

Item No. 12.	Classification Open	Date: 18 October 2022	Meeting Name: Cabinet
Report title:		The Health and Care Act: implications for Southwark Council	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Kieron Williams, Leader of Southwark Council	

FOREWORD – COUNCILLOR KIERON WILLIAMS, LEADER OF THE COUNCIL

Our health and care services are going through an extraordinary time of challenge. The impact of the pandemic has been unprecedented, and continues as services work to recover, bring down waiting times and further increase vaccination coverage.

The pandemic has shown how important our partnerships across our health and care system are. It is only through the deep collaboration between our public health, NHS, social care, voluntary sector, schools and many other partners that we have been able to support our community through these difficult times.

In midst, the Health and Care Act has passed representing the next step on our long journey towards greater integration of health care, social care and public health. The act creates new Integrated Care Systems (ICS) to take this work forwards, formed at a sub-regional level, in our case serving the six boroughs in South East London. This paper explains what this means for Southwark.

At the heart of our approach in Southwark is a shared commitment to work with our partners within Southwark and in our neighboring boroughs to deliver better outcomes for our residents. Whilst ensuring these new arrangements are democratically accountable to local people.

Our focus is on reducing inequalities and providing timely high quality care. With our Health and Wellbeing Board continuing to set the strategic framework for this local work, and Partnership Southwark providing an engine for collaborative delivery. Whilst the SE London Integrated Care Partnership and Board takes forward those elements of health care and collaboration that can best be advanced at SE London level.

RECOMMENDATIONS

1. Cabinet are asked to note:
 - a. the creation of the South East London (SEL) Integrated Care System (ICS) which came in to operation 1 July 2022, the details of which are set out in this report
 - b. how the SEL ICS is intended to work with existing health bodies, including the Health and Wellbeing Board
 - c. the interim arrangements which came into place from 1 July 2022 for an initial period of 12 months
 - d. the risks and opportunities associated with this transition, as set out in paragraph 25.
 - e. the Council's ambitions for future joint arrangements, as set out in a joint statement by the then SEL Integrated Care Board Chief Executive Designate and Chief Executive of Southwark Council, see appendix 1.
2. Having noted the Council's ambitions for future joint arrangements, Cabinet are asked to approve the establishment of a new position, which will be at minimum grade 17, to be jointly appointed to by the Council and SEL Integrated Care Board.

BACKGROUND INFORMATION

3. Members have received an all-member briefing note, issued by the Chief Executive in June 2022, setting out the background to the Health and Care Act 2022 and the new ICSs. See appendix 2 for the full briefing note, updated to reflect one change in group membership, namely: removing the Strategic Director for Children's and Adults' Service from the ICB and instating the same to membership of the ICP at the request of the SEL ICB.
4. The below sets out a summary of the all-member briefing note for reference.

The Health and Care Act

5. The Health and Care Act 2022 (the Act) establishes a legislative framework for the integration of health and care services in England, supporting collaboration and partnership working through the formation of integrated care systems.
6. The core ambition is to promote more joined-up services and to ensure more of a focus on *improving* health, rather than simply providing health care services.
7. The Act also contains new powers for the Secretary of State over the health and care system, and targeted changes to public health, social care, and quality and safety matters.

