APPENDIX 3

MUTUAL VENTURES

London Borough of Southwark

Integrated Care System / Integrated Care Partnership
Strategic Implications - Private and Confidential

16 July 2022

Strategic Options Analysis

- **Requirement 1** - A risk and opportunity analysis
- **Requirement 2** -An options appraisal / ‘art of the possible’

Requirement 1

Implications for how the Council commissions, manages and controls budgets and what the wider impact on council services and residents might be.

National Policy on Health and Care……direction of travel

- **Health and Social Care Act 2022**
- Integrated - Systems (ICS), Board (ICB) and Partnership (ICP) with a duty to co-operate and improve information sharing and make joint plans
- Supports collaborative commissioning and partnership working to integrate services for patients
- Joint committees, appointments and ability to make joint funding arrangements and pool budgets
- Requirement for a clearly identified person to be responsible for delegated budget allocations
- Better Care Fund (BCF) and Improved Better Care Fund (IBCF) to aid integration between health and social care
- Duty on the Care Quality Commission (CQC) to conduct reviews of the ICS
- Gives the Secretary of State powers to intervene in local service reconfigurations
- **White Paper February 2022** - 'Joining up social care for people, places and populations'
- **White Paper September 2021** (Updated February 2022) - 'People at the heart of care'
- Underpinning a lot of the above are the core themes from the **Marmot Review 2010**

But beyond this there is a growing recognition that …

‘ proper prevention is impossible without active, participating individuals and communities. This is because prevention is not something that can be done to people in the traditional service delivery sense, rather it must be achieved with them. This means health institutions need to be capable of working alongside communities, responding to their insights, and investing in them so they can actively participate in shaping better places and services.’
Community Powered NHS, New Local, July 2022

Key thrust of recent policy development

- *"No organisation can deliver this change alone. Change requires collaboration across commissioners and providers of health, adult social care, housing and homelessness support services, as well as planning functions and voluntary organisations. Underpinning them all is the need for strategic leadership that sees the provision of health, care and housing services not as separate systems, but as a coherent system that seeks to deliver the best outcomes for people using all the tools available in a joined up way to deliver the best possible outcomes for their communities."* ***HM Government People at Heart of Care White Paper September 2021***
- We and others argue that added to the list of services in the above quote should be education, welfare support, regeneration etc
- Dialogue and engagement with communities is crucial to co-design, develop and deliver services that meet their needs now and in the future
- How best to ensure this is done in a way that achieves a 'win win' solution and builds on the democratic mandate of local government as well as the skills and expertise it has?

Crucially there is some flexibility …..

- *"We are therefore setting the expectation that, by spring 2023, all places within an ICS should adopt either a governance model, as outlined ……..,* ***or an equivalent one that achieves the same aims."***
- *"We will empower effective leaders at place level to deliver the shared outcomes that matter for their populations by setting an expectation that by spring 2023, all places within an ICS should adopt a model of accountability, with* ***a clearly identified person responsible for delivering outcomes, working to ensure agreement between partners and providing clarity over decision making."***
- **"***The Act does not mandate a one-size-fits-all approach or contain granular detail about how improved collaboration should be achieved, particularly at the place level, as this would risk undermining the local flexibility that is critical for integrated working"* **Kings Fund 2022**

Literature review

- Thriving Places - NHS / LGA, September 2021
- The State of Integrated Care Systems - NHS Confederation, February 2022
- Developing Place Based Partnerships - Kings Fund, April 2021
- Delivering Together for Residents - SOLACE, September 2021
- The Fuller Stocktake Report (Next steps for integrating primary care), May 2022
- Health and Wellbeing Boards and Integrated Care Systems - Kings Fund, November 2019
- A Community Powered NHS, making prevention a reality - New Local, July 2022
- Shifting the Centre of Gravity (Making place based, person centred health and social care a reality), LGA, ADASS, ADPH, NHS Confederation, NHS Providers and NHS Clinical Commissioners 2018
- We have considered over 20 relevant references in addition to those above
- Note also the National Audit Office is conducting a study due to be published this autumn 'Introducing Integrated Care Systems'

