

Partnership Southwark



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

**Partnership Southwark's Local Care
Partnership Arrangements**
January 2022



Governance and leadership proposals

- A. Partnership Southwark has 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. A structured programme of development work and an options appraisal to facilitate this will be put in place over 22/23. This arrangement will, if agreed by Partnership Southwark members, include a proposal for the establishment of the LCP as a joint committee between the Council and Integrated Care Board (ICB), with Place Executive Lead for health and care funds and responsibilities, that will be accountable to both the Council and ICB CEOs.
 - B. Proposals relating to 2023/24 should be completed and recommended to the Council's Cabinet and the South East London ICB by 1 October 2022 and we will seek to enact these from 1 April 2023 subject to this decision.
- B. Partnership Southwark has signalled to the SEL ICS its intention to put in place **'safe and realistic'** governance and leadership arrangements to take effect when ICS' are expected to formalise nationally (**July 2022**).
 - A. **Joint recruitment of a Partnership Southwark Director as an ICS NHS Body appointment for Southwark's 'executive place lead', in a way that is time limited and 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 (ICB) through an ethos of collaborative system leadership and partnership working.
 - I. The process for recruitment of the 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. Should the appointment be on a part-time basis or the appointee hold any other post within the partnership's organisations, a Chief Operating Officer will be appointed to provide additional operational delivery support.
 - II. All partners will be fully involved in the selection and recruitment process of the Director incl. a stakeholder panel and role description/person spec that speaks to our ambitions as an inclusive and meaningful system partnership.
 - III. A wider borough partners leadership team will work with, and in support to, the Director, acting as a **'Delivery Executive'**. This 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.

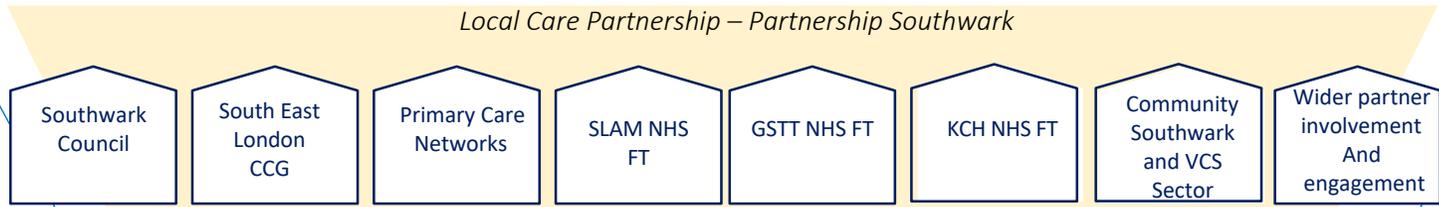
Governance and leadership proposals contd.

- B. The LCP Director will discharge ICB 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.

 - I. The PSSB will have oversight of the planning, delivery and budget for non-acute services as proposed to be delegated to the LCP Director by the SEL ICB, and the Partnership Southwark delivery and development programme. 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.
 - III. The PSSB will be a prime-committee of the SEL ICB, but will have a strong two-way interface with the Health and Wellbeing Board (including reporting on partnership development, any elements of the Health and Wellbeing Strategy the Board seeks to be delivered through the Partnership and seeking sign off of commissioning and strategic plans) and the Terms of Reference of both the HWBB and PSSB will be updated to reflect this interface.
 - IV. From December 2021, we will run the PSSB in shadow form operating in tandem with the borough based board given the current SEL CCG constitution.
 - V. The process for recruitment of the Chair and Associate-Chair of the PSSB will be via an open and transparent expressions of interest process open to senior leaders from across the Partnership.
- 5. A **lived experience assembly** (working title) **will be established in Q1 22/23** 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. The Partnership will **refresh its Clinical and Professional Advisory Group** and **recruit to a number of clinical and professional leadership posts** with portfolio roles to support key priority areas within the Partnership.
- 7. The Partnership will establish **Programme Board's** for each of its population-based workstreams '**Start Well, Live Well, Age Well, Care Well**' and other supporting governance as required to support the discharge of LCP responsibilities. Wherever possible we will seek to streamline and align governance, minimising duplication and making best use of people's time.



