

HEALTH AND WELLBEING BOARD

14 JUNE 2022

Title:	Place Partnership Lead - ICS Place Based Partnership
Report of the Chair of the Barking and Dagenham Delivery Group	
Open Report	For Information
Wards Affected: All	Key Decision: No
Report Author: Jane Leaman, Consultant in Public Health (Interim)	Contact Details: Jane.leaman@lbbd.gov.uk
Sponsor: Matthew Cole, Chair of Barking and Dagenham Delivery Group and Director of Public Health	
Summary: <p>Place Based Partnerships are a crucial building block of NEL's integrated care system (ICS), along with provider collaboratives and the new integrated care partnership and integrated care board.</p> <p>The leadership of partnership working at place will be vital to how successfully it continues to support improvement to residents' health and wellbeing. The appointment of a Place Partnership lead is proposed, providing leadership at place alongside a Clinical and Care Director, a Primary Care Development lead, specific clinical and care leads (as part of a Clinical and Care Leadership model) and a Place Delivery Director, working with area focused Integrated Care Board (ICB) teams.</p>	
Recommendation(s) <p>The Health and Wellbeing Board is recommended to note:</p> <ul style="list-style-type: none">• The development of the leadership model for the Place Based Partnership• The need to identify the individual who the B&D Place Based Partnership best fit the role profile. However as there are still some unknowns, B&D Place Based Partnership needs to identify somebody who can fulfil the role as currently envisaged and work with the Chief Executive of NEL and others across the ICS in order to develop it over the coming months.	
Reason(s) <p>The development of the Place Based Partnership is a crucial component of the health and care integration agenda proposed within the Health and Care Act April 2022.</p> <p>The Place Partnership lead role will be accountable for the delivery of the agreed outcomes to improve the health and wellbeing of residents of Barking and Dagenham.</p>	

1. Introduction and Background

Two recently published documents describe principles and broad approaches to place leadership, rather than a prescriptive model.

1.1 *Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems* was published by NHS England and the Local Government Association in July 2021 identifies:

- Three potential categories of leadership role – convenor, executive lead and programme leads
- Leaders at place will often manage multiple roles across individual organisations and the wider system
- Agreed processes are required to manage any potential conflicts of interest
- Facilitative leadership and personal influence are critical, along with openness and honesty with colleagues, acting with integrity, a commitment to listening to others and understanding different points of view, strong relationship-building skills, a readiness to take ownership of complex problems, curiosity, and fostering a culture of continuous learning

1.2 *Health and social care integration: joining up care for people, places and populations* – a white paper published by the government in February 2022 prior to Royal Assent of the Health and Social Care Act (April 2022)

- The white paper commits to introducing changes that will bring together local leaders to deliver on shared outcomes through formal place-based arrangements which provide clarity over the responsibility for health and care services in each area
- By Spring 2023, all places within an Integrated Care System 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
- A clear, shared plan will be required, which demonstrates delivery against agreed shared outcomes, underpinned by pooled and aligned resources
- Local NHS and local authority leaders will be empowered to deliver against the agreed outcomes and will be accountable for delivery and performance against them
- There should be a single person, accountable for shared outcomes in each place or local area known as a Place Partnership Lead, working with local partners (e.g. an individual with a dual role across health and care or an individual who leads a place-based governance arrangement). This person will be agreed by the relevant local authority or authorities and Integrated Care Board (ICB). (These proposals will not change the current local democratic accountability or formal Accountable Officer duties within local authorities or those of the ICB and its Chief Executive)
- The Health and Social Care Leadership Review will look to improve processes and strengthen the leadership of health and social care in England. It will consider how to foster and replicate the best examples of leadership and will aim to reduce regional disparities in efficiency and health outcomes. The review will report to the Secretary of State for Health and

Social Care in early 2022 and will be followed by a delivery plan with clear timelines on implementing agreed recommendations

- A national leadership programme will be developed, addressing the skills required to deliver effective system transformation and local partnerships, subject to the outcomes of the upcoming leadership review

2. Proposal and Issues

The following gives an overview of the different leadership roles planned to support the role of the Place Based Partnerships.

