

Monday, 12 October 2020

CABINET

A meeting of **Cabinet** will be held on

Tuesday, 20 October 2020

commencing at **5.30 pm**

The meeting will be held remotely via Zoom (the links to the meeting are set out below)

<https://us02web.zoom.us/j/82670158312?pwd=YWNsd0hQN1VPa0NDVjZZUmE0ZEYrUT09>

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Members of the Committee

Councillor Steve Darling (Chairman)

Councillor Carter

Councillor Long

Councillor Cowell

Councillor Morey

Councillor Law

Councillor Stockman

Together Torbay will thrive

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Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

CABINET AGENDA

1. Apologies

To receive apologies for absence.

2. Disclosure of Interests

- (a) To receive declarations of non pecuniary interests in respect of items on this agenda.

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

- (b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda.

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

3. Communications

To receive any communications or announcements from the Leader of the Council.

4. Urgent Items

To consider any other items the Chairman decides are urgent.

5. Matters for Consideration

6. Revenue and Capital Budget 2021/2022 for Consultation

(To Follow)

To receive the submitted report to launch the consultation for the Revenue and Capital Budgets for 2021/2022. (Please note the report for this item will be published on the day of the Cabinet Meeting.)

7. Proposal to Merge Torbay Safeguarding Adult Board with Devon Safeguarding Adult Partnership Board.

(Pages 5 - 27)

To consider a report on the above.

8. **Proposed Structure and Governance Arrangement for Devon Integrated Care System** (Pages 28 - 42)
To note an update on the proposed structure and governance arrangements for the Devon Integrated Care System.
9. **The Planning White Paper: Planning for the Future** (To Follow)
To consider a report on the above.
10. **Local Plan Working Party - Review of Membership**
Following the change in membership of political groups' on the Council, to consider reviewing the membership of the Local Plan Working Party to 3 Conservatives, 3 Liberal Democrats and 3 Independents. (Note: Political Balance does not apply to Cabinet appointed Working Parties.)

Instructions for the Press and Public for joining the meeting

If you are using an iPad you will need to install Zoom which can be found in the App Store. You do not need to register for an account just install the software. You only need to install the software once. For other devices you should just be taken direct to the meeting.

Joining a meeting

Click on the link provided on the agenda above and follow the instructions on screen. If you are using a telephone, dial the Zoom number provided above and follow the instructions. (**Note:** if you are using a landline the call will cost up to 13p per minute and from a mobile between 3p and 55p if the number is not covered by your inclusive minutes.)

You will be placed in a waiting room, when the meeting starts the meeting Host will admit you. Please note if there are technical issues this might not be at the start time given on the agenda.

Upon entry you will be muted and your video switched off so that only the meeting participants can be seen. When you join the meeting the Host will unmute your microphone, ask you to confirm your name and update your name as either public or press. Select gallery view if you want see all the participants.

If you have joined the meeting via telephone, your telephone number will appear on screen and will be displayed for all to see until the Host has confirmed your name and then they will rename your telephone number to either public or press.

Meeting Etiquette - things to consider when attending a virtual meeting

- Background – the meeting is public and people will be able to see what is behind you therefore consider what you will have on display behind you.
- Camera angle – sit front on, upright with the device in front of you.

- Who else is in the room – make sure you are in a position where nobody will enter the camera shot who doesn't want to appear in the public meeting.
- Background noise – try where possible to minimise background noise.
- Aim to join the meeting 15 minutes before it is due to start.

Meeting: Cabinet

Date: 20 October 2020

Wards Affected: All

Report Title: Proposal to Merge Torbay Safeguarding Adult Board with Devon Safeguarding Adult Partnership Board.

Cabinet Member Contact Details: Councillor Jackie Stockman, Cabinet Member for Adult Services and Public Health, Jackie.Stockman@torbay.gov.uk

Director Contact Details: Joanna Williams, Director of Adult Social Services, joanna.williams@torbay.gov.uk

1. Purpose of Report

- 1.1 The Torbay Safeguarding Adults Board (TSAB) and the Devon Safeguarding Adults Partnership (DSAP) both recognise the changing landscape of safeguarding and the growing overlaps in themes for each strategic partnership board within the geographical boundary of Devon.
- 1.2 The TSAB and DSAP understand and recognise the shortfalls that can result from silo working and the benefits that can be maximised from a focussed, joined up approach to deliver the business priorities.
- 1.3 Representatives from the Board's Statutory Partners (CCG and Police) met with senior members of DCC and Torbay Council's safeguarding board to consider potential options to address closer working arrangements.
- 1.4 Members of the public were engaged with via two separate online forum discussions. This activity was supported by Living Options. (Appendix 3)
- 1.5 Views from Independent Providers were gained at an engagement event held on 18.09.20. This was attended by providers for services who have had recent Whole Service Safeguarding experience across Devon and Torbay.
- 1.6 The aim of this paper is to engage Torbay Cabinet members with the proposal that residents of Torbay and Devon would benefit from the TSAB and DSAP merging together. (Appendix 1)

2. Reason for Proposal and its benefits

- 2.1 It is recognised that some partners have a remit over the wider Devon geographical area and are therefore servicing up to three or more Safeguarding Adults Boards at present (Devon, Torbay, Plymouth).

- 2.2 It is also recognised that partners work closely with other strategic partnerships and that as much alignment as possible would greatly improve efficiency, effectiveness and wider benefit to the communities of Torbay and Devon.
- 2.3 The Engagement Report (Appendix 3) reflected an approval for the proposal and recognised the alignment of the Safeguarding Adult Boards would add benefit to the system.
- 2.4 A fundamental aim of this proposed amalgamation of Safeguarding Adult Boards is to ensure that we maximise the opportunities to keep people in local communities safer. This would be achieved by aligning priorities, continuing to benefit from the shared Sub-groups that already exist and enable Torbay and Devon to work closer together should provider failure be evident. The recommendation to proceed with a merger of the two Boards is based on the appraisal of the initial 6 options available in conjunction with Statutory partners, having considered the voice of the people who attended the engagement focus groups, discussion within the subsequent provider engagement group and further discussion at both TSAB and DSAP's most recent quarterly meetings.

3. Recommendation(s) / Proposed Decision

- 3.1 That the Torbay Safeguarding Adult Board (TSAB) merge with the Devon Safeguarding Adult Partnership (DSAP).
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Supporting Information

4. Position

- 4.1 The current situation could continue without any impact however the loss of closer working with our Statutory Partners and colleagues within Devon County Council in line with the wider STP footprint would be a disadvantage.
- 4.2 It is anticipated that partner agencies will benefit from the synergy of meetings and ability to report via a single framework.
- 4.3 Although not a driver, some further benefits may be realised in relation to the economies of scale related to the administration costs of running two separate boards who have largely overlapping agendas.
- 4.5 In addition by utilising a shared resource in terms of partner engagement, Torbay and Devon Local Authorities alongside our statutory partners will be in a strong position to ensure a robust approach to safeguarding across the geography by utilising a single independent chair.

5. Possibilities and Options

- 5.1 The Task and Finish Group initially considered 6 options and appraised each of these for their strengths, weakness, opportunities and threats (Appendix 2).

- 5.2 The Task and Finish Group determined that options 2 to 5 were not feasible due to feedback and views from other strategic partnerships including self-deselection. Therefore Options 1 (Joint Devon and Torbay Board) and Option 6 (No change) ultimately remained the only feasible options to be considered.
- 5.3 In conclusion and after careful consideration of the various sources of feedback including; the voice of the people who attended the engagement focus groups, the Task and Finish Group which included Statutory partners, informal discussions with wider partners and the support of both Torbay and Devon County Council's Directors of Adult Social Service it was agreed that Option 1 (Torbay and Devon Safeguarding Adult Merge with 1 independent chair) would be progressed.

