

## **Southwark Council all-Member briefing note**

Introducing the Health and Care Act: what are Integrated Care Systems and how will they affect the Council and our residents?

June 2022

## **Introduction**

The health and wellbeing of Southwark's residents is a key priority for the Council. We have a longstanding ambition to support the integration of health and care services for our residents, working with NHS and other local partners on a place-based approach to improve health outcomes and reduce health inequality. The introduction of the Health and Care Act opens up space for the next phase of this journey. As with all changes, there will be opportunities to advance the health and wellbeing of residents and also new risks to manage.

This briefing note sets out details of the new South East London Integrated Care System, how it will work with the existing bodies including the Health and Wellbeing Board, and how the Council can work with the Integrated Care System as a key partner to continue to ensure our residents get the best from the system as a whole.

The Council's role and priority must be to ensure that all services covered by the changes in these new arrangements continue to be accountable to local people, and to meet the needs of the local population. We will do this through the Health and Wellbeing Board, managed through Southwark's Joint Health and Wellbeing Strategy.

It is essential that the Council is embedded in these new structures, to ensure the voices of our residents are at the heart of discussion here in Southwark and across South East London. The COVID-19 pandemic has shown us more clearly than ever the importance of local decision-making in response to the different needs of individuals and local populations. This is an important opportunity to ensure that care is designed and built around the needs of each individual and family. This must be the test of success for these new integrated care arrangements.

The aim of the new Integrated Care System is for the NHS, Council and local health partners to collectively plan health and care services to meet the needs of their local population. Improving population health and reducing inequalities is at the heart of that.

Our role as a Council is to make these changes work for Southwark and our residents. The Health and Wellbeing Board will have an important role in holding the Integrated Care System to account, as will the Council's Overview and Scrutiny Commission and various scrutiny committees. We will work closely with the NHS and our other local health partners to ensure that these new arrangements improve health services and outcomes for our residents, and reduce inequality in our borough.

## Executive Summary

1. The Health and Care Act (the Act) received Royal Assent April 2022, establishing Integrated Care Systems (ICSs) which, in London, will operate at the sub-regional level. These new systems will replace clinical commissioning groups.
2. Key features of the ICS:
  - a. Integrated Care Partnerships – non-statutory groups to hold the Integrated Care Boards to account.
  - b. Integrated Care Boards – statutory NHS bodies making plans and delegating non-acute funds to Local Care Partnership (LCP) Directors in each borough. Note – this is a change to the existing arrangements with delegations made to boards.
  - c. A strong emphasis on partnership working across the system with ambition to increase alignment and pooling not only of budgets but also of plans, embedding ‘place’ at the heart of all decisions.
3. The implementation of the ICS will necessitate a number of changes to governance arrangements. In Southwark, local health arrangements from July 2022 will include:
  - a. Interim Place Executive Lead - this is the local ‘LCP Director’ role and will initially have sole Integrated Care Board delegations, being employed by the South East London (SEL) Integrated Care Board for a duration of 12 months. This role will be part time (0.5 FTE) and will be supported by a full time chief operating officer.
  - b. The Partnership Southwark Strategic Board – a sub-committee of the Integrated Care Board, a sub-group of the Health and Wellbeing Board and the strategic leadership group for Partnership Southwark.
  - c. The Partnership Southwark Delivery Executive – a leadership team providing operational advice and coordinating partner contributions to Partnership activities.
4. These arrangements represent a real opportunity for residents through coordinated and aligned planning and commissioning, building on the Council’s well established arrangements through the Better Care Fund and our existing joint-commissioning team.
5. Through Partnership Southwark, and wider longstanding relationships, the Council has an excellent foundation of partnership and coordination on which to build.

## **The Health and Care Act**

6. The Health and Care Act (the Act) received Royal Assent April 2022. It sets out legislation to reform the delivery and organisation of health services in England. The core ambition is to promote more joined-up services and to ensure more of a focus on *improving* health.
7. The Act supports collaboration. It 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.

