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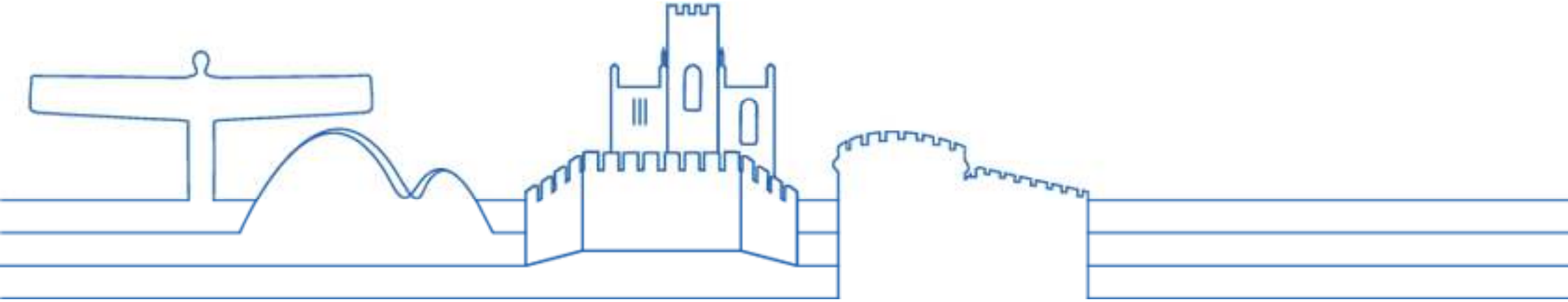
Update on ICS development

Durham Health and Wellbeing Board

Sam Allen

ICB Chief Executive Designate



The four main aims of ICBs

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- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

Key terminology

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- **Integrated Care System (ICS)** – the geographical area - e.g. the North East and North Cumbria - in which health and care organisations work together through the following bodies:
- **Integrated Care Board (ICB)** – the statutory NHS organisation that replaces our 8 CCGs, taking on their previous responsibilities to plan and deliver healthcare across the 13 upper tier local authorities (our 'places') in the ICS area. The ICB will delegate many of its functions to place level.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 13 local authorities responsible for developing an **Integrated Care Strategy** built up from the needs assessments from each of our 13 places – that the ICB and the local authorities must 'have regard to' in planning and delivering services
- **Health and Wellbeing Board (HWBBs)** – a statutory sub-committee of each local authority, responsible for developing a Joint Strategic Needs Assessment (JSNA) for their local area, and a Joint Health Wellbeing Strategy. The ICB and its place-based teams will work with HWBBs as our CCGs do now.

Integrated Care System architecture

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