6. Fair Decision Making

- 6.1 A number of engagement activities have been completed and the need for an Equality Impact Assessment has not been identified.

7. Public Services (Social Value) Act 2012

- 7.1 No procurement needs will arise in relation to this proposal.

8. Risks

- 8.1 No risks have been identified at this time if the proposal is not agreed in principle by Torbay Council's Cabinet.
- 8.2 Any concerns highlighted that would require specific attention, included the need to ensure mechanisms to manage future dispute will be considered alongside adopting measures that address the powers of the board.
- 8.3 Dispute regulation will be mitigated by the fact that the individual Councils will retain full ownership of the decisions made, and dispute resolution will be overseen by the Director of Adult Social Services and the Lead member.
- 8.4 Views from independent Providers were gained at an engagement event with no disadvantages being raised. An agreement to merge, as per the recommendation of this report was the consensus of the attendees.
- 8.5 Whilst there was some reservation expressed by members of the engagement exercise hosted by Living Options, which indicated that any merger should not be seen as a cost cutting exercise, there was nevertheless recognition that closer partnership arrangements will support keeping people safer. The benefit of developing consistency of approach and process with further opportunity for better communication and shared objectives was seen as an enhancement to available support for our local communities across Torbay and Devon.

Appendices

Appendix 1: Future Safeguarding Adults Board Structures. Task and Finish Group Final Recommendation Paper

Appendix 2: SAB Strategic Direction Options Appraisal – FINAL

Appendix 3: Future Safeguarding Board Structure – Engagement Report

Appendix 4: Timeline

Additional Information



**Future Safeguarding Adults Board Structures
Task and Finish Group
Final Recommendation Paper**

Contents:

- 1. Background**
- 2. Reasons for Change**
- 3. Scope**
- 4. Methodology**
- 5. Engagement**
- 6. Timeline**
- 7. Recommendation of the Task and Finish Group**

Appendix 2 - SAB Strategic Direction Options Appraisal – FINAL

Appendix 3 - Future Safeguarding Board Structure – Engagement Report

Appendix 4 – Timeline

1. Background

The Torbay Safeguarding Adults Board (TSAB) and the Devon Safeguarding Adults Partnership (DSAP) both recognise the changing landscape of safeguarding and the growing overlaps in themes for each strategic partnership board within the geographical boundary of Devon.

A single paper was presented to the TSAB on 10th March 2020 and the DSAP on 11th March 2020. The paper outlined the early strategic thinking and recommended approach to scope out the potential options for future board partnership working arrangements and governance structures.

The paper was well received by partners at both the TSAB and DSAP meetings where it was agreed to set up a Task and Finish Group to develop and review the options and report back with a recommended model.

The work of the Task and Finish group was delayed due to COVID-19 from March 2020 and was stood back up in June 2020.

2. Reasons for Change

The TSAB and DSAP understand and recognise the shortfalls that can result from silo working and the benefits that can be maximised from a focussed, joined up approach to deliver the business priorities.

It is recognised that some partners have a remit over the wider Devon geographical area and are therefore servicing up to three or more Safeguarding Adults Boards at present (Devon, Torbay, Plymouth). It is also recognised that partners work closely with other strategic partnerships and that as much alignment as possible would greatly improve efficiency and effectiveness.

3. Scope

The scope for the Task and Finish Group was:

- To conduct an options appraisal of the current and possible future TSAB and DSAP partnership arrangements and recommendations for chair and vice chair roles
- To engage with people from the voluntary and community sector (VCS) and people with lived experiences of safeguarding
- As part of any future implementation of a preferred model, to consider office resources business systems and processes (depending on the final decision)

4. Methodology

It was agreed by both the TSAB and DSAP, at each board meeting that a Task and Finish Group would be set up with the following contributors:

- Geraldine Benson – Devon County Council, Principal Social Worker
- Sharon O'Reilly – TSAB, Interim Deputy Director of Adult Social Services (Torbay)
- Steve Rowland – DSAP, Business Manager
- Jon Anthony – TSAB, Safeguarding Adults Lead (Torbay)
- Helena Riggs – DSAP, Safeguarding Adults Practice Lead

- Neil Ralph – Devon & Cornwall Police, Partnership Superintendent
- Michele Thornberry – Clinical Commissioning Group (CCG), Head of Safeguarding

The Task and Finish (T&F) Group met on five occasions to scope and appraise the options, progress the necessary actions, ensure due process, evidence the findings and ultimately arrive at a point where the group were able to put forward a recommended chosen model.

Initial meetings of the T&F Group concentrated on reviewing the strengths, weaknesses, opportunities and threats (SWOT analysis) of six different options. See appendix 1 for the full, collated SWOT analysis.

Subsequent T&F Group meetings were focussed on gathering information and evidence from strategic partners in relation to each of the options. The T&F Group also had a clear focus on engagement with the public and those with lived experiences of safeguarding (see section 5).

5. Engagement

Living Options Devon were asked to lead on the engagement work on behalf of the TSAB and DSAP.

Two focus groups were held between Tuesday 28th July and Wednesday 5th August to explore closer collaboration between Devon and Torbay Adult Safeguarding Boards. The invite to join was shared widely amongst Devon and Torbay VCS and Community Reference Group members. These were held and recorded on the Microsoft Team's platform.

Please see appendix 2 for the full engagement report produced by Living Options.

Attendees were asked to consider how the Safeguarding Adults Boards could work closer together and in partnership. Attendees were asked to consider the advantages and disadvantages of closer working.

The focus groups were facilitated by Living Options and supported by representatives of TSAB and DSAP.

6. Timeline

Please refer to appendix 3 for the full Task and Finish Group timeline.

7. Recommendation from the Task and Finish Group

The Task and Finish Group considered 6 options and appraised each of these for their strengths, weakness, opportunities and threats (see appendix 1 for full analysis of the 6 options).

7.1 Options Appraisal

The Task and Finish Group determined that options 2 to 5 were not feasible due to feedback and views from other strategic partnerships (see appendix 1 for details).

Therefore options 1 and 6 remain as the only feasible options.

Option 1 is a Joint Devon and Torbay Board, One Safeguarding Adult Board Structure & One Independent Chair - fully combined Safeguarding Adults Board.

Option 6 is to stay the same and remain as a separate Torbay Safeguarding Adults Board and Devon Safeguarding Adults Partnership.

7.2 The pros and cons of option 1

Option 1: Joint Devon and Torbay, One Safeguarding Adult Board Structure & One Independent Chair - fully combined Safeguarding Adults Board.

Pros:

- Improve efficiency of all agencies; attending less meetings
- Sharing of good practice
- Use of resources more effectively
- Joint Strategic Planning based on local, regional and national agendas
- Consistent messages across boundaries
- Potential to streamline operational practice and processes across geographic to assist partners and people/members of the public involved in safeguarding.
- Restructure/rebrand of both TSAB and DSAP could be positive in terms of improved public awareness
- Improve efficiency of governance arrangements
- Increase influence within regional and national safeguarding agendas

Cons:

- Potential issue with agreeing new funding arrangements for the board
- Potential impact on business as usual due to restructure work
- A joint board would still need to link with 2 separate councils – this could cause issues
- Political impact across 2 authorities
- The potential resource costs of a restructure/merger

7.3 The pros and cons of option 6

Option 6: Stay the same – No Change.

