

ENCLOSURE: B
AGENDA ITEM: 3

Bexley Strategic Board – Part 1: Supplementary Paper
Thursday 30th September 2021

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| Title | Our Healthier South East London Integrated Care System – Proposals | |
| This paper is for discussion and endorsement . | | |
| Executive Summary | <p>The purpose of this paper is to provide an update on the proposals for the operating model and governance for the South East London Integrated Care System (OHSEL ICS).</p> <p>It will also seek to set out phase 3 actions building on the report to the Board on 24th June 2021 – the approach Bexley will adopt in engaging with its local health and care system on the those proposals.</p> | |
| Recommended action for the Committee | <p>The Borough Strategic Board Part 1 is asked to:</p> <ul style="list-style-type: none"> (i) Note the update on the development of OHSEL ICS; (ii) Endorse the Bexley <i>Phase 3</i> approach to engage with the Bexley Local Care Partnership membership and key stakeholders on the proposals; (iii) Final proposals will be submitted to the Borough Strategic Board Part 1 on 29th October 2021; | |
| Potential Conflicts of Interest | N/A | |
| Impacts of this proposal | Key risks & mitigations | N/A |
| | Equality impact | N/A |
| | Financial impact | N/A |
| Wider support for this proposal | Public Engagement | N/A |
| | Other Committee Discussion/ Internal Engagement | <ul style="list-style-type: none"> • Local Care Partnership Forum 24.09.2021 |
| Clinical lead: | Dr Sid Deshmukh | |
| Executive sponsor: | Stuart Rowbotham, Place Based Director/Director of Adult Social Care, NHS SEL CCG/London Borough of Bexley | |

BEXLEY STRATEGIC BOARD – Part 1

Our South East London Integrated Care System Proposals

1. Integrated Care Systems – Recap

- 1.1 Published in February 2021, the White Paper on Integration and Innovation: *Working together to improve health and social care for all*¹ proposes to place ‘integrated care systems’ (ICSs) on a ‘statutory footing’. This means that, subject to legislation in Parliament, ICSs will become the entities formally responsible for allocating resources and planning services. Under the proposals, ICSs will continue to bring together a broad partnership across health and social care to improve health and wellbeing.
- 1.2 Clinical Commissioning Groups (CCGs) will be replaced by new ‘ICS NHS bodies’ responsible for delivering these functions with partners. The White Paper commits to a more strategic and less transactional approach to commissioning and promises to repeal market regulation.
- 1.3 It also emphasises the key role of partnerships within boroughs and collaboratives of providers within ICSs.
- 1.4 The objective of joined up care for everyone is at the heart of these legislative proposals. Instead of working independently, every part of the NHS, public health and social care should seek out ways to connect and collaborate so that health and care needs of people are met. There will be two frameworks of integration; integration within the NHS and greater collaboration between the NHS and local government as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.
- 1.5 The NHS and local authorities will be given a duty to collaborate with each other bringing forward measures for statutory ICSs. These will be comprised of ICS Health and Care Partnerships bringing together the NHS, local government and partners and an ICS body. The ICS NHS body will be responsible for the day to day running of the ICS while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems’ health, public health, and social care needs.

2. Our Healthier South East London (OHSEL) Integrated Care System

- 2.1 The purpose of an Integrated Care System as set out in the ICS Design Framework² published in June 2021 is to;

- **Improve outcomes in population health and healthcare**
- **Tackle inequalities in outcomes, experience and access**
- **Enhance productivity and value for money**
- **Help the NHS support broader social and economic development**

¹ <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

² <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf>

2.2 The OHSEL ICS has been working together with partners to improve health and care for our communities has developed six system-wide priorities for improving care – through its established programme of sustainability and transformation.

- ▶ Preventing ill-health and supporting wellbeing
- ▶ Compassionate, holistic care, delivered in the community wherever possible
- ▶ Rapid access to high quality specialist services when people need them
- ▶ Joined up care across health and other public services
- ▶ Addressing health inequalities
- ▶ Building resilient communities

2.3 The OHSEL ICS has proposed arrangements for the Integrated Care System’s (ICS) key leadership and governance fora in South east London (SEL): (i) the ICS Partnership (ICP) and; (ii) the ICS NHS Board (ICB), such that they can operate on behalf of our population and system in shadow form before the end of quarter three 2021/22 and ahead of the assumed legal establishment of the ICS NHS Body on 1 April 2022.