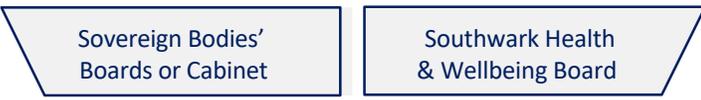
Delivery and Improvement



Planning and Co-ordination



At neighbourhood, borough, cross-borough or ICS-level

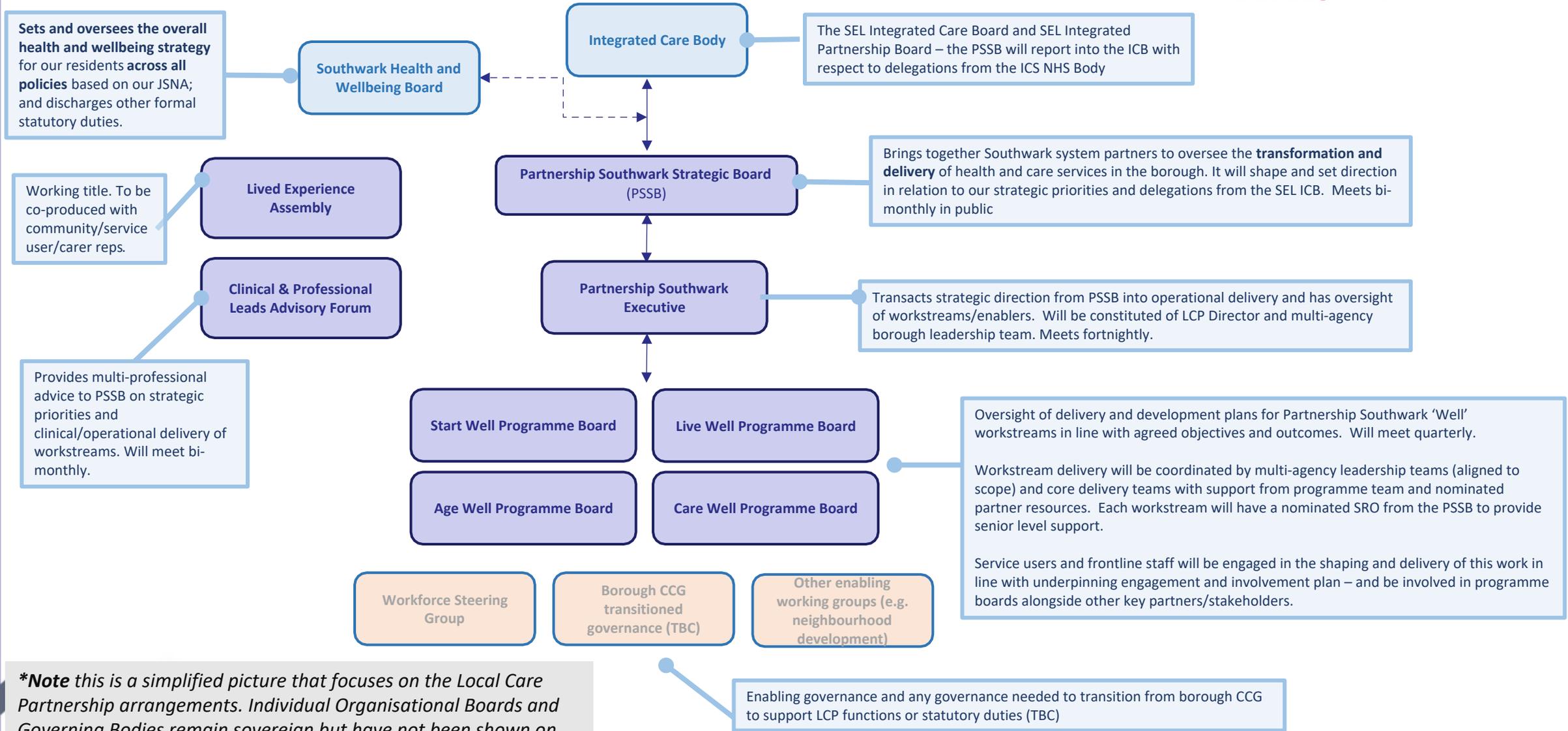


System Planning and Oversight



Proposed governance arrangements*

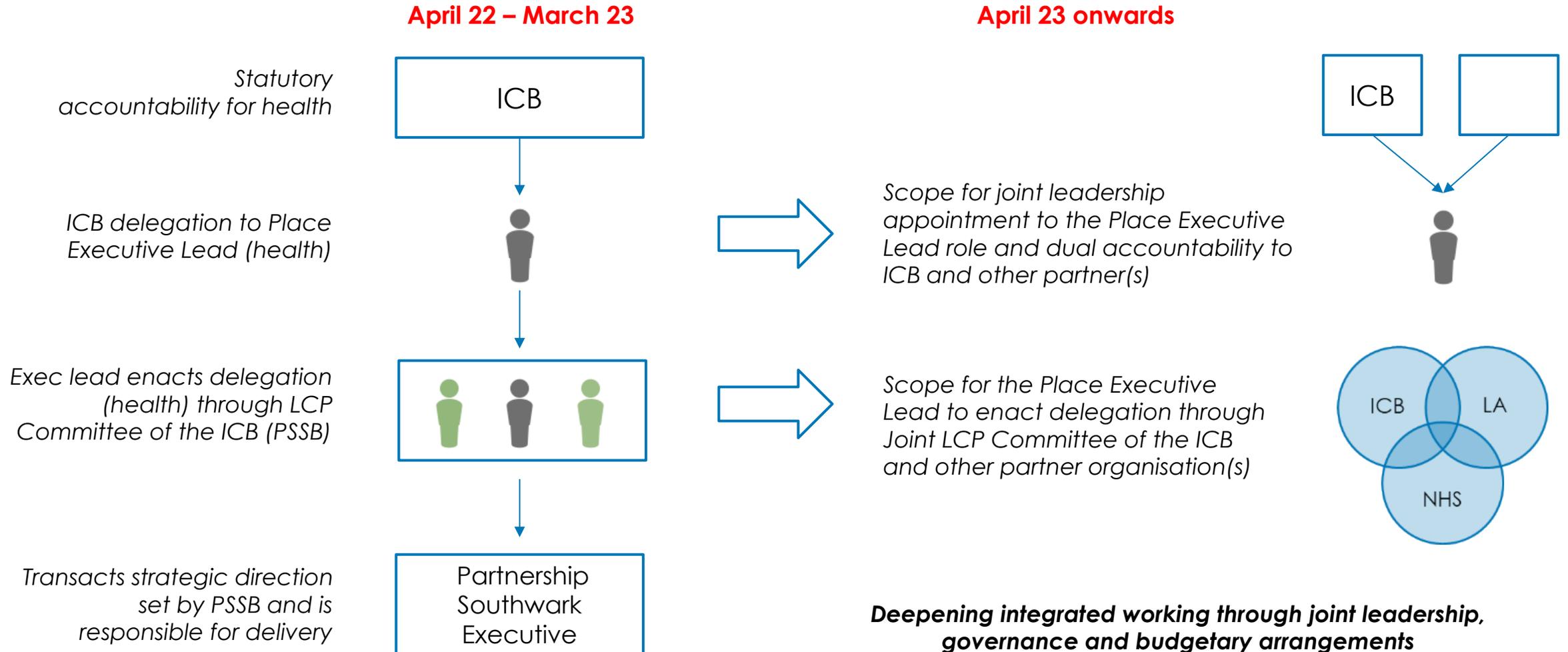
DRAFT UNDER DEVELOPMENT



**Note this is a simplified picture that focuses on the Local Care Partnership arrangements. Individual Organisational Boards and Governing Bodies remain sovereign but have not been shown on this diagram for simplicity.*

Development of Place Based Governance Arrangements

Summary of the proposed place based governance arrangements in 22-23 and April 23 +



LCP Roles and Responsibilities – April 22

<p>Scope of Delegation</p>	<ul style="list-style-type: none"> • Primary care • Community services (physical and mental health) • Primary care prescribing • CHC • Client groups <div style="display: flex; align-items: center; margin-left: 20px;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> <p>Budget Planning Delivery</p> </div> </div>
<p>Role of LCP</p>	<ul style="list-style-type: none"> • Contribute to development of ICP / ICB plans • Detailed planning to support delivery of local and system priorities • Ensuring the effective and timely implementation of locally designed solutions • Monitoring and managing the delivery of agreed objectives and outcomes • LCP will be held accountable to ICB through assurance process
<p>PSSB Remit</p>	<ul style="list-style-type: none"> • Formal decision-making body of the LCP • Provide strategic oversight to the Partnership • Translation of the Health and Wellbeing Strategy into local priorities, as directed by the H&WBB • Hold the system to account for delivery of agreed outcomes and objectives, with a focus on inequalities – adopting a ‘high challenge, high support’ approach • Develop the LCP as the vehicle for place-based integrated care - including the transition to new arrangements • Facilitate strengthened relationships between partners • Provide strategic guidance and advice to the Partnership Southwark Delivery Executive • Take into account feedback from the Lived Experience Assembly and Clinical and Professional Advisory Board – Board should also ensure it goes out and connects with residents in an interactive way