Pros:

- No impact on time or resources for implementation of something new
- No staffing and role implications for a different structure
- Current SABs are set up, in place and working well
- Both SABs will be clear on 'unchanged structures'
- Refocus on existing arrangements
- Take time to assess the impact of COVID-19

Cons:

- Unable to realise the resource benefits of combining
- Unable to pool sub groups and themes to achieve greater efficiency
- Impact on partners who service multiple boards remains an issue
- Inconsistent engagement approaches
- Status Quo will make future change more challenging
- Differing board priorities whilst having current joint sub groups arrangements

7.4 Recommendation

Following further consideration and appraisal of options 1 and 6 and taking into account the voice of the people who attended the engagement focus groups, the Task and Finish Group have agreed that the option to recommend to both the TSAB and DSAP is Option 1

The Task and Finish Group would now like the strategic partners of the TSAB and the DSAP to consider this report, with a view to making a decision in relation to the final recommendation.

Enc.



Devon Safeguarding Adults Board

Strategic Direction Options Appraisal

Option 1: Joint Devon and Torbay, One Safeguarding Adult Board Structure & Chair fully combined.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Improve efficiency of all agencies; attending less meetings • Sharing of good practice • Use of resources more effectively • Joint Strategic Planning based on local, regional and national agendas • Consistent messages across boundaries 	<ul style="list-style-type: none"> • Potential issue with agreeing new funding arrangements for the board • Potential impact on business as usual due to restructure work • Diluted focus on local need and demand with a larger board area • A joint board would still need to link with 2 separate councils – this could cause issues • Political impact across 2 authorities
Opportunities	Threats
<ul style="list-style-type: none"> • Potential to streamline operational practice and processes across geographic to assist partners and people/members of the public involved in safeguarding. • Restructure/rebrand of both TSAB and DSAP could be positive in terms of improved public awareness • Improve efficiency of governance arrangements • Increase influence within regional and national safeguarding agendas 	<ul style="list-style-type: none"> • The potential resource costs of a restructure/merger
Exploration	
<p>Currently, there are joint Devon and Torbay Learning and Improvement and Mental Capacity Act Sub Groups. Following discussions between both local authorities there is a confirmed appetite to a potential board merger.</p>	

This is the recommended option from the Task and Finish Group

Option 2: Joint Devon, Torbay, Plymouth (Devon wide geographic) One Safeguarding Adult Board Structure & Chair fully combined.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Free up partner resources such as having to attend less meetings. • Improved sharing of good practice • Sharing of resources • Cost saving benefits 	<ul style="list-style-type: none"> • Potential funding issues • Potential restructure issues • Diluted focus on need and demand based on demographics of area • A joint board would still need to link with 3 separate councils • Political impact
Opportunities	Threats
<ul style="list-style-type: none"> • Potential to streamline operational practice and processes across geographic to assist partners and people/members of the public involved in safeguarding. • The use resources more effectively • Positive restructure/rebrand • Improved efficiency of Board activity • Increase influence Nationally • Increase awareness 	<ul style="list-style-type: none"> • Cost of a restructure • Cost of board upkeep • Plymouth and Torbay may not support this option
Exploration	
<p>Plymouth have recently conducted a review of their structure and have reported early improvements in the way they now work. They are looking at options in relation to the Chair role and will be discussing with their DASS and current Chair soon.</p> <p>In their view, joint boards would be a huge challenge and until any changes to the Care Act are suggested, they will continue with their own SAB. Different agendas/priorities/challenges would cause difficulties with trying to align fully. Following their review, they wish to concentrate on developing their new structure and systems.</p>	

Working closer with sub groups could be considered in principle, however there would need to be shared agendas, which would again prove a challenge unless the SABs had shared strategic priorities.

Plymouth have confirmed that their position is unchanged and at this stage they would not be interested in a merger with other strategic partnerships due to the reasons outlined above.

Plymouth are, however, keen to work alongside other strategic partners where shared agendas align as per the current Partnership Collaboration Working Agreement, which is in place for DSAP, Safer Devon Partnership, Health & Wellbeing Board, Devon Children’s and Families Partnership and the Sustainability and Transformation Partnership.

This option has now been discounted by the Task and Finish Group

Option 3: Wider Devon Geographic (Devon, Torbay, Plymouth) Separate Board Structures with Joint Sub Groups/Workstreams/Themed Events

Strengths	Weaknesses
<ul style="list-style-type: none"> • Board independence • Aligned with councils 	<ul style="list-style-type: none"> • Priority work could be diluted • Potential inability to influence and evidence impact • Potential inability to align strategic priorities
Opportunities	Threats
<ul style="list-style-type: none"> • Pooled resources for sub groups, themes, workshops • Share learning • Consider different approaches • Pooled funding on joint work 	<ul style="list-style-type: none"> • Competing priorities • Poor communication • Strategic direction not aligned to local operational practice
Exploration	
Option 3 is current position for Devon and Torbay. We have joint Learning and Improvement and Mental Capacity Act Sub Groups.	

Plymouth would consider in principle working closer with Devon in having joint Sub Groups, however there would need to be shared agendas, which they believe would again prove a challenge unless the SABs had shared strategic priorities.

Following further consideration and for the reasoning outlined in option 2:

This option has now been discounted by the Task and Finish Group

Option 4: Joint Safer Devon Partnership & Devon and Torbay Safeguarding Adult Board. One Board Structure & Chair fully combined with Joint Sub Groups/Workstreams/Themed Events

Strengths	Weaknesses
<ul style="list-style-type: none"> • Resilience • SARs/DHR processes aligned • Avoid duplication • Free up partner resources – less meetings etc • Improved sharing of good practice. • Cost saving benefits • Shared intelligence 	<ul style="list-style-type: none"> • Potential restructure issues • Impact on separate Children’s Safeguarding Board • Public perception and understanding of joint board
Opportunities	Threats
<ul style="list-style-type: none"> • Pooled resources for sub groups, themes, workshops • Share learning • Consider different approaches • Pool funding on joint work • Positive restructure/rebrand • Improved efficiency of activity • Raise Awareness • Build capability and intelligence re: data analysis • Opportunities for funding that could be put in to creating a data analyst post. 	<ul style="list-style-type: none"> • National impact of DSAB • Query whether DSAB is mature enough around performance and challenge to operate without own Independent Chair.
Exploration	
<p>Strategic Partnership Chairs/Chief Officers and Managers (SDP, DCFP, DSAB, H&W and STP) met 31.07.19 to explore various opportunities to work more closely together on issues of common interest across the Partnerships. They also considered opportunities to collaborate across the wider Greater Devon geography.</p> <p>There is no evidence of an appetite at this time to collapse individual board structure and join as one board structures. SDP have a number of statutory requirements – must-dos assigned to them that do not necessarily relate to adult safeguarding. They have some specific priorities that cross over with other partnerships/boards and not SABS.</p> <p>Strategic Partnership Chairs/Chief Officers and Managers have agreed to take various actions forward prior to meeting again and this could be a topic of discussion at a future meeting. Board business managers to scope what other areas have done in terms of collapsing / combining boards e.g. as per Bristol,</p>	

Bains, Westminster, South Glos and establish how they reassure themselves of the statutory functions.

