## Principles for Development of System Working in Devon

- System governance needs to be light touch with minimal bureaucracy
- Arrangements need to be flexible, responsive and emergent
- The ICS recognises existing and continuing statutory roles and responsibilities
- The ICS, working with all system partners is responsible for setting strategy, direction and policy. The ICS will make recommendations to statutory organisations where required.
- There is an imperative to establish new arrangements but recognition that initial arrangements may be subject to change pending future NHSE guidance/ gateway criteria. This is an evolutionary process
- The principle of subsidiarity is accepted and all partners will hold each other to account for working to this principle.
- System and place will work together to drive transformation at all levels
- Meetings will be held virtually whenever possible


## SHADOW ICS GOVERNANCE STRUCTURE




LCPs will lead the delivery and development of services at place level. Their constituent organisations will take responsibility for a range of functions, previously assigned to providers and commissioners to ensure that services meet the needs of the local population and population health is improved.

The LCP is an arrangement for joint leadership of multifunctional teams, integrated by a shared plan and objectives, common processes and deployment of joint resources.

The aims of the LCPs are to

- Deliver Devon system strategies at local level
- Improve health and wellbeing outcomes for the local population
- Reduce inequalities
- Improve people's experience of care
- Improve the sustainability of the health and care system
- Support local engagement including with PCNs

In order to achieve these outcomes the LCPs will

- Coproduce plan with ICS Partnership Board which will deliver improved health and care services at population level
- Develop integrated services
- Create conditions for healthy living
- Manage resources within available budget
- Plan services through engagement with citizens
- Develop community assets

It is recognised that the success of LCPs will be dependent on a wide network of relationships within a local area and that the culture and approach to working together is as important as the formal structures. Therefore the membership of the LCP leadership team will be based on local circumstances but should include at a minimum:

- Local Provider Organisations (Health and Care)
- PCN Clinical Directors
- Local Authorities (officers and elected members) to include social care provision, housing, employment and communities
- Public Health leadership
- Community, Voluntary and Social Enterprise Sector
- Independent Sector

LCPs should also be able to demonstrate clearly how they will work with Health and Wellbeing Boards and Scrutiny Committees

