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Executive lead roles within Integrated Care Boards



This is a guide to help Integrated Care Boards and executive leads do what they have to do under the law.

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In every area there is an organisation that plans and pays for NHS services.

This is called an **Integrated Care Board**.



Every Integrated Care Board will have an executive lead for these groups of people:

1. children and young people (aged 0 to 25)
2. children and young people aged 0 to 25 with special educational needs and disabilities (SEND)



3. safeguarding (all-age)





4. learning disability and autism (all-age)

5. Down's syndrome (all-age)



There can be one lead for each group of people

Or it can be the same person for more than one group (but not all of the groups).

	<p>It's important that every local area has good help for people with their mental health.</p> <p>There is a lead person for mental health on every Integrated Care Board as well.</p>
	<p>The lead helps the NHS to do their job well for each group of people.</p>
	<p>The lead should have the right experience and time to do their tasks.</p>
	<p>The lead will make sure that Integrated Care Boards focus on the groups and what their needs are.</p>



You can read about the Integrated Care Strategy here: [integrated care strategy](#)

You can read about Joint Forward plans here: [joint forward plan](#)



The lead will work together with different organisations to support the groups, this includes:

- Learning from good practice.
- Sharing money.



This guidance explains what the lead needs to do in their role.

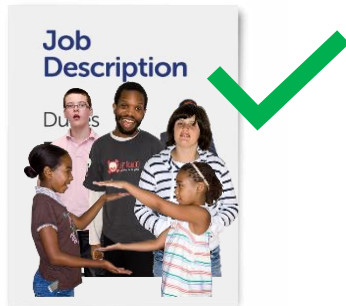


Children and Young People

The lead for children and young people



Each Integrated Care Board must have a lead for children and young people.



The role of the lead for Children and Young People will include:



- Supporting and working together with children and young people and their families.



- Making sure the Integrated Care Board has included how they will support children and young people in their Joint Forward plan.



- Improve children and young people’s physical and mental health outcomes.



The lead will also focus on:



- The quality of services.



- Making sure the right money is given to the right services including for transition.



- Having good relationships with other organisations who are working to improve children’s services.



Each Integrated Care Board is getting money from the national Children and Young People’s Transformation Programme.



This is to use for things about children and young people in the NHS Long Term Plan.



The lead for children and young people should know what the Long - Term Plan says it is going to do for children and young people.



The lead should help the board to take actions to keep children and young people healthy including through the Healthy Child Programme.



Each Integrated Care Board must legally involve the public in:

- Planning
- Decisions about NHS Services



The lead should make sure the Board works together to understand and help to solve the problems which affect children and young people.



Special Educational Needs and Disabilities

The lead for children and young People with Special Educational Needs and Disabilities [0-25]

S.E.N.D

Special educational needs and disabilities is called SEND for short.



The Integrated Care Board has actions it must do for children and young people with SEND.

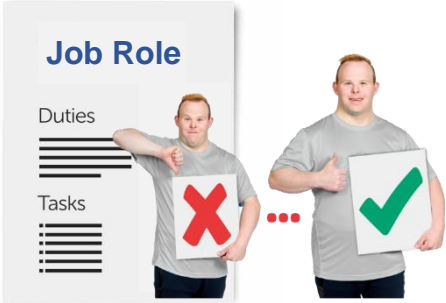



It is legally required to deliver what is in the law.



Each Integrated Care Board must have a lead for children and young people with SEND.



The lead for SEND will support the Integrated Care Board to identify and meet the health needs of children and young people with SEND.

 <p>Job Role</p> <p>Duties</p> <p>Tasks</p>	<p>This is to make sure they are doing their job roles well.</p>
	<p>The lead will support any actions needed from the SEND Improvement Plan.</p> <p>You can find this here: SEND and alternative provision improvement plan.</p>
 <p>Handbook</p>	<p>Important areas of work for the lead will include:</p> <ul style="list-style-type: none"> • Supporting the chief executive and the board to make sure they meet the health needs in the Area SEND inspections: Framework and handbook. • You can find this here: Area SEND inspections: framework and handbook.
	<p>The lead will also need to:</p> <ul style="list-style-type: none"> • Make sure that areas have designated officers (designated clinical/medical roles) who have the right skills and experience.