SDP have confirmed there is no appetite to officially merge partnerships therefore:

This option has now been discounted by the Task and Finish Group

Option 5: Separate Safer Devon Partnership, Community Safety Partnerships & Devon and Torbay Safeguarding Adult Board Structures and Chairs with Joint Sub Groups/ Workstreams/Themed Events

Strengths	Weaknesses
<ul style="list-style-type: none"> • Board independence • Align with councils • Full awareness and the strategic direction of each board 	<ul style="list-style-type: none"> • Inability to align boards strategic priorities with joint work • Dilution of focus
Opportunities	Threats
<ul style="list-style-type: none"> • Pooled resources for sub groups, themes, workshops • Share learning • Consider different approaches • Pool funding on joint work • Build capability and intelligence re: data analysis • Opportunities for partnership commitment to producing intelligence and funding that could be put in to creating a data analyst post. • Evaluate the difference we are making as a collective. 	<ul style="list-style-type: none"> • Joint sub groups might not influence joint working in reality • Dilution of DSAB back office resources • Data governance issues. Need to explore partnership information sharing protocol.
Exploration	

Strategic Partnership Chairs/Chief Officers and Managers (SDP, DCFP, DSAB, H&W and STP) met 31.7.19 to explore various opportunities to work more closely together on issues of common interest across the Partnerships.

Agreed commitment to Statement of Intent from SDP, DSAB and H&W to work together ensuring we are sighted on the each other's priorities, collaborating on work where there is cross over and ensuring the right board is leading on the right work. Developing systems understanding to ensure mature enough to challenge performance.

In terms of governance this would be:

Separate Board Structure: DSAB / Exec Group Independent Chairs & Sub Groups / Management Groups - all being fully sighted on priorities, reporting between the groups and ensuring the right board is leading.

Task & Finish Group / Working Groups arising out of the Sub Groups / Management Groups - collaborating on work where there is cross over.

Board business managers to look at the Devon strategic partnerships existing and future priorities and work plans to identify commonalities and opportunities to work together and the collective efforts.

SDP keen to continue to work alongside other strategic partners where shared agendas a line as per the current Partnership Collaboration Working Agreement, which is in place for DSAP, Safer Devon Partnership, Health & Wellbeing Board, Devon Children's and Families Partnership and the Sustainability and Transformation Partnership.

SDP have no current plans to merge sub groups as per this option.

This option has now been discounted by the Task and Finish Group

Option 6: Stay the same – No Change

Strengths	Weaknesses
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<ul style="list-style-type: none"> • No impact on time or resources for implementation of something new • No staffing and role implications for a different structure • Current SABs are set up, in place and working well • Both SABs will be clear on 'unchanged structures' 	<ul style="list-style-type: none"> • Unable to realise the resource benefits of combining • Unable to pool all sub groups and themes to achieve greater efficiency • Impact on partners who service multiple boards remains an issue • Inconsistent engagement approaches
Opportunities	Threats
<ul style="list-style-type: none"> • Refocus on existing arrangements • Take time to assess the impact of COVID-19 	<ul style="list-style-type: none"> • Status Quo will make future change more challenging • Differing priorities whilst having joint sub groups
Exploration	
Considered by the Task and Finish Group.	
This option was deemed feasible by the Task and Finish Group	

Task and Finish Group - Final Recommendation:
Option 1

Appendix 3 – Future Safeguarding Board Structure – Engagement Report

Future safeguarding board structure – engagement report

Two focus groups were held between Tuesday 28th July and Wednesday 5th August to explore closer collaboration between Devon and Torbay Adult Safeguarding boards. The invite to join was shared widely amongst Devon and Torbay VCSE and Reference group members. These were held and recorded on the Microsoft Team's platform.

Attendees:

DF – member of Devon Disability Network

DS – trustee at Living Options Devon

FH- Lead at Hikmat Devon (covers Devon and Torbay)

JB – Lead at Intercom Trust (covers Devon and Torbay)

JW – lead of Memory Café Consortium and Care Ambassador (covers Devon and Torbay)

LE-Torbay Citizens Advice

ME – member of Dimensions for Autism

NB – member of Devon Disability Network

TD- Lead of Dimensions for Autism (covers Devon and Torbay)

TS – Imagine This, Partnership Manager at Torbay CDT

Safeguarding board members: Jon Anthony, Helena Riggs, Steve Rowland

Method

Prior to the focus group the attendees were invited were to think about the following scenario:

What Safeguarding Adults Boards must focus on:

- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- Assuring itself that safeguarding practice is person-centred and outcome-focused
- Working collaboratively to prevent abuse and neglect where possible
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

The key question:

If Safeguarding Adults Boards worked closer together and in partnership on the above points, what do you think the advantages and disadvantages might be for the public?

Key points

The context was set that there are currently, as mandated by the Care Act an Adult Safeguarding board for Devon and a separate one for Torbay, as these correspond to the respective local authorities.

How better can we work together in partnership?

Responses were that if there was more partnership between the boards the service would be more seamless and it would enable a better flow of information between the two organisations. It feels like the right way forward to improve the system.

Safeguarding remains a complex issue, both from the range of different types of abuse and neglect to all the different organisations working to support service users. If the boards can work more closely in partnership then it might help reduce barriers for this work to improve. This feels an exciting opportunity.

To reduce these barriers, on a practical/shop floor level, it is important to make community connections. It is imperative we improve information flow and have consistency of processes between areas

Potential closer partnerships would enable a consistent uniform approach for safeguarding, i.e. reporting mechanisms and clear guidance for this would be useful.

There was a discussion of the key differences between the regions. JA explained that there are currently two separate business plans and subtle difference on how we respond as at strategic level. Both have the same legal duties. Perhaps a combined business plan, which maximises resources than then have a more targeted approach in Torbay and Devon might be a solution?

Closer partnership working could utilise joint resources to better effect.

At business plan level – strategic thinking is important for consistency. However the ‘shop floor’ of prevention needs to be consistent too. Many partners and agencies straddle both Torbay and Devon – policy and messaging needs to reflect this to make it easier for referrals.

A participant’s experience of a recent organisational merger was largely positive, it increased shared resources and expertise at both sites, increased the back up and extra help, has increased fund opportunities and improved services all round.

Publicity and Prevention

Closer partnership would offer the potential opportunities for policies, publicity and prevention to be closer aligned. Publicity and prevention is a really good opportunity that would result from a merged board. The use of consistent data could to better publicity & prevention to inform local communities on what safeguarding is. This will hopefully increase referrals from the public.

The Board decision will be an opportunity to more widely publicise what the Safeguarding boards do and how the public can work with them. In addition to this it could be another

opportunity to raise awareness of safeguarding and referral/reporting processes. This will need a clear and accessible communications strategy.

Links with the Regional Safeguarding Network

Both Torbay and Devon sit on the regional adult safeguard network which informs local practice. A single board potentially offers a stronger voice regionally level and also enable a better use of resources – if we join together we have increased capacity to do different pieces of work.

Can we put together a central 'gateway' site for all the regions that diverts depending on your local area?

I think that would be extremely difficult at this time. There is a Regional Safeguarding network that covers 16-17 local authorities led by Association of Directors of Adult Social Services. But a joined up website between Torbay and Devon is an option with any merger. It is something that could be discussed though at a regional level if the Board wanted to put that forward.

The oversight of Boards has strong links with Health and Well Being Board in Torbay so we would need to have clear governance accountability of the SA partnership.

Reporting mechanisms

Use of public information is challenging for many members of the public. – i.e. Safeguarding websites, it is confusing to report a concern. It must be remembered that not everyone can access web based information.

People are still struggling at grass roots level who are vulnerable. Simple accessible instructions are needed.

It was suggested that the 111 number could really help people to access safeguarding services without reliance on tech. Many of the public do not know who to call to make a referral

The strategy need to come first though to enable this approach to be consistent.

Links with the military

Discussion of how the military and veterans are linked in with safeguarding. Do they know how to access support through Early Help?

The Prevent partnership has some local links with military organisations. Veterans tend to stick to their own groups but it would be good to further develop these relationships.

