Open Agenda

Health and Wellbeing Board

Thursday 23 September 2021
9.30 am
This will be a virtual meeting. A meeting link will be circulated in advance.

Membership

Councillor Kieron Williams (Chair)	Leader of the Council
Dr Nancy Kuchemann (Vice-Chair)	GP and NHS SE London CCG Clinical Lead
Councillor Evelyn Akoto	Cabinet Member for Health and Wellbeing
Councillor Jasmine Ali	Deputy Leader and Cabinet Member for Children, Young People and Education
Sarah Austin	Director Integrated Care for Guy's and St Thomas' NHS Foundation Trust
David Bradley	Chief Executive of South London and Maudsley NHS Foundation Trust
Cassie Buchanan	Southwark Headteachers Representative
Shamsur Choudhury	Healthwatch Southwark
Sam Hepplewhite	Placed Based Director (Southwark), NHS SE London Clinical Commissioning Group
Clive Kay	Chief Executive, King's College Hospital NHS Foundation Trust
Eleanor Kelly	Chief Executive, Southwark
Sangeeta Leahy	Director of Public Health
Krzysztof Mikata-Pralat	Community Southwark Representative
Councillor David Noakes	Opposition spokesperson for Health
David Quirke-Thornton	Strategic Director of Children's and Adults' Services
Andrew Ratcliffe	Guy's and St. Thomas' Foundation
Anuradha Singh	Independent Chair of Partnership Southwark

INFORMATION FOR MEMBERS OF THE PUBLIC

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Contact

Maria Lugangira at Email: maria.lugangira@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly
Chief Executive
Date: 15 September 2021

PRINTED ON RECYCLED PAPER

Health and Wellbeing Board

Thursday 23 September 2021
9.30 am
This will be a virtual meeting. A meeting link will be circulated in advance.

Order of Business

Item No.	Title	Page No.
1.	**WELCOME AND INTRODUCTIONS**	
2.	**APOLOGIES** To receive any apologies for absence.	
3.	**CONFIRMATION OF VOTING MEMBERS** Voting members of the committee to be confirmed at this point in the meeting.	
4.	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
5.	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
6.	**MINUTES** To agree as a correct record the open minutes of the meeting held on 21 July 2021.	1 - 7

Item No.	Title	Page No.

7. PUBLIC QUESTION TIME (15 MINUTES)

To receive any question from members of the public which have been submitted in advance of the meeting in accordance with the Cabinet Procedure Rules. The deadline for the receipt of a public question is midnight Friday, 17 September 2021.

8. COMMUNITY EXPERIENCE - HIDAYA WOMEN'S ASSOCIATION: PRESENTATION — Verbal Report

To receive a presentation

9. EMERGING KEY FINDINGS - UNDERSTANDING SOUTHWARK: DAILY LIFE & THE IMPACT OF COVID-19 ACROSS THE BOROUGH — 8 - 24

10. VACCINATION UPDATE — To Follow

11. COVID-19 PANDEMIC OVERSIGHT — To Follow

12. JOINT STRATEGIC NEEDS ASSESSMENT — To Follow

13. JOINT MENTAL HEALTH AND WELLBEING STRATEGY 2021-24 UPDATE — 25 - 36

14. INTEGRATED CARE SYSTEM DEVELOPMENT - PARTNERSHIP SOUTHWARK LEADERSHIP AND GOVERNANCE PROPOSALS — 37 - 77

15. PARTNERSHIP AND RECOVERY — Verbal Report

16. ANY OTHER BUSINESS

17. NEXT MEETING

1 November 2021

Date: 15 September 2021

Agenda Item 6

Health and Wellbeing Board

MINUTES of the virtual Health and Wellbeing Board held on Wednesday 21 July 2021 at 3.00 pm

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PRESENT:
Councillor Kieron Williams (Chair)
Dr Nancy Kuchemann (Vice-chair)
Councillor Evelyn Akoto
Councillor Jasmine Ali
Sarah Austin
David Bradley
Cassie Buchanan
Sam Hepplewhite
Krzysztof Mikata-Pralat
Councillor David Noakes
Sangeeta Leahy
Anuradha Singh
Andy Radcliffe
Roxanne Smith (substituted for Clive Kay)

OFFICER SUPPORT:
Jin Lim
Paul Newman
Chris Williamson
Leidon Shapo
Poonam Patel
Cameron (work experience)
Beverley Olamijulo (constitutional officer)

1. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2. APOLOGIES

Apologies for absence were received from Clive Kay, Chief Executive of King's College Hospital NHS and Eleanor Kelly, Chief Executive Officer of Southwark Council.

3. CONFIRMATION OF VOTING MEMBERS

Those listed as present were confirmed as the voting members of the meeting.

4. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

6. MINUTES

RESOLVED:

That the minutes of the meeting held on 9 June 2021, be approved as a correct record of the meeting.

7. COVID-19 UPDATE

Chris Williamson, head of Public Health Intelligence for Southwark Council, presented the Covid-19 update item with power point slides and outlined the following:

Key messages:

- Cases continue to rise rapidly across London with all boroughs experiencing significant increases in their incidence rates. The R number now between 1.2 and 1.4.

- Confirmed cases have continued to increase substantially over the past week, both locally and across London.

- Number of hospital inpatients with Covid-19 symptoms had increased.

- Coverage of the COVID-19 vaccine continued to increase, and was comparable to similar boroughs such as Lambeth. However, the numbers were slow for those that had been vaccinated.

- Data on local hospitals' confirmed Covid-19 admissions and inpatient diagnoses were provided by NHS situation reports.

- Over 119,000 (42%) eligible Southwark GP patients have full, second-dose coverage; levels are higher in 55+ year age groups, CEV patients, health and social care workers.

The four key concerns regarding rising infection levels:

- While hospitalisations and mortality are currently low, increasing infections will eventually filter through into hospital admissions and deaths.

- More than 1 in 10 people with symptoms are estimated to develop “long COVID”, with symptoms persisting for more than 12 weeks, causing significant impacts on their health and potential future demand for healthcare.

- Wider circulation of the virus within the population increases the likelihood of new variants emerging that may evade the protection of the vaccine.

- Impact on the wider workforce and economy, with increasing numbers of staff required to self isolate.

The Chair thanked officers for their presentations and thanked everyone for their contributions towards the discussion and concerns that were raised.

RESOLVED:

That the Health and Wellbeing Board noted the COVID-19 Update.

8. UPDATE ON VACCINATION

Sangeeta Leahy, director of Public Health presented an update on the vaccination programme.

The following points were noted.

- Effectiveness of the vaccination, long term Covid and Covid mortality.

- Those vaccinated in the older age group – only 80% have had their first vaccination injection, particularly those that are in the higher risk group.

- Letters, telephone calls and text messages sent to promote the vaccine which was a major concern in some parts of the borough. Also involved the collation of information especially from individuals who felt they were too old to take the vaccine.

- The health department has done a lot of work – targeting care homes, older residents and health workers in areas that had high rates of coved cases in the community.

- The health department were unable to provide specific data on the breakdown on numbers. Although it was noted that a small minority of residents did not partake in discussions when asked about the vaccine.

    - 80% of over 65 year olds had received both vaccinations.

    - 53% of 18 to 29 year olds received had been vaccinated.

    - 70% of 40 to 49 year olds had been vaccinated.

- Concerns about upcoming summer events and focussing on the hard to reach target groups.

- Highlighted vaccine roll out programme for secondary school children.

9. PUBLIC QUESTION TIME

The Health and Wellbeing Board acknowledged the written public questions that were submitted by Elizabeth Rylance-Watson on behalf of Southwark KONP and Southwark Pensioners Action Group (SPAG) summarised below:

- Issues facing migrants or those with no immigration status to register with a GP and receive the Covid vaccination
- Mental Health Strategy
- Update on Suicide Strategy
- Crisis in Mental Health

Steve Lancashire said he understood the Board's procedure on public questions being limited to 50 words; however he asked if it were possible to receive written responses to those questions which he stated would be really helpful.

The chair explained the Board's terms of reference for public questions sets out that a resident could submit a question to the board meeting so other residents have the opportunity to ask a question.

It was agreed that a response would be provided to the questions.

The chair suggested that officers present proposals so that there is more evident sessions from the wider community to the board meetings. They in turn could share their experiences on health and wellbeing in a structured way..

10. DRAFT REFRESH MENTAL HEALTH AND WELLBEING STRATEGY

Chris Williamson presented the strategy with a summary, review and update.

The following points were noted:

Mental Health Strategy Workstreams

- Primary care and improving access to psychological therapies (IAPT)
- Prevention and mental health promotion
- Averting crisis and reducing suicide
- Recovery, volunteering and employment support
- Older people and dementia
- Autism and learning disabilities (new)
- Personalised health care budgets for Mental Health (new)
- Housing and complex care and support
- Hoarding (new)
- Mental Health meds optimisation (new)
- Children and Young People's services
- Wellbeing, information, advice and support in the community
- Workforce development
- Engagement and Co-Design

RESOLVED:

That the Health and Wellbeing Board noted the information on the draft refresh mental health and wellbeing strategy.

11. ANNUAL STATUS REVIEW ON AIR QUALITY

Paul Newman, team leader – Environmental Protection presented and spoke mainly about the public consultation, which he said, was happy to provide the results of the consultation.

- Public consultation: Monday 26 July 2021 for six weeks
- Report to cabinet member in November 2021
- Report to cabinet meeting in January 2022
- Implementation in April 2022

The chair requested other organisations should be consulted as well as other groups related to the board, residents and schools. Sangeeta agreed and said effective communication was the key in order to have a more formal review of the strategy

RESOLVED:

1. That the contents of the Southwark Annual Status Report 2020 (ASR 2020), set out in Appendix 1 be noted.

2. That the review and development of a cross-cutting Air Quality Strategy and Action Plan be noted; this would be informed by a reviewed Air Quality Joint Strategic Needs Assessment as outlined in paragraph 41 of the report.

3. That it be agreed the Health and Wellbeing Board have oversight of the proposed Air Quality Strategy and Action Plan, as outlined in paragraph 42, through the director of Public Health chairing an officers air quality steering group. This would enable policies and plans that impact on air quality, that would be considered by the Board's membership, which would ensure a comprehensive strategic approach to air quality in Southwark.

12. UPDATE ON HEALTH AND WELLBEING BOARD STRATEGY REFRESH

Jin Lim, deputy director of Public Health presented the item and outlined the following:

Jin mentioned that a systems leadership workshop took place the previous week to kick off the refresh and developmental process for the joint health and wellbeing strategy (current strategy from 2015 to 2020).

At the workshop – presentations were received from the ICS, Partnership Southwark, SLam, the DCS on how they are tackling health and inequalities.

The groups agreed the next steps would be to set up a task and finish group with the key partners - because this has to be a partnership approach. It would include the CCG, Partnership Southwark, ICS, DCS and council colleagues.

The purpose of the task and finish group was to identify for each of these key priorities that were agreed are as follows:

- Best Start
- Employment
- Standard of Living
- Healthy Places
- Prevention and
- Integration

Jin mentioned the Strategy was not about duplication but to look at the current work and to identify any existing groups that the council could draw on and then agree the action plan based on those groups and forums. Officers would also be drawing on the expertise of others.

The chair thanked Jin for his presentation.

13. HEALTH AND WELLBEING MONITORING REPORT

RESOLVED:

That the Health and Wellbeing Board noted the outcomes presented in the monitoring report and agreed the format of the report and a bi-annual update.

14. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) STATEMENT NO.4

Leidon Shapo, head of Programmes for Health and Social Care Integration gave an overview on this.

Cllr David Noakes explained the pharmacies were showing up in the old wards pre boundary changes. The officers agreed to provide information on the new wards.

RESOLVED:

1. That the Health and Wellbeing Board welcomed any pharmacy changes, from the previous Pharmaceutical Needs Assessment (PNA) supplementary statement (no.3, 1/09/2020).
2. That the current PNA supplementary statement no. 4 (9/07/2021) be approved.

15. ANY OTHER BUSINESS

There was none.

16. NEXT MEETING

Noted the next Board meeting would take on 15 September which was re-arranged for Thursday 23 September 2021.

Councillor Jasmine Ali said: H&WB should ensure representatives from Adults and Children's Services are invited to the meetings.

Meeting ended at 5.00 pm

CHAIR:

DATED:

Agenda Item 9

Item No.	Classification: Open	Date: 23 September 2021	Decision Taker: Health and Wellbeing Board
Report title:		**Emerging Key Findings - Understanding Southwark: Daily Life & the impact of COVID-19 across the borough**	
Ward(s) or groups affected:		Elephant & Castle, Walworth, Old Kent Road, Camberwell, Peckham, and Dulwich	
From:		Sangeeta Leahy, Director of Public Health	

RECOMMENDATION(S)

1. Dissemination of the final research and report to officers within the Council and associated external partners.

2. Dissemination of the final research and report at a community launch event in the autumn.

3. The *Understanding Southwark* research should inform the updated Joint Health and Wellbeing Strategy.

4. Feedback from the Health and Wellbeing Board on the emerging key findings should inform the *Understanding Southwark* final report.

BACKGROUND INFORMATION

5. In January 2019, Cabinet adopted the *Regeneration That Works For All Framework*, an approach which ensures that the places where people live, now and in the future, create new life opportunities, promote wellbeing and reduce inequalities so that people have better lives in stronger communities.

6. The Regeneration That Works For All Framework sets out the key aims, objectives and an ambition to implement the Framework through the development of 10 Social Regeneration Charters (SRCs), shaped together with communities to reflect their needs and priorities.