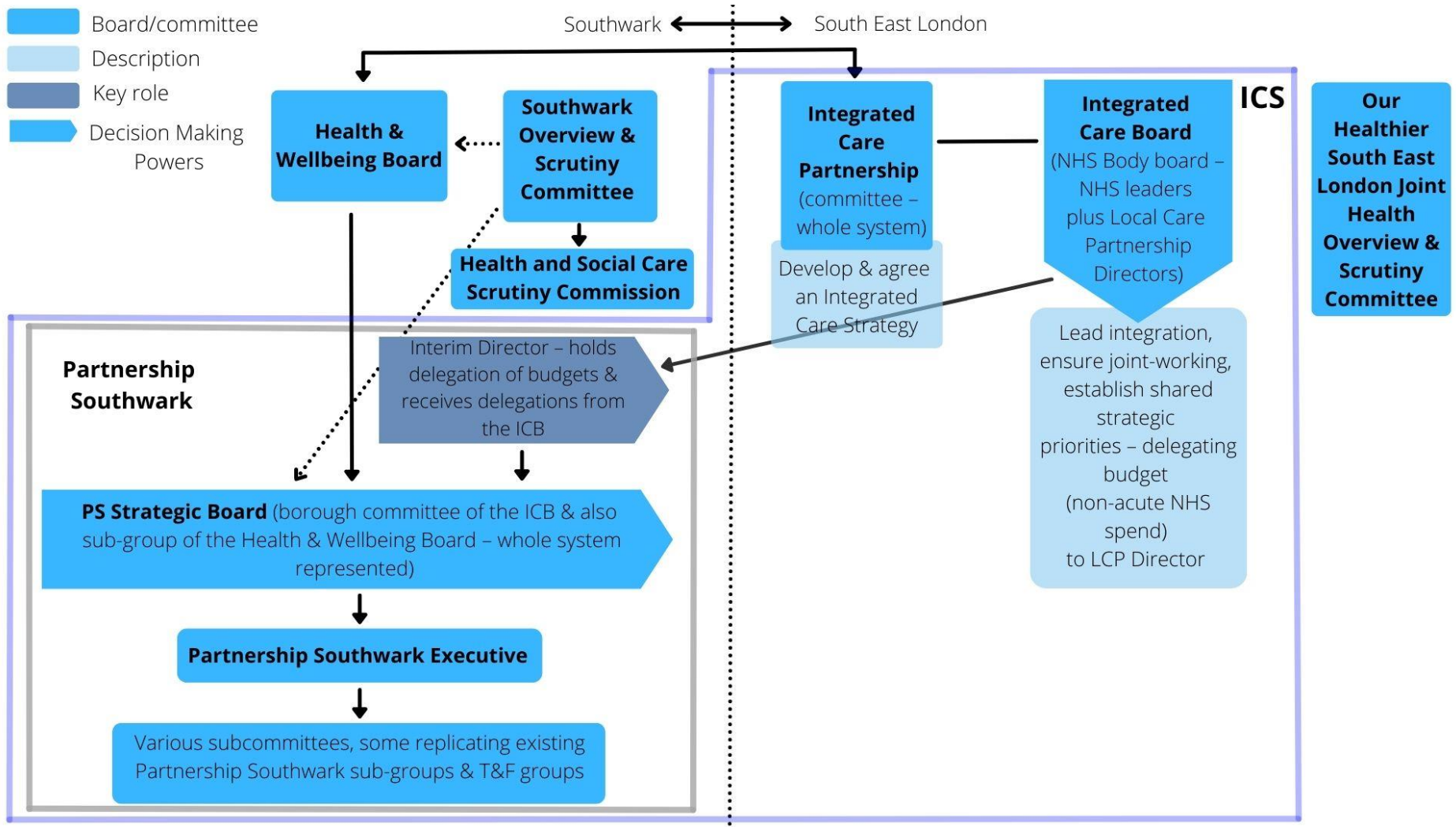
## **Integrated Care Systems**

8. The Act replaces Clinical Commissioning Groups (CCGs) with Integrated Care Systems (ICSs). ICSs will bring together providers and commissioners of NHS services across a geographical area together with local authorities and other local partners to collectively plan health and care services to meet the needs of their local population. Southwark will be part of the newly formed South East London (SEL) ICS.
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. Integrated Care Boards and Integrated Care Partnerships will work with Local Care Partnerships (LCPs), which will continue to coordinate partnerships at the borough level. Southwark's LCP is Partnership Southwark.
12. Integrated Care Boards will delegate non-acute funds to LCP Directors, who will be required to execute delegations through a LCP Committee, a formal sub-committee of the Integrated Care Board. Where a suitable statutory partner is available, both the LCP Director role and the committee can be joint between the NHS and that statutory partner.
13. More detail on ICSs can be found in Appendix 1.