Impact of Covid 19

Impact of the Covid pandemic on people's mental and physical health is significant. Less face to face contact has made life harder for many already vulnerable groups and as a consequence safe guarding concerns may be less visible. The context of Covid must be remembered.in all strategic planning, with preventative measures as necessary.

Disadvantages

- Would a merger mean a reduction in capacity? Costing saving must not be the priority if the boards work more closely in partnership.

- What are the mechanisms for dispute and how transparent will the processes be?
- Would this dilute the powers of the board?
- Possibility that this group would be an isolated self-referring silo. Could you have something in the mechanism that invited outside contributions as a matter of course?
- The challenge of cross border support also applies to West Devon who have to work with Plymouth and Cornwall.
- A joint board is good idea – a flaw is though that each region cannot influence each other, i.e. overriding strategy the pushes consistency across the region but the reality of then what is on the ground locally. Potential for conflict could be huge. Issues between the top level and bottom levels.
- Accountability? Join up together can make accountability harder, it is important that levels of scrutiny and challenge remain.

Appendix 4 – Timeline

DSAP TSAB – Future Board Structure Timeline (revised following COVID-19)

Green – complete
Amber – in progress/on schedule
Red - Overdue
Black – Not started

10 March 2020:	TSAB Planning Day. Seek and agree task and finish group to consider options.
11 March 2020:	DSAP Board Meeting. Seek and agree task and finish group to consider options.
15 June 2020:	1 st Task and Finish Group Meeting.
29 June 2020:	2 nd Task and Finish Group Meeting.
10 th July 2020:	3 rd Task and Finish Group Meeting
10 th July 2020:	Update TSAB Exec and communicate to wider TSAB Partners
10 th July 2020:	Commence 3-week Engagement with Living Options
24 th July 2020:	Update DSAP Board
28 th July 2020:	1 st Engagement Focus Group
30 th July 2020:	4 th Task and Finish Group – Engagement Review
5 th Aug 2020:	2 nd Engagement Focus Group
7 th Aug 2020:	Engagement Report due to Task & Finish Group
7 th Aug 2020:	Complete 4-week Engagement with Living Options
By 14 th Aug 2020:	Final recommendation paper sent to task and finish group
18 th Aug 2020:	5 th Task and Finish Group – Recommendations Paper Review
By w/e 21 st Aug:	Briefing with both Devon and Torbay DASSs, Agree Formal Cabinet role for both Boards
By 28 th Aug 2020:	Send recommendation paper to SAB Partners for comment ahead of Sept DSAP and TSAB meetings
8 th Sept 2020:	TSAB Board Meeting. Present recommended model for discussion and agreement.
10 th Sept 2020:	Present to Torbay Formal Cabinet

15th Sept 2020: DSAP Board Meeting. Present recommended model for discussion and agreement.

08th Oct 2020: Devon H&WB Board

September, October,
November 2020: 3 months Implement phase for the chosen model.

End of Nov 2020: Go Live.

May 2021: 6 months evaluation and Review.

Proposed Structure and Governance Arrangement for Devon Integrated Care System

1. Introduction and Context

The NHS Long-Term Plan set the ambition that every part of the country should be an integrated care system (ICS) by 2021. It encourages all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient services to those who need them.

NHS England and NHS Improvement (NHSE/I) set out a consistent approach to how systems are designed highlighting three levels at which decisions are made and described the broad functions to be undertaken at each level:

- **Neighbourhoods (populations circa 30,000 to 50,000 people)** -served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services through primary care networks (PCNs).
- **Places (populations circa 250,000 to 500,000 people)** -served by a set of health and care providers in a town or district, connecting PCNs to broader services including those provided by local councils, community hospitals or voluntary organisations.
- **Systems (populations circa 1 million to 3 million people)** -in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale. An ICS is not a legal entity and has no authority and powers other than those afforded it by its constituent sovereign organisations that are the NHS and Local Authority (LA) organisations in the area.

Level	Functions	Priorities from the NHS Long-Term Plan
Neighbourhood (c.30,000 to 50,000 people)	<ul style="list-style-type: none"> • Integrated multi-disciplinary teams • Strengthened primary care through primary care networks – working across practices and health and social care • Proactive role in population health and prevention • Services (e.g. social prescribing) drawing on resource across community, voluntary and independent sector, as well as other public services (e.g. housing teams). 	<ul style="list-style-type: none"> • Integrate primary and community services • Implement integrated care models • Embed and use population health management approaches • Roll out primary care networks with expanded neighbourhood teams • Embed primary care network contract and shared savings scheme • Appoint named accountable clinical director of each network
Place (c.250,000 to 500,000 people)	<ul style="list-style-type: none"> • Typically council/borough level • Integration of hospital, council and primary care teams / services • Develop new provider models for ‘anticipatory’ care • Models for out-of-hospital care around specialities and for hospital discharge and admission avoidance 	<ul style="list-style-type: none"> • Closer working with local government and voluntary sector partners on prevention and health inequalities • Primary care network leadership to form part of provider alliances or other collaborative arrangements • Implement integrated care models • Embed population health management approaches • Deliver Long-Term Plan commitments on care delivery and redesign • Implement Enhanced Health in Care Homes (EHCH) model
System (c.1 million to 3 million people)	<ul style="list-style-type: none"> • System strategy and planning • Develop governance and accountability arrangements across system • Implement strategic change • Manage performance and collective financial resources • Identify and share best practice across the system, to reduce unwarranted variation in care and outcomes 	<ul style="list-style-type: none"> • Streamline commissioning arrangements, with CCGs to become leaner, more strategic organisations (typically one CCG for each system) • Collaboration between acute providers and the development of group models • Appoint partnership board and independent chair • Develop sufficient clinical and managerial capacity
NHS England and NHS Improvement (regional)	<ul style="list-style-type: none"> • Agree system objectives • Hold systems to account • Support system development • Improvement and, where required, intervention 	<ul style="list-style-type: none"> • Increased autonomy to systems • Revised oversight and assurance model • Regional directors to agree system-wide objectives with systems • Bespoke development plan for each STP to support achievement of ICS status
NHS England and NHS Improvement (national)	<ul style="list-style-type: none"> • Continue to provide policy position and national strategy • Develop and deliver practical support to systems, through regional teams • Continue to drive national programmes e.g. Getting It Right First Time (GIRFT) • Provide support to regions as they develop system transformation teams 	

More recently, “the Phase 3 letter” from NHSE/I received on 31st July 2020 set out the following requirements for systems:

“Working across systems, including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic and the same is true in recovery. As we move towards comprehensive ICS coverage by April 2021, all ICSs and STPs should embed and accelerate this joint working through a development plan, agreed with their NHSE/I regional director, that includes:

- *Collaborative leadership arrangements, agreed by all partners, that support joint working and quick, effective decision-making. This should include a single STP/ICS leader and a non-executive chair, appointed in line with NHSE/I guidance, and clearly defined arrangements for provider collaboration, place leadership and integrated care partnerships.*
- *Organisations within the system coming together to serve communities through a Partnership Board, underpinned by agreed governance and decision-making arrangements including high standards of transparency – in which providers and commissioners can agree actions in the best interests of their populations, based on co-production, engagement and evidence.*
- *Plans to streamline commissioning through a single ICS/STP approach. This will typically lead to a single CCG across the system. Formal written applications to merge CCGs on 1 April 2021 needed to give effect to this expectation should be submitted by 30 September 2020.*
- *A plan for developing and implementing a full shared care record, allowing the safe flow of patient data between care settings, and the aggregation of data for population health.”*