7. The SRCs lay out a series of promises under broad goals, agreed with stakeholders and with communities, with clear statements on the real world measures/indicators that relate to the promises. SRCs will be used to guide how new development can best deliver benefits and opportunities to support the specific social and economic needs of local communities in the surrounding area.

8. In order to inform the development of SRCs, the Council commissioned a Southwark-based social enterprise, Social Life, to carry out socio-economic

benchmarking in six regeneration areas.

9. The research is focussed on six areas where there has been limited research previously carried out, the areas are: Elephant and Castle, Walworth, Old Kent Road, Peckham, Camberwell and Dulwich. Similar research has already been completed in Bermondsey, Canada Water and in St Thomas Street Business Improvement District. This research will form part of a longitudinal evaluation of social regeneration in the borough, with a key aim to monitor key indicators as the areas continue to develop.

10. The research was originally due to begin in March 2020, however due to the COVID-19 pandemic, the research was reframed to explore the impact of COVID-19 on Southwark's residents and businesses.

11. This research includes a number of different parts (interim reports have been produced for each phase of qualitative research):

    a. A borough-wide telephone survey on impact of COVID-19 – Summer 2020
    b. A business survey – Autumn 2020
    c. Three phases of qualitative research – June - Sept 2020; Nov 2020 - Jan 2021; May – Aug 2021.

12. The research has been designed to have a strong focus on identifying issues that contribute to inequalities in the different areas. The outputs of this research will also be used to inform a range of COVID-19 renewal plans and projects, including the Joint Health and Wellbeing Strategy.

KEY ISSUES FOR CONSIDERATION

13. Ahead of publishing the final report, *Understanding Southwark: Daily life & the impact of COVID-19 across the borough,* Social Life have set out the emerging key findings from their research (April 2020 – August 2021). The presentation of the emerging key finding, forms an additional part of the ongoing engagement with residents, officers, Councillors and businesses. See Appendix 1.

14. The pandemic has been especially challenging for our communities and our businesses in the neighbourhoods researched. While a number of residents and businesses appreciated the support provided by the Council over the last 12 months, **the research confirmed a number of consistent 'threads'**:

15. Stakeholders and local residents from all six regeneration areas stated that **mental health issues** represent a significant challenge for local people, groups and their communities.

16. There is concern that **vulnerable people are falling through gaps in government support schemes.** This includes people with no recourse to public funds, people in precarious and poorly paid work, people living in overcrowded housing, some single parents, and people experiencing mental health problems and people with disabilities.

17. Continued and additional support for young people including **youth centres and services that offer information** about local mentorships, apprenticeships and employment opportunities for young people.

18. Local residents, stakeholders and traders agreed that better knowledge and increased visibility of **the needs of black, Asian and minority ethnic communities, including Black Asian and Minority Ethnic businesses and trader groups** would ensure that they are supported more effectively.

19. Despite the continuous investment in housing by Southwark Council, the pandemic highlighted the complex housing challenges. **Decent and affordable housing** for local residents remains a key concern for many groups we spoke to, including long-standing residents, newcomers and young people.

20. **New ways of promoting local engagement** could help tackle the widespread belief that voices of local people make little impact on local decision-making, especially the voices of people with limited resources (in time and money), Black, Asian and ME groups, and young people.

21. **Digital and data exclusion have been especially highlighted** by the pandemic. COVID-19 pandemic and lockdown measures have increased the use of online platforms and services, making the lack of devices, data and skills among certain groups an increasingly pressing problem for older people, low-income groups, and local residents whose first language is not English.

Policy framework implications: Informing local priorities and partnership working

22. Social Life's research has explored the impact of the COVID-19 pandemic, highlighting not only existing inequalities but also the valuable assets which have supported communities throughout this time. As such, the research is well placed to inform a number of key Council projects, programmes and initiatives – in order to continue to address health inequalities, support recovery and ensure regeneration improves the lives of communities.

23. The need to refresh the Joint Health and Wellbeing Strategy, since the introduction of the new Health Inequalities Framework and an increased focus on health inequalities, presents an opportunity to build on the evidence which will be set out in Social Life's research and the broader learnings of the Council, residents and businesses over the last 18 months.

24. The aforementioned emerging key findings highlight seven key themes which have come up consistently in Social Life's qualitative research. Whilst they are well documented and acknowledged in various Council projects – the research helps provide a rich and in-depth level of information, rooted in residents and businesses' testimonies across April 2020 – August 2021.

25. There is an opportunity for this research to help continue to shape the Council's efforts to support residents and businesses in this challenging time. For example, new approaches to community engagement in the form of *Community Power,* and the development of an engagement toolkit, the implementation of the Health Inequalities Framework, the ongoing programme of 11,000 new council homes, Southwark Stands Together, emerging planning guidance, a refreshed Southwark Pioneers Fund and the Youth New Deal.

26. The research will still provide the socio-economic benchmarking to inform the development of Social Regeneration Charters (SRCs), and the emerging neighbourhood approach.

27. The first two phases of Social Life's research have been used to inform the Southwark Conversation 2. A borough-wide engagement exercise, which builds on the 2017 Southwark Conversation (the Council's largest engagement exercise, with residents, businesses and local organisations, to date). The final phase of the research presents an additional opportunity to shape this project and inform the engagement priorities.

28. The research will help shape local plans and partnership working to address the wider social determinants of health and wellbeing. The findings will be shared widely with partners and local communities, including through partnership and community dissemination events and workshops.

Community, equalities (including socio-economic) and health impacts

Community impact statement

29. The purpose of Social Life's research *Understanding Southwark*, is to form the socio-economic benchmarking for the development of SRCs. The SRCs are a key mechanism of the Regeneration that works for all approach, which foregrounds wellbeing as a key metric of regeneration. This is anticipated to have a positive community impact.

Equalities (including socio-economic) impact statement

30. Social Life's research has a strong focus on identifying issues that contribute to inequalities in the six different areas.

31. The emerging key findings and final report will provide valuable added insight into the experiences of a range of people, including those with no recourse to public funds, people in precarious and poorly paid work, minority ethnic communities, young people, people living in overcrowded housing, some single parents, people experiencing mental health problems and people with disabilities.

32. The Public Sector Equality Duty and implications for groups with protected characteristics will be considered further as the emerging SRCs, strategies and projects are developed in more detail.

Health impact statement

33. The outputs of this research will be used to inform COVID-19 renewal plans, a range of health improvement programmes, including the Joint Health and Wellbeing Strategy. The research will also feed into the development of goals and promises for each SRC area, taking into account the impact of the COVID-19 pandemic, and foregrounding the measurement of health and wellbeing across time. This is anticipate to have a positive health impact for Southwark's communities.

Climate change implications

34. The emerging key findings and the final *Understanding Southwark* report have implications for the broader Climate Change Strategy and Council action. The Strategy frames climate change not just as an environmental issue, but one of social justice where we must ensure our approach reduces inequality and does not place the burden of change on those least able to afford it.

35. This research should have a positive impact on emerging climate change action planning, in particular, as the Climate Change Strategy seeks to respond to the impacts of COVID-19, build back better and foreground the health and wellbeing of local communities. The research provides in-depth insights into these issues across April 2020 – August 2021.

Resource implications

36. There are no specific resource implications arising from this paper. Any new projects and initiatives that arise through as a result of Social Life's research that require additional or reallocation of council funding would need to be considered through the normal budget, monitoring and governance processes.

Legal implications

37. There are no specific legal implications arising from this paper.

Financial implications

38. There are no immediate finance implications arising from this paper.

Consultation

39. N/A

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Governance

40. N/A

Strategic Director of Finance and Governance

41. N/A

Other officers

42. N/A

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Regeneration that Works for All approach	Public Health Department	Jin Lim Jin.lim@southwark.gov.uk
https://www.southwark.gov.uk/regeneration/regeneration-that-works-for-all#:~:text=Social%20regeneration%20is%20when%20areas,creating%20good%20employment%20opportunities%20for		

APPENDICES

No.	Title
Appendix 1	Understanding Southwark: Daily life & the impact of COVID-19 across the borough (April 2020-Aug 2021) – Emerging Key Findings

AUDIT TRAIL

Lead Officer	Sangeeta Leahy, Director of Public Health Jin Lim, Deputy Director of Public Health
Report Author	Michael Gozo, Public Health Policy Officer
Version	1.0
Dated	23rd September 2021
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Governance	No	No

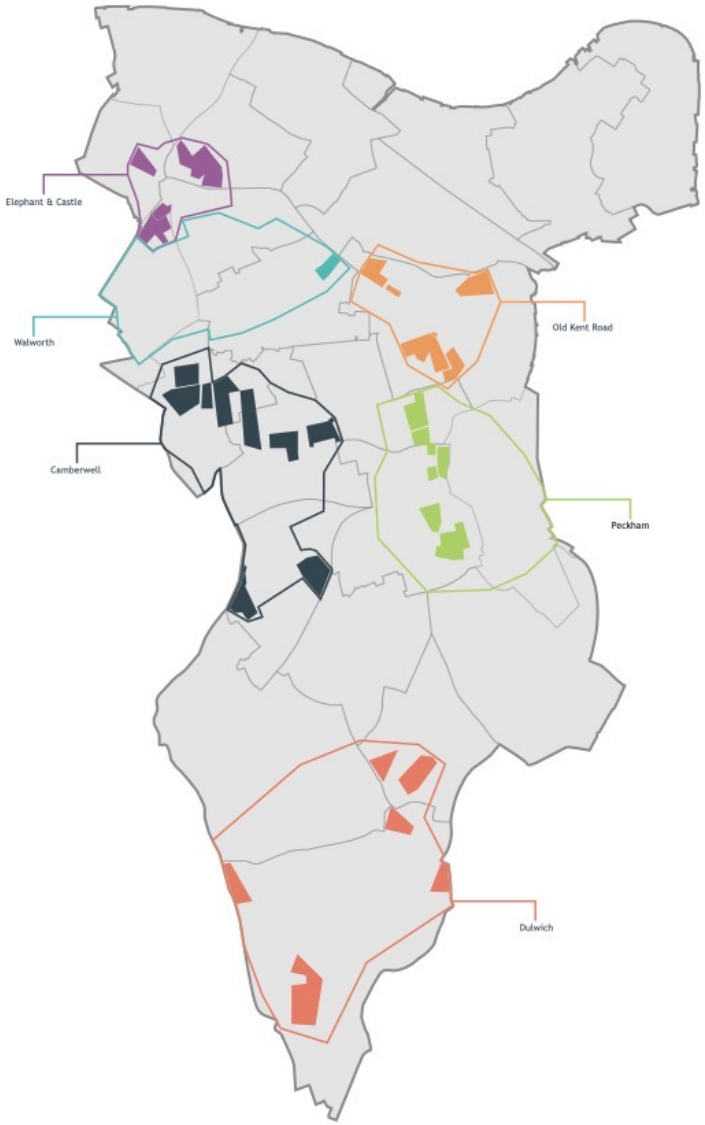
Strategic Director of Finance and Governance	No	No
List other officers here		
Cabinet Member	No	No
Date final report sent to Constitutional Team / Scrutiny Team		14 September 2021

Understanding Southwark:

Daily life & the impact of COVID-19 across the borough (April 2020-Aug 2021)

22nd July 2021

Research on daily life & the impact of COVID-19 in Southwark



The year-long research was commissioned by Southwark Council (Public Health Division) to examine

- the impact of COVID-19 across the borough, and
- daily life in six areas going through change (marked on the map)

The research has **built on the socio-economic benchmarking** Social Life carried out in four areas of the borough:

- in **Rotherhithe,**
- around the **Biscuit Factory in Bermondsey,**
- on the **Aylesbury Estate,**
- **and the** area around the **St Thomas Street development.**

Research on daily life & the impact of COVID-19 in Southwark

Research across the borough (June-Aug 2020)

- **A borough-wide survey that explored the impact of the pandemic**
- **In-depth research into the experience of vulnerable groups across the borough**, including people with no recourse to public funds
- **Online survey of businesses** to explore the impact of COVID-19

Research in six areas (three phases: June - Sept 2020; Nov 2020 - Jan 2021; May – Aug 2021)

- **Stakeholder interviews** (over 140)
- **Street interviews with local residents** (over 510)
- **Walking interviews with local residents** (over 30)
- **Trader interviews** (over 85)
- **Online interviews and focus groups with young people**
- **Digital mapping of stakeholder engagement**

Research findings will…

- **help shape the Council's neighbourhood and social regeneration work** in the future, and
- **inform strategies to improve health and wellbeing, and reduce inequalities.**

Emerging key findings (April 2020-Aug 2021)

The pandemic has been especially challenging for our communities and our businesses in the neighborhoods we researched.

- Existing challenges have been exacerbated by the impact of lock down, highlighting the inequalities already inherent for some communities.
- While a number of residents and businesses appreciated the support provided by the Council over the last 12 months, the research confirmed a number of consistent 'threads':

  - Mental health
  - Vulnerable populations
  - Housing
  - Youth services
  - Concerns from Black, Asian and Minority Ethnic communities
  - Importance of ongoing engagement and dialogue with communities
  - Digital exclusion

- The following slides share some of this feedback.
- Your views are welcomed

While the Council has invested in tackling many aspects of the above, the research highlights that the pandemic impacts mean that much more needs to be done with an escalated time frame.

Emerging key findings (April 2020-Aug 2021)

1. Stakeholders and local residents from all six regeneration areas stated that **mental health issues** represent a significant challenge for local people, groups and their communities.