2.4 Subject to legislation being agreed each ICS will comprise of an;

Integrated Care Partnership (ICP): the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS;

Integrated Care Board (ICB): bringing the NHS together locally to improve population health and care.

2.5 National guidance on ICS implementation continues to emerge, and the passage of the relevant Bill through Parliament is incomplete. However, the direction of travel and likely national requirements are sufficiently clear, and enough ICS partnership engagement upon these matters has occurred to allow the proposals set out below to be taken forward in SEL.

3. Local Care Partnerships

3.1 In early September 2021 OHSEL ICS Executive set out governance proposals for local ‘place’ governance or Local Care Partnerships to consider and decide on. Of the initial five national operating model options³ as submitted to the Bexley Strategic Board Part 1 in June 2021, the OHSEL ICS Executive have recommended two governance options for local borough determination;

- A. **Committee of the ICS NHS body** with delegated authority to take decisions about the use of ICS NHS body resources.
- B. **Joint committee of the ICS NHS body** and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee in accordance with their schemes of delegation.

3.2 The minimum core membership of the Local Care Partnership committee should comprise of senior representation (at least Executive Director or equivalent) from;

- ✓ **Local Authority Social Care, Children’s services and Public Health departments**
- ✓ **Primary Care***
- ✓ **Community**
- ✓ **Mental Health and Acute service providers**

³ www.england.nhs.uk/publication/integrated-caresystems-guidance

✓ **and the VCSE sector**

*Primary Care is defined as GPs, dental, eye care and pharmacy.

3.3 In addition the Local Care Partnership Committee are asked to ensure;

- ✓ **Public Health membership is at Director of Public Health level**
- ✓ **Primary Care Network (PCN) Clinical Directors are appropriately engaged and represented on the committee**
- ✓ **That arrangements for the involvement of local people will be outlined alongside and as part of these arrangements**
- ✓ **Meetings of the LCP committee can be held in public at a frequency to be determined (no less than quarterly)**

3.4 Within the OHSEL ICS proposals each LCP will need to confirm and then enact the process for identifying the following key leads/leadership;

| Role | Local Care Partnership Task/s | Determination by/Process in place to determine |
|---|--|--|
| A designated Executive Place lead | Appointment of an Executive lead recruited by the partnership who will lead partnership working at 'Place' level; work with the Committee to receive and manage the Place delegation from the ICB and other partners where 'Joint'. They will be a member of the ICB. They will be responsible to the LCP (the committee that will agree a mandate with the ICB for the Place Delegation) and accountable to the ICB and its CEO for their role as it pertains to the performance of the delegation received. | Process by 31 st October 2021 |
| Wider Borough Partners Leadership Team | Identify the Partnership Leadership Team to support the Place Leader to effectively discharge the responsibilities delegated to the Place Committee OHSEL ICS Executive have agreed that a distributed and multi-disciplinary leadership team should be identified in each borough to work together to secure the best outcomes for that population. The individuals should be drawn from local teams and be senior leaders in the borough (rather than new appointments), providing as a minimum a core group comprising a designated lead from; <ul style="list-style-type: none"> • Social Care • Primary Care • Community services (physical health) • Mental health services for that borough • Acute services for that borough • Public Health (the Director of Public Health) | Determined by 31 st January 2022 |
| Integrated Care Partnership representative | The agreement of the representative will be a matter for the Local Authority, working with LCP partners. | Determined by 30 th November 2021 |

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|---|--|--|
| Chair, Bexley Local Care Partnership | Select the chair for the committee from the LCP, who should not be the place executive lead or the ICP representative. | Determined by 30 th November 2021 |
|---|--|--|

3.5 The OHSEL ICS NHS body will set out a scheme of delegation to the six local care partnerships, underpinned by associated decision-making and budgets.

3.6 It is expected that local care partnerships will take on responsibility for the planning and delivery of non-acute health services, which are defined as;

- (i) **primary care**
- (ii) **physical and mental health community services**
- (iii) **prescribing**
- (iv) **Continuing healthcare and client groups**

3.7 The local care partnerships will agree local plans for these areas of responsibility – to meet the needs of the population and demonstrate adherence to national/regional priorities and any system wide agreed SEL outcomes.