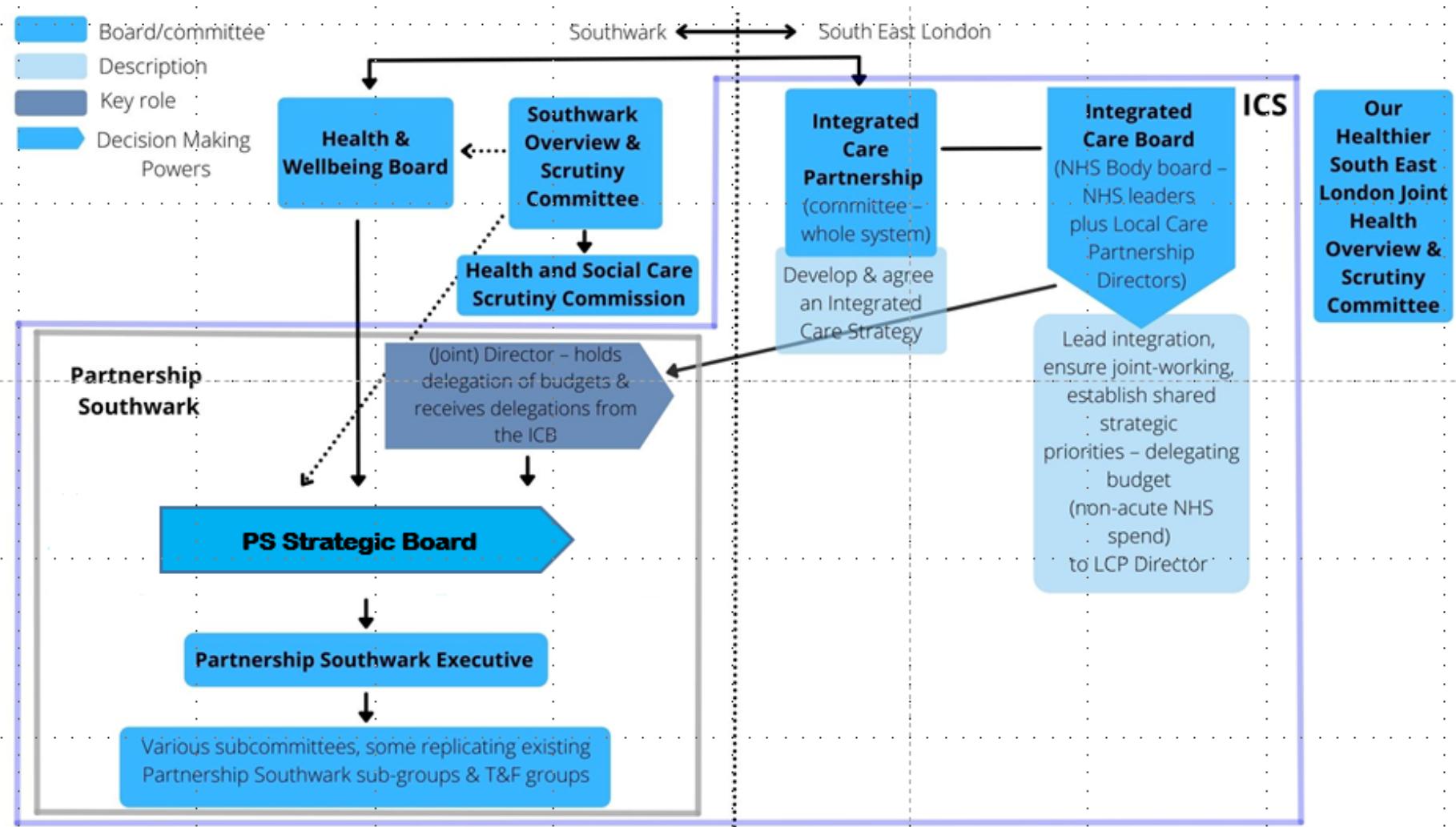
Integrated Care Systems

8. The Act replaces Clinical Commissioning Groups (CCGs) with two-part statutory ICSs.
9. ICSs are comprised of an Integrated Care Board, responsible for NHS strategic planning and allocation decisions, and an Integrated Care Partnership, responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.
10. Together, Integrated Care Boards and Integrated Care Partnerships will set the strategic direction for systems in an area, identifying priorities and, in the case of Integrated Care Boards, allocating resources within the NHS to deliver those.
11. Southwark is part of the newly formed SEL ICS, alongside Bexley, Bromley, Greenwich, Lambeth and Lewisham.

Local Care Partnerships and Place Executive Leads

12. Each 'place' (which is how local areas are described in the Act, in London this means individual boroughs) has a statutory sub-committee of their Integrated Care Board, replacing the CCG Borough Based Boards.
13. Previously, local NHS delegations were made to Borough Based Boards. Under the new arrangements, delegations will be made to a Place Executive Lead (which replace the previous Borough Directors).
14. These delegations cover non-acute provision including: primary care, primary care prescribing, community services for physical and mental health, continuing health care and client groups.
15. There is provision in the Health and Care Act 2022 for these Place Executive Leads to be either a sole Integrated Care Board appointment, or a joint appointment with another statutory partner.
16. Image 1 (following page) describes key parts of the ICS structure for South East London and Southwark.

Image 1: SEL ICS



Key Council roles in the SEL ICS

17. The following provides an updated record of the Council's membership of the various groups set out in Image1.
18. Council membership of the various groups is as follows:
 - Integrated Care Partnership
 - Leader of the Council (co-Chair)
 - Strategic Director, Children's and Adults' Services in capacity as Director of Adult Social Services (representing all SEL DASSs)
 - Integrated Care Board
 - Interim Partnership Southwark Place Executive Lead
 - Partnership Southwark Strategic Board
 - Cabinet Member for Health and Wellbeing (co-Chair)
 - Strategic Director, Children's and Adults' Services
 - Director of Public Health
 - Partnership Southwark Executive
 - Director, Adults' Social Care
 - Director, Commissioning
 - Deputy Director, Public Health

Governance within the Council

19. The Strategic Director, Children's and Adults' Services is the strategic lead for ICS matters on behalf of the corporate management team.
20. The Leader and Member for Health and Wellbeing are updated periodically.

