



# Introduction

Collaboration at place will be a key component of system working, being one way in which partners work together to plan, deliver and transform services. Working collaboratively at place provides opportunities to tackle unwarranted variation, making improvements and delivering the best care for patients and communities.

This latest workshop covered how organisations can collaborate to deliver change.

## The discussion explored:

- how partners can work together in collaboration;
- principles to support local decision-making;
- identifying shared goals, appropriate membership and governance; and
- alignment of activities with ICS priorities.

We welcomed panellists Paul Athey, Chief Finance Officer at Birmingham and Solihull CCG, Rachel Soni, Director of Partnerships at Westminster City Council and Royal Borough of Kensington and Chelsea, Justin Cumberlege, Partner at Hempsons and Nick Atkinson, Partner from RSM to our third workshop, which was chaired by Clive Makombera (RSM).

The key challenges and learning for system leaders are detailed overleaf.



STRATEGIC CHALLENGE	KEY THEMES AND LEARNING
<p><b>How best can the relevant statutory bodies delegate define decision-making functions to the joint committee in accordance with their respective schemes of delegation?</b></p>	<p>Delegation will become a core part of the new ICS structure, and in many ways, this is not a new concept, as there has been delegation within the NHS for many years, such as delegated authority from NHS England to Clinical Commissioning Groups. As part of the NHS constitution, there is some power that cannot be delegated however the ICB will have wider scope of delegation compared to a CCG.</p> <p><b>Key learning for system leaders</b></p> <ul style="list-style-type: none"> <li>• ICBs can take learnings from Health and Wellbeing Boards currently in place, which incorporate Local Authorities and the NHS working together, as well as S75 Better Care Fund arrangements between the NHS and Local Authorities.</li> <li>• ICBs will need a clear scheme of delegation, terms of reference and clarity on the role of joint committees and what is being delegated, which may change as the scope of services develops.</li> <li>• An appropriate assurance framework needs to be in place for 'place-based boards' and other joint committees with delegated authority to ensure assurances are feeding upwards to the appropriate organisation.</li> <li>• There is opportunity to use 'place based' governance structures to ensure appropriate delegation and collaborative working. The 'place-based boards' will remain part of the ICB governance structure but could incorporate an elected Local Authority member as the Chair.</li> </ul>

STRATEGIC CHALLENGE	KEY THEMES AND LEARNING
<p><b>How will the proposed new structures at 'neighbourhood', 'place', and 'system' levels work in practice eg developing clear lines of accountability and transparency around how and where decisions are made, while continuing to allow flexibility for locally led change?</b></p>	<p>The role at 'system', 'place' and 'neighbourhood' level would encompass different perspectives. At a system level, there is a need for a wider perspective, whilst at 'place', there would be delegated authority from the ICB. There should be a focus on population health management, health inequalities and making decisions that address the inequalities within the local population. The focus of 'neighbourhood' will involve front line delivery, bringing together primary care, social care and other local services.</p> <p><b>Key learning for system leaders</b></p> <ul style="list-style-type: none"> <li>• The arrangements will need to remain flexible as services develop, and the pace at which delegation occurs will depend on the structures currently in place now.</li> <li>• Where delegation occurs throughout the structure, it needs to allow for something meaningful to happen as a result and allow for decisions to be made within the delegated forum.</li> <li>• To support the structure, there needs to be a clear accountability framework, scheme of delegation and assurance framework. Reporting lines need to be clear through the structure to allow for key points of discussion and decisions made, to be reported correctly, ensuring different parts of the system are 'talking to each other'.</li> <li>• As part of the culture, there needs to be constant development and learning from other parts of the system to improve outcomes.</li> </ul>

STRATEGIC CHALLENGE	KEY THEMES AND LEARNING
<p><b>How do we ensure that the ICS understands the local government governance routes and roles? And in particular, the valuable contribution that can be made by all tiers of local government and the importance of working with elected members?</b></p>	<p>The new ICS structure will require greater collaborative working with Local Authorities in order to achieve outcomes, and therefore there will have to be a shared understanding of governance routes. There are opportunities to use the Health and Wellbeing Board as a point of learning, as these meetings have encompassed Local Authority and the NHS for many years.</p> <p><b>Key learning for system leaders</b></p> <ul style="list-style-type: none"> <li>• Understand the different governance routes and aligning planning and budgeting cycles to allow for meaningful decisions.</li> <li>• Critical role of the Health and Wellbeing Boards in bringing partners together and making decisions together.</li> <li>• Wider engagement with communities and ensuring this is brought into the planning of the Health and Wellbeing Board.</li> <li>• Elected members need to be involved and engaged with discussions and decisions at ICB and 'place' level, whilst ensuring accountability is maintained.</li> <li>• The governance arrangements need to be thoughtfully considered for allowing integration with the Local Authority.</li> </ul>

