

| HEALTH AND WELLBEING BOARD | | | |
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| Report Title | Integrated Care System Update | | |
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| Class | Part 1 | Date: | |

1. Purpose

- 1.1 This paper provides an update on the development of the South East London Integrated Care System (SEL ICS) including the Lewisham Local Care Partnership (LCP).

2. Background

- 2.1 The Board previously received updates at its December 2021 and March 2022 meetings.
- 2.2 Following a period of locally led development, recommendations of NHS England (NHSE) and passage of the Health and Care Act (2022), 42 ICSs, including the South East London ICS, were established across England on a statutory basis on 1 July 2022.
- 2.3 ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
- 2.4 ICSs are made up of:
- Integrated care partnership (ICP) - A statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area.
 - Integrated care board (ICB) - A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down.

- Place-based partnerships - Within each ICS, place-based partnerships will lead the detailed design and delivery of integrated services across their localities and neighbourhoods.
- Provider collaboratives - Provider collaboratives will bring providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

3. South East London Integrated Care Partnership

- 3.1 The ICP is a broad alliance of leaders from partner organisations across the South East London ICS. The Partnership sets strategic direction, provides leadership and support of key South East London-wide programmes, and holds system partners to account for delivery of the priorities in the ICS strategy.
- 3.2 The membership of the ICP includes the Elected leaders or nominated cabinet members of the six local authorities, chairs of NHS provider trusts, a lead director for each of Adult Social Care, Children’s Services and public health, and representation from primary care, the voluntary, community and social enterprise (VCSE) sector and Healthwatch.
- 3.3 From the Lewisham partnership this includes Cllr Paul Bell as the council representative, Michael Bell as chair of LGT, and Dr Catherine Mbema as lead Director of Public Health.

4. South East London Integrated Care Board

- 4.1 The ICB will develop a plan to meet the health needs of the population within south east London and deliver the Integrated Care Partnership’s strategy. It will also allocate NHS resource to deliver this plan.
- 4.2 The membership of the ICB includes lead executives and non-executive directors of the ICB, and representatives from local authorities, acute services, mental health services community services and primary care.
- 4.3 From the Lewisham partnership this includes David Bradley (CEO, SLAM) as mental health provider member and Ceri Jacob (Lewisham Place Executive Lead).

5. Provider Collaboratives

- 5.1 Two ‘formal’ Provider Collaboratives have been established for SEL, one for acute care providers and one for mental health service providers, and a community services providers network.
- 5.2 South East London Acute Provider Collaborative (APC) is made of LGT, GSTT and KCH.

- 5.3 The APC will have delegated responsibility for elective and diagnostic recovery. It is also overseeing the development of the Community Diagnostic Centre plans on behalf of SEL.
- 5.4 The mental health provider collaborative is the South London Partnership Mental Health Services Collaborative (SLP), made up of SLAM, Oxleas and South West London and St Georges NHS Foundation Trust.
- 5.5 The SLP works across the south east and south west London ICSs. The SLP has taken on delegated responsibility for NHSE commissioned specialised services and for ICB funded complex care.
- 5.6 South East London Community Services Providers Network (CPN) (LGT, GSTT, Bromley Healthcare CIC, Oxleas) is an informal network rather than a formal collaborative, focussed on working together to define and implement common standards and a core community offer for SEL residents

6. The Lewisham Local Care Partnership Strategic Board

- 6.1 The Lewisham Local Care Partnership Strategic Board has been established as a committee of the ICB and held its first formal meeting in July 2002. The supporting governance is shown in Appendix 1.
- 6.2 The Strategic Board is responsible for the overall leadership and development of the Local Care Partnership to ensure it can operate effectively work as a collective and collaborative partnership and secure its delegated responsibilities.
- 6.3 The Core members of the board are:
- Local Care Partnership Place Executive Lead
 - Executive Director for Community Services (DASS), LBL
 - Executive Director for Children & Young People, LBL *
 - Director of Public Health, LBL
 - Healthwatch representative
 - VCSE representation x 2
 - SLAM – Executive organisational representative
 - LGT – Executive organisational representative
 - Primary Care x 2 representatives (of which 1 is representative from PCNs)
 - Social care provider representative
 - Community/public representative
 - Clinical & Care Professional Lead*
 - One Health Lewisham – Executive organisational representative

* Interim joint chairs

7. The Lewisham Place Executive Group

- 7.1 The Lewisham Place Executive Group has also been established. It is a sub-group of the Strategic Board and its purpose is to drive delivery of the

strategic plans and priorities and to hold the programme and project groups to account.

7.2 The membership of the Place Executive Group is:

- Lewisham Place Executive Lead (SEL ICB)
- Director of Adult Social Care, LBL
- Director of Families, Quality and Commissioning, LBL
- Director of Public Health, LBL
- Lewisham Service Director, SLAM
- Deputy Director of Ops of Allied Clinical Service and Cancer, LGT
- Deputy Director of Ops for Lewisham Medicine and Community, LGT
- Director of Integrated Commissioning, SEL ICB/LBL
- Director of System Transformation SEL ICB/LBL
- Primary Care x 2

8. Lewisham LCP Priorities

8.1 Addressing inequalities has always been emphasised throughout the work of the Lewisham Health & Care Partnership. Issues around inequalities and disparities have been highlighted both as a result of the emergence of an understanding of populations most likely to suffer from COVID-19 and the profile of deprivation being linked to higher numbers of BAME people. Addressing inequalities and disparities in risks and outcomes, with a specific focus on the BAME population, will continue to be the overarching priority for the Lewisham LCP.

8.2 The LHCP vision for community based care forms the basis for selecting priority focus areas, that community based care is:

- Proactive and Preventative
- Accessible
- Co-ordinated

8.3 A seminar for the LCP Strategic Board and other senior leaders from the partnership is being scheduled for September 2022. The seminar aims to explore and agree shared priorities as well as establishing guiding principles for priority setting in the new partnership arrangements with a view to developing a specific Lewisham Plan that fits within the overall ICS plans.

9. Community & Citizen Engagement

9.1 The partnership is committed to ensuring that the lived experiences of all our citizens and communities demonstrably drive the direction of the LCP. Development is underway to establish a 'People's Partnership Committee' that will be integral to the governance of the LCP.

9.2 A stakeholder workshop will review the potential operating model for the 'People's Partnership Committee', including leadership, membership, frequency, location, decision-making and resources.

9.3 A further programme of work to improve community engagement will include co-ordination, sharing resources, and developing workforce skills.

10. Financial Implications

10.1 There are no additional financial implications arising from this report.

11. Legal Implications

11.1 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

12. Crime and Disorder Implications

12.1 There are no specific crime and disorder implications arising from this report

13. Equalities Implications

13.1 There are no specific equalities implications arising from this report.

14. Environmental Implications

14.1 There are no specific environmental implications arising from this report.

If there are any queries on this report please contact Charles Malcolm-Smith, People & provider Development Lead, Lewisham System Transformation Team, charles.malcolm-smith@selondonics.nhs.uk

Background information

Further information on the functions and structures of ICSs can be found on the NHS England website [here](#)

Arrangements for the SEL ICS can be found [here](#)

Appendix 1 Lewisham Local Care Partnership Governance