- Make sure there are ways of sharing information between the Integrated Care Board, local authorities and other partners.
- Be a champion for co-production with children and young people and their families and make sure it is happening.
- Supporting SEND legal duties which includes Education Health and Care plans (EHCP) being done on time and being good quality.
- Working together with organisations and education to help improve outcomes for children and young people with SEND and their families.
- Making sure there are plans across education and health and care for:
 - Joint working
 - Buying services



All ages - Safeguarding

The lead for safeguarding



Each Integrated Care Board must have a lead for safeguarding for people of all ages.



The Integrated Care board must complete its role around safeguarding.

It must also work alongside NHS England's Safeguarding Accountability and Assurance Framework.



The lead for Safeguarding should help the Integrated Care Board to make sure that new responsibilities are included in local NHS safeguarding practice.



Rules and inspection on safeguarding are important across the health system.



The Integrated Care Board must complete its roles for Safeguarding.

It is legally required to deliver what is in the law, including rules and inspections on safeguarding.



Most of the time the lead for safeguarding will be the Integrated Care Board's Director of Nursing.



An important part of what the lead for safeguarding does is to make sure that the joint forward plan includes the needs of abuse victims.

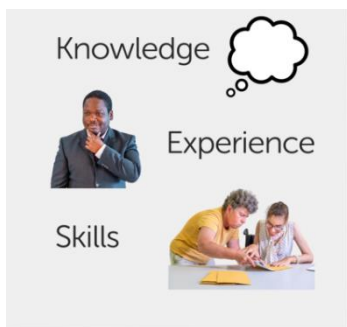


This is for all ages and includes:

- domestic abuse
- sexual abuse



Integrated Care Boards may have a number of people doing safeguarding work.



These people have to have the right skills and experience and they will support the executive lead with their responsibilities like attending meetings.



The lead will be supported by safeguarding leads in the local area and these people work together to make sure that services are trauma informed.



NHS providers must make sure safeguarding training is happening.



Learning disability and autism

The lead for learning disability and autism



Each Integrated Care Board must have a lead for learning disability and autism.



The lead for learning disability and autism will lead on supporting Integrated Care Boards to meet the needs of people with a learning disability and autistic people.



The lead will support the board to:

- Understand and see people's rights.
- Champion their needs and wishes.
- Meet the commitments in the NHS Long Term Plan

This will include supporting the board to build good ways of working closely with:

- Children and young people
- Adults
- Their families and carers

Key areas of work for the lead will include:

- Making sure support is person centred and is of high quality.



- Championing co-production and valuing people’s lived experience and knowledge of learning disability and autism.
- Putting people at the centre of decision-making to make the needs of people with a learning disability and autistic people come first.
- Understand and meet its legal duties and any guidance important to people with a learning disability and autistic people.
- Work to lower the health inequalities that people with a learning disability and autistic people have.
- Support equal access to care across all health services and improving health outcomes.



- Look for and act on feedback from autistic people, people with a learning disability and their families for example through Ask, Listen, Do.
- You can find this here: [Ask, Listen, Do resources](#).



The leads work will also include:

- Making a plan with other organisations to support people for people with a learning disability and autistic people to live well at home.
- Plan the training of the learning disability and autism workforce – including Oliver McGowan Mandatory Training.





- Making sure that there are the good ways for people to have an assessment of whether they have a disability or autism or both.
- Working with other organisations to help people get equal access to care across health services to:
 - To help people get access to care across health services.
 - To improve health outcomes.
 - To lower health inequalities in line with the Learning from Lives and Deaths – People with a Learning Disability and Autistic People (LeDeR) policy.
 - You can find that here: [LeDeR-Policy-2021-Easy-Read.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/learningfromlivesanddeaths/wp-content/uploads/2021/04/LeDeR-Policy-2021-Easy-Read.pdf)
 - To help people get the right community support, care and housing.



- Support the board to watch over and improve the quality of care for people in a mental health inpatient setting.

This includes:

- Ways to make sure there is high-quality care.
- That it is close to home.
- Reducing the use of restrictive practices in hospital



The role also includes supporting to deliver:

- Care (Education) and Treatment Reviews
- Dynamic Support Registers



- Keyworkers for children and young people



Down syndrome

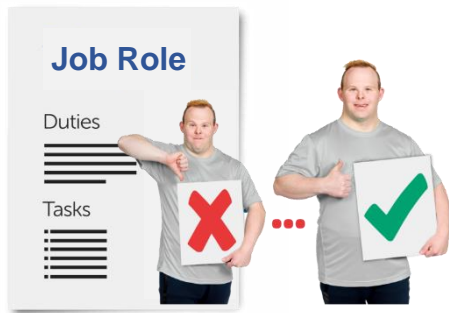
The lead for Down syndrome



Each Integrated Care Board must have a lead for Down syndrome.