STRATEGIC CHALLENGE	KEY THEMES AND LEARNING
<p><b>There have been various discussions around building Alliance contracts and also the System Collaboration and Financial Management Agreements for instance - What would you propose as the best means of formalising working arrangements between providers across the System and does this vary depending upon the footprint being covered, eg at a System or Place level?</b></p>	<p>Alliance contracts and collaboration agreements will allow for contractual arrangements with alliance parties in order to deliver a programme of work, therefore demonstrating another avenue of delegation from an ICB.</p> <p><b>Key learning for system leaders</b></p> <ul style="list-style-type: none"> <li>• Memorandum of Understanding setting out roles and responsibilities and risk share agreements.</li> <li>• There needs to be a coordinated approach to avoid duplication.</li> <li>• Ensure governance structures which include forming joint committee/committees in common will allow for regular meetings and review of progress, redefining elements and shifting emphasis when needed.</li> <li>• Maintain the independence of the statutory bodies in line with the scheme of delegation, whilst delivering on collaboration eg named lead providers etc.</li> <li>• Consideration of who attends governance meetings and the influence is critical, to ensure the right decisions are made at the right levels and at the right time.</li> <li>• Balanced responsibilities whilst maintaining flexibility.</li> <li>• A shared focus on outcomes, one version of the truth across the system and clarity on where accountability sits.</li> <li>• Developing service integrators, contracting with the service integrators to take responsibility for the programmes. These contracts should be outcome driven.</li> <li>• Challenges of ensuring primary care have a big enough voice – there is opportunity to expand this through Primary Care Networks and the GP Transformation Board.</li> </ul>

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<p><b>Can you please provide further explanation around the statutory framework for Integrated Care Partnerships 'ICPs', as legislated for by the Health and Care Bill?</b></p>	<p>ICPs only form a small part of the bill, and therefore there is the potential for ICPs to become a 'talking shop'. The onus will be on the ICB to ensure ICPs are effectively used and listened to.</p> <p><b>Key learning for system leaders</b></p> <ul style="list-style-type: none"> <li>• ICPs will be responsible for a strategy which the ICB must only take 'regard' of. It will be up to the ICB to ensure the strategy is considered and followed.</li> <li>• The ICP Board should include one ICB member, three Local Authority members and the remainder will be appointed.</li> <li>• There needs to be further clarity and accountability to the ICB on what the ICP will deliver.</li> </ul>

STRATEGIC CHALLENGE	KEY THEMES AND LEARNING
<p><b>Several of the larger ICS areas will have several local authorities all sitting within one ICS footprint. What should systems do to make the structures work for all concerned?</b></p>	<p>With many Local Authorities covered by the same ICS, there is a balance to be had in terms of the number of different meetings the ICB are involved in, whilst ensuring involvement in the granular detail. It is therefore critical to have good delegation within the system.</p> <p><b>Key learning for system leaders</b></p> <ul style="list-style-type: none"> <li>• There will be challenges in bringing everyone together with all having different needs.</li> <li>• Population health will be different in each borough. 'Place' therefore provides a crucial role to ensure these population needs are better understood and ensure engagement with the relevant Local Authorities. The 'place-based boards' will need appropriate responsibility and accountability.</li> <li>• It will be important to listen and engage with all parties, having representatives from all.</li> <li>• There needs to be a single accountable person for health and care.</li> </ul>

STRATEGIC CHALLENGE	KEY THEMES AND LEARNING
<p><b>What advice can you give on managing conflicting roles and interests of ICS board members? For instance, a provider chief who sits on the ICS board will remain accountable for their own organisation's performance, as well as having a formal say in ICS decisions?</b></p>	<p>Managing conflicts of interest is not a new area, with CCGs having to manage conflicts of GP members. However the potential of conflicts within an ICB will be greater.</p> <p><b>Key learning for system leaders</b></p> <ul style="list-style-type: none"> <li>• There needs to be a framework in place and clear policy outlining the rules.</li> <li>• Forward agenda planning needs to be undertaken, reviewing agenda items, decisions to be made, potential conflicts and how these will be managed during the meeting.</li> <li>• Declaration of interest process, which captures those conflicts from all ICB members.</li> <li>• Consideration of perceived and actual conflicts of interest.</li> </ul>

## Our next session: 29 June 2022

Our next Health Matters virtual workshop will be on 29 June 2022, focussing on rostering, retention and the flexible workforce.

The panel discussion will cover:

- using technology for efficient rostering;
- predictive workforce planning management information;
- equipping line managers to develop people and careers; and
- IR35 – managing the tax and legal risks.

# FOR MORE INFORMATION CONTACT

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