2. Current position in Devon

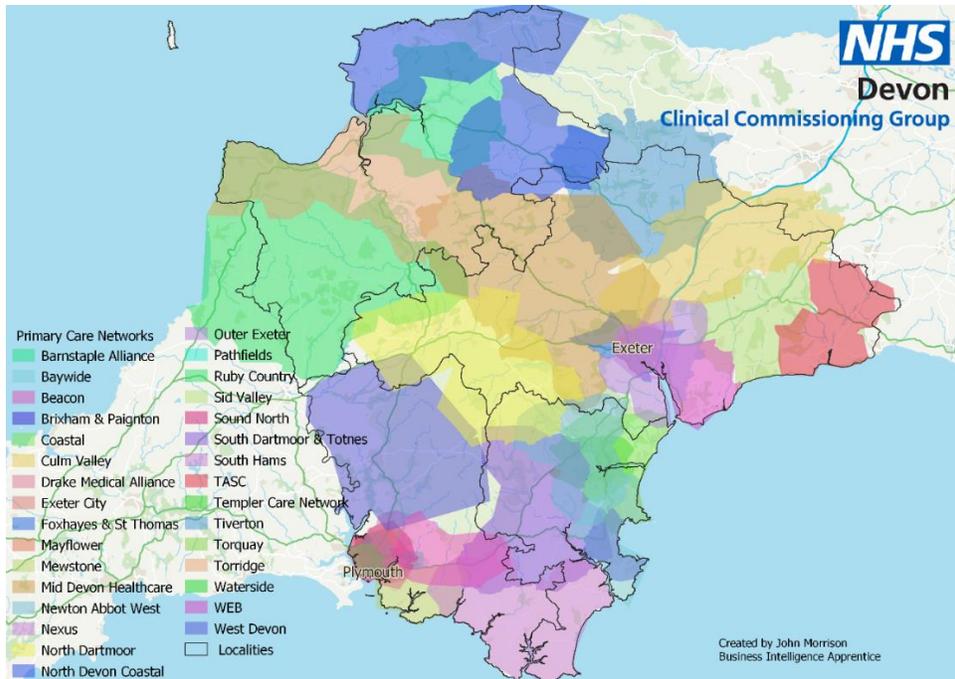
In Devon this new mechanism for setting strategies and developing and implementing plans to improve the health of a whole population is in the early stages of evolution. At system level Devon is currently a Sustainability and Transformation Partnership (STP), the precursor to an ICS, and has been since 2016.

There is an ICS “maturity matrix”. The matrix outlines the core capabilities expected of emerging ICSs, developing ICSs, maturing ICSs and thriving ICSs. For a system to be formally named an ICS, they will need to meet the attributes of a maturing ICS¹, assessed by the regional office of NHSE/I, that will include delivering performance and financial outcomes that meet plans agreed with NHSE/I. We are anticipating meeting the deadline of April 2021.

The development of informal structures for working “at place” is also at early stage with different approaches and levels of progress in each of the 5 LCP areas. There is a clear commitment across the county that place arrangements need to be suited to the circumstances and priorities of each place and there will be no centrally imposed governance structure. However it is important that each place is able to demonstrate that it has the capacity and capability to deliver on its objectives before it’s accountability and budgetary responsibility can be increased. Each LCP has a Development Lead who is co-ordinating and supporting this work.

From the 1 July 2019, 31 PCNs came into being so creating the “neighbourhood” tier.

¹ <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>



Each PCN has a Clinical Director and within each LCP there is a Primary Care Collaborative Board that brings together all the PCN Clinical Directors in the area to provide an opportunity for collective consideration of issues as required. In the early stages the priority for PCNs is to offer a way of stabilising primary care and improve access for the population.

3. Developing the Governance and Accountability Arrangements

It is the role of the ICS to set the governance and accountability arrangements across the system that support each level to fulfil its function. Consultation with all partners in the ICS has identified a number of principles for these arrangements as set out below:

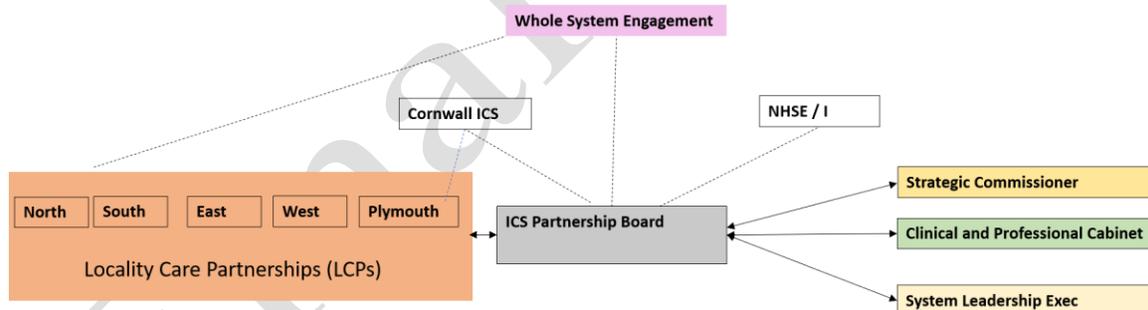
- System governance needs to be light touch with minimal bureaucracy
- Arrangements need to be flexible, responsive and emergent
- The ICS recognises existing and continuing statutory roles and responsibilities
- The ICS, engaging with all system partners is responsible for setting strategy, direction 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. Subsidiarity means that the delivery of integration happens as close to the citizen as possible - at Place or Neighbourhood. System activity is reserved for when the objectives of an action can be better achieved at system level by reason of the scale and effects of the proposed action or when an action is required by regulators.
- System and place will work together to drive transformation at all levels

- Meetings will be held virtually whenever possible

The overall structure, delivery architecture and governance of an ICS is currently not mandated, and nationally each system is developing its own model. It is possible that there may be some mandated national alignment about the nature and structure of an ICS and all associated governance at a future date but, as outlined in the principles above, the Devon system partners are keen to establish new arrangements to ensure that the momentum and engagement are not lost. Discussions with NHSE/I suggest that the arrangements proposed within this document will be in line with any future requirements.

Interim governance arrangements were established in 2019 but this way of working was put on hold during the COVID incident. A review of these previous arrangements has been undertaken in light of new approaches to partnership working across health and social care during the COVID incident and there has been an opportunity to learn from past experience, both in Devon and more widely.

Discussions with individual organisations and their leaders were used to develop a draft structure which was also shaped by a review of arrangements in other systems. This structure was refined through further discussions and two system-wide meetings involving Chairs, Council Leaders, CEOs and place development leaders to produce this document. On 31st July 2020 this group agreed that a Shadow Partnership Board should meet for the first time early in September 2020. Following discussion with NHSE/I this document will be socialised more widely with other system stakeholders for feedback before the first Shadow Partnership Board meeting. Subject to approval it will then be shared with organisational Boards and Cabinets for formal approval.



(A more detailed structure is shown at Appendix B)

3.1 The ICS Partnership Board will consist of

- Health Chairs / Council Leaders,
- Health CEOs /Council CEOs
- System CEO
- Chair Clinical and Professional Cabinet

It will be responsible for:

- Setting system strategy, direction and policy and oversight of strategy development
- Strategic planning and consideration of the proposed resource allocation

- Holding itself to account for system performance.
- Sharing, scaling and spreading good practice
- Solving wicked system issues (such as system infrastructure, competing priorities etc) and enabling development at place
- Influencing and strengthening Regional and National links
- Championing Equality and Challenging Inequality
- Citizen Engagement working with Place and individual organisations to prevent duplication of effort.

