

<b>HEALTH AND WELLBEING BOARD</b>			
<b>Report Title</b>	Integrated Care System Governance		
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<b>Class</b>	Part 1	Date:	

## 1. Purpose

1.1 This paper provides an overview of the development of Local Care Partnership (LCPs) within Integrated Care Systems (ICSs) and the priority actions to be taken in Lewisham, subject to the completion of the legislative process for the Health & Social Care Bill. It references national guidance and areas agreed by the South East London ICS executive. It covers the background to, the expected changes to be implemented from April 2022, the current position in Lewisham, the changes required, and suggested next steps.

## 2. Background

2.1 In November 2020 NHS England and NHS Improvement published 'Integrating care: Next steps to building strong and effective integrated care systems across England' and the subsequent design framework and guidance has specified four core elements of an ICS:

- Integrated Care Partnership (ICP)
  - Alliance of organisations and representatives
  - Responsible for agreeing an integrated care strategy
- Integrated Care Board (ICB)
  - Bringing the NHS together
  - Integration within the NHS, all those involved in planning and providing NHS services
- Provider Collaboratives
  - Acute and Mental Health

- Contribute to the delivery of the system's strategic priorities
  - Place Based Partnerships
    - NHS, local councils and voluntary organisations leading the detailed design and delivery of integrated services
- 2.2 Also at place, or borough, level an Executive Lead position and leadership team will be established.
- 3. South East London ICP**
- 3.1 "The Partnership will facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. This joined up, inclusive working is central to ensuring that ICS partners are targeting their collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as we recover from the pandemic." - Integrated Care Systems: Design Framework
- 3.2 In south east London Richard Douglas has been appointed as the ICS Chair designate and Andrew Bland as ICS Chief Executive designate.
- 3.3 The ICP will be a committee rather than a body and will represent an equal partnership between the NHS and local authorities in any given ICS area. Beyond the agreement of its composition and Chair arrangements between the NHS and local government, its precise arrangements are permissive in national guidance, although it is required to develop and agree an 'Integrated Care Strategy' for its population. It would be expected to take any decision by consensus, to meet in public and with opportunity for private meetings and be supported by sub-groups and officers of its various partner members.
- 3.4 The proposed membership of the committee for south east London is:
- ICS Chair
  - ICS Chief Executive
  - Elected Leaders (or their nominated cabinet members) of the following local authorities – Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark
  - Chairs of Bromley Healthcare (CIC), Guy's and St Thomas' Hospital NHS FT, Lewisham and Greenwich NHS Trust, King's College Hospital NHS FT, Oxleas NHS FT and South London and the Maudsley NHS FT
  - A lead Director of Adult Social Care (drawn from the six postholders in SEL)
  - A lead Director of Children's Services (drawn from the six postholders in SEL)
  - A lead Director of Public Health (drawn from the six postholders in SEL)
  - A senior representative of Kings Health Partners

- A Primary Care / Primary Care Networks representative
- A representative of the VCSE services in SEL
- A representative of the SEL Healthwatch organisations (coordinated arrangement)

3.5 The Lewisham council representative will be the Cabinet Member for Health and Social Care.

#### **4. South East London ICB**

4.1 “ICS NHS bodies will be established as new organisations that bind partner organisations together in a new way with common purpose. They will lead integration within the NHS, bringing together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population. They will ensure that dynamic joint working arrangements, as demonstrated through the response to COVID-19, become the norm. They will establish shared strategic priorities within the NHS and provide seamless connections to wider partnership arrangements at a system level to tackle population health challenges and enhance services at the interface of health and social care.” - Integrated Care Systems: Design Framework

4.2 Partner members of the ICB are expected to bring the perspective and insight of their areas rather than acting as delegates or representatives of others or their own organisation. The boroughs (Places) of south east London have distinctive populations and as such their perspective is not homogenous, and the membership of the Board is intended to reflect that. Partner members will be full members of the unitary board, bringing knowledge and a perspective from their sectors, but not acting as delegates of those sectors.

4.3 The proposed membership of the ICB's Board is:

- ICS Chair
- Two ICS Non-Executive Directors
- ICS Chief Executive Officer
- ICS Chief Financial Officer
- ICS Medical Director
- ICS Director of Nursing
- Acute services Partner member
- Mental health services Partner member
- Community services Partner member
- Local Authority Partner member (One CEO)
- Primary Medical Services Partner member (Primary Care leadership Group Chair)
- Six Place Partner members (one per borough holding Executive responsibility for delegation to that Place)

## **5. Provider Collaboratives**

- 5.1 Two 'formal' Provider Collaboratives to be established for SEL, one for acute care providers and one for mental health service providers. Within these collaboratives provider organisations will work together to plan, deliver and transform services, with a system approach rather than an individual organisational response. The collaboratives provide opportunities to tackle unwarranted variation, making improvements and delivering the best care for patients and communities.
- 5.2 The members of the provider Collaborative Board will be a matter for those collaborating partners provided the member is at Chief Executive level, holds a leadership position within those collaboratives and is agreed with the ICS Chair.
- 5.3 The governance arrangements for the 'formal' Provider Collaboratives are assumed to operate with a form of committee arrangement (across the partners Boards) that will allow for joint decision making in line with the mandate afforded the collaborative by the ICS. This should be outlined by those relevant collaboratives (Acute and Mental Health) and agreed with the ICB's Board (in designate form).
- 5.4 These proposals do not assume any specific delegation to a community services collaborative, which will operate as a network for the sharing of best practice, informal collaboration and establishing core standards for delivery in SEL.
- 5.5 There may be other collaborations of providers with the expressed agreement of the Place and formal collaboratives of which they are members.