Key themes from the literature review

- Importance of place to residents and patients as well as commissioners and providers of services - places are 'the engine of delivery'
- Need for meaningful dialogue (co-design, co-develop and co-produce) with communities including the local Healthwatch and voluntary sector. Ensure the harder to reach groups are heard.
- Increasing public expectations and a move towards personalisation
- Ensure health and well being is embedded in all policies (noting the contribution it can make to social and economic development etc but also the impact of climate change etc on it)
- Workforce alignment and co-location important
- Funding and asset alignment / pooling increasing
- Leaders need to lead in an '*inclusive, compassionate and respectful way*' (Fuller Report)

Practical concerns raised

- Need for continued work on the ‘wiring diagram’ to make it fit for purpose and resolve anomalies
- Differences of opinion view between sub region level and council as to what is the ‘local share’ of the budget and role of democratically elected councillors in determining that
- Lack of transparency and timeliness in NHS budget setting / allocation making (also non- alignment with council tax setting)
- Collaboration is easier when funding is increasing rather than when it is being cut
- Is there such as thing as a ‘Joint’ appointment? ie whoever pays equals who they are accountable to
- Level of support / structures are needed below the Place Lead to make things happen
- Where do HWB, Health Scrutiny and Health Commissions fit? How do they align with the ICB and ICP and not get sidelined?
- Do not reinvent things unnecessarily
- Requires effective programme and transition management (who is doing the real joining up?)

Opportunity

- The policy / legislation is moving in a way that the Council supports in terms of seeking to address long standing health, economic, social and racial inequalities and do so more in a preventative way that best supports wellbeing, personalisation and independence. Build on Lived Experience Assembly work
- Alignment with the Council Leaders vision for a wider Southwark place based approach
- The ICP / Place Lead role in Southwark matches the Council boundary (this is not so everywhere outside London)
- The Councils work on community engagement / co-production as well as the Joint Strategic Needs Analysis (JSNA) and the Joint Health and Wellbeing Strategy (JHWBS) provide a solid foundation
- Partnership Southwark in situ and functioning and has agreed council senior representation. Can it be improved with greater clarity on who is making what decision and with what authority via new MOU and plan for 23/24?
- There is £145 million 'allocation' in 2022/23 from the ICS to Partnership Southwark (but note £1.84m savings)
- Also health inequality funding of £781,000 recently agreed
- BCF and IBCF plus Public Health Grant of £29m (what is the total council controlled element?)
- There is flexibility in how the requirements in the Act are implemented. Exploit those as a **'stimulus for change'**

But there are barriers and unknowns ….

- Start from ‘a slightly reserved place’ regarding partnership working and pooling of budgets between the Council and local NHS providers
- Wariness between key local leaders of large scale ‘anchor’ institutions
- The health and care needs of the residents are getting more complex and constantly changing
- How much will actually be delegated from ICS to ICP level and when?
- Lot of changes at key leadership positions in the ‘system’ - how will new relationships develop?
- How will national assurance frameworks change and develop?
- Shortages in care staff workforce locally?
- Whilst no ‘burning platform’ in Council finance terms there are pressures and unknowns
- Timescales are pressured too

And risks….

- Risk of disruption to outcomes, funding and public perception / satisfaction
- Not capitalising on gains around joining up / digital investment from the Covid-19 pandemic
- Loss of clear accountability (especially the democratic mandate of councillors)
- Loss of control over budgets and issues re timeliness and transparency of decision making
- Deeper entrenchment between organisations and ‘levels’ in the system
- Impact on existing governance structures and arrangements (potentially conflicting priorities and activities between organisations)
- Impact on the wider council - service departments and support services
- Not having the key enablers in place around information. data sharing, IT, programme management

