



Report of Dr Stewart Findley, Chief Officer, Clinical Commissioning Groups

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide the Health and Wellbeing Board with an overview of the Integrated Care System proposal.

Executive summary

- 2 On 19 June 2019 the North East and North Cumbria was confirmed as one of a small number of Integrated Care Systems (ICS) across the country.
- 3 The ICS is not a new organisation, it is a collaboration of existing NHS commissioners and providers, as well as partners. This status is a vote of confidence in the strength of how we work together as a system, although it is acknowledged that there is lots still to be done to improve the health and wellbeing of our communities

Recommendation(s)

- 4 Members of the Health and Wellbeing Board are recommended to receive the report, and provide comment at the meeting as necessary.

Background

- 5 The quality of our health and care services is amongst the best in the country, however we are not making fast enough improvements to the overall health of our population.
- 6 Healthy life expectancy in the North East and North Cumbria remains amongst the poorest in England, with high unemployment and low levels of decent housing, and significant areas of deprivation. These contribute to some of the starkest health inequalities, early death rates and highest sickness levels in England, driving much of the pressure

that health and social services struggle to manage, so we know things need to change.

- 7 The ambition is to significantly improve health outcomes for people in the North East and North Cumbria (NENC) and we are focused on creating a common purpose and joint ambition to drive improvements in health, wealth and wellbeing.
- 8 Working together across organisations in a coordinated and targeted way can have a major impact on health outcomes. This is demonstrated by the success seen in reducing early deaths due to cardiovascular disease by 50% between 2001 and 2012. This was achieved through a systematic programme of health checks and stop-smoking initiatives, working with public health leads, GPs, pharmacists, hospitals and commissioners. The scale and ambition of this work is what the integrated care system wants to achieve across a number of key priorities.
- 9 By working with local communities and staff, and by ensuring system and clinical leaders agree joint plans, priorities will be developed collectively for an integrated care system which allows the transformation of people's health and wellbeing and the ability to deal more effectively with the day to day challenges faced by services.
- 10 Whilst for most people their health and care needs are best met by integrated, place-based services, NHS organisations are committed to work together 'at scale', where appropriate to harness collective resources and expertise to make faster progress on improving health outcomes. For a small number of strategic issues working at scale makes sense and adds value.
- 11 Work with partners will continue and the Health and Wellbeing Board will remain the fundamental building block for the ICS.
- 12 The proposal is that there will be one Integrated Care System, with four Integrated Care Partnerships. Details of the emerging operating model and levels of working in the ICS are detailed in Appendix 2.
- 13 The following emerging joint priorities are focused on improving people's health and wellbeing and ensuring safe and sustainability services, and have been informed by the views of senior doctors, nurses and other stakeholders:
 - (a) Improving population health
 - (b) Improving outcomes for those with poor Mental health
 - (c) Transforming care for people with learning disabilities
 - (d) Optimising the quality and sustainability of health services

- (e) Better use information technology
- (f) Building a motivated and flexible workforce

Further details of the priorities are provided in Appendix 2.

- 14 Details of how decisions will be made, and how engagement will be undertaken are provided in Appendix 2. For place-based activity, work will continue through Health and Wellbeing Boards which are a crucial forum for local authorities, CCGs and partners to assess the needs of local populations and jointly commission services.
- 15 Each ICS is required to establish a 'Partnership Assembly' that brings together NHS commissioners and providers with local authority and other partners. These will focus on issues that cut across wider boundaries, and will be decision-making structures that are based on building consensus for working 'at scale'. The ambition is to establish this by early 2020, and discussions are taking place with the leadership of local authorities across the North East and North Cumbria on how such a body is best constituted to maximize the impact that can be made together on improving health and wellbeing outcomes for our population.

Conclusion

- 16 Members of the Health and Wellbeing Board will receive an overview of the ICS proposals and will have an opportunity to share their views at the meeting.

Background papers

- None

Other useful documents

- North East and North Cumbria Integrated Care System (Appendix 2)

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Appendix 1: Implications

Legal Implications

No implications. Individual organisation governance remains unchanged.

Finance

No implications

Consultation

No implications

Equality and Diversity / Public Sector Equality Duty

No implications

Human Rights

No implications

Crime and Disorder

No implications

Staffing

There are no current implications for staffing. Initiatives to optimise service sustainability may impact positively on staffing levels for health services in future.

Accommodation

No implications

Risk

No implications

Procurement

There are no current procurement implications.