The Partnership Board will work closely with the following groups to ensure delivery of system wide objectives and ensure a robust framework for planning and performance management:

- System Leadership Executive
- Clinical and Professional Cabinet
- Strategic Commissioner

The Partnership will not replicate the Boards or Cabinets of the Health and Social care organisations as its role is not to provide or commission services. There were concerns that if it did in any way replicate those structures that it may start “doing” as opposed to setting a framework for others to “do” within and create a conflict with the function of LCPs and at neighbourhood with Primary Care Networks (PCNs).

The Terms of Reference for the Partnership Board are at Appendix A

3.2 Working at Place

Local Care Partnerships (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

- Co-produce plans with ICS Partnership Board which will deliver improved health and care services at population level
- Develop integrated services

- Create the 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. Culture and the approach to working together will be 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

Appendix A

Devon Shadow Integrated Care System Partnership Board

Terms of Reference

Introduction and Purpose

The Integrated Care System (ICS) Partnership Board will be responsible for setting the overarching vision and plan for the Devon Health and Care system and for holding the system accountable for delivery

Aims and Responsibilities

- To agree the Devon Health and Care System strategic vision, ambitions and priorities in line with the Long Term Plan.
- To set the framework within which the system will operate. This will support flexibility for working at place and local decision making whilst having standardised approaches to improving efficiency.
- To consider commissioning intentions , set by the strategic commissioner seeking to influence and align them with system strategic plans and see they are reflected in local Place based plans
- To inform and engage patients, the public and staff and their representatives in the work of the ICS
- To consider and give a view on the proposed Capital and Investment Strategy and funding allocations and criteria where required.
- To receive regular update reports from the System Leadership Executive on the ongoing process of delivery of the Long Term Plan and associated delivery plans
- To agree the Devon ICS Outcomes Framework as developed by the Strategic Commissioner.
- To oversee an annual review of the Long Term Plan and the development of annual delivery plans
- To hold the system to account for quality and performance
- To develop strong relationship with Regulators and wider Health and Social Care System and ensure that the system complies with regulatory duties and assurance reporting requirements.
- To develop and maintain relationships with organisations outside Devon where this is appropriate to support delivery of objectives.
- To work across system to promote provider resilience and to co-ordinate response in the event of failure

- To advise and act upon key strategic issues and risks on performance delivery and transformation of the Devon System
- To share good practice and promote its spread
- To provide a forum for solving “wicked issues”
- To act as the Devon Champion for Equality and Diversity

Final Draft

Membership

System Independent Chair

System Chief Executive

Chief Executive and Chair of all health organisations in the ICS

Council Leader and CEO of each of the Local Authorities in the ICS

Chair of the Clinical and Professional Cabinet

Frequency - Monthly

Meetings will be held monthly and will be planned for the calendar year ahead.

Meeting Review

A review of the efficiency of the ICS Board and delivery of its responsibilities will be undertaken at least annually in line with annual refresh of system governance arrangements. A review of the membership of the Partnership Board will take place roughly six months from the first meeting of the Board.

Reporting

The ICS Partnership Board is accountable to NHSE and NHSI on regulatory and oversight functions currently exercised outside of the system and will report accordingly.

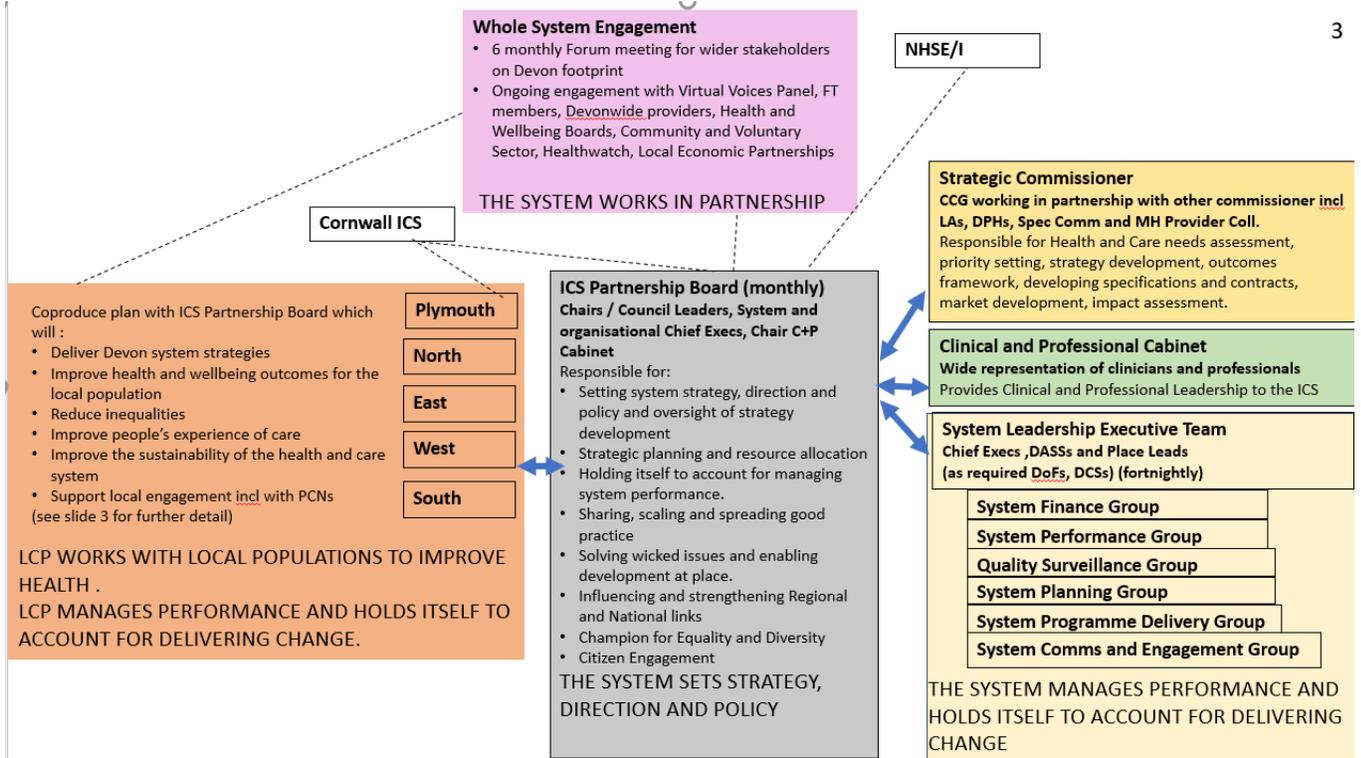
The ICS Partnership Board is the system's principal governance forum but it is not a statutory body.

The ICS Partnership Board will operate on the basis of consensus decision making. The Independent Chair will promote this model of working.