## **6. Lewisham LCP**

- 6.1 The Lewisham Health and Care Partners (LHCP) Executive Board and Lewisham Borough Based Board (BBB), a prime committee of the SEL CCG governing body, will be replaced by a single committee as the Local Care Partnership Board. It should have a membership that includes, as a minimum, agreed representation from local Primary Care Networks, Acute, Mental Health and Community services providers, the local authority (and specifically Adults and Children's services and Public Health), Healthwatch and the Voluntary, community and social enterprise (VCSE) sector in that borough, with the ability to take a strategic view and have the authority to make decisions where they represent an organisation. The inclusion of the borough Director of Public Health is considered a requirement for each LCP.
- 6.2 The LCP is expected to continue to report into the Health and Wellbeing Board. The LCP Board should agree a Chair of that Board agreed by the borough partnership, to be responsible for the effective running of that Board.
- 6.3 The Proposed Membership for Lewisham's LCP is:

- Place lead
- Executive Director for Community Services (DASS)
- Executive Director for CYP
- Director of Public Health
- Healthwatch representative
- Voluntary, community and social enterprise (VCSE) representation (x 2)
- South London & Maudsley NHS FT – Executive organisational representative
- Lewisham & Greenwich NHS Trust – Executive organisational representative
- Primary Care (x 2)
- Social care provider representative

6.4 The appointment of the chair is proposed to be from within the membership of the committee and will follow that of Place Lead to ensure a balance of leadership from across the partnership.

6.5 The LHCP is undertaking a review of community and citizen engagement within the partnership. The initial conclusions highlight the importance of effective representation within the partnership governance and decision-making and this will inform the committee membership and supporting structures.

6.6 The ICS Design Framework states that an NHS ICS body could establish different place-based governance arrangements with local authorities and other partners, to jointly drive and oversee local integration, with the following agreed by the ICS as options for south east London:

- committee of the ICS NHS body with delegated authority to take decisions about the use of ICS NHS body resources
- joint committee of the ICS NHS body and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee in accordance with their schemes of delegation

6.7 Locally we have an ambition to form a joint committee though from 1<sup>st</sup> April it is expected to be a committee of the ICS NHS body with ability to transact existing Section 75s between Health and Lewisham Council including for Children and Young People, Adults and the Better Care Fund.

## **7. Executive Place Lead**

7.1 The Executive Place lead will lead partnership working at 'Place' level; work with the Committee to receive and manage the Place delegation from the ICB and other partners and represent the partnership in the wider structures and governance of the ICS. The leader will be drawn from the partnership with external recruitment to follow if needed. If this place lead holds another

substantive position within the partnership, we have agreed to supplement with a 'chief operating officer' role to support the Executive Place Lead.

- 7.2 We have identified key areas of responsibility covering strategic leadership, building collaborative working relationships, ensuring quality improvement, managing performance, and fulfilling governance requirements. The appointment process and timetable are to be confirmed, though key elements will be partner and stakeholder involvement, and for the recruitment to be concluded in time for a shadow appointment to be in place before April.

## **8. Place Leadership Team**

- 8.1 To support the Place Leader and the effective discharge of responsibilities delegated to the LCP, a distributed and multi-disciplinary leadership team should be identified in each borough to work together to secure the best outcomes for that population. In south east London it has been agreed that this should comprise as a minimum a core group comprising a designated lead from:

- Social Care
- Primary Care
- Community services (physical health)
- Mental health services for that borough
- Acute services for that borough
- Public Health (the Director Public Health)

- 8.2 In Lewisham we have agreed that an additional lead from children and young people's services should be added to this multi-disciplinary team.

## **9. Next Steps**

- 9.1 Ahead of the assumed legal establishment of the ICS NHS Body on 1 April 2022, the following key actions will be completed:

- Appointments of Executive Place Lead and Chair
- Confirm LCP committee status (joint committee or committee in common dependent on delegations), subject to approvals by ICB, boards of key providers, and by Mayor and Cabinet for Lewisham council
- Confirm representatives from all partner organisations to place leadership team
- Primary care representation
- Engage with voluntary and community sector to identify a member for LCP who will provide a strategic representation and a voice for the sector
- Engage with social care provider sector
- Conclude considerations of the clinical and care professional network and citizen and community engagement within local governance

## **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, South East London CCG, [charles.malcolm-smith@nhs.net](mailto:charles.malcolm-smith@nhs.net) .

### **Background documents**

'Integrating care Next steps to building strong and effective integrated care systems across England' can be found [here](#)

'Integrated Care Systems: design framework' can be found [here](#)

Further NHS England guidance relating to the establishment of Integrated Care Systems can be found [here](#)