KEY ISSUES FOR CONSIDERATION

Local Health Governance – interim arrangements

21. Arrangements for the appointment to Place Executive Leads posts and sub-committees vary across south east London and have been developed in discussion between Local Care Partnerships (in Southwark this is Partnership Southwark) and the Integrated Care Board Chief Executive. Full details of the various arrangements can be found on the SEL ICS website: www.selondonics.org.
22. In Southwark, as set out in the June all-Member briefing note (see appendix 2), the Council agreed with partners that more time was required to work through the practicalities of a joint appointment and joint committee.
23. To enable NHS delegations to be made, and services to continue for residents, the creation of an interim Place Executive Lead role and SEL Integrated Care Board sub-committee was required. These arrangements commenced 1 July 2022 and are as follows:
 - a. A part-time Place Executive Lead, the interim Partnership Southwark Director, appointed by the Integrated Care Board and with solely

- Integrated Care Board delegations. This part-time post is supported by a full time chief operating officer.
- b. The Partnership Southwark Strategic Board – a sub-committee of the Integrated Care Board, and the strategic leadership group for Partnership Southwark.
 - c. The Partnership Southwark Delivery Executive – a non-statutory leadership team providing operational advice and coordinating partner contributions to Partnership activities.
24. These arrangements represent a real opportunity for residents through coordinated and aligned planning and commissioning, which will build on our existing arrangements through the Better Care Fund, the Improved Better Care Fund and our existing joint-commissioning team. Through Partnership Southwark, and wider longstanding relationships, the Council has an excellent foundation of partnership and coordination on which to build.
25. Nonetheless, there are some risks to the Council and residents inherent in these arrangements.

Risk	Impact	Mitigations
Interim Partnership Southwark Director has control over local spend, including decisions around the resourcing and allocation of budgets.	The budgets delegated to this post are significant and bear relationship to the Council's own budget planning.	Council membership of the Integrated Care Board sub-committee which works alongside the Partnership Director.
The SEL Integrated Care Board will be developing approaches to review demand across the SEL patch. At present Southwark is represented at the Integrated Care Board only by the Interim Partnership Southwark Executive Director, who represents the Partnership but not the Council.	Decisions may be taken at a SEL level which impact the allocation of spend in either the positive or negative to Southwark in general. In particular, Better Care Fund allocations could be impacted.	Issue a letter to the SEL Integrated Care Board Chief Executive from the Council's Chief Executive, Section 151 Officer and Monitoring Officer seeking assurance that no significant changes to funding allocations locally will be made in the interim period. Debbie Warren, Chief Executive, Greenwich Council, represents all SEL local authority chief executives on the Integrated Care Board.
Financial pressures in the NHS are building. The SEL ICS has	It is not yet known what the extent of nature of the pressures are, but these will invariably	

Risk	Impact	Mitigations
established a Financial Recovery Board.	impact spend decisions in the near-medium term.	
Partnership governance at the SEL level, in the form of the Integrated Care Partnership, will be new and evolving but is responsible for holding the Integrated Care Board to account.	The lag between developing a cohesive strategy and approach for the Integrated Care Partnership and decision making within the Integrated Care Board represents a possible period of weakened oversight and accountability within the system.	The Leader will co-Chair the Integrated Care Partnership. The Strategic Director for Children's and Adults' Services is the SEL DASS representative on the Integrated Care Partnership.
Discussions around the implementation of the SEL ICS have centred in the main on governance structures. It is not yet clear how 'place' (which related to boroughs and residents) will be integrated to these structures and representation of boroughs on the Integrated Care Board in particular is limited.	The reforms set out in the draft legislation are clearly targeted to ensure that health inequalities are addressed through partnership working. This ambition will not be realised if 'place' is not at the heart of governance structures.	