3.8 SEL-wide contracts should include a borough-based schedule setting out locally agreed outcomes and deliverables at a minimum, health and local authorities in each boroughs should aim to align plans and to work towards aligning both plans and budgets to support joint working across health and care.

4. Bexley Local Care Partnership – Phase 3 Membership Engagement

4.1 The Bexley health and care system is well placed to embark on this programme, having formalised it's a governance framework to underpin and enact its Local Care Partnership Memorandum of Understanding with the approval of a Borough Strategic Board Part 1 Terms of Reference (See Appendix 1) on 29th July 2021.

4.2 It was agreed that aligning the Local Care Partnership with the Borough Based Board to form the Bexley Strategic Board – is the first step in the process to developing the governance for the place-based partnership for Bexley in the OHSEL Integrated Care System.

4.3 Consequently, the Terms of Reference have provided an interim framework or bridge for the partnership to continue with its functions and will be reviewed to support the requirement for 'shadow' placed-based arrangements and confirmed OHSEL ICS requirements – ready to operate and take on delegated responsibilities in the statutory ICS from April 2022.

4.4 The Phase 3 approach was launched on 24th September 2021 with the first workshop of the wider Bexley Local Care Partnership membership and local key stakeholders at the monthly Bexley Local Care Partnership Forum.

4.5 The local team will develop operating model options and processes for the recruitment and nominations to deliver on the required governance and leadership asks of each borough working with key members of the Borough Based Board to ensure a transparent and inclusive process and delivery against the timelines.

4.6 Throughout October the Bexley Local Care Partnership Team will again engage with each of the partner organisations and key stakeholders on the proposals.

- 4.7 Recommendations for endorsement will be submitted to the Bexley Strategic Board Part 1 on 28th October 2021.
- 4.8 Beyond the Borough Strategic Board a series Organizational Development Workshops will take place to support partners and key stakeholders as the LCP operates in shadow form and commences work to develop priorities with the Health & Wellbeing Board, Joint Strategic Needs Assessments and the development of a System Health Improvement Plan – to enact and address those priorities.

Appendix 1: Bexley Strategic Board Terms of Reference @ 29th July 2021

Bexley Strategic Board – Part 1 Terms of Reference

1. Purpose

- 1.1 The purpose of the Terms of Reference is to ‘practically’ combine and ‘strategically align’ the statutory meeting of the Bexley Borough Based Board in line with the constitution of NHS South East London Clinical Commissioning Group with the strategic requirements and development of the Bexley system ‘place’ – with the Local Care Partnership as set out in the Memorandum of Understanding.
- 1.2 The join-up of the current Local Care Partnership Forum with the Bexley Based Board will become the Bexley Strategic Board. The Board will lead on setting the vision and mission and ensuring that all activities, either directly or indirectly, contribute towards it; long-term capability and horizon scanning – ensuring strategic directions are based on a collective understanding of local and national policy issues.
- 1.3 There will be a Part 1 meeting, which will focus on the Bexley ‘place-based partnership’ and a Part 2, which will ensure that the Borough Based Board complies with its Terms of Reference, statutory duties and functions as set out in the constitution of NHS South East London Clinical Commissioning Group to 31st March 2022.

2. Part 1: Local Care Partnership Board

- 2.1 The overall objectives of the Bexley Strategic Board are to take responsibility for ‘system’ leadership for delivery of the strategic outcomes as set out in the Bexley Health & Wellbeing Strategy or as determined by the Health & Wellbeing Board;

- ✓ Better population outcomes
- ✓ Better experience of care
- ✓ Better experience of providing care
- ✓ Delivered at best value

- 2.2 To formalise and implement the agreements as set out in the Local Care Partnership **Memorandum of Understanding, which are to;**

- Provide leadership in the development of and transition to an integrated model of care delivered through Local Care Networks
- Contribute resource where necessary and where possible to delivering the shared objective of integrating and improving care
- Consider the impact of commissioning decisions on partners and plan changes through consultation and collaboration
- Make commissioning decisions in the context of the whole system, not just the contracting party
- Ensure our actions contribute to the stability and sustainability of the whole health and care system, not just our own organisation
- Allocate resources in a way that delivers outcomes for local people and the partnership, not just for our own organisations or the specific services we deliver
- Explore opportunities for integration, including joint commissioning, joint provision and joint investments
- Share risks, and share gains
- Where partner organisations straddle boundaries, agree an appropriate level of participation, risk share and gain share relative to the area of work and its appropriateness to that organisation

