

# 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

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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.**



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# Emerging SEL ICS Structures and Guidance for Local Care Partnerships



**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:

|   |  |
|---|--|
| <ul style="list-style-type: none"><li>• ICS Chair</li><li>• ICS Chief Executive</li><li>• Elected leaders (or nominated cabinet members) of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark</li><li>• Chairs of Bromley Healthcare (CIC), GSTT, LGT, KCH, Oxleas, and SLaM</li><li>• A lead Director of ASC (from across SEL)</li></ul> | <ul style="list-style-type: none"><li>• A lead Director of Children's services (from across SEL)</li><li>• A lead Director of Public Health (from across SEL)</li><li>• A senior rep from KHP</li><li>• A primary care/PCN rep</li><li>• A VCSE rep (from across SEL)</li><li>• A rep from SEL Healthwatch organisations</li></ul> |
|---|--|

# 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.

|  |  |
|--|--|
| <ul style="list-style-type: none"><li>• ICS Chair</li><li>• Two ICS Non-Executive Directors</li><li>• ICS Chief Executive Officer</li><li>• ICS Chief Financial Officer</li><li>• ICS Medical Director</li><li>• ICS Director of Nursing</li><li>• Acute services partner member</li></ul> | <ul style="list-style-type: none"><li>• Mental health services partner member</li><li>• Community services partner member</li><li>• Local Authority partner member (CEO)</li><li>• Primary Medical Services partner member (PC leadership group Chair)</li><li>• Six place partner members (1 per borough holding Exec responsibility for delegation to place)</li></ul> |
|--|--|

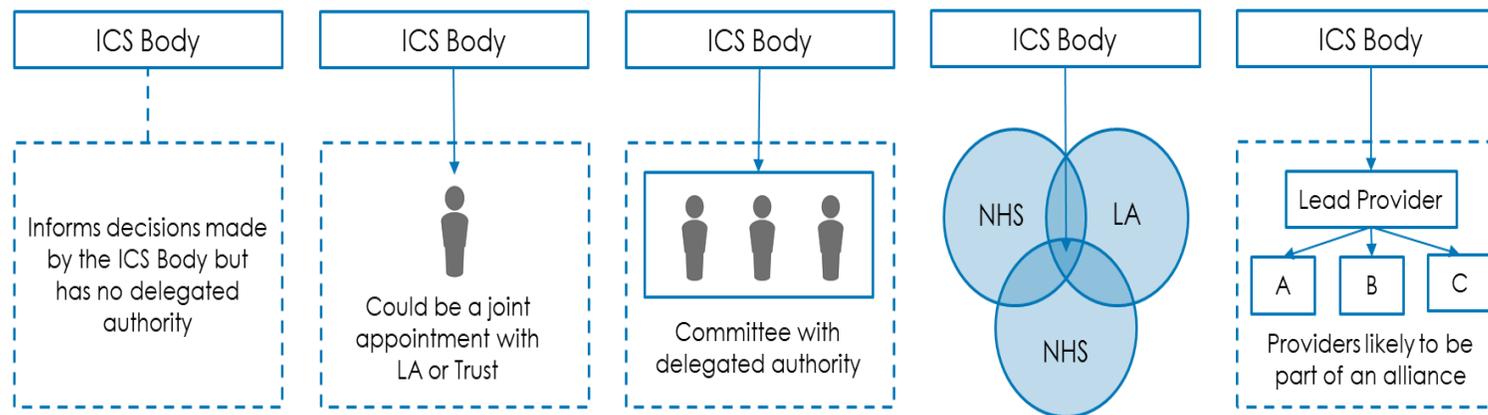
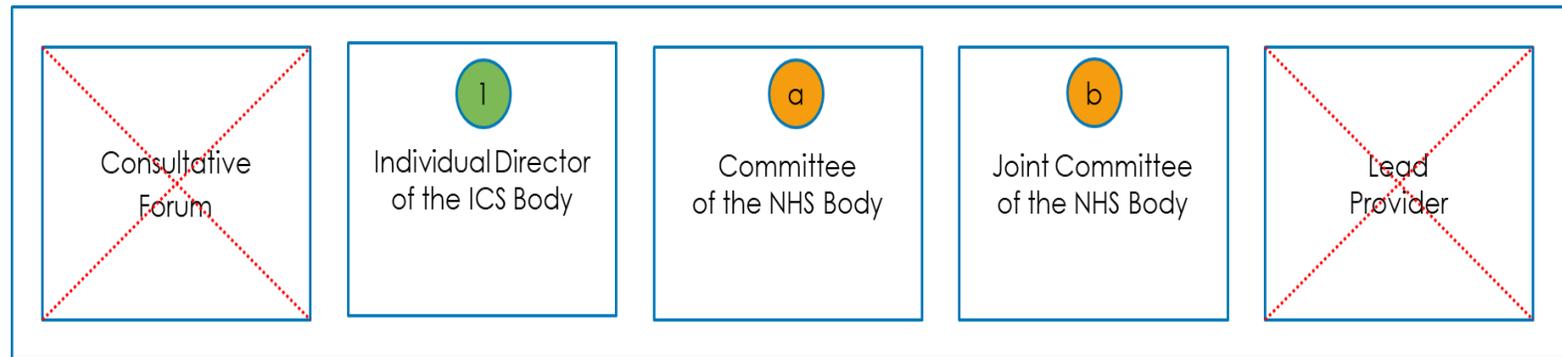
# South East London Integrated Care System - Local Care Partnerships