26. In addition to the risks set out above, it is acknowledged that system partners have expressed wider concerns about the existing plans for governance, the representation of 'place' in those structures and the focus (or lack thereof) on health inequalities.
27. Meetings between political leaders and officials from across SEL continue. A number of issues are under consideration by stakeholders, including:
- How to ensure residents are at the heart of all plans and decisions
 - How to ensure governance is genuinely underpinned by partnership
 - The relationship between local and sub-regional plans, in particular that sub-regional plans be informed and shaped by the local, which is closer to residents, rather than the reverse

- d. The potential for the SEL Integrated Care Partnership to become performative rather than an authentic part of a meaningful system of governance with tangible impact
- 28. There are also wider implications for both the constitution of the council and the terms of reference for the Health and Wellbeing Board. The Monitoring Officer is undertaking to review the impact as detail is released. Further detail is available in the comment from the Director of Law and Governance.

Local Health Governance – future plans

- 29. The firm intention of the Council is to agree arrangements for a joint Council and SEL Integrated Care Board appointment to the Place Executive Lead role for Southwark in due course.
- 30. The Chief Executive has nominated the Strategic Director of Children's and Adults' Services to be the chief management team lead for the transition to the SEL ICS, and coordinate work towards a joint appointment.
- 31. The Section 151 Officer, Monitoring Officer and Director of Human Resources have been consulted and support this work.
- 32. An options appraisal to consider how the Council might undertake to create a new joint role with the ICB has been completed (see appendix 3).
- 33. Mutual Ventures, a consultancy specialising in public sector operations, were contracted to that end. They provided a detailed report setting out risks, opportunities and options for how the Council could approach this role (see background documents).
- 34. On the recommendation of the Strategic Director of Children's and Adults' Social Care, and with the support of the S151 Officer and Monitoring Officer, the Chief Executive is in agreement that the creation of a new, additional role in the council will enable the council to deliver best value for residents.
- 35. The Chief Executive is therefore seeking approval to establish a new role at grade 17 or above (subject to benchmarking).
- 36. This proposal will be fulfilled by existing Council and SEL Integrated Care Board allocations. It does not, therefore, represent any additional spend.
- 37. Subject to approval by the Council and the SEL Integrated Care Board, and with the support of Partnership Southwark, this role will be jointly appointed by the Council and SEL Integrated Care Board.
- 38. The post holder will be in receipt of delegations – including significant budgets – from both the SEL Integrated Care Board and the Council. The detail of the delegations to be made by the Council are to be confirmed and will be worked through in due course.
- 39. A joint appointment has significant implications for the council.

40. The current senior management arrangements of the Council, including strategic director posts, are likely to be impacted should a joint role be established and appointed to.
41. There are also risks associated with the delegation of NHS budgets and accountabilities to a post employed by the council.
42. A full appraisal of the financial risk associated with the creation of this role will be undertaken by an approved auditor. A wider review of the risks associated with the delegation of functions and duties from both parties on to one role, employed by the Council, will also be undertaken.
43. The Chief Executive will return to Cabinet with further detail at a future date.
44. It is noted that these discussions are not exclusively contained within the Council, but will be undertaken in partnership with key local anchors through a number of important channels as appropriate. To ensure the principles of transparency and good governance are followed at all times, a clear governance process will be established to support this.
45. It is also noted that the interim arrangements in place expire 30 June 2023. The interim Place Executive Lead is responsible for securing future arrangements. The council continues to work closely with them on this matter and they support this paper.

Policy framework implication

Southwark Joint Health and Wellbeing Strategy

46. Integrated Care Boards and their partner NHS Trusts and NHS Foundation Trusts must prepare forward plans, and the Act says Health and Wellbeing Boards (HWB) must be involved in preparing or revising these plans. HWBs must also be consulted on whether the plan takes account of the local Health and Wellbeing Strategy, and may also give NHS England their opinion on whether the plan takes proper account of the local Joint Health and Wellbeing Strategy.
47. Section 26 of The Act also amends s.116A Local Government and Public Involvement in Health Act 2007 by inserting a requirement that local authorities and their local Integrated Care Board must prepare a Joint local Health and Wellbeing Strategy. This must set out how the assessed needs in relation to the local authority's area are to be met by the exercise of functions of the local authority, Integrated Care Board and NHS England. However, this new Joint local Health and Wellbeing Strategy is not required if the local authority and Integrated Care Board consider that the existing Joint Health and Wellbeing Strategy produced by the HWB is sufficient.