> *"The sense of hopelessness, no housing or jobs, overcrowding have had a huge impact on mental health. [We] have seen a lot of that before the pandemic, and even more so during it. Having done parent forums during the pandemic to ask people what are the challenges, it does come a point where parents are at their breaking point in such a confined space. [It] has been quite traumatic for some people." (excerpt from interview)*

2. There is concern that **vulnerable people are falling through gaps in government support schemes.** This includes people with no recourse to public funds, people in precarious and poorly paid work, people living in overcrowded housing, some single parents, and people experiencing mental health problems and people with disabilities.

> *"There really is a need for public institutions and private enterprises to support the work being done by organisations that work with the most invisible communities. Otherwise, there will simply be no one working with them or helping them. If they continue being invisible, they will simply get no help. If these institutions are not going to help this community, at least support the work of those who are already doing precisely that." (excerpt from interview)*

Emerging key findings (April 2020-Aug 2021)

3. Continued and additional support for young people including **youth centres and services that offer information** about local mentorships, apprenticeships and employment opportunities for young people.

> *"A lot of mentoring stuff would be good. To give you advice on managing finances, for example, you don't learn that at uni. And, also, about future studies. I've never had a mentor but have friends who are a lot older who have been like mentors, role models. Mentors would be good, I would have been in a much better position than I am right now." (excerpt from interview)*

4. Local residents, stakeholders and traders agreed that better knowledge and increased visibility of **the needs of black, Asian and minority ethnic communities**, including BAME businesses and trader groups would ensure that they are supported more effectively.

> *"Black, Asian and minority ethnic communities are facing issues of racism - same as they have been before the pandemic, more so during the pandemic. They also experience economic exclusion and are further marginalized by gentrification." (excerpt from interview)*

Emerging key findings (April 2020-Aug 2021)

5. Despite the continuous investment in housing by Southwark Council, the pandemic highlighted the complex housing challenges. **Decent and affordable housing** for local residents remains a key concern for many groups we spoke to, including long-standing residents, newcomers and young people.

> *"[The] same things keep coming up: what's an affordable house/flat, what's for the community? A new plan was reissued…but again there's nothing there about what is an affordable house. Until there's a definition that can't be interpreted in different ways, and it's clearly written down, we will keep asking. What the council thinks is affordable, is not affordable for people. I think would be really nice to get that definition clearer and improved." (excerpt from interview)*

6. New ways of promoting local consultation could help tackle the widespread belief that voices of local people make little impact on local decision-making, especially the voices of people with limited resources (in time and money), BAME groups, and young people.

> *"Young people are definitely not involved in regeneration processes. Recently, there was an indoor event at the local community hall, but younger people are never encouraged to attend such events or have their opinions heard." (excerpt from interview)*

Emerging key findings (April 2020-Aug 2021)

7. Digital and data exclusion have been especially highlighted by the pandemic. COVID-19 pandemic and lockdown measures have increased the use of online platforms and services, making **the lack of devices, data and skills among certain groups an increasingly pressing problem** for older people, low-income groups, and local residents whose first language is not English.

Factors that supported local stakeholders' successful online engagement with users included:

- **access to funds or securing funding from the outset** of the crisis to purchase digital devices and internet data allowances for users in need
- **having staff who could teach users lacking the skills** how to use digital devices and/or how to use the online platforms
- availability of **skilled staff or volunteers who could design and run activities/services** on different digital platforms
- access to **funds to run regular activities/services** online
- **allowing users to participate the way they feel most comfortable**
- **targeted platforms and content** to appeal to different users.

Invitation to hear from you

As local stakeholders and residents, we would like to **hear your views on the issues explored by this year-long research.**

We would also like to know if there is anything you would like to add or highlight based on your own experiences in the local area, things that have gone well that we can build upon as well as things that we need to address.

Thank you!

12a Peacock Yard, Iliffe Street, London SE17 3LH

www.sociallife.co

Item No.	Classification: Open	Date: 23 September 2021	Decision Taker: Southwark Health and Wellbeing Board
Report title:		Joint Mental Health and Wellbeing Strategy 2021-24 Update	
Ward(s) or groups affected:		All	
From:		Genette Laws, Director of Commissioning, Children and Adult Services, Southwark Council Sam Hepplewhite, Place Based Director (Southwark), NHS South East London CCG	

RECOMMENDATION(S)

1. Note progress made in finalising the Joint Southwark Mental Health Strategy Refresh 2021-24
2. The final draft of the Mental Health Strategy refresh will be brought to the Health and Wellbeing Board for endorsement at its meeting of 1 November 2021, after it has been taken to the Council's Children and Adults Board meeting of 29/09/21 and the Lead Member Briefing of 12/10/21, in line with agreed governance arrangements.

BACKGROUND INFORMATION

3. The Joint Mental Health and Wellbeing Strategy 2018-21 was approved by the Health and Wellbeing Board in 2018. It was co-produced with input from Southwark's diverse communities and set out a framework for transforming mental health services to ensure that no one was left behind. A key component of the Strategy was to ensure individuals who experienced mental health problems were not stigmatised or marginalised and experienced health and social care services treat the mind and body equally.

KEY ISSUES FOR CONSIDERATION

4. National and Local Developments 2018-2020

Several significant events took place after the Strategy was agreed, including the global COVID-19 pandemic, and the publication of national frameworks that needed to be considered in developing priorities for mental health services. These included the *NHS Long Term Plan* and *Modernising the Mental Health Act: Increasing choice, reducing compulsion*, among others.

A national survey conducted before the coronavirus pandemic revealed that significant numbers of adults in England had experienced symptoms of a common mental health problem and/or had considered taking their own life at some point. Nearly half of adults believed that they had had a diagnosable mental health problem during their lifetime, but only a third had received a formal diagnosis, indicating substantial unmet needs.

There have also been a number of local initiatives since the publication of the Mental Health Strategy 2018-21, the outcomes from which need to be taken account of in developing local priorities for mental health services.

These include:

- *Southwark Stands Together*, a borough-wide initiative established in response to the killing of George Floyd which aims to better understand the injustice and racism experienced by Black, Asian and Minority Ethnic communities to be able to deliver a fairer and more equal society. It is a long-term programme of positive action, education and initiatives for the Council to work in solidarity with Southwark's Black, Asian and Minority Ethnic communities and the Council's staff to tackle racism, injustice and inequality.

  Southwark Stands Together has developed a model of community engagement for use with the Black, Asian and Minority Ethnic communities who have been disproportionately affected by the pandemic and are underserved by local provision, to inform the commissioning of services that are effective and appropriate to their needs around mental health.

  The Council's Public Health division is developing a new health inequalities framework to support the implementation of the *Southwark Stands Together* recommendations.

- The *South London Covid-19 Preventing Mental-ill Health Taskforce* was created by the three South London mental health trusts in response to the pandemic to drive a long-term programme focused on working upstream and preventing people falling into mental health crises. The Taskforce has representation from south London Mental Health Trusts, CCG partners, local authorities, Healthwatch, Public Health England, Citizens UK, Black Thrive and experts by experience.

  The Taskforce commissioned a four-month community listening campaign involving more than 5,700 people from south London boroughs in the *South London Listens* campaign.

  South London Listens identified key priority areas for action that were agreed by borough health and social care decision-makers. These include:
    - development of a mental health champions programme to counter social isolation and loneliness through community involvement
    - paying the London Living Wage to all employees of south London Mental Health Trusts, CCGs and Local Authorities
    - create virtual waiting rooms for children and young people referred to mental health services to support teachers, parents and young people whilst waiting for services to start
    - establish parent-led groups across south London to improve parental mental health through peer-to-peer support and community-led mental health solutions that have been co-produced with them
    - Mental Health practitioners in community organisations to enable migrants, refugees, and diaspora communities to access mental health services designed for them by building trust among them
    - and provide services for migrant, refugee and diaspora communities
    - develop a culturally capable workforce by inviting community institutions to input to the training of mental health staff

  System-wide key decision-makers in South London signed up to all the above to enable joint work and collaboration between stakeholders from across Southwark's health and care economy to deliver the above. Encouragingly, Southwark had already made progress locally on a number of the above.

- In light of the above national and local developments, the Health and Wellbeing Board agreed a refresh of the 2019-22 Strategy to reflect the above developments and review the Strategy's priorities whilst retaining the good work that still held true.

- The Health and Wellbeing Board also agreed that the *COVID-19: Mental Health Rapid Impact Assessment*, Southwark's Joint Strategic Needs Assessment from June 2020 be used to inform the Strategy refresh.

- The approach agreed for the refresh was to have a partnership arrangement between the Council (children and adults services (CAS), and public health teams) and the CCG. The leads identified were Genette Laws from Southwark Council CAS, Farrah Hart from Southwark Council Public Health, and Sam Hepplewhite and Nancy Kuchemann from SEL CCG Southwark Place-based Team. It was agreed that Katherine Kavanagh, Healthy Populations Commissioning Lead in the Partnership Southwark Commissioning Team would lead the development of the strategy.

- The approach to be taken in developing the strategy would incorporate:
  - Promoting population mental health and wellbeing
  - Improving the range of and access to mental health and wellbeing services
  - Achieving national and local policy imperatives
  - Delivering good outcomes and improved value for money
  - Reducing stigma and building confidence

5. **Southwark Joint Mental Health and Wellbeing Strategy Refresh 2021 – 24**

The final draft of the Joint Southwark Mental Health and Wellbeing Strategy refresh 2021 – 2024 will be brought to the Southwark Health and Wellbeing Board for endorsement on 1 November 2021, after taking it to Southwark CAB on 29 September 2021 followed by Southwark LMB of 12 October 2021.

The Strategy's development has been led by the Healthy Populations Team with input from a Steering Group established for this purpose with representation from across the range of health and social care providers and/or stakeholders.

It seeks to achieve national and local policy imperatives and promote the mental health of residents by improving the range and access to services and delivering good outcomes and value for money by reducing stigma and building confidence in services. There is a particular focus of addressing inequity of access and over-representation of Black, Asian and Minority Ethnic communities in relation to mental health services.

Priority areas (workstreams) identified for action include:

1. Prevention and Mental Health Promotion
2. Wellbeing, Information, Advice and Support in the Community
3. Primary Care and Mental health
4. Improving Access to Psychological Therapies (IAPT)
5. Community Mental Health Transformation
6. Wellbeing, Information, Advice and Support in the Community
7. Averting Crises and Reducing Suicide
8. Providing Opportunities for Recovery, Volunteering and Employment Support
9. Older people and Dementia
10. Autism and Learning Disabilities
11. Personalised Care including Personal Health Budgets for Mental Health
12. Hoarding
13. Mental Health Medicines Optimisation
14. Housing and Complex Care and Support
15. Children and Young People's Services.

Overarching priorities for the strategy are workforce development and community engagement and co-design that is informed by local initiatives including the *South London Listens* priority areas for action agreed, and *Southwark Stands Together* recommendations.

Each workstream has provided key priorities areas for delivery over the three years of the Strategy Refresh 2021-24.

Strategy implementation will be overseen by a Joint Mental Health and Wellbeing Delivery Steering Group with representation from all key stakeholders. This will meet quarterly to support delivery of work plans with an emphasis on workforce development and engagement and co-design of planned interventions. The Group's Terms of Reference and membership has been agreed and meetings will commence in October 2021.

6. Timetable for Strategy Refresh Development & Implementation

Action	Lead	Date
Approach agreed	Health and Wellbeing Board	15 December 2020
Leads meet to agree implementation plan outline	Genette Laws Sam Hepplewhite Kate Kavanagh Farrah Hart	30 December 2020
Joint Mental Health Strategy Steering Group established	Kate Kavanagh	4 January 2021
Scope of Strategy Steering Group agreed	Genette Laws Sam Hepplewhite Kate Kavanagh Farrah Hart	15 January 2021
Workstreams for Strategy priority areas and Workstream leads identified	Kate Kavanagh	16 January 2021
Strategy Steering Group meets bi-weekly to develop Strategy Refresh 2021-24	Kate Kavanagh Strategy Steering Group/Workstream Leads	February – June 2021
First draft of refreshed Strategy	Kate Kavanagh	15 July 2021
Review and Further Development of First Draft into Final Draft Strategy Refresh	Kate Kavanagh Strategy Steering Group/Workstream Leads	August 2021

Action	Lead	Date
Terms of Reference and Membership of Joint Mental Health and Wellbeing Delivery Steering Group agreed	Kate Kavanagh	August 2021
Interim Report Strategy Development to Southwark Health and Wellbeing Board	Kate Kavanagh	15 September 2021
Final Draft Strategy Refresh 2021-24 to Southwark Children and Adults Board	Genette Laws	29 September 2021
Final Draft Strategy Refresh 2021-24 to CSI Board	Kate Kavanagh	7 October 2021
Final Draft Strategy Refresh 2021-24 to Southwark LMB	Genette Laws	18 October 2021
First Meeting of Joint Mental Health and Wellbeing Delivery Steering Group	Kate Kavanagh	October 2021 (Date TBC)
Final Draft Strategy Refresh 2021-24 to Southwark Health and Wellbeing Board for endorsement	Kate Kavanagh	1 November 2021

Policy framework implications

7. N/A

8. N/A

Community, equalities (including socio-economic) and health impacts

Community impact statement

9. In agreeing the refresh of the Mental Health and Wellbeing Strategy 2018-21 at its meeting of 21 December 2020 the Health and Wellbeing Board was appraised of the risk that not refreshing the Mental Health and Wellbeing Strategy in light of the experiences and outcomes for local residents during the COVID-19 pandemic would pose.

10. It would not reflect the disproportionate detrimental effect of the COVID-19 pandemic on the mental health and wellbeing of Southwark's most vulnerable communities; or enable the local health and care economy to collaboratively redress the health inequalities faced by those residents by formulating a strategy for that purpose.