2.1 Place Partnership Lead

The Role (see Appendix A for full role description):

- A prominent and accessible leader convening partners around a common agenda, holding overall accountability for delivery at place and ensuring full co-production with residents and service users
- A single person, accountable for the delivery of the shared plan and outcomes for the place, working with local partners (e.g., an individual with a dual role across health and care or an individual lead for a 'place board'). The single person will be agreed by the local authority and ICB. This proposal will not change the current local democratic accountability or formal Accountable Officer duties within local authorities, those of the ICB Chief Executive or relevant national bodies, such as the ability of NHS England to exercise its functions and duties

What:

- Building local relationships and developing mutually accountable ways of working
- Leading local oversight and collective peer challenge
- Arbitrating and resolving local issues and tensions
- Facilitating shared decision-making by chairing the place-based partnership and ICB place committee
- Representing place at key ICS forums

Who:

- An individual already closely involved in the leadership and delivery of health and care in the place
- Selected by partners, including the ICB, in line with a common role and person specification

Appointment Process:

- The B&D Place Based Partnership needs to identify an individual who they think best fit this role profile. However, as there are still some unknowns place needs to identify somebody who can fulfil the role as currently envisaged and work with Zena Etheridge (NEL ICB Chief Executive designate) and others across the ICS to develop it over the coming months.
- Zena Etheridge, through the Place Based Partnership Chair, needs to be informed of our nomination by 24 June, and it will then be confirmed whether this person meets the role profile from the ICB's perspective. Where there is a single nomination, this will be done for 1 July.

- If our Partnership does not agree on a single nominee, Marie Gabriel (the ICS's Independent Chair Designate), Charlotte Pomery (the ICB's Chief Participation and Place Officer) and Zena Etheridge will meet with each of the nominees to determine who best meets the requirements of the role and will then on this basis confirm who will take up the role. If they cannot agree to the Partnership's nominee, they will work with us to reconsider who is best placed to take on the role.

2.2 Place Delivery Role (JD currently being drafted)

The Role:

- A full-time dedicated and senior delivery role working with and on behalf of residents, service users, and partners

What:

- Leading co-production and joint delivery of the place plan, across residents, service users, and partners
- Leading integrated place teams delivering work on behalf of the partnership
- Holding accountability for partner functions delegated to place
- Reporting in a matrix arrangement to the place partnership lead and into the Council(s) and ICB

Who:

- Appointed by panels of resident representatives and partners, including the ICB, to a locally tailored role and person specification
- Jointly employed by councils and ICB

2.3 Clinical and Care Leadership Model (currently being agreed)

Each place already has a structure of clinical and care professional leadership, provided principally through:

- Statutory leadership roles: **Directors of Public Health, Directors of Adult Social Care, and Directors of Children's Services**; and
- Professional leadership roles: including **Social Work Professional Leads, PCN Clinical Directors, and Trust Medical Directors**

Additionally, a place **Clinical and Care Director** role is being co-designed as part of the ICS's clinical and care professional leadership work theme and provisionally covers support to overall:

- Co-ordination of clinical and care professional leadership into the place-based partnership;
- Facilitation of clinical and care professional engagement in support of local transformation and quality priorities; and
- Ensuring local clinical and care professional input to NEL-wide strategies
- The ICS-wide work also provides for:
 - A **clinical responsible officer for primary care development** in each place; and
 - **Pathway leadership roles**, to be determined in each place according to local priorities. The appointment of these leads is

- deferred until Dec 2022. The currently appointed CCG clinical leads will remain until then
- Consideration of how we incorporate wider primary care clinical leads e.g. pharmacists, dentists and optometrists

The **Clinical And Care Director** role is currently out to advert, and interviews are planned for June 2022.

3 Consultation

The Clinical and Care Leadership Model – Barking and Dagenham Delivery Group.

4.4 Financial Implications

Clarification pending at the time of writing.

4.5 Legal Implications

Clarification pending at the time of writing.

5. Non-mandatory Implications

5.1 Staffing issues

This proposal will not change the current local democratic accountability or formal Accountable Officer duties within Local Authorities.

Public Background Papers Used in the Preparation of the Report:

Two documents describe place leadership models that we need to reflect in our overall approach:

- *Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems* – published by NHS England and the Local Government Association in July 2021
<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf>
- *Health and social care integration: joining up care for people, places and populations* – a white paper published by the government in February 2022
<https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

List of Appendices:

Appendix A- NEL Place Partnership Lead Role Description