## **The ICS in South East London**

14. Image 1 describes the planned ICS structure for SEL and Southwark. Point of information: the LCP Director will, in Southwark, be called the 'Partnership Southwark Place Executive Lead'. For the purposes of formatting, it is simply termed 'Director' in image 1.

**Image 1: SEL ICS**



## *Key Roles*

15. The Council's representation across the SEL ICS governance is as follows:

- Integrated Care Partnership
  - Leader of the Council (Chair, subject to agreement)
  - Cabinet Member for Health and Wellbeing (Southwark representative)
  - 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 (Place Executive Lead)
  - 1x local authority Chief Executive
- Health and Wellbeing Board
  - Leader of the Council (Chair)
  - Cabinet Member for Health and Wellbeing
  - Cabinet Member for Children, Young People and Education
  - Strategic Director, Children's and Adults' Services
  - Strategic Director, Environment and Leisure
- Partnership Southwark Strategic Board
  - Cabinet Member for Health and Wellbeing (co-Chair)
  - Strategic Director, Children's and Adults' Services (DASS)
  - Director, Public Health
  - Director, Children's Services (DCS)
- Partnership Southwark Executive
  - Director, Adults' Social Care
  - Director, Commissioning
  - Deputy Director, Public Health

### **Governance within the Council**

16. The Strategic Director, Children's and Adults' Services is the strategic lead for ICS matters on behalf of Chief Officer Team.

17. The Leader and Member for Health and Wellbeing are updated periodically.

### **Local Health Governance – interim arrangements**

18. In July 2022 the SEL ICS will take on its statutory roles, functions and delegations, replacing the SEL CCG.

19. At that time, the SEL Integrated Care Board will make significant delegations to SEL boroughs through each of the six SEL LCP Directors. The exact nature of those delegations is to be confirmed but will include non-acute NHS budgets allocated to the borough.

### *LCP Director*

20. In Southwark there is general agreement among partners that a joint Director appointment and committee will deliver the best outcomes for residents in the long term.
21. A joint statement of intent was issued from the Council's Chief Executive, the Integrated Care Board Chief Executive Designate and the Partnership Southwark Chair setting out a shared preference for a joint approach between the Council and the Integrated Care Board in Southwark.
22. Partners welcomed the intent but are in agreement with the Council that more time is required to develop a solution for a joint appointment that works for Southwark.
23. There is, however, an immediate need for a LCP Director appointment in time for the implementation of the ICS. This role will, at minimum, be in receipt of all non-acute delegations from the Integrated Care Board for the borough and the post must be filled to enable the operation of health services in Southwark.
24. It was, therefore, agreed that an interim Place Executive Lead role would be created by the SEL Integrated Care Board.
25. The role has been set for an initial 12 month period and will be an appointment of the SEL Integrated Care Board. The Council's Section 151 Officer – Strategic Director, Finance and Governance – represented the Council on the appointment panel.
26. The post-holder will be accountable to the SEL Integrated Care Board Chief Executive and responsible for working with and through the Partnership Southwark Strategic Board.
27. Appointments have been confirmed for both the Place Executive Lead on a 0.5 FTE basis and a Chief Operating Officer full time to support. This arrangement enabled the interim appointment to be from within the Southwark system which was the preferred option of partners.
28. The interim Place Executive Lead will be Partnership Southwark's representative on the SEL Integrated Care Board.

#### *LCP Committee*

29. For the financial year 2022/23 Partnership Southwark will constitute itself as a sub-committee of the SEL Integrated Care Board – the Partnership Southwark Strategic Board – and will be delegated the authority to shape and take decisions about the use of Integrated Care Board resources only.
30. Membership will include Southwark Council, GSTT, KCH, SLAM, borough primary care networks and Community Southwark at minimum. The committee will be co-Chaired by the Cabinet Member for Health and Wellbeing and an independently appointed individual.