Other factors to consider

- Trying to do too much too quickly while the new system is still evolving but equally not being considered to be 'behind the curve' in national, London wide and SELICS terms
- Not actively managing the 'agenda' especially where culture, values and ways of working need to change
- The fear of change and instability causing inertia and 'talk not action' prevails
- Recent quote from London Councils lead member on Health and Care "***Our main issue with the set up is you can't have a load of people sitting in one room all of the money, and local government people sat next door talking about how wonderful it is to work together.***"

A suggested 7 Point Framework that might assist debate

- **Clear vision**. What are the citizen focused outcomes needed? What better looks and feels like to citizens / patients? How do we set our objectives?
- **Priorities and requirements**. What are the JSNA/ JHWBS / ICP/ ICS priorities - are they aligned? Ensure that all groups/voices are considered including those who are not accessing services now (do we know?)
- **Trust**. Do all the key players at ICP level agree on what recent improvements have been and what needs to change now? Are the critical working relationships open and transparent. Money and movement of money is a key indicator of trust.
- **Human capacity and capability**. Do we have enough of the people with the right skills to make the changes at all levels? How do we deploy resources to make the agreed decisions happen?
- **Other resources**. Do we have the revenue and capital resources to make the changes needed in time required? Are their other assets that can be better co-located? Do we have the right data, information and analysis?
- **Governance and accountability**. Is decision making at the right level (subsidiarity) and aligned across the place / organisations? How do we make decisions and who makes them? Are the basics (constitution, TOR, schemes of delegation, procedures) appropriate for new set up? How do we assure ourselves that we are meeting our vision / objectives?
- **Clarity and communication**. Are we collectively clear what we are changing? Do we have a shared local language? Have we communicated it widely to the right audiences?

Requirement 2

Options appraisal exploring the ‘art of the possible’ in terms of a joint Director of Place appointment. Also implications / impact on other Council functions.

Introduction

- The requirements in the Act for a '**single person accountable for delivery**' are not specifically set out so as with other aspects of the new arrangements there is some for flexibility
- Across the country different approaches are being adopted
- Language varies too - Place Executive Director, Place Director, Director of Place Based Delivery, Place Lead or Place Based Lead are all used
- But a common point is that the vast majority come from within the local system ie very few have come from outside the ICS area (let alone the wider region) immediately before their appointment
- In a number of places (Nottingham, Sheffield etc) there are / have been interim arrangements for the Place Executive Lead role while others are still in the process of recruiting

Outline options for the Place Lead role

- A full time role employed by the NHS - the person already being employed elsewhere within the local health sector
- A full time role employed by the Council - the person already being employed within Southwark Council
- A part time role by someone who also holds another role within the local health sector (ie a '**joint**' role)
- A part time role by someone already employed by Southwark Council (ie an '**additional**' role as the part time element will be an NHS post)
- Open competition (or secondment) seeking to bring in someone outside the local system but with a wide range of relevant similar experience
- Also need to consider if a part time role what additional support to that post is required and what 'backfilling' to their current post is required

Context

- Many have been appointed to the new ICP Place Lead role who were a former CCG Chief Executive or Strategic Director
- Some hold a single place based ICP position while others have a **'joint'** role. That is they have another senior part time post within the local NHS as well
- In some ICP's the Council Chief Executive, Deputy Chief Executive or the Strategic Director responsible for Adult Social Care has taken on the Place Lead. This is as an '**additional**' role
- We see a distinction between 'joint' and 'additional' positions based on accountabilities
- The person appointed to the Place Based role is accountable to the ICB and is paid by the NHS so if it were someone who also continues in a council position at the same time it would be an 'additional' position
- On the next slide we have included a number of examples where senior council officers have taken on the Place Based role