The lead for Down syndrome will support the Integrated Care Board to meet the needs of people with Down syndrome.



The role of the lead for people with Down syndrome will include:

- Understanding and meeting legal duties and guidance. This includes the Down syndrome Act (2022).
- You can find this here: [Down syndrome Act](#)
- This is to make sure that the needs of people with Down syndrome are included in plans when buying services.



The role also includes:

- Supporting and being a champion for improvements in outcomes for people who have Down syndrome.
- Looking after the needs of people with Down syndrome and make sure people:
 - are being included in commissioning decisions
 - and that the decisions and funding plans are co-produced.

The lead should also:

- help the board to act on all feedback and complaints quickly and locally.



- Work with people with Down's syndrome and their families to make sure they get:

- good care and good outcomes



- access to the support they need.



Mental health lead roles



The mental health lead must be a member of the board but the lead cannot be the Integrated Care Board Chair or Chief Executive.



The mental health lead should help the board to make sure people get the same care whether they have a mental health illness or physical illness.



We have co-produced the jobs for this lead role and they include:

- To build a good understanding of law, policy, guidance, and good ways of working.
- To work together with the chief executive and the board to best support people with their mental health.
- To make sure that national and local mental health needs are thought about when strategies and plans are made.
- To make sure plans and strategies are funded.



This can be done by:

- Making sure mental health lead have the support to make decisions about money for care.
- Support and show the views of everyone by making sure everyone's voices and experiences are listened to and acted upon
- The voluntary, community and social sector plays an important part.
- Making sure that the system builds on the skills of the work force to deliver on mental health priorities.
- Working with people with mental health needs and their families to make sure the Integrated Care Board gives people early help and support when needed.

The collage features several key elements: a central woman labeled 'Mental health Lead' standing in front of a gear and a 'Mental Health Act' sign; a 'Plan' document with a winding path through 'Step 1' and 'Step 2'; a 'Person Centred' banner with a person in a wheelchair; a group of people shaking hands; and a 'Plan' document with a £20 note.

- Working with local mental health provider collaboratives to:
 - support local care
 - make sure the transitions across mental health pathways are smooth

The mental health lead role also includes:

- Making sure that everyone is treated as individuals with their own needs and strengths.
- asking for feedback from people with a mental health need and their families and make sure it's acted on.
- Making sure that local services and plans for paying for care put people with mental health needs first



Work to do this includes:

- a. champion their needs and wishes

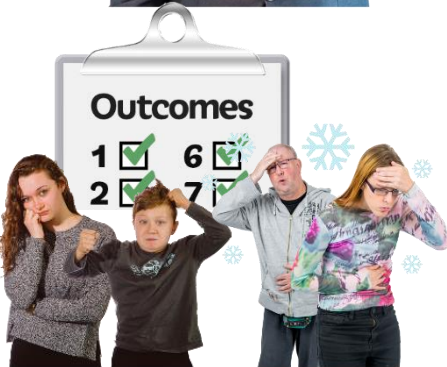
- b. have good ways to work closely with people and their families to make sure support is person centred.

- c. supporting co-production of:
 - strategies and policies
 - how services are delivered
 - changing ways of working with people that have lived experience

The lead should also:

- make sure good quality data is added nationally to help make good decisions.

- use this data locally to design care for people that are at risk of getting mental health conditions.



This can be done by:

- a. Working with local government partners to make sure mental health needs are included in data collections.
 - b. Think about how data is collected and how it is used.
- This can help to find evidence of links between physical and mental health outcomes.

Mental health lead should also:

- make sure that mental health inpatient units are of good quality and act strongly to concerns about:



- Care
- Inpatient units rated as inadequate
- Or that are closing.

The role should also:

- work together with partners, providers, and primary care networks to reduce health inequalities.
- This includes supporting people with serious mental illness to access annual health checks.
- making sure that all communities have the same access to outreach support and mental health services.



- making sure that the Integrated Care Board works together towards the same outcome. This will include working with:
 - other organisations from different areas
 - with other commissioners
- Working with local mental health provider collaboratives will be very important.
- Provider collaboratives are providers that work together.