11. The mitigation for this risk was to refresh the strategy to inform the system's holistic response in address inequalities and unmet needs of vulnerable population groups in Southwark

Equalities (including socio-economic) impact statement

12. The strategy has been informed by local intelligence and the Joint Strategic Needs Assessments undertaken by Southwark Public Health.

13. It has been developed by workstream leads drawn from across the range of stakeholders in Southwark with a specific emphasis on reducing inequalities and addressing priority needs through interventions that are developed and implemented through effective community involvement that reflects best practice developed locally, regionally and nationally.

Health impact statement

14. N/A

Climate change implications

15. N/A

Resource implications

16. See 18, below

Legal implications

17. N/A

Financial implications

18. The financial impact has been considered and planned for as part of the strategy development

Consultation

19. The Strategy refresh has been informed by public engagement, and interventions to address identified needs will be co-designed, implemented and evaluated in collaboration with local communities.

20. Best practice in public engagement developed locally and regionally (recommendations for engagement set out by the Southwark Stands Together initiative and taking account of the South London Listens pledges made by local health and care leaders in Southwark and across south London) will be taken into account by workstream leads in developing and implementing the Strategy.

21. Finally, a Joint Mental Health and Wellbeing Delivery Steering Group will coordinate and advise on the delivery of the refreshed Mental Health and Wellbeing Strategy 2021-24. Amongst other priorities, appropriate and relevant public engagement in delivering the Strategy, is one of the Group's key responsibilities.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Governance

22. N/A

Strategic Director of Finance and Governance

23. N/A

Other officers

24. N/A

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Joint Mental Health and Wellbeing Strategy 2018-21	Partnership Southwark Integrated Commissioning Team 160 Tooley Street London SE1 2QH	Jubin Mama Project Manager (Healthy Populations) 020 7525 2179
https://selondonccg.sharepoint.com/sites/Southwark/IC/PCCDocuments/Healthy%20Populations%20Programme/Mental%20Health%20and%20Wellbeing/2020%20MH%20Strategy%20Refresh/2018-2021%20Strategy%20documents/2018-2021%20Southwark%20Joint%20Mental%20Health%20and%20Wellbeing%20Strategy.pdf		
Mental Health Wellbeing Overview of COVID-19 impacts on Mental Health and Southwark response	Southwark Public Health 160 Tooley Street London SE1 2QH	Jin Lim Acting Director of Public Health (2020)
(Public Pack)Supplementary Agenda No. 1 Agenda Supplement for Health and Wellbeing Board, 11/11/2020 13:00 (southwark.gov.uk)		

AUDIT TRAIL

Lead Officer	Genette Laws, Director of Commissioning, Children and Adult Services, Southwark Council Sam Hepplewhite, Place Based Director (Southwark), NHS South East London CCG
Report Author	Jubin Mama, Project Manager (Healthy Populations), Partnership Southwark Integrated Commissioning Team
Version	2 (HWBB format)
Dated	2 September 2021
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Governance	N/A	N/A
Strategic Director of Finance and Governance	N/A	N/A
List other officers here		
Cabinet Member	Yes	N/A
Date final report sent to Constitutional Team / Scrutiny Team		2 September 2021

Item No.	Classification: Open	Date: 23 September 2021	Decision Taker: Southwark Health and Wellbeing Board
Report title:		Integrated Care System development – Partnership Southwark leadership and governance proposals	
Ward(s) or groups affected:		All	
From:		Hayley Ormandy, Programme Director Partnership Southwark and Anu Singh, Strategic Chair Partnership Southwark	

RECOMMENDATION(S)

1) **The Southwark Health and Wellbeing Board is asked to note and discuss** the proposals in the appended slide-pack on leadership and governance arrangements within Partnership Southwark, which functions as Southwark's Local Care Partnership (LCP) within the Our Healthier South East London Integrated Care System (SEL ICS).

2) **The Southwark Health and Wellbeing Board is asked to endorse the direction of travel** for leadership and governance arrangements within Partnership Southwark, including:

   a) The partnership's ambition to deepen integrated planning and delivery arrangements within Partnership Southwark over the next 2-3 years, through an inclusive whole-system partnership that works collaboratively for the benefit of our population and communities. This includes working towards:

      i) a joint committee of the ICS NHS Body and one or more statutory provider(s), with delegated decision making on specific functions/services/populations to this committee; and

      ii) a joint Executive Place Lead ('LCP Director') recruited by the partnership who will lead partnership working at 'place' level and work with the joint committee to receive and manage agreed delegations.

   b) The need to facilitate a realistic landing point for 1 April 2022 (given 2(a) will take time to work through with partners), when ICS arrangements are intended to be formalised nationally (subject to legislative changes currently progressing through Parliament). The partnership is committed to ensuring this landing point is buildable and sets the partnership up to move forward rather than restrict opportunities to deepen our integrated working arrangements. This includes:

      i) The establishment of the Partnership Southwark Strategic Board (PSSB), which will operate in shadow form in tandem with the

Southwark Borough Based Board for 21/22 and transition to a formal committee of the ICS NHS Body from 1 April 2022. The PSSB will also operate as a sub-committee of the Health and Wellbeing Board as previously agreed by this Board.

ii) The recruitment of an LCP Director by the partnership, as an individual ICS NHS Body appointment who will receive delegation from the ICS NHS Body. This will initially open to executive-level staff from within constituent partner organisations on secondment basis; and externally thereafter if no suitable candidate is found.

c) The establishment of a lived experience assembly or similar, to support the service user/carer voice in Partnership Southwark's governance arrangements.

d) The commitment of time and leadership resource from all partners within Partnership Southwark to collectively work through and shape our place-based arrangements as we move forward.

3) **The Southwark Health and Wellbeing Board is asked to note** that the multi-agency task and finish steering group that has been meeting to work through these arrangements, will continue to support this next phase of activity. Key actions for this group to own will include:

a) Finalising the Terms of Reference for the PSSB

b) Developing role descriptions and recruitment processes for both the LCP Director and Partnership Southwark Chair posts, which will be via open and transparent recruitment processes with input from all partners and inclusion of a stakeholder panel

c) Shaping the wider borough partners leadership team which will work with, and provide support to, the LCP Director to secure the best outcomes for the Southwark population. This will be shaped in line with ICS guidance with designated leads from social care, primary care, community physical and mental health services, acute services and public health as a minimum.

d) Facilitating the development of the response to the SEL ICS and Integrated Care Board (ICB) Chair (Designate), confirming the governance model for the Partnership Southwark Strategic Board and the process to secure place leadership in Southwark.

In parallel to the task and finish group discussions, partners will progress strategic conversations within their organisations to ensure we come to an agreed LCP position on our place-based arrangements by the end of October and are co-shaping the roadmap for the partnership to deliver on its ambitions.

BACKGROUND INFORMATION

4) Partnership Southwark constituent partners are required to come to a view on its Local Care Partnership (LCP) leadership and governance arrangements to take effect from April 2022; and the transition to longer-term ambitions over the next 2-3 years. This is a requirement of both our internal transformation ambitions and enables us to signal our position to

the Our Healthier South East London Integrated Care System (SEL ICS) by the end of October 2021.

5) A multi-disciplinary group of senior partner representatives have been coming together on a regular basis as a 'task and finish group' since June to take forward plans for the establishment of the Partnership Southwark Strategic Board (PSSB). This group has also worked through wider governance and leadership arrangements in response to SEL ICS guidance and local place-based partnership ambitions.

6) This group developed a set of design principles (see slide 11) and recommendations (see slide 12) for consideration by the Partnership Southwark leadership forum in September.

7) Draft proposals for Partnership Southwark LCP arrangements were discussed at the Partnership Southwark Leadership Forum on 2 September, with an update also provided to the Southwark Borough Based Board that same day.

8) The appended slide-pack has been updated to reflect the discussion at the Partnership Southwark Leadership Forum. While the direction of travel was supported by all partners, some concerns were raised in relation to LCP functions and delegations, a sense that there was too much emphasis on commissioning or pooling of budgets, and the narrative was not as compelling as it could be.

9) Further work is therefore required by partners to ensure our governance model and leadership arrangements enable Partnership Southwark and its partners to maximise potential new ways of working and opportunities associated with delegated duties from the ICS Board to design and transform services in partnership with Southwark communities.

KEY ISSUES FOR CONSIDERATION

10) Partnership Southwark is a critical collaboration with the ability to drive real change in the way services and support are delivered for the benefit of our residents. There is a clear logic to the integration of health and care services - with the potential for ICS and place-level partnerships to drive improvements in population health, and tackle inequalities, by reaching beyond organizational boundaries and working with the voluntary and community sector and other non-statutory partners to address social and economic determinants of health.

11) In Southwark we have a real opportunity for partners to grasp the changing landscape and harness the power of place by strengthening the leadership, governance, and softer ways of working within Partnership Southwark – building on work to date and maximizing the opportunities presented by delegations from the ICS Board to LCPs.

12) The Health and Wellbeing Board is therefore asked to consider the background context and proposals set out in the appendix slide pack and endorse the direction of travel of Partnership Southwark in line with the

recommendations above.

Community, equalities (including socio-economic) and health impacts

13) All sectors of the community are impacted by the historical gaps and disconnects in how individuals and communities have been supported and have experienced health and care services in Southwark. And it has not always been clear about how people can influence the things that matter to them most.

14) Partnership Southwark seeks to work collaboratively as a partnership to address inequalities and safeguard our communities by actively listening and responding to partners and residents in support of Southwark Stands Together and in building broader community engagement. Our population-based workstreams seek to take a targeted and outcomes-oriented approach to addressing health and care inequalities at place and neighbourhood level.

15) Strengthening our leadership and governance arrangements in line with the recommendations set out in this paper and the appended slide pack will enable the Partnership to accelerate and amplify this work for the benefit of our communities.

Resource implications

16) As outlined in recommendation 2(e) all constituent partners within Partnership Southwark are being asked to commit time and leadership resource to collectively work through and shape our place-based arrangements as we move forward. Within these arrangements, there will be a need to consider how we make best use of our collective resources and the 'Southwark pound' to improve health and wellbeing outcomes for our residents.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

17) This report has been based on discussions from across Partnership Southwark including executive officer, clinical, and political input via the task and finish steering group, Southwark Borough Based Board and Partnership Southwark Leadership Forum.

APPENDICES

No.	Title
Appendix 1	Draft Proposals for Partnership Southwark Local Care Partnership Arrangements
Appendix 2	Letter from ICS Chair

AUDIT TRAIL

Lead Officer	Sam Hepplewhite	
Report Author	Hayley Ormandy	
Version	1.0	
Dated	14/09/21	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Partnership Southwark Leadership Forum	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team / Scrutiny Team		15/09/21

Partnership Southwark

Working together to improve health and wellbeing for the people of Southwark

Draft proposals for Partnership Southwark Local Care Partnership Arrangements

15 September 2021

Contents

OUR VISION

…to enable every part of the health and care system in Southwark to make the borough an amazing place to be born, live a full healthy life, and spend one's final years.

Our principles for working together as Partnership Southwark

- Recognise and accept the need for partnership working **for the benefit of our local population**;
- Develop clarity and **realism of purpose**;
- Develop and maintain **trust,** healthy and constructive challenge, **commitment** to the partnership, and **collective accountability**;
- Create clear and robust partnership arrangements; **minimising duplication** with existing structures/governance;
- Ensure **engagement and involvement with key stakeholders and partners** outside the scope of the signatories of the Memorandum of Understanding agreement, **including non-statutory providers of care and local communities, service users and carers;**
- **Monitor, measure and learn** through continuous improvement
- Align budgets where possible to ensure money is spent wisely so that we can **make the best use of the Southwark pound to improve health and wellbeing**.

These principles and our underpinning partnership arrangements are included in a Memorandum of Understanding signed by our constituent partner organisations. **We have an opportunity to strengthen these arrangements through place-based local care partnership developments.**

Our Healthier South East London
Integrated Care System

Emerging SEL ICS Structures and Guidance for Local Care Partnerships

Department of Health & Social Care

Integration and Innovation: working together to improve health and social care for all

Published 11 February 2021

The Department of Health and Social Care's legislative proposals for a Health and Care Bill

South East London Integrated Care System

- The Integrated Care Board (ICB) together with the Integrated Care Partnership (ICP) will form the overarching governance of the SEL Integrated Care System (ICS) from April 2022.

The SEL Integrated Care Partnership:

- Will be a committee that represents a meaningful partnership of local government and the NHS.
- Is expected to take any decisions by consensus.
- Can expect to endorse financial allocative decisions on an annual basis and significant service changes as and when they occur.
- Will have membership in line with national guidance, with the ability to convene a wider engagement forum and be supported by sub-groups and officers of its various partner members. This membership will include:

• ICS Chair • ICS Chief Executive • Elected leaders (or nominated cabinet members) of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark • Chairs of Bromley Healthcare (CIC), GSTT, LGT, KCH, Oxleas, and SLaM • A lead Director of ASC (from across SEL)	• A lead Director of Children's services (from across SEL) • A lead Director of Public Health (from across SEL) • A senior rep from KHP • A primary care/PCN rep • A VCSE rep (from across SEL) • A rep from SEL Healthwatch organisations

South East London Integrated Care System

The SEL Integrated Care Board:

- Will be the Board of the ICS NHS Body in SEL, which will undertake the statutory and related functions afforded to it by legislation and its choices upon delegated functions from NHS England (as reflected in its constitution).
- Partner members of the ICB are expected to bring the perspective and insight for their areas rather than acting as delegates or representatives of others or their own organisation.
- The membership of the ICB reflects the fact that boroughs (Places) are recognised to have distinctive populations within SEL and as such their perspective is not homogenous.