- 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)

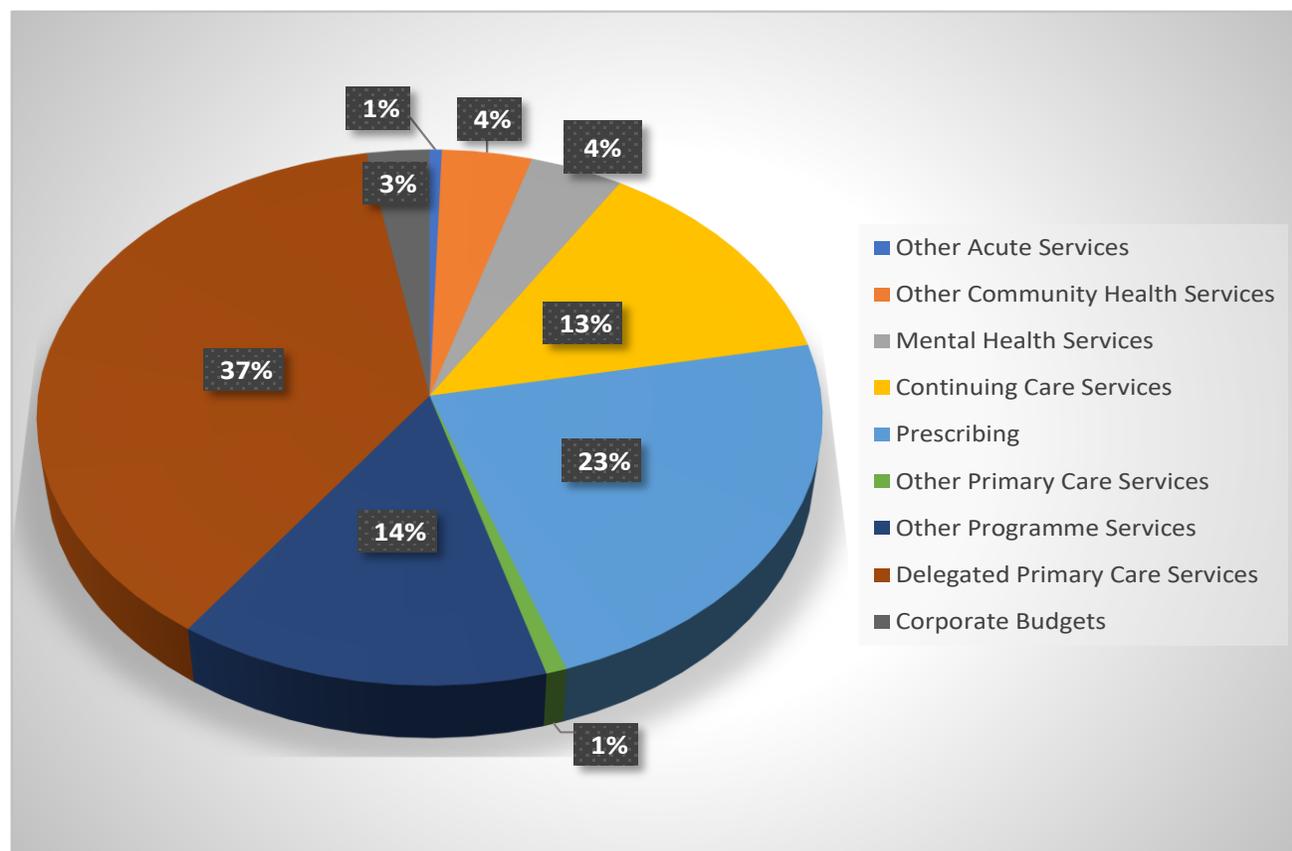


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# The Southwark Context



# 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          |
| <b>Total</b>                    | <b>132,935</b> |

## 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 partners** (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.
- 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.
- 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)

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# Proposals on leadership and governance