Examples where Senior Council Officers have taken on the role

- Greenwich's Place Executive Director is also the Council Deputy Chief Executive and Director of Adult Social Care (She is also the new President of ADASS)
- Bexley's Place Executive Director is also the Council Director of Social Care and Health (His post includes commissioning and public health)
- In Greater Manchester 7 of the 10 Council Chief Executives now also hold a Place Based Lead / Director role with the ICP. The exceptions are Bolton, Bury and Oldham
- In Cheshire and Merseyside 3 of the 9 Place Directors also have council roles. However rather than being the Chief Executive it is the statutory Director / Deputy Chief Executive responsible for social care that has been appointed. The 3 are Cheshire West, Sefton and St Helens
- In West Yorkshire 2 out of the 5 Place Based Leeds are from the Council. These are in Calderdale where the Chief Executive holds the role and in Wakefield where it is the Director of Adult Social Care
- Nottingham City Place Based Partnership announced recently that the Council Chief Executive would also take on the Place Lead role taking over from the Interim Lead who had been from the CCG

Southwark specific options

- Probably the additional Place Lead role could only be taken on by the Chief Executive or the Strategic Director for Adults and Children (or possibly the Director of Adults or Director of Adults and Children Commissioning)?
- Need to consider which of the above options is likely to be best received within the ICP / ICS and be accepted as being better than the current agreed interim arrangement?
- The scope of the Chief Executive and Strategic Director roles is very wide in any case so is it feasible to do an 'additional' role and would either of then wish to take on the additional responsibility?
- What is the level of 'backfilling' needed for the part of the current role that could not be carried out if the additional role is taken on? Is an Assistant / Deputy Chief Executive or another Director in social care required?
- What support would be needed with the NHS for the person taking on the additional Place Lead role, would they need a Chief Operating Officer similar to the interim arrangement?
- Within Southwark how do you join up across the other Directorates with a large impact on the determinants of health especially housing, regeneration and communities?

Beyond the Place Based Lead position / role

- Given the requirement in the Act for a single person accountable for delivery and managing the delegated NHS / ICB budget to Southwark It is necessary to think about the wider partnership governance deeply
- This is where more 'joint' working can take place and evolve going forward
- Thriving places outlines 3 possible leadership roles in place based partnerships ('partnership convenor', 'executive lead' and 'programme lead')
- If the council identified specific areas within it services and budgets that could most benefit residents / patients by being aligned / joint with the ICB delegated funding and NHS staff resource could there be 'programmes' under Partnership Southwark auspices?
- Is there a group of specific borough wide services or around particular neighbourhoods in the borough that could be joint / aligned?
- Could the HWB and Lived Experience Assembly be more closely allied to Partnership Southwark so there is one point of debate and decision making? (Committee in Common type arrangement to start with rather than a Joint Committee?)
- What is the link with the Health and Social Care Scrutiny Commission going forward?

Next steps …questions to explore

- What is the impact in councils where the Chief Executive or Strategic Director responsible for care services has taken on the Place Lead role (ie backfilling arrangements, impact on relations internally and externally, or are unexpected benefits emerging)?
- How are those councils 'joining up' health and care with housing, regeneration, economic development, benefits, community engagement etc)?
- How are they using their HWB and scrutiny functions etc in the new landscape, have they introduced new arrangements other than the ICP? What governance changes have they had to make?
- How are they joining up their front line health and care workforce? What have been the training and development requirements?
- What further alignment of funding across the system have they been able to achieve?
- What has been the impact on their central support services of the changes?

About Mutual Ventures

Our approach is based on our knowledge and commitment to public services. We work across all areas including children's services, health and social care, culture services and more.

Wide range of expertise and experience

- Strategy and options development
- Design of new delivery models
- Business and transition planning/implementation
- Organisational development and culture change

Wide range of clients

- 150+ clients over the past 10 years
- Supporting LAs, NHS services and the third sector
- DCMS Mutual Support Programme
- DfE Children's Services Innovation and Regional Adoption Agency Programme leads

PossAbilities

Brighter Futures for Children

Tameside Hospital NHS
NHS Foundation Trust

Department for Culture Media & Sport

Newham London

THE BRIGHTER BOROUGH
Wandsworth

Department for Education

TORBAY COUNCIL

Sandwell Children's Trust

one and all onen hag oll
CORNWALL COUNCIL

together for children
SUNDERLAND

Barking & Dagenham

worcestershire county council

Reading Borough Council
Working better with you

achieving for children

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We are passionate about better, more sustainable public services