

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 am 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 is 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