• 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 (CEO) • Primary Medical Services partner member (PC leadership group Chair) • Six place partner members (1 per borough holding Exec responsibility for delegation to place

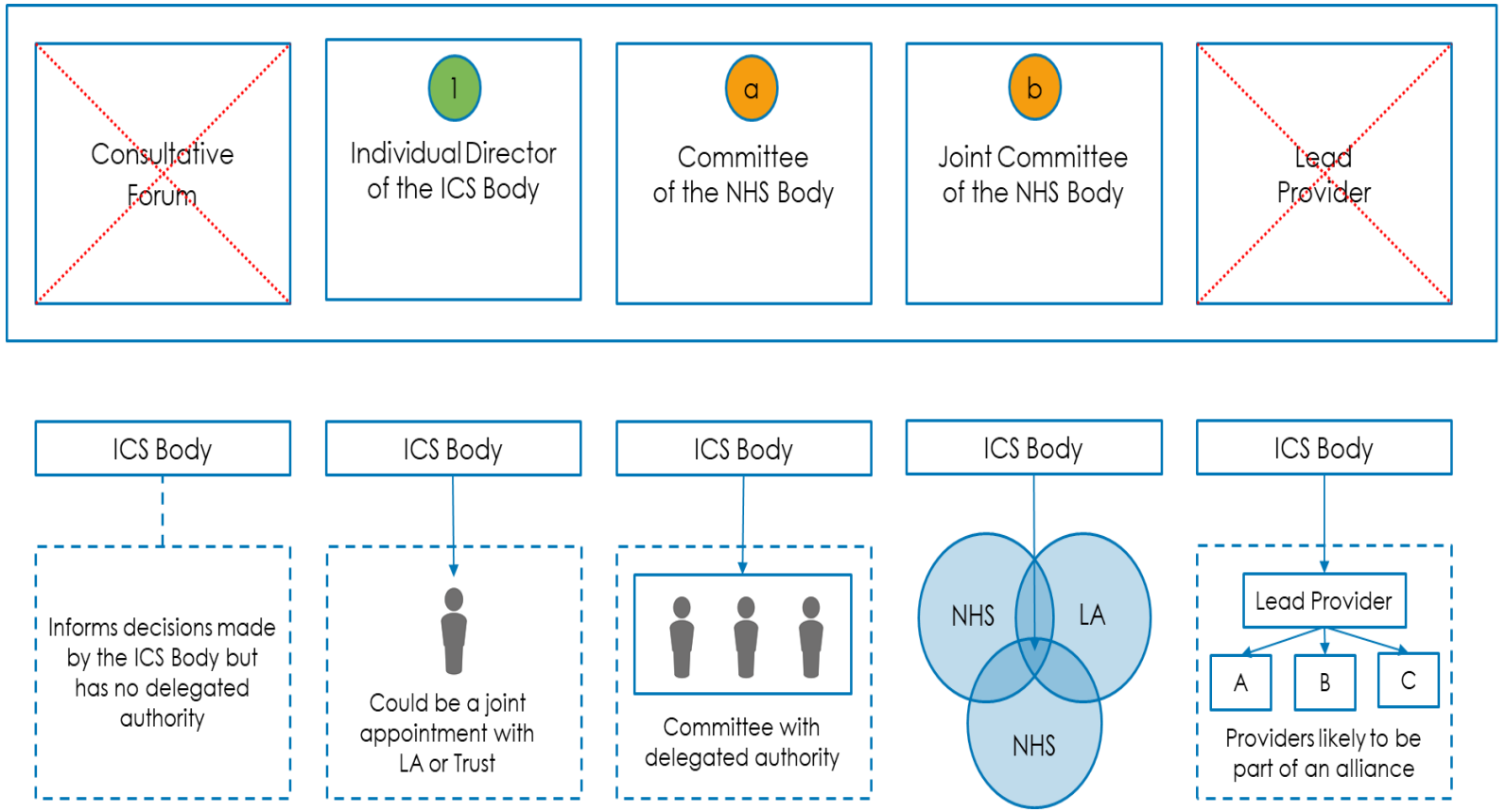
South East London Integrated Care System - Local Care Partnerships

- The ICB will delegate the responsibility for the budget, planning and delivery of non-acute services to a new post, the 'Executive Place Lead'. These non-acute services are currently defined as primary care, community physical and mental health services, prescribing, continuing healthcare and client groups (which are currently delegated to the Southwark Borough Based Board as a prime committee of SEL CCG).
- The ICB will also delegate responsibility for convening and enabling local care partnerships (in Southwark, Partnership Southwark) to the 'Executive Place Lead'. This Place Lead will be appointed through an open and transparent process agreed by the LCP and hold the title of Local Care Partnership Director (in Southwark, Partnership Southwark Director).
  - ❑ This post could be appointed solely by the NHS Body (which will replace the CCG), or jointly with the Local Authority or another statutory partner. They can either be an employee of the ICB itself or of their sovereign body (provided they are an LCP partner).
  - ❑ The role of the Local Care Partnership Director will include convening the place-based partnership, representing the partnership in wider structures and governance of the ICS and taking on executive responsibility for functions delegated by the ICS NHS Body (and any other delegated functions as agreed with partners)
- These delegated functions will be discharged through a committee, which would be the Partnership Southwark Strategic Board (PSSB) with a terms of reference and set of agreed responsibilities aligned to the delegation and mandate afforded to Southwark.
  - ❑ This could be a committee of the NHS Body or alternatively this could be a joint committee between the NHS Body and the Local Authority.
  - ❑ Membership of the PSSB should include as a minimum – PCNs, acute, mental health and community services providers, the local authority (incl. Adults and Children's services and the Director of Public Health), Healthwatch and the VCSE sector.
  - ❑ We will need to agree a process for appointing a Chair of the PSSB, who will be responsible for the effective running of this Board.
  - ❑ The local reporting of the PSSB and the groups and local committees it interacts with are for local determination; provided the prime relationship in governance terms for NHS funds and responsibilities is with the ICB (i.e.. the ICB remains accountable for its delegations)
- We will also need to develop a wider multi-disciplinary place leadership team providing support to the Local Care Partnership Director in discharging delegated functions and working together to secure best outcomes for our population. ICS guidance is for this group to be drawn from senior leaders in local teams and comprising as a minimum – social care, primary care, community physical and mental health services, acute services and public health.

National guidance for place-based arrangements

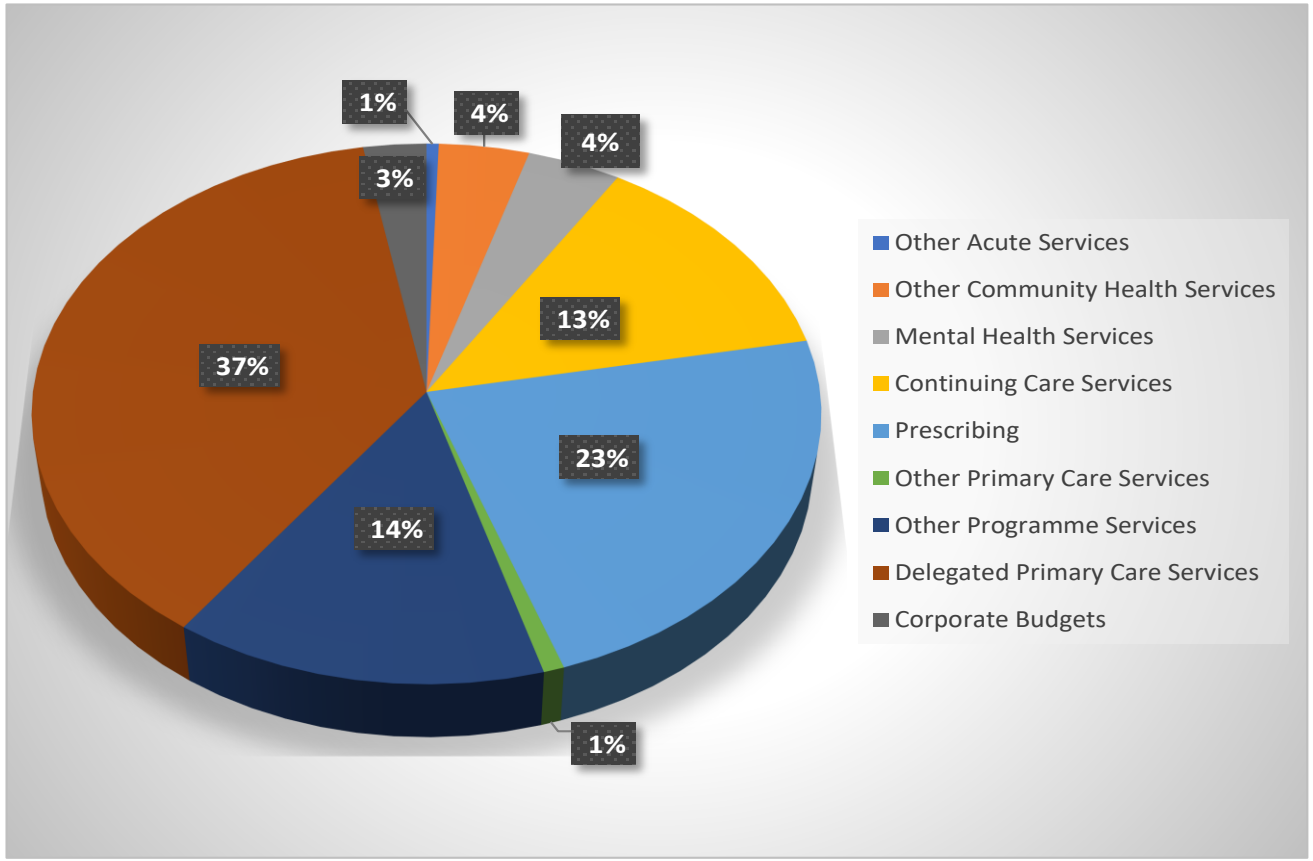
Local Care Partnerships

- An ICS NHS Body could establish any of the following place-based governance arrangements with local authorities and other partners to jointly drive and oversee integration. At SEL ICS-level, discussions within the place-based workstream and ICS partnership have discounted option 1 and option 5 given they do not represent a genuine collaborative partnership (see figure 1 below)



The Southwark Context

Current Southwark borough delegated budgets (20/21)



2020/21 Month 12 Budget	£'000
Other Acute Services	714
Other Community Health Services	5,329
Mental Health Services	5,520
Continuing Care Services	17,540
Prescribing	30,417
Other Primary Care Services	1,053
Other Programme Services	18,877
Delegated Primary Care Services	49,772
Corporate Budgets	3,713
Total	**132,935**

Budgets do not include

- **Acute contracts**
- **South London & Maudsley & Oxleas Mental Health contract**

Task and Finish Steering Group

- A multi-disciplinary group of senior partner representatives have been coming together on a regular basis as a 'task and finish group' to design what leadership and governance arrangements would be the best fit for Southwark in line with expected functions and our ambitions for increased scale and pace of integration for the benefit of our population.
- **This group shaped and agreed the following design principles**:
  - ❑ Form will follow function – the operating model should speak to the level of ambition, permission and organisational buy-in or 'skin in the game'
  - ❑ Ambitious in our approach, thinking 'whole system' and making a real difference on the ground
  - ❑ Learn from what hasn't worked in existing structures with a starting principle that this can't be more of the same
  - ❑ Membership of the Partnership Southwark Strategic Board (PSSB) should be driven by guidance, key priorities and areas of focus with the Partnership having wider mechanisms for engagement and involvement – ensuring we allow everyone's voice to be heard
  - ❑ Transparency to Southwark residents and those partners not represented on PSSB
  - ❑ Outcomes driven with a focus on closing the gap on inequalities through tangible delivery goals and accountabilities linked to agreed outcomes

Recommendations from the Task and Finish Steering Group

1. **Our ambition as a Partnership should be to have a Joint LCP Director post and committee**. However, from an individual partner perspective there is a difference of opinion as to whether this should be joint with the LA, joint with the LA + providers or joint with the LA + providers and the VCS, or an individual with accountability agreements with the partner organisations.
2. **There is a need to work through arrangements to facilitate this ambition**, which are likely to take more time - including:
   - The remit and scope of a joint role
   - Defining the role within organisational, statutory and partnership arrangements incl. exploring options around accountabilities within LA and/or delivery organisations
   - Meeting organisational change requirements, identifying funding and finalising decision making/governance processes
   - Defining the functions of place (e.g. to plan, deliver and transform services in line with population need) to drive thinking around structure and leadership
   - Understanding financial flows in any new arrangements, including decision making rights of partners
   - Greater clarity of the interface between the work of the ICS, provider collaboratives and place
3. **We therefore need to have an agreed realistic and 'safe' landing point for April 2022 that we can continue to build on** in line with our ambitions as our local care partnership arrangements mature. This should also seek to safeguard, and enable us to accelerate, existing partnership working wherever possible.
4. **The leadership team around the LCP Director should be drawn from all partner**s (i.e.. delivery organisations, the ICS NHS Body, local authority and VCS). We will need to clarify the scope of the Partnership before we can clarify the leadership team's role and hence its make up, which may be incremental over time.
5. **All partners should be fully involved in the selection and recruitment process of the LCP Director** (whether ICS NHS Body or Joint), with a role description/person spec that speaks to our ambitions as an inclusive and meaningful system partnership.
6. **We should have a lived experience assembly or similar to support the service user/carer voice in our governance arrangements**, with options worked up via engagement leads from the CCG, Council and Healthwatch and co-production with key user/community groups.
7. It is recognised that while there are some 'fixed points' in the guidance, there is also a lot of **scope for place-shaping at a local level.** This therefore requires all partners as a partnership to collectively work through and shape our place-based arrangements as we move forward.
8. We need to **co-create a 'new language for place'** that is in line with our ambitions as a partnership (e.g. clarifying what we mean by joint, commissioning functions, planning and delivery)