31. The Council co-Chair was on the appointments panel for the Independent co-Chair role. This appointment has been made.
32. The following appointment have been made to the leadership team of Partnership Southwark:
  - a. Interim Partnership Executive Lead, James Lowell (also Chief Operating Officer, SLAM)
  - b. Interim Chief Operating Officer, Martin Wilkinson (currently Director of Integrated Care and Commissioning in Lewisham, SEL CCG)
  - c. Independent co-Chair, Nancy Kuchemann (GP Clinical Lead, SEL CCG)
  - d. Political co-Chair, Cabinet Member for Health and Wellbeing

## Issues

33. Meetings between political leaders and officials from across SEL to discuss the implications of the SEL ICS continue. A number of issues are under consideration by system partners. These include:
  - a. How will we ensure residents are at the heart of all plans and decisions?
  - b. How will we ensure governance is genuinely underpinned by partnership?
  - c. How will we ensure that sub-regional plans are informed and shaped by *local* joint plans, including the joint Health and Wellbeing Strategy, and not the reverse?
  - d. How will we ensure the SEL Integrated Care Partnership is an authentic part of a meaningful system of governance with tangible impact, rather than a performative meeting of ‘the usual suspects’?
34. There are also some more localised issues to hold in mind:
  - a. The interim Place Executive Lead will have control over local spend including decisions around the resourcing and allocation of NHS budgets. The budgets delegated to this post will be significant and, as is usual, bear close relationship to the Council’s own budget planning.
  - b. The SEL Integrated Care Board will be developing approaches to review NHS demand across the SEL patch, including allocation to the Better Care Fund and wider resourcing.
  - c. Partnership governance at the SEL level, in the form of the Integrated Care Partnership, will from inception be 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 weaker oversight within the system.

35. The Council has taken the following steps to address these issues:
- a. Designated the Section 151 Officer as Council lead for the recruitment and appointment of the interim Place Executive Lead.
  - b. Designated the Cabinet Member for Health and Wellbeing to the SEL Integrated Care Partnership.
  - c. Maintained close communication between the Council's new Chief Executive and the SEL Integrated Care Board Chief Executive Designate.
  - d. Supporting the development of a Lived Experience Assembly which will support the Partnership Southwark Executive Board, ensuring residents are at the heart of local arrangements.
36. There will also be 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.

## **Conclusion**

37. Despite the challenges ahead, the Council is well placed to support NHS colleagues in the development of new systems and structures.
38. We have a long-established record of working in partnership and are building on existing joint-commissioning and budget pooling arrangements.
39. We have good relationships with colleagues across the system in teams from Children's and Adults, Public Health and Strategy and Economy.
40. Our Communities team is working closely with Partnership Southwark to help establish a Lived Experience Assembly to get residents voices in to the heart of the governance as well as the conversation.
41. Finally, we continue to voice the views of residents through the Health and Wellbeing Board, and will bring that experience to bear as a key member of the new SEL Integrated Care Partnership.
42. While challenges remain, we look forward to working together with NHS, community and voluntary sector, and provider partners to make the most of this new opportunity. Together we will ensure health and social care provision reaches individual residents and families when, where and how they need it, now and in to the future.

## **Appendix 1**

### **Some more detail on Integrated Care Systems**

#### *Integrated Care Boards*

Integrated Care Boards will take on the NHS planning role currently held by NHS Clinical Commissioning Groups and some functions from NHS England. Integrated Care Board membership will include, at minimum, a chair, chief executive and representatives from local NHS providers, primary care services and local authorities. In consultation with local system partners, Integrated Care Boards will produce a five-year forward plan for how NHS services will be delivered to meet local needs (with the plan refreshed annually). Integrated Care Boards will be accountable to NHS England for local services' operational and financial performance and will be required to work with Health and Wellbeing Boards (HWB) on their forward plans.

#### *Integrated Care Partnerships*

Integrated Care Partnerships will sit alongside Integrated Care Boards as a joint committee focusing on broader health and care services. An Integrated Care Partnership will include representatives from all the local authorities in its geography and representation from the Integrated Care Board. It can also include representatives from other partners such as public health teams, housing services and the voluntary and community sector. Integrated Care Partnerships will be responsible for developing an integrated care strategy, which sets out how the needs of the local population will be met (informed by local authorities' joint strategic needs assessments), but will not hold any delegations.

#### *Health and Wellbeing Boards*

HWBs will continue with current duties, and have a key role in the planning of local health and care services with the new Integrated Care Board, Integrated Care Partnership, and LCP.

HWBs must be consulted on whether the Integrated Care Board forward plans take account of the local Health and Wellbeing strategy.

Integrated Care Boards must consult local HWBs when preparing their annual reports, and give a copy of their Capital Resource Use Plan to the HWB. HWBs must also provide a copy of their Joint Strategic Needs Assessment to the Integrated Care Partnership.

The Health and Care Act also states that NHS England must consult each relevant HWB when assessing the performance of each Integrated Care Board.