- Give managers and staff in our organisations permission to collaborate with partners at all levels, and freedom to innovate and explore transformation
- Delegate responsibility for collaboration throughout management levels and across clinical boundaries
- Embed this culture of partnership with our Boards and throughout our organisations
- Accept things might change, and that external pressures may impact individual organisations, but commit to working in partnership to achieve our shared outcomes with openness and honesty
- Retain individual and organisational accountability in a collaborative structure
- Retain the right to say no, and retain organisational sovereignty and governance
- Manage reputational risks together where appropriate

2.3 The partners agreed not to:

- Make changes that do not carry the confidence of our clinicians or wider workforce
- Make changes that do not have the support of our respective governance structures, including governing bodies, boards of Trustees and elected Members.
- Work in a way that contradicts our values of partnership and collaboration in delivering person-centred care
- Make decisions or take courses of action that negatively impact each other unless we have to, and in those cases by considering available alternative options or potential mitigation.
- Make significant unilateral changes in commissioning, service design or in patient pathways without system-wide discussion and consultation, even when the decision or responsibility ultimately rests with one party
- Take actions that lead to the transfer of risk between partner organisations without discussion and agreement on necessary mitigation
- Contribute to the material worsening of an individual partner's position on care, quality or financial grounds.

3. Part 1: Membership

3.1 The membership of Part 1 will combine members of the Borough Based Board with the Local Care Partnership members as set out in the Memorandum of Understanding, with a new addition – Clinical representation from each of the Primary Care Networks; APL, Frogna, North Bexley and Erith.

3.2 NHS South East London CCG replaces the former NHS Bexley Clinical Commissioning Group.

3.3 Bexley Strategic Board;

| Organisation | Local Care Partnership: Bexley Strategic Board – Part 1 |
|--------------------------------------|---|
| Bexley Care | ✓ |
| Bexley Health Neighbourhood Care CiC | ✓ |
| Bexley Voluntary Sector Council | ✓ |
| Dartford & Gravesham NHS Trust | ✓ |
| Greenwich & Bexley Community Hospice | ✓ |
| Healthwatch | ✓ |
| Hurley Group | ✓ |
| Lewisham & Greenwich NHS Trust | ✓ |
| Local Medical Committee | ✓ |
| Local Pharmacy Committee | ✓ |
| London Borough of Bexley Council | ✓ |

| | |
|---|---|
| NHS South East London Clinical Commissioning Group – Bexley Place | ✓ |
| Oxleas NHS Foundation Trust | ✓ |
| Primary Care Networks: APL, Frognaal, North Bexley and Erith | ✓ |

3.4 Members of the Board are expected to attend the meetings and where they are unable to attend ensure a deputy attends. Members are expected to make time to read the papers and make contributions to discussions and recommendations.

3.5 Named representatives from the organisations are set out in Appendix 1

3.6 Membership of the Board will include the Bexley Borough Based Lay Member for the Governing Body of NHS SEL CCG.

4. Part 1: The Chair of the Board

4.1 The Board Chair shall be the joint role of Placed Based Director – Bexley, NHS South East London Clinical Commissioning Group/Director of Adult Social Care (DASS), Bexley Council.

4.2 The Deputy/Vice Chair of the Board will be determined at the first meeting.

4.3 If the Place Based Director/DASS is not present then the Deputy/Vice Chair shall chair the meeting of the Board (including agreeing agendas and papers and managing the Board).

4.4 If the Deputy/Vice Chair is also not present then the Chair of Borough Based Board shall chair the meeting of the Bexley Strategic Board.

5. Part 1: Decision Making

5.1 The aim of the Board will be to achieve consensus-recommendations wherever possible. In the event that a vote is required, each organisation of the Board shall have one vote on Part 1 matters only. The committee shall reach decisions by a simple majority of members present, with the Chair having a second and deciding vote, if necessary.