Proposals on leadership and governance

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Context

- Partnership Southwark constituent partners need to come to a view on LCP leadership and governance arrangements to take effect from April 2022 and transition to longer-term ambitions over the next 2-3 years – so we can signal this to SEL ICS by the end of October 2021.
- It is envisaged that the Partnership Southwark Strategic Board (PSSB) will be stood up in shadow form from November 2021, and we will need to consider the interface with the Borough Based Board until full transition takes effect in April 2022.
- Arrangements for recruiting to the LCP Director will take longer; however, the ICS have set out an expectation for place leads to be agreed by the end of December 2021.
- At a minimum, the SEL ICS is expecting partners to support and be involved in:
  - The process for the appointment of the Local Care Partnership Director (whether NHS or joint appointee)
  - The development of the Partnership Southwark Strategic Board (PSSB) (whether NHS or joint)
  - The process for identifying a Chair for the PSSB (via a process agreed by Partnership Southwark)
  - The process of identifying the wider borough partner leadership team (within existing system resource)
  - The identification of the ICP representative, which will be a Local Authority elected cabinet member (and a matter for the Local Authority, working with Partnership Southwark partners).
- There will be other considerations for Partnership Southwark beyond the scope of any Local Care Partnership post and committee, which will need to be worked through as partners during 2021/22. This includes the development of multi-disciplinary leadership team, ways of working and hosting of the Partnership Southwark programme, and designing the governance and operating model for Partnership Southwark to support the LCP Director and PSSB.
- We are proposing to bring in expertise in Organisational Development to facilitate some of these discussions (utilising OD funding received from SEL ICS) and to backfill 0.5 of the Programme Director post with a Transition Manager given existing secondment arrangements.

Potential options

The following options have been canvassed by the Task and Finish Steering Group for Local Care Partnership (LCP) leadership and governance arrangements in Partnership Southwark.

It is envisaged that these options could work in a phased way or be fast-tracked if gateways are met. We will need to think about the practicalities of this so its 'buildable', i.e. sets the partnership up to move forward rather than restrict opportunities) and our 'gateway requirements' – some examples given below.

NB: These options focus on the LCP Director post and committee, given the need to signal our position on these to the ICS by the end of September. There will be other important considerations for Partnership Southwark, which will need to be worked through as partners during 2021/22 to ensure we have an effective operating model and ways of working across the partnership.

Option 1 (Apr 22)

Local Care Partnership Director is an **individual ICS NHS Body appointment.**

The LCP Director discharges delegations through **the Partnership Southwark Strategic Board,** which is a **Committee of the ICS NHS Body.**

The LCP Director would be supported by a **multi-disciplinary leadership team** from across the partnership.

(Note: Options for recruitment could include time-limited secondment from within the system**)**

LIKELY GATEWAY REQUIREMENTS

- Delegated responsibilities from statutory partner (LA or Trust) are defined over and above ICS Board delegations
- Ability to maximise resources and budgets in line with delegated responsibilities
- Agreed outcomes framework with regular reporting to the PSSB and collaborative solutions to ensure outcome delivery
- PS Commissioning team are embedded into the Partnership to support planning, delivery and transformation of integrated care, working collaboratively and in an embedded way with partners

NB: This option has been discounted as it could undermine the voice of other partners

Option 2a

Local Care Partnership Director is a **joint appointment between the ICS NHS Body and a statutory partner (LA or Trust).**

The post-holder would have **delegated ICS NHS Body responsibilities and delegations from the statutory partner** (to be defined) and be supported by a **multi-disciplinary leadership team** from across the partnership.

The LCP Director executes delegations through the **Partnership Southwark Strategic Board**, which **is a joint committee of the ICS NHS body and the statutory partner.**

Option 2b

Local Care Partnership Director is a **joint appointment between the ICS NHS Body and a statutory partner (LA or Trust).**

The post-holder would have **delegated ICS NHS Body responsibilities, hold a strategic portfolio within the statutory partner** and be supported by a **multi-disciplinary leadership team** from across the partnership.

The LCP Director executes delegations through the **Partnership Southwark Strategic Board**, which is a **committee of the ICS NHS body.**

LIKELY GATEWAY REQUIREMENTS

- Extended delegated responsibilities and budgets are defined across more than one statutory partner
- A shared vision across Southwark has been developed and agreed – underpinned by a single plan and budget
- A single and unified approach to LCP functions with mixed-employment or hosted PS team working in an integrated way to deliver these functions
- PSSB making strategic decisions informed by individual sovereign organisations with PSSB ToR enabling decision making on specific functions/services/ populations

Option 3

Local Care Partnership Director is a **joint appointment between the ICS NHS Body and more than one statutory partner.**

The post-holder would have **delegated ICS NHS Body and from the statutory partners** (to be defined) and be supported by a **multi-disciplinary leadership team** from across the partnership.

The LCP Director executes delegations through the **Partnership Southwark Strategic Board**, which **is a joint committee of the ICS NHS body and the statutory partners** where the relevant statutory bodies delegate decision making on specific functions/services/ populations to the joint committee in line with their schemes of delegation.

Governance and leadership proposals

1. It is recommended that Partnership Southwark set out an **ambition to deepen our integrated planning and delivery arrangements for the benefit of our population over time**, including **commitment to a Joint LCP Post and Joint Committee** as part of our leadership and governance model.

    A. Partners should seek to shape what this roadmap looks like with a view to formalising decisions on this by the end of November 2021. This roadmap should seek to maximise potential new ways of working and the opportunities presented by delegations from the ICS Board to design and transform services in partnership with Southwark communities.

2. Given the need for a realistic and safe **landing point for 1 April 2022**, it is recommended that Partnership Southwark signal to the SEL ICS its intention to put in place the following governance and leadership arrangements to take effect from 1 April, with shadow operating from Q3 21/22.

    A. **Joint recruitment of the LCP Director (in Southwark, Partnership Southwark Director) as an ICS NHS Body appointment** for Southwark's 'executive place lead', in a way that is buildable, i.e. sets the partnership up to move forward rather than restrict opportunities. This post will have responsibility for convening and enabling Partnership Southwark as an LCP and discharging delegations from the ICS Board through an ethos of collaborative system leadership and partnership working.

        I. The process for recruitment of the LCP Director should be via an open and transparent recruitment process that is internally open to executive-level staff within constituent partner organisations on a secondment basis in the first instance, and externally if required thereafter.

        II. All partners will be fully involved in the selection and recruitment process of the LCP Director (whether ICS NHS Body or Joint), incl. a stakeholder panel and role description/person spec that speaks to our ambitions as an inclusive and meaningful system partnership.

        III. The wider borough partners leadership team, which will work with and in support to the LCP Director, will be drawn from senior leads in local teams and will include as a minimum designated leads from social care, primary care, community physical and mental health services, acute services and public health. We will need to clarify the leadership team's role in line with the scope of the Partnership, and it's make-up may be incremental over time.

Governance and leadership proposals contd.

B. The LCP Director discharges delegations through the **Partnership Southwark Strategic Board (PSSB),** which is a committee of the ICS NHS Body and will therefore need to operate within the ICS NHS Body constitution. However, the role and remit of the Board will extend beyond ICS Board delegations and operate as a system-wide Board within the principles of collaboration for Partnership Southwark. The PSSB will also be a sub-committee of the Health and Wellbeing Board as previously agreed.

I. The PSSB will therefore have oversight of the planning, delivery and budget for non-acute services as proposed to be delegated to the LCP Director by the SEL ICS Board, **and** the Partnership Southwark transformation delivery programme from April 2022. In doing so, there will be an opportunity for partners to creatively and innovatively transform the way services are provided for the benefit of our populations.

II. A draft terms of reference for the PSSB will be developed via the Task and Finish Steering Group in line with any ICS constitutional requirements and wider LCP expectations, and shared back with the wider partnership for endorsement before Nov 21.

III. From November 2021, we will run the PSSB in shadow form operating in tandem with the borough based board given the current SEL CCG constitution.

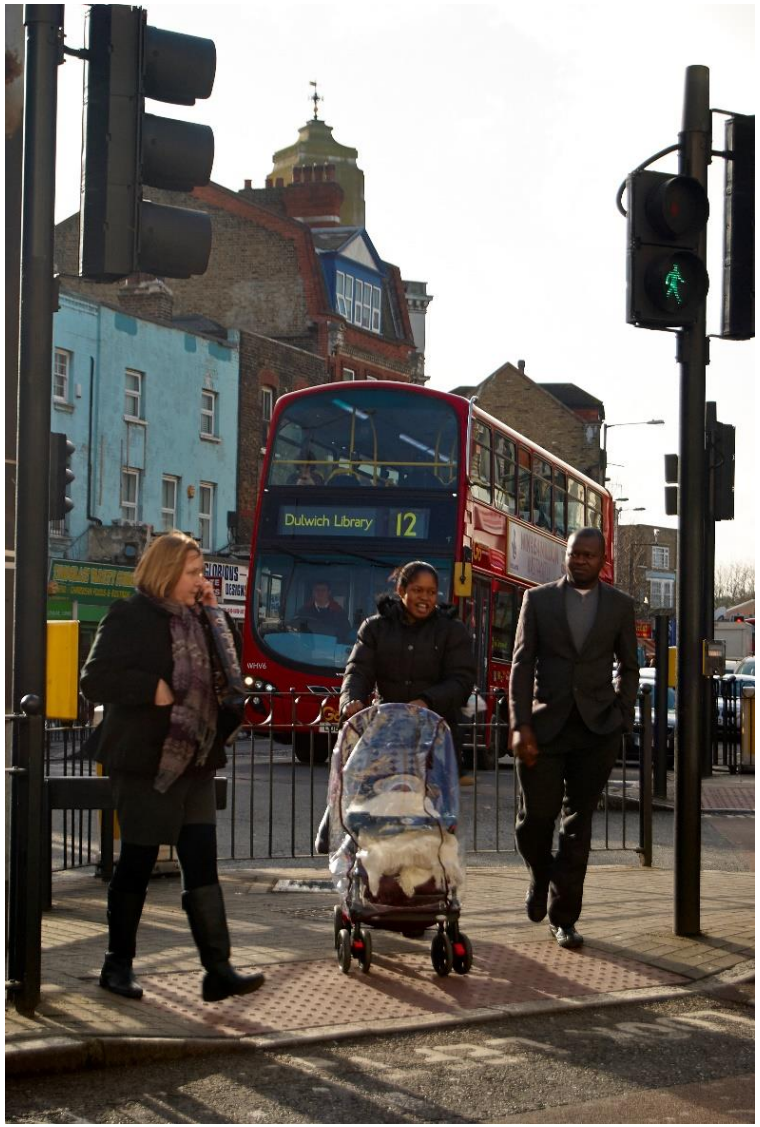
IV. The process for recruitment of the Chair of the PSSB should be via an open and transparent expressions of interest process open to senior leaders from across the Partnership.

- Appointment will be via a recruitment panel made up of partner and community/service user representatives and the role description will be co-designed with the Partnership using the existing Strategic Chair role outline pack as a basis for this.
- Consideration could also be given to an 'associate' Chair to help develop our leadership pipeline in Southwark.

5. We should have a **lived experience assembly or similar** to support the service user/carer voice in our governance arrangements, with options worked up via engagement leads from the CCG, Council and Healthwatch and co-production with key user/community groups.

6. Moving forward with these options and wider LCP development requires all partners as a partnership to collectively work through and shape our place-based arrangements as we move forward. **Partners will need to commit time and leadership resource to facilitate this.**

Next steps



Next steps for governance and leadership

Following discussion at the Partnership Southwark Leadership Forum (PSLF) and Borough Based Board on 2 September and Health and Wellbeing Board on 23 September:

- Partner organisations will progress discussions internally to ensure all constituent partners are supportive and have had an opportunity to contribute to our proposed approach for Southwark and how we play a part in developing the SEL ICS
- A formal response outlining proposed leadership and governance arrangements for Southwark will be submitted to the SEL ICS by the end of October in line with the letter from the ICS Chair and ICB Chair (Designate) sent to partners on 7 September 2021.
- The task and finish steering group will reconvene to take forward the recommendations and work through some of the practicalities of implementation with regular updates/interface with the wider Partnership incl. discussion at the PSLF in November. This will include:
  - ❑ Recruitment processes for the LCP Director and Partnership Southwark Strategic Board (PSSB) Chair, and shaping the multi-disciplinary leadership team
  - ❑ Developing Terms of Reference for the PSSB incl. finalising membership and remit with a view to standing up in shadow form from November 2021. This will work in tandem with the Borough Based Board for the remainder of 20/21.
  - ❑ Shaping supporting governance arrangements for Partnership Southwark and working through implications/changes to existing Partnership Southwark or borough-based CCG governance.
  - ❑ Developing a clear roadmap for how we progress from 1 April 2022 to more integrated leadership and governance arrangements across the Partnership, with a view to maximising potential new ways of working and opportunities associated with delegated duties from the ICS Board to design and transform services in partnership with Southwark communities.
  - ❑ Organisational and partnership development in line with the previous OD spec signed off by PSLF earlier this year to facilitate some of the 'softer' ways of working and relational aspects of how we want to work and shape our future as a Partnership, including working with wider partners and communities.