The ICS Partnership Board will work closely with the following groups to ensure delivery of system wide objectives and ensure a robust framework for planning and performance management:

- System Leadership Executive
- Clinical and Professional Cabinet
- Strategic Commissioner

Appendix B – Detailed Governance and Accountability Structure



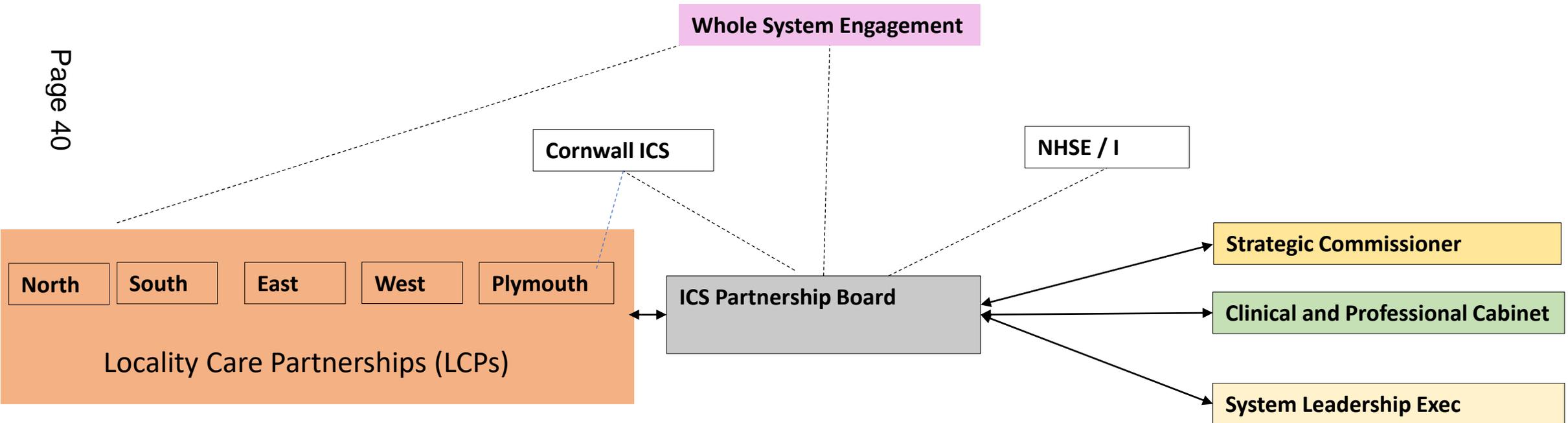
Final

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

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Whole System Engagement

- 6 monthly Forum meeting for wider stakeholders on Devon footprint
- Ongoing engagement with Virtual Voices Panel, FT members, Devonwide providers, Health and Wellbeing Boards, Community and Voluntary Sector, Healthwatch, Local Economic Partnerships

THE SYSTEM WORKS IN PARTNERSHIP

Cornwall ICS

NHSE/I

Strategic Commissioner
CCG working in partnership with other commissioner incl LAs, DPHs, Spec Comm and MH Provider Coll.
 Responsible for Health and Care needs assessment, priority setting, strategy development, outcomes framework, developing specifications and contracts, market development, impact assessment.

Clinical and Professional Cabinet
Wide representation of clinicians and professionals
 Provides Clinical and Professional Leadership to the ICS

System Leadership Executive Team
Chief Execs ,DASSs and Place Leads (as required DoFs, DCSs) (fortnightly)

- System Finance Group**
- System Performance Group**
- Quality Surveillance Group**
- System Planning Group**
- System Programme Delivery Group**
- System Comms and Engagement Group**

THE SYSTEM MANAGES PERFORMANCE AND HOLDS ITSELF TO ACCOUNT FOR DELIVERING CHANGE

ICS Partnership Board (monthly)
Chairs / Council Leaders, System and organisational Chief Execs, Chair C+P Cabinet
 Responsible for:

- Setting system strategy, direction and policy and oversight of strategy development
- Strategic planning and resource allocation
- Holding itself to account for managing system performance.
- Sharing, scaling and spreading good practice
- Solving wicked issues and enabling development at place.
- Influencing and strengthening Regional and National links
- Champion for Equality and Diversity
- Citizen Engagement

THE SYSTEM SETS STRATEGY, DIRECTION AND POLICY

Plymouth

North

East

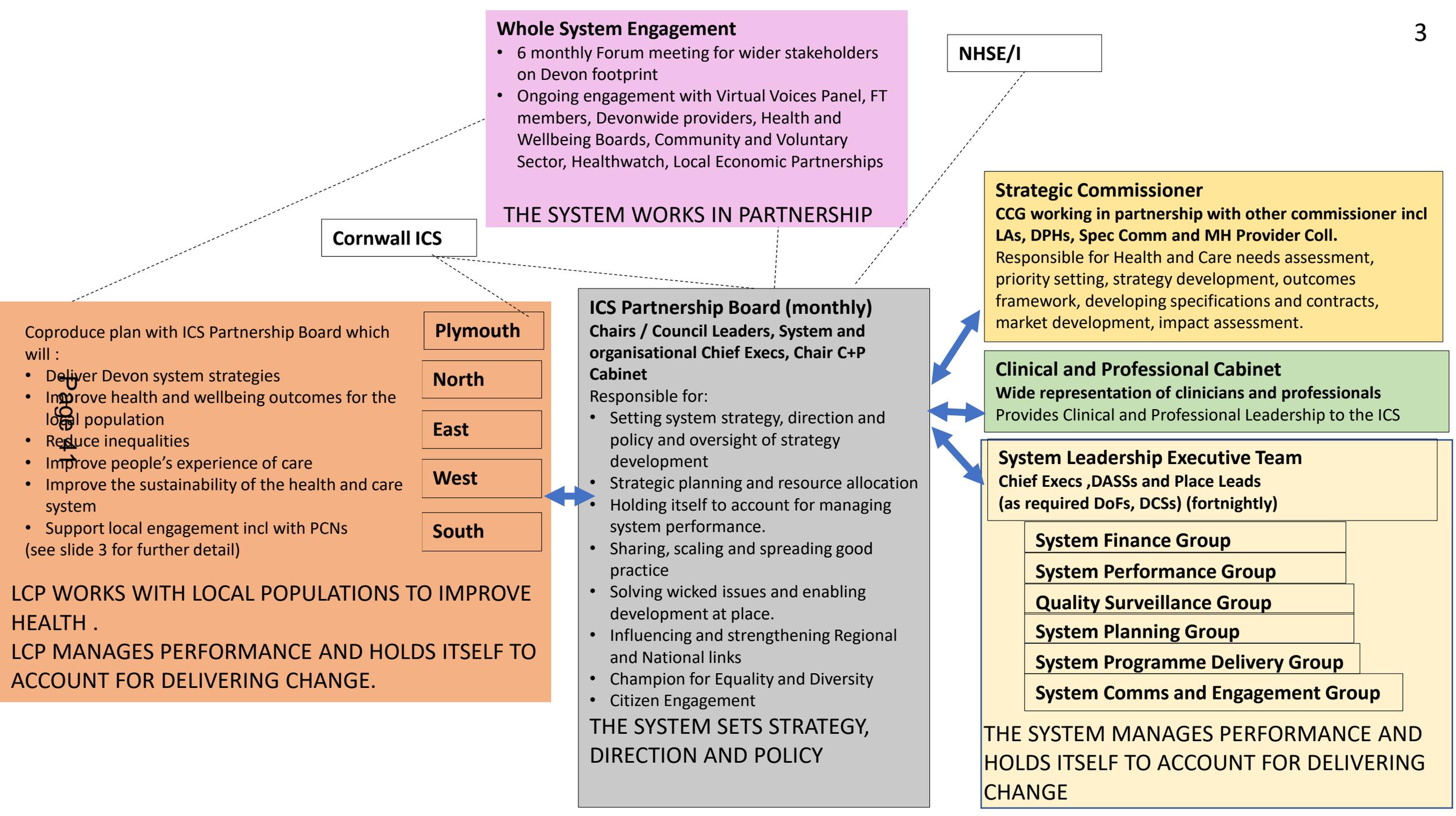
West

South

Coproduce plan with ICS Partnership Board which will :

- Deliver Devon system strategies
- 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 incl with PCNs (see slide 3 for further detail)

LCP WORKS WITH LOCAL POPULATIONS TO IMPROVE HEALTH .
LCP MANAGES PERFORMANCE AND HOLDS ITSELF TO ACCOUNT FOR DELIVERING CHANGE.



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.

South

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

North

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

East

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West

Plymouth

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