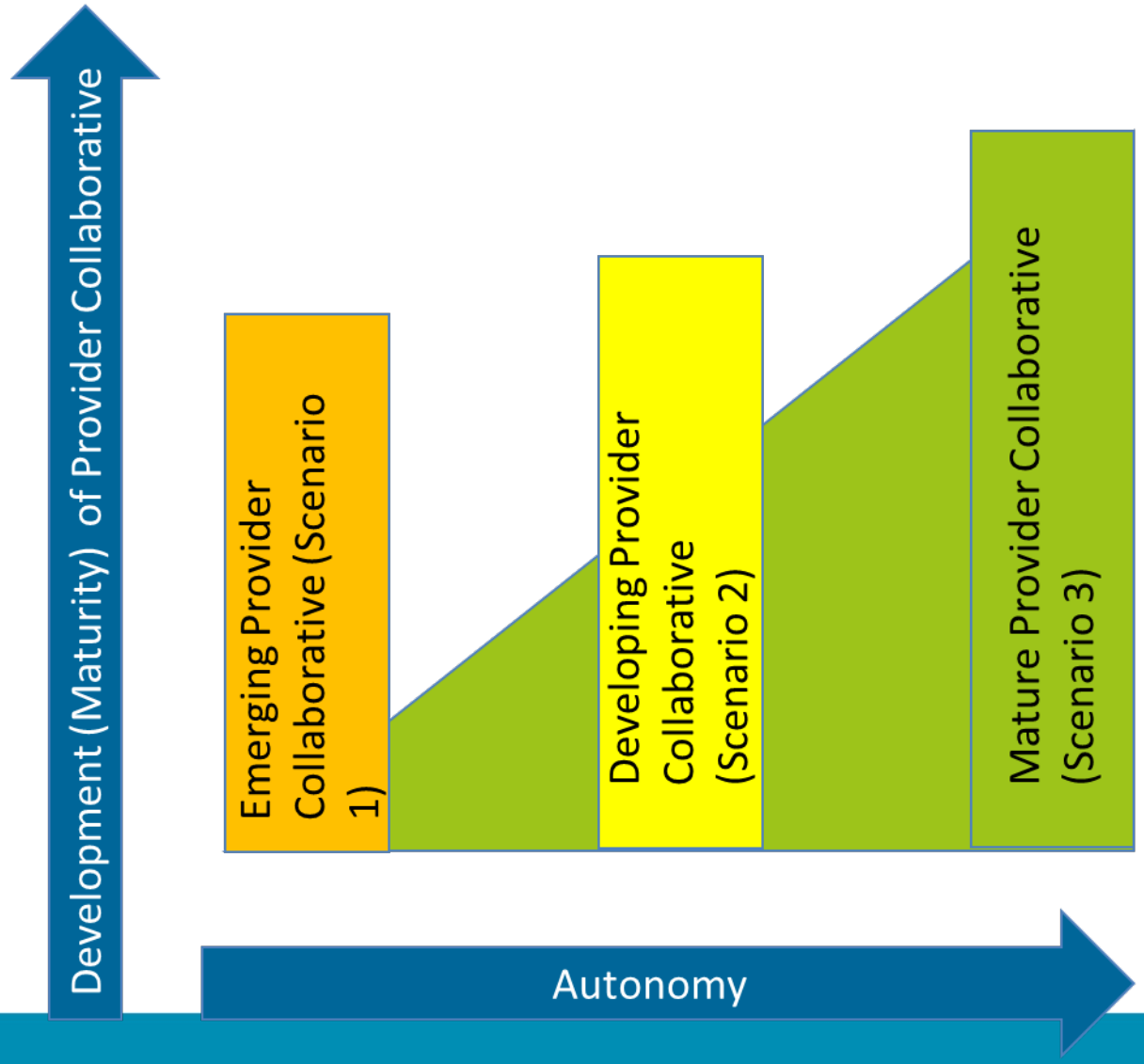
Place Partnership (Scenario 2) Developing

- More formal Provider Collaborative (vertical)
- Health and Social Care pooled budget with formal agreement

Place Partnership (Scenario 3) Mature

- Single voice or entity for place
- High level of delegation and autonomy to act

ICS and Provider Collaborative Relationship - illustrative examples



Assessment would be dependent on local position and development of the collaborative to manage delivery and accountability. Elements indicating the position of the collaborative could include:

Emerging Provider Collaborative (Scenario 1)
- Provider Leadership Board
- Less formal arrangements

Developing Provider Collaborative (Scenario 2)
- Alliance agreement across organisations
- Lead Provider agreed

Mature Provider Collaborative (Scenario 3)
- Single Leadership across all organisations within collaborative
- Single organisation full merger

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