Our Healthier South East London
Sustainability and Transformation Partnership

NHS

To:

Primary Care Network (PCN) Clinical Directors
Local Authority CEO
NHS provider CEOs
NHS South East London CCG Chair

By Email only

7 September 2021

Dear colleagues

Our Integrated Care System development - Borough leadership and governance arrangements

I am writing to you as the NHS and Local Authority leaders of the partner organisations that comprise the Southwark Local Care Partnership (LCP) to ask for your collective action, with wider borough partners, to progress key elements of the leadership and governance that will be required at 'Place' level as we prepare to become a 'statutory' ICS. These arrangements will support the Integrated Care Board (ICB) in making good its commitment to local delegation of responsibilities from 1 April 2022 (the point of its establishment), alongside demonstrating our 'readiness to operate' as part of wider national ICS development expectations.

As an ICS leadership community, we have been clear on the criticality of our borough arrangements. Our current ICS Executive has been overseeing a number of work streams to determine our future system architecture, governance and operating model in a way that secures the prominence of 'Place'. Whilst this has been aligned to national expectations, it is driven by our (SEL) agreed ways of working and 'system of systems' approach.

We are now in a position to outline a series of preparatory steps that will allow us to establish, in shadow form, key elements of the ICB operating and governance model. On the 18 August 2021 the Executive endorsed the attached governance proposals and we would now like to agree with you the key 'Place' elements upon which they and our model of subsidiarity will rely.

As outlined in this letter we are seeking your action to confirm the following:

- The Governance model for your Local Care Partnership (Committee) for 1 April 2022 onwards (noting it may develop in future)
- The process to secure Place leadership and the leadership team in your borough

The arrangements proposed for your borough should represent the agreed position of your LCP. Our assumption is that proposals will be developed within each Place on a collaborative and inclusive basis - ensuring that members of the LCP are demonstrably involved in both the design of the associated processes and the determination of their outcome. I would then wish to agree those arrangements with you as the ICB Chair (Designate).

In setting out these requests I am aware that borough partnerships are at different stages of development and it is important that we do not take a backward step through our actions here. Much of the below may be well rehearsed and even established in your partnership and so this process is one of codification and agreement with myself as Chair Designate. Other parts might be newer and this is then an invitation to progress those local discussions to a conclusion in order to shape our arrangements for the future.

I aware that any response here will require local coordination and as such I would ask that you identify an individual from your partnership to do that. In lieu of that I have copied the lead that currently attends the ICS Executive from your borough to assist in this and I understand that consideration of this may already be underway within some LCPs based on the SEL ICS Executive agreed proposals (appended).

Confirmed LCP governance model from 1 April 2022

As you will be aware national guidance (www.england.nhs.uk/publication/integrated-care-systems-guidance) sets out five potential governance models at 'Place' level and the ICS Executive has agreed to narrow this list to the following two options (as described nationally) that were felt to be viable and aligned to our local ambition:

1. ***Committee of the ICS NHS body*** *with delegated authority to take decisions about the use of ICS NHS body resources.*
2. ***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.*

Each LCP is asked to confirm which of these two Committee options the partnership wishes to establish for 2022/23. For both options the partnership should assume the continuation of current CCG NHS delegated budgets (relating to out of hospital NHS activity) to the committee. Where a joint committee option is proposed, the Partnership will need to articulate what is 'in scope' within the 'Joint' committee (e.g. if the other statutory body is the Local Authority, what the Council is delegating in to the joint committee).

The LCP will also need to agree the full membership of the committee and a Chair. In the case of the latter we would suggest that this should not be the 'Place Lead' or the 'Integrated Care Partnership' representative (see below).

As a minimum the LCP committee should comprise senior representation (at least Executive Director or equivalent) from Local Authority Social Care, Children's services and Public Health departments, Primary care, Community, Mental Health and Acute service providers and the VCSE sector. LCPs may wish to include a wider membership and so the above represents a minimum 'core'. At this stage the organisations and the seniority of representation from them on the committee (as the mechanism by which partner organisations direct the work of the Place under its delegation) is all that is required.

In addition LCPs will be asked to ensure that:

- Public Health membership is at Director of Public Health level
- PCN Clinical Directors are appropriately engaged and represented on the committee

- That arrangements for the involvement of local people will be outlined alongside and as part of these arrangements
- Meetings of the LCP committee can be held in public at a frequency to be determined (no less than quarterly)

Beyond these core expectations the LCPs will want to take localised decisions upon the form and construct of the committee. The terms of reference, including management of conflicts of interest and reporting to the ICB (as the body remaining legally accountable for NHS delegated responsibilities) will, again, be something I would expect to agree with you in the coming weeks.

We will also need, in due course, to formally confirm the joint commissioning and pooled funding arrangements in place or planned for 2022/23 for each borough across the Integrated Care Body (ICB) and the Local Authority and the level of joint planning and funding that the borough will be working to, defined as one of (i) separate plans, separate budgets, (ii) aligned plans and separate budgets or (iii) aligned plans and budgets. This information will need to be codified as part of our ICB constitution, governance handbook and delegation agreements, all of which will need to be agreed in due course.

The immediate requirement however is the confirmation of Committee type and the related arrangements above and we are asking for proposals for 2022/23 to be made by 31 October 2021, such that they can be agreed at the earliest opportunity in November and December this year.

As for all aspects of the place related decision making the expectation is that committee type will have been subject to discussion and agreement across the LCP.

Place leadership and leadership team

Within our proposals each LCP will need to confirm and then enact the process for identifying the following key leads / leadership:

- A designated Executive Place lead
- A wider borough partners leadership team
- The borough's member on the Integrated Care Partnership (ICP)

Executive Place Lead

This will be the appointed Executive lead recruited by the partnership who will lead partnership working at 'Place' level; work with the Committee (above) to receive and manage the Place delegation from the ICB and other partners where 'Joint'. They will be a member of the ICB. They will be responsible to the LCP (the committee that will agree a mandate with the ICB for the Place Delegation) and accountable to the ICB and its CEO for their role as it pertains to the performance of the delegation received.

The place lead should be recruited in an open and transparent way, should be at Executive level, hold the support of the LCP and demonstrate the capacity to undertake the role (either on a full-time basis, or alongside that individual's existing role within the system with the management capacity and support required available to them through the wider borough team). They will either be the employee of the ICB itself or of their sovereign body (provided that body is an LCP partner).

At the time of writing there is no current known national stipulation upon the process of recruitment to these roles. There is no standard job role nationally either, but we would intend to have some core elements of that role (summarised above) consistent in all six borough appointments in SEL. We will also need to codify the agreed recruitment process and reflect it in the ICB Constitution with regards future appointments.

In terms of local arrangements, the process for identifying the Place lead should be agreed by the LCP and then agreed with the ICB Chair (Designate). These arrangements should be agreed and ready to run by the end of October 2021. The process should be:

- Open and transparent and taken forward through an advert placed internally within the borough partnership in the first instance, and externally if required thereafter
- Involve a stakeholder panel element to be designed locally and an interview panel determined locally but including the ICB Chair (Designate) or ICB CEO (Designate).
- Run to support a conclusion being reached and a nominated place lead agreed by the end December 2021.

These are generally new roles within our system. However, should the LCP consider that an equivalent process (albeit without the involvement of the ICB Chair or CEO) has already been completed, and there is a consensus within the LCP that a new recruitment process would not be appropriate as a result, it would be important for you to raise this at the earliest opportunity with me directly.

Wider Borough Partners leadership team

To support the Place Leader and the effective discharge of responsibilities delegated to the Place Committee we have agreed that a distributed and multi-disciplinary leadership team should be identified in each borough to work together to secure the best outcomes for that population. The individuals should be drawn from local teams and be senior leaders in the borough (rather than new appointments), providing 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)

This represents a minimum ‘core’ that boroughs may wish to add to. These named individuals will be leaders in their areas of expertise for their borough; and they will be drawn upon to provide input and expertise for cross borough integrated working as appropriate and agreed.

LCPs are asked to confirm their proposed leadership team and associated rationale, alongside the proposed process for and identification of the leads that will make up the team by the end of January 2021.

This team is distinct from the management and supporting teams in place that will work in support of the Place leader and wider LCP.

Integrated Care Partnership representative

The ICS has proposed that this representative be a Local Authority elected cabinet member (either Leader or relevant portfolio holder). The agreement of the representative will be a matter for the Local Authority, working with LCP partners. Please see the wider proposed ICP membership in the attached document.

Again we would be seeking confirmation of the Integrated Care Partnership representative by end November 2021, with the agreed process to secure the nomination undertaken prior to that.

Thank you

I hope this is a helpful articulation of the requirements in relation to the identification and agreement of place leadership and wider governance arrangements. A proposed timetable in included here as Appendix One. The dates included should be seen as 'Long stop' dates or final dates – where agreement can be received and made earlier that would be helpful. Understanding progress and issues along the way will also be of use and so I would ask that you provide a brief update on these areas by the end of this month if possible.

I am acutely aware that these arrangements are new and to that end we, Andrew Bland and I, would of course be happy to discuss any aspect of them with you. We have also ensured that the current borough ICS Executive lead, Sam Hepplewhite is appraised of the requests and is therefore on hand to help and facilitate their agreement.

With best wishes

Richard Douglas
ICS Chair and ICB Chair (Designate)

CC.

Andrew Bland
Sam Hepplewhite

Appendix One - Timetable

- Confirmation of the LCP committee type and related arrangements by **end October 2021**
- Process for the identification of the Executive Place Lead to be agreed and ready for operation by **end October 2021**
- Confirmation of the Integrated Care Partnership representative by **end November 2021**
- Identify the proposed wider Partner Leadership team for the LCP by **end January 2021**
- Agreement of 2022/23 joint commissioning and pooled funding arrangements as necessary **in Quarter Four, 2021/22**

Appendix Two - ICS Executive endorsed Proposals (18 Aug 2021)

Attached document

South East London Integrated Care System

Leadership and Governance Proposals

August 2021

1. Purpose

1.1. To outline the proposed arrangements for the Integrated Care System's (ICS) key leadership and governance fora in South east London (SEL): the ICS Partnership (ICP) and the ICS NHS Board (ICB), such that they can operate on behalf of our population and system in shadow form before the end of quarter three 2021/22 and ahead of the assumed legal establishment of the ICS NHS Body on 1 April 2022.

> *Subject to legislation being agreed each ICS will comprise an:*
>
> ***Integrated Care Partnership (ICP):*** *the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.*
>
> ***Integrated Care Board (ICB):*** *bringing the NHS together locally to improve population health and care.*

2. Context for proposals

> *The core purpose of an ICS is to:*
>
> ***1*** *Improve outcomes in population health and healthcare*
>
> ***2*** *Tackle inequalities in outcomes, experience and access*
>
> ***3*** *Enhance productivity and value for money*
>
> ***4*** *Help the NHS support broader social and economic development*
>
> ***p20, Integrated Care Systems: Design Framework***

2.1. National guidance on ICS implementation continues to emerge, and the passage of the relevant Bill through Parliament is incomplete; however the direction of travel and likely national requirements are sufficiently clear, and enough ICS partnership engagement upon these matters has occurred to allow the proposals set out below to be taken forward in SEL.

2.2. The national ICS Design Framework makes clear the responsibilities of these elements of the system infrastructure - those areas that are prescribed and those that are left for local determination.

2.3. It is our clear conviction that:

- Whilst these governance elements of the ICS are critically important, the culture and ways of working for the ICS require greatest attention at this time and the arrangements outlined below will enable and not detract from that work
- That these proposals align to national expectations as they relate to SEL and reflect, as far as possible, the views and issues discussed with ICS partners both

before Christmas 2020 and in the last month following the publication of the ICS Design Framework in June 2021[1]. The process of local (ICS) partner discussions upon these matters has made clear a range of differing views upon these areas and it is clear (and we believe recognised by partners) that it will not be possible to generate proposals that satisfy all of those suggestions, issues and concerns.

- There will inevitably be future changes required to these arrangements as further information becomes available but they will not be material or prohibited by action as outlined here, and that the establishment of shadow arrangements that can oversee the implementation of the ICS as much as its delivery thereafter will be advantageous.
- These arrangements do not take account of, or pre-suppose the national offer and local (ICS) response for delegation of NHS England directly commissioned services with the exception of General Medical Services (General Practice) that represents a clear future stipulation of immediate delegation to the ICS[2]
- There will be opportunity for change to these proposals ahead of the final establishment of the ICS on 1 April 2022 should they be required by national direction or changes to the Bill as it comes in to law, the portfolio of directly commissioned services accepted by the ICS, or the financial framework established for the ICS (either externally or through the work the ICS is undertaking upon this area)

2.4. These proposals should be read in conjunction with the national ICS Design Framework, the content of which is not replicated here unless absolutely necessary for ease of reference.

3. Shadow arrangements

3.1. Notwithstanding the parliamentary process for ICS establishment and the iterative nature of national guidance, NHS England is clear in its expectation that the leadership of ICSs in England (the Chair and Chief Executive Officer) should have been appointed (Designate) by the end of quarter two 2021/22 and that core elements of the ICS governance should be agreed and in operation by the end of quarter three this financial year.

3.2. The SEL ICS Chair (Designate) appointment was confirmed in late July 2021. The appointment of the ICS Chief Executive occurs under a separate process to be outlined. The ICS Design Framework provides the 'blueprint' for the establishment of the structures outlined herein[3].

3.3. We believe these shadow arrangements will be critical:

- To facilitate the 'safe landing' of new arrangements with legal responsibilities on 1 April 2022

[1] The ICS Chair and Lead have undertaken two rounds of meetings with groups and individuals spanning all partners, including elected leaders and cabinet members of all six local authorities, all NHS Partners (including Chairs) and the wider system.

