

# Leadership and Governance Proposals

August 2021



# The context for developing new ICS governance arrangements

- National guidance on ICS implementation is continuing to emerge and the passage of new legislation through Parliament is incomplete ...
- However, the likely national requirements for the governance of statutory ICSs including the new Integrated Care Partnership and Integrated Care Board are sufficiently clear
- Over the last three months, we have also been able to engage extensively with leaders across SEL to gain perspectives on options for ICS governance
- This means we are ready to set out proposals for the main leadership and governance forums for our ICS
- Our Chair has now been confirmed. The expectation is that our CEO should be appointed by end Q2 and our new governance in place in shadow form by end Q3 2021/22.

# Our perspectives and objectives for the governance of our ICS

- In our discussions with partners, there has been strong agreement on a number of key principles for our governance arrangements
- These include the need for a key role for our Integrated Care Partnership, maintaining the strong partnership we have developed between health and local authorities, and striking the right balance to ensure representation and effective decision-making.
- There is also recognition that, while our governance arrangements are critically important, we cannot govern our way to collaboration or system-working. Even more importantly, we need to focus on how we work together and building the capabilities for our system.
- It is also clear that there is a range of differing views on some aspects of our governance arrangements and it will not be possible to generate proposals that satisfy all perspectives
- Our proposals should enable us to move relatively quickly to shadow arrangements this year, so we can continue to make progress and ensure a ‘safe landing’ in April 2022

# Responsibilities of the Integrated Care Partnership and the Integrated Care Board / NHS Body

## **The integrated Care Partnership**

- The Partnership will facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development.
- This joined up, inclusive working is central to ensuring that ICS partners are targeting their collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as we recover from the pandemic.

## **The ICB / NHS Body**

- ICS NHS bodies will be established as new organisations that bind partner organisations together in a new way with common purpose.
- They will lead integration within the NHS, bringing together all those involved in planning and providing NHS services
- They will establish shared strategic priorities within the NHS and ... tackle population health challenges and enhance services at the interface of health and social care.

# Our approach to the design of the Integrated Care Partnership

- The national design framework outlines a requirement to establish an Integrated Care Partnership, a committee based on equal partnership between NHS and LAs, with responsibility for developing an ‘integrated care strategy’.
- In SEL we have a longstanding commitment to working in meaningful partnership with local authorities to ensure a truly integrated approach to improving the health outcomes and wellbeing of our residents and reducing inequalities.
- Whilst we will meet the requirements in the design framework, simply respecting the national requirements would not be enough to meet this commitment in SEL.
- We therefore propose further work to agree a number of powers for the ICP that will provide meaningful influence over the shape of health and care services

# Proposals for membership of the integrated care partnership

- ICS Chair
- ICS Chief Executive
- Elected leaders or nominated cabinet members of our six local authorities
- Chairs of Bromley Healthcare GSTT, LGT, KCH, Oxleas and SLAM
- A lead Director of Adult Social Care
- A lead Director of Children's Services
- A lead director of Adult Social Care
- A senior representative of King's Health Partners
- A Primary Care / Primary Care Networks representative
- A representative of VCSE services in SEL
- A representative of SEL Healthwatch organisations

# Our approach to the design of the Integrated Care Board

- The national design framework outlines a requirement to establish an Integrated Care Board, bringing together leaders from across the ICS, to oversee the new ICS NHS Body
- The national guidance describes the new ICS NHS bodies as organisations that should help bind partners together with common purpose, with responsibilities for developing a strategic plan, allocating resources and arranging for provision of services.
- Our proposals for the composition of the board adhere to the national requirements while reflecting our commitments to particular ways of working, in particular securing good governance and respecting subsidiarity.
- Board members will be expected to bring perspective and insight from their areas of work rather than acting as delegates or representatives for particular sectors.

# Proposals for membership of the integrated care board

- ICS Chair
- Two ICS Non-Executive Directors
- ICS Chief Executive
- ICS Chief Financial Officer
- ICS Medical Director •
- ICS Director of Nursing •
- Acute services Partner member
- Mental health services Partner member
- Community services Partner member
- Local Authority Partner member (One CEO)
- Primary Medical Services Partner member (Primary Care leadership Group Chair)
- Six Place Partner members (one per borough holding Executive responsibility for delegation to that Place)

# Places and collaboratives

- We have made a clear commitment to subsidiarity and delegation of decision making, to local care partnerships in our boroughs and to our acute and mental health provider collaboratives
- Our ICS governance arrangements will rely upon and therefore make some limited prescription upon the governance and leadership of those partnerships in order to enact safe delegation, alongside clear delivery mandates and delegation agreements.
- For the acute and mental health collaboratives, we envisage a committee arrangement to allow for joint decision-making in line with the mandate from the ICS. These should be outlined by the acute and mental health collaboratives and agreed with the ICS board.
- For our local care partnerships (LCPs), we envisage an LCP board (a committee of the ICS) with a Chair agreed by the Borough partnership and an appointed Executive Leader
- The LCP Boards should have agreed representation from local PCNs, Acute, Mental Health and Community services, the local authority (and specifically Adults and Children's services and Public Health), Healthwatch and the VCSE sector in that borough.

# Other Governance Arrangements

- The continuation of the current ICS Executive arrangements for SEL, albeit the Executive's composition and terms of reference may change over time
- The continuation of key ICS groups including: The Local Government Leaders and the Major group, the Local Government CEOs group, the Primary Care Leadership Group, current transformation and programme boards and Enabler Boards (e.g. The ICS People Board)
- The future development of a small number of ICS committees or sub-groups of the ICB and ICP respectively ahead of legal establishment
- All final arrangements for 1 April 2022 will be captured in an ICS Constitution to be agreed with NHS England.
- All prior arrangements represent non-statutory agreements across ICS partners.