6. Part 1: Conflicts of interest

6.1 Management of Conflicts of Interest will follow the same process as set out the Borough Based Board and members are required to keep this updated via the portal;
<https://coi.nhsdatacollection.org/selondonccg>

7. Part 1: Frequency and notice of meetings

7.1 The Bexley Strategic Board will meet once a month. This will be a public meeting in alternating months.

7.2 For the public meetings, the Bexley Strategic Board will meet for three hours in order to enable a public forum to be held for an hour. For the private meetings, the Bexley Strategic Board will meet for two hours.

7.3 Meeting dates for 2021/22 will be aligned with the existing published Bexley Borough Based Board Dates and will commence on Thursday 29th July 2021.

8. Part 1: Quorum

8.1 The quorum for any meeting of the Board shall be decided at the first meeting membership.

8.2 The members of the Board may participate in a meeting of the Board from separate locations by means of conference telephone or other communication equipment which allows those participating to hear each other, and shall be entitled to vote or be counted in the quorum accordingly.

9. Part 1: Meeting arrangements and secretariat

9.1 NHS SEL CCG imbedded corporate team will jointly with the Local Care Partnership resources provide administrative support to the Board.

9.2 Meetings will be held in suitable Bexley Council or local meeting rooms.

9.3 Papers will be published 7 days prior to the meeting on the Council's website and the NHS SEL CCGs website in line with arrangements for the Borough Based Board.

9.4 Minutes of the meetings will be shared with members within 8 days of the meeting of the Board.

10. Part 1: Reporting

10.1 The Bexley Strategic Board will report into both the Bexley Health & Wellbeing Board twice yearly with an overall update on progress and outcomes across the system, and to the Governing Body of NHS South East London Clinical Commissioning Group during 2021/22.

11. Part 1: Review of arrangements

11.1 These terms of reference will be reviewed in November 2021 to support development of the 'shadow arrangements' for the Bexley Place and the OHSEL Integrated Care System, which are required to be in place by end the of Quarter 3 2021/22.

12. Meeting Schedule

| Date | Time | Forum |
|--------------------|---------------|------------|
| TBC September 2021 | 14:00 - 16:00 | Workshop 1 |
| 30 September 2021 | 14:00 - 17:00 | Public |
| 28 October 2021 | 14:00 - 16:00 | Private |
| TBC November 2021 | 14:00 - 16:00 | Workshop 2 |
| 25 November 2021 | 14:00 - 17:00 | Public |
| 23 December 2021 | 14:00 - 16:00 | Private |
| 27 January 2022 | 14:00 - 17:00 | Public |
| TBC February 2021 | 14:00 - 16:00 | Workshop 3 |
| 24 February 2022 | 14:00 - 16:00 | Private |
| 24 March 2022 | 14:00 - 17:00 | Public |

Appendix 1: Bexley Strategic Board – Part 1 Member organisations and named representatives

| Organisation | Attendee |
|---|---|
| Bexley Care | Sarah Burchell / Yolanda Dennehy |
| Bexley Health Neighbourhood Care CiC | Abi Mogridge |
| Bexley Voluntary Service Council | Vikki Wilkinson |
| Bromley Healthcare | Andrew Hardman |
| Dartford and Gravesham NHS Trust | Sue Simmons |
| Greenwich and Bexley Community Hospice | Kate Heaps |
| Healthwatch Bexley | Jayne Garfield-Field |
| The Hurley Group | Rylla Baker |
| Lewisham and Greenwich NHS Trust | Sandra Iskander |
| Local Medical Committee | Dr Richard Money |
| Local Pharmaceutical Committee | Bipin Patel |
| London Borough of Bexley | Dr Anjan Ghosh (Public Health) |
| | Stephen Kitchman (Children's & Young People) |
| London Borough of Bexley & NHS SEL CCG | Stuart Rowbotham |
| NHS South East London Clinical Commissioning Group | Diana Braithwaite (LCP SRO) |
| Oxleas NHS Foundation Trust | Iain Dimond, Chief Operating Officer |
| Primary Care Networks | APL: Dr James Stokes; Clocktower: Dr William Cotter; North Bexley: Dr Prem Anand; Froggnal: Dr Sid Deshmukh |
| Bexley Borough Based – Lay Member | Keith Wood |
| Bexley Representative to the OHSEL Integrated Care System Board to 31.03.2022 | Dr Sushanta Bhadra |

Additional non-voting attendees will include the Local Care Partnership Manager as the programme lead, the Director of System Transformation for Bexley & Greenwich and the Acting Director of Integrated Commissioning.