[2] Letter from Amanda Pritchard, Chief Operating Officer, 22 July 2021 confirming the intention to delegate some NHS England commissioning functions to integrated care systems from April 2022

[3] Further guidance upon the ICS constitution, an ICB Functions and Governance guide and details of the CCG Statutory functions to be conferred to NHS ICS Bodies are expected in August 2021

- To enable the effective organisation of current (non-statutory) ICS working and coordination, both an increasingly clear system requirement and regulatory expectation
- For the effective oversight of the development and implementation of the ICS in design terms, including responding to future guidance that will emerge
- To the development of an effective ICS that drives an organisational development (OD) activity alongside the establishment of a new statutory body.

3.4. The arrangements outlined below assume:

- The continuation of the current ICS Executive arrangements for SEL, albeit the Executive's composition and terms of reference may change over time
- A future decision upon delegation and its timing (April 2022 or April 2023) for current NHS England directly commissioned services
- A parallel commitment to the development of Place and Provider Collaborative leadership and governance arrangements as outlined below (section 5.16 - 5.23)
- The continuation of key ICS groups including: The Local Government Leaders and the Mayor group, the Local Government CEOs group, the Primary Care Leadership Group, current transformation and programme boards and Enabler Boards (e.g. The ICS People Board)

3.5. The future development of a small number of ICS committees or sub-groups of the ICB and ICP respectively ahead of legal establishment

3.6. All final arrangements for 1 April 2022 will be captured in an ICS Constitution to be agreed with NHS England. All prior arrangements represent non-statutory agreements across ICS partners.

4. ICS Governance requirements

4.1. The national design framework outlines a requirement for an Integrated Care Partnership (ICP) and a statutory NHS ICS Body (with its own unitary Board), now referred to as the ICB.

4.2. 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.

4.3. The ICB is more prescribed by the national Design Framework in its roles and responsibilities (see **Appendix A**). It is required to have a unitary board with greater prescription over membership and committees.

4.4. In SEL we have a longstanding commitment to working in meaningful partnership with local authorities to ensure a truly integrated approach to improving the health outcomes and wellbeing of our residents and reducing inequalities. Whilst our ICS supports the ICP principles put forward by NHS England (see **Appendix B**), the national arrangements for the ICP alone are insufficient to secure that (SEL) commitment and so the ICS proposes further work to agree a number of powers for

the ICP that will provide meaningful influence of the committee over the shape of health and care services going forward.

4.5. In SEL we will establish arrangements that reflect the national guidance for the ICB. We have made a clear commitment to subsidiarity and the delegation of decision making, budgetary responsibility and delivery to partnerships focused upon Places - our six boroughs; and to those partnerships focused upon areas of care delivery - our Provider collaboratives (Acute and Mental Health). Our overall ICS governance arrangements will rely upon and therefore make some limited prescription upon the governance and leadership of those partnerships in order to enact safe delegation, alongside establishing clear delivery mandates and delegation agreements.

4.6. At all times our arrangements will be mindful of the statutory duties of our partner organisations and their Boards / governing bodies.

5. ICS Proposals

ICP: a committee

> *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.*
>
> ***p20, Integrated Care Systems: Design Framework***

5.1. Beyond its requirement to develop and agree an Integrated Care strategy for its population, our arrangements will have an expectation of a true partnership of the NHS and Local Authorities in SEL and so it follows that the ICP will seek a way of working that sets expectations upon all partners to adhere to and act in accordance with that strategy and hold each other to account for doing so.

5.2. In addition the ICS will work over the coming period to agree a set of principles or conditions that the ICP can utilise to confirm that partner strategies and plans, delivery actions and budgets are aligned to the above principle. The ICP can expect to endorse financial allocative decisions on an annual basis and significant service changes as and when they occur in terms of those conditions being met. It is acknowledged that the scope of the committee will be wider than the narrow set of considerations that are the focus on this document. It is likewise recognised that the ICP will not undertake the role afforded Overview and Scrutiny arrangements of local government (whether undertaken at borough or SEL level).

5.3. In support of effective governance and working of the ICP, a limited membership is proposed (aligned to national guidance) with the ability to convene a much wider engagement forum that would include wider representation for example leaders from education, housing, leisure and commerce.

5.4. As a meaningful partnership of local government and the NHS a joint chairing arrangement is proposed between the NHS ICS Chair and one of the Leaders of the six Local Authorities in SEL.

5.5. The membership of the committee is proposed as below:

- 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)

5.6. The ICP would be expected to take any decision by consensus. The ICP would be supported by sub groups and officers of its various partner members. The ICP will meet in public and with opportunity for private meetings. The committee would reserve the ability to co-opt associates over time as future arrangements for Supra - ICS working emerge - e.g. London Ambulance Service (LAS) or Dartford and Gravesham NHS FT (DGT).

5.7. The national Design Framework makes clear that formal guidance on ICS Partnerships will be developed jointly by the Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Local Government Association (LGA), and consulted on ahead of implementation, including on the role and accountabilities of the chair of the Integrated Care Partnership. Our proposed SEL arrangements are proposed in this context and will take due account of this work at the appropriate time.

ICB's Board

> 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.
>
> ***p12, Integrated Care Systems: Design Framework***

5.8. The NHS ICS Body in SEL will undertake the statutory and related functions afforded it by legislation (see **Appendix A**) and its choices upon delegated responsibilities from NHS England. Its constitution will reflect these requirements and those powers the NHS and local government agree for the ICP.

5.9. Our proposals for the composition of the ICB's Board adhere to the minimum requirements outlined in the design framework. Thereafter they are reflective of the SEL system and our commitments to particular ways of working - principally those of securing good governance and securing subsidiarity.

5.10. It is important to note that Partner members of the ICB Board outlined below are expected to bring the perspective and insight or their areas rather than acting as delegates or representatives of others or their own organisation. Our boroughs (Places) are recognised to have distinctive populations within SEL and as such their perspective is not homogenous, with the membership of the Board reflects that.

> *We expect all… 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.*
>
> ***p20, Integrated Care Systems: Design Framework***

5.11. The Board of the ICB will be supported by an Executive Team drawn from the ICS and its partner bodies.

5.12. The membership of the ICB's Board is proposed as follows:

- 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)

> *All members of the ICS NHS board… will have shared corporate accountability for delivery of the functions and duties of the ICS and the performance of the organisation. This includes ensuring that the interests of the public and people who use health and care services remain central to what the organisation does. The board will be the senior decision-making structure for the ICS NHS body.*
>
> ***p19, Integrated Care Systems: Design Framework***

5.13. The Board will expect to receive the support of officers and specifically public health professionals.

5.14. It will, alongside the ICP, need to consider and agree the most effective mechanisms by which to secure public and patient engagement and demonstrate that its actions take due account of this engagement and public and patient feedback. It will meet in Public at least four times a year.

> *Partnerships will need clear and transparent mechanisms for ensuring strategies are developed with people with lived experience of health and care services and communities, for example including patients, service users, unpaid carers and traditionally under-represented groups. These mechanisms should draw on best engagement practice; for example, by using citizens' panels and co-production approaches, including insights from place and neighbourhood engagement. Partnerships should build on the expertise, relationships and engagement forums that already exist across local areas, building priorities from the bottom up, to ensure the priorities in the strategy resonate with people across the ICS.*
>
> ***p10, Integrated Care Systems: Design Framework***

5.15. In SEL Partner members drawn from acute, mental health, community and local government should be an individual (not a shared or short-term rotated role) determined by the relevant organisations in SEL in each case and then agreed with the ICS Chair.

5.16. The Partner member for Primary Medical Services should be the Chair of the Primary Care Leadership Group, agreed by the members of that group.

Places and Collaboratives

5.17. Whilst the 1 April 2022 agreement of delegated responsibilities and budgets within the ICS (to Places and Collaboratives) is being determined it is clear they will be made, in significant quantity and scope, to each of the six Places (nationally referred to as 'Placed Based Partnerships' and in SEL as Local Care Partnerships or LCPs) and to two 'formal' Provider Collaboratives – one for Acute care providers and one for Mental Health providers.

5.18. The ICS intends to operate with a high level of permissiveness in determining governance that 'works' for the purpose it is designed e.g. form following function. The operation of the ICS's intended operating model, including the board composition above will require some degree of consistency and stipulation in approach, however.

In the case of Provider Collaboratives:

5.19. The determination of the Acute, Mental Health and Community Partner members of the 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.

5.20. 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).

5.21. 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.

5.22. Any collaboration of providers beyond those outlined here are matters for those organisations working with the expressed agreement of the Place and formal collaboratives of which they are members.

In the case of Places:

5.23. Each place will be required to establish the following:

- A Local Care Partnership (LCP) Board (a committee of the ICB) with a Terms of Reference and set of agree responsibilities aligned to the delegation and mandate afforded to that place.
- 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 VCSE sector in that borough. The inclusion of the borough Director of Public Health is considered a requirement for each LCP.
- 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.
- Each LCP should have an appointed Executive leader, established through a recruitment process (to be agreed by the Partnership with the ICS Chair), that secures an executive with the capacity and capabilities required to hold and execute the mandate afforded that Place working with the LCP Board and local partners. That Leader – The 'Place Lead' will be the member of the ICB's Board.

> *Effective leadership at place level is critical to effective system working, but the specific approach is to be determined locally. The roles of place-based leaders will include convening the place-based partnership, representing the partnership in the wider structures and governance of the ICS and (potentially) taking on executive responsibility for functions delegated by the ICS NHS body CEO or relevant local authority.*
>
> ***p25, Integrated Care Systems: Design Framework***

5.24. The local reporting of that LCP Board and the groups and local committees it interacts with are for local determination given the different arrangements within each borough provided the prime relationship, in governance terms, for NHS funds and responsibilities is with the ICB. The ICB remains accountable for those responsibilities and activities it delegates at all times.

5.25. The form of committee (NHS only, committee in common or joint committee) would need to be agreed according to its scope with the ICB and national guidance provides options for this.

6. Other arrangements

6.1. The final committees and sub-groups of the ICP and ICB's Board will be determined over the coming weeks.

6.2. As a minimum the ICB's Board will establish an Audit committee and a Remuneration committee (as required nationally). It will also require an Integrated Governance and Performance Committee (that will include, as a minimum, a Quality System Group) and governance arrangements that allow for the fulfilment of statutory responsibilities such as those relating to Adult and Children's safeguarding. This will be in addition to committees for each Place/ Borough (LCP Boards).

6.3. It is also a clear expectation in SEL that the ICS will be supported by:

- A Clinical and Professional Leadership Group
- A Patient and Public Engagement Group
- An Estates Board
- A Digital Board
- A People Board
- Core programme boards for key care pathways
- A Population Health and Inequalities Executive

7. Recommendations

7.1. The ICS Executive is asked to consider and endorse the arrangements outlined in this paper in order that they can form the basis for detailed implementation planning across the remainder of quarter two 2021/22 for moving to these Shadow arrangements in November/ December 2021.

7.2. Section 2.3 of this paper notes the opportunity for change to these proposals ahead of the final establishment of the ICS on 1 April 2022 should they be required by national direction or changes to the Bill as it comes in to law, the portfolio of directly commissioned services accepted by the ICS, or the financial framework established for the ICS (either externally or through the work the ICS is undertaking upon this area).

7.3. Following endorsement the ICS Executive can expect to receive specific plans for the enactment of these arrangements in quarter three at its September meetings as they pertain to the Shadow ICP, Shadow ICB and the arrangements for Local Care Partnerships upon which they will depend, noting that timescales for provider collaborative arrangements would need to be determined with those groups in parallel.

7.4. It is acknowledged that the Shadow ICB and arrangements for its population are dependent upon national and local appointment processes that create an interdependency upon its establishment even in Shadow form. As such there is an expectation that the current ICS Executive will continue to provide its current system leadership role until the point of hand over to the Shadow ICB and the Executive arrangements that will support it. This is less true of the Shadow ICP which will be established at the earliest opportunity.

Appendix A - The ICS NHS Body will:

- Developing a plan to meet the health needs of the population (all ages) within their area, having regard to the Partnership's strategy.
- Allocating resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital).
- Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
- Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.
- Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities including:
    - Putting contracts and agreements in place to secure delivery of its plan by providers.
    - Convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes
    - Working with local authority and VCSE partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care.
- Leading system implementation of the People Plan by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.
- Leading system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.
- Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes.
- Working in collaboration with councils to invest in local community organisations and infrastructure and, through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in social and economic development and environmental sustainability.
- Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support these wider goals of development and sustainability.
- Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England.
- Functions NHS England will be delegating including commissioning of primary care and appropriate specialised services.

Appendix B - ICP Principles (Integrated Care System: Design Framework)

The ICS Partnership will play a key role in nurturing the culture and behaviours of a system. Systems are invited to consider these 10 principles:

1. Come together under a distributed leadership model and commit to working together equally.
2. Use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working though difficult issues where appropriate.
3. Operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.
4. Agree arrangements for transparency and local accountability, including meeting in public with minutes and papers available online
5. Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities.
6. Champion co-production and inclusiveness throughout the ICS.
7. Support the triple aim (better health for everyone, better care for all and efficient use of NHS resources), the legal duties on statutory bodies to co-operate and the principle of subsidiarity (that decision-making should happen at the most local appropriate level).
8. Ensure place-based partnership arrangements are respected and supported, and have appropriate resource, capacity and autonomy to address community priorities, in line with the principle of subsidiarity.
9. Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.
10. Create a learning system, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries.

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