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

48. The transition to the ICS represents an opportunity for Southwark residents to receive further improved integrated health and care services that focus on improving their health and wellbeing as well as delivering excellent care.
49. To ensure the experience and voice of the community is at the heart of planning and delivery of health and care in Southwark, Partnership Southwark is exploring the formation of a 'lived experience assembly'. This will be a core body within the governance structure.
50. The Partnership Southwark Strategic Board, the most senior board of the Partnership, will be co-Chaired by an elected member, ensuring that the views and needs of residents are represented in the leadership of the Partnership. These proposals ensure residents, their lived needs and experience are at the heart of health and care budgets, planning and delivery in the new SEL ICS.
51. Partnership Southwark remains a key delivery vehicle for the Southwark HWB, ensuring that the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy both continue to inform and shape the work of Partnership Southwark independently of the management of delegations from SEL Integrated Care Board in the near term. This alignment will be further strengthened in the event that the Partnership Southwark Strategic Board becomes a joint committee of the Council and Integrated Care Board.

Climate change implications

52. Greater alignment of commissioning and wider planning will enable partners from across the health and care system locally to assess climate impacts in a more coordinated way. In the event of a joint committee and director post, the Council will apply the full breadth of 'greener future' considerations to the work as a matter of course.

Resource implications

53. The core leadership team has been identified as: Chief Executive (as Head of Paid Service), Strategic Director of Finance and Governance (as Section 151 Officer) and Director of Law and Democracy (as Monitoring Officer).
54. At this time programme management resource is provided by the Strategy and Economy division within the Chief Executive's department. Further project resource may be required as work on the longer term model develops.

Legal implications

55. See below supplementary advice from Director of Law and Governance.

Financial implications

56. See below supplementary advice from Strategic Director of Finance and Governance.

Consultation

57. Wider consultation is assured through Partnership Southwark of which the Council is a key partner and through which relationships with all relevant system partners are supported.
58. Consultation with the community is enabled through the Health and Wellbeing Board, which receives regular updates on progress through the Chair of Partnership Southwark.
59. In the event of any impact on staff the appropriate consultation processes will be undertaken.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Governance

60. This report sets out details of the changes to the health sector and to health and care arrangements brought about by the Health and Care Act 2022. As referred to in the report, Clinical Commissioning Groups have been replaced by Integrated Care Systems as of 1 July 2022. These provide for regional Integrated Care Boards (in our area the South East London Board) with a delegation of functions to a local level being made to executive directors. The report confirms that an interim appointment is in place until July 2023 and seeks agreement to a joint appointment process between the council and the Integrated Care Board for a permanent director from then onwards.
61. The operation of these arrangements will need to be carried out in accordance with the statutory provisions of the Health and Care Act 2022 and the statutory guidance that is in the process of being produced to support the Act.
62. Appointments to the Integrated Care Partnership and Southwark Strategic Partnership have been made in accordance with the constitutions of those bodies.
63. The council's HWB continues to operate alongside the newly established ICS and there are statutory requirements for interaction and consultation between the different bodies. The Southwark Partnership Board will be subject to scrutiny by the council's Overview and Scrutiny Board, and its Health and Social Care Scrutiny Commission and arrangements for scrutiny of the ICB will be established jointly with the other local authorities in the area. The council's constitution will need to be amended to take account of the changes brought about by the Act and a report will be brought to Council Assembly in due course once all of these changes have been clarified.
64. The cabinet will need to ensure that the public sector equality duty (PSED) in section 149 Equality Act 2010 is considered i.e. to have due regard to the need to eliminate discrimination, advance equality of opportunity, and to foster good relations between people with protected characteristics and

others. Reference is made to this in the “Community, equalities (including socio-economic) and health impacts” section above to the impact of the changes on the community. The PSED will need to be taken into account in the appointment process and in the ongoing work of the ICS as it establishes its workplan and strategies.

Strategic Director of Finance and Governance

65. The Strategic Director of Finance and Governance notes the contents of this report.
66. Whilst the creation of the proposed joint post can be contained within existing resources, the financial implications of the direction of travel are still to be fully understood and the proposed risk appraisal by an independent auditor is welcomed.
67. Colleagues across both organisations will need to ensure that arrangements deliver value for money both for the organisations themselves and the individuals they provide services to and that the risks and rewards arising and accruing are apportioned fairly. It will be essential at all times that the council is able to evidence that taxpayers' funds are being used to deliver benefits to local people.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Joint Statement from the Council, Integrated Care Board and Partnership Southwark, November 2021
Appendix 2	Health and Care Act All Member Briefing June 2022
Appendix 3	Mutual Ventures report – ICS: risks and opportunities for Southwark Council

AUDIT TRAIL

Cabinet Member	Councillor Kieron Williams, Leader of the Council	
Lead Officer	Althea Loderick, Chief Executive	
Report Author	Beth Penwarden, Strategy and Partnerships Manager	
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CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	Yes	Yes
Strategic Director of Finance and Governance	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	6 October 2022	