# 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

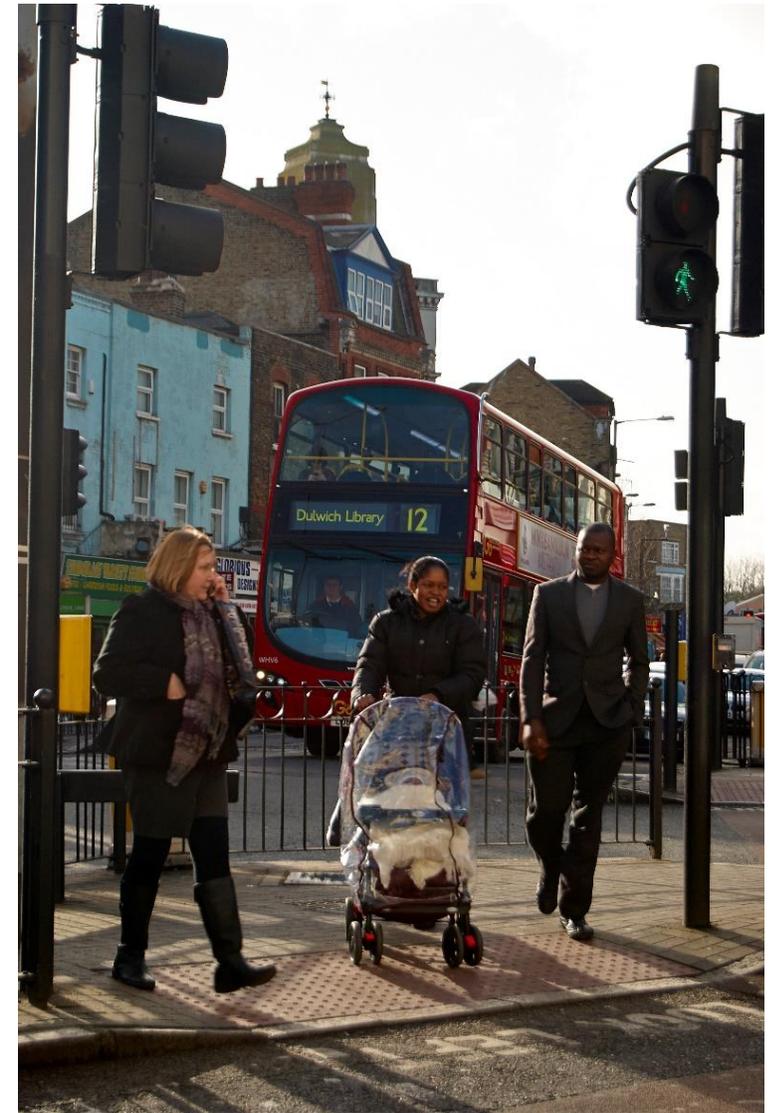
1. It is recommended that Partnership Southwark set out an **ambition to deepen our integrated planning and delivery arrangements for the benefit of our population over time**, including **commitment to a Joint LCP Post and Joint Committee** as part of our leadership and governance model.
  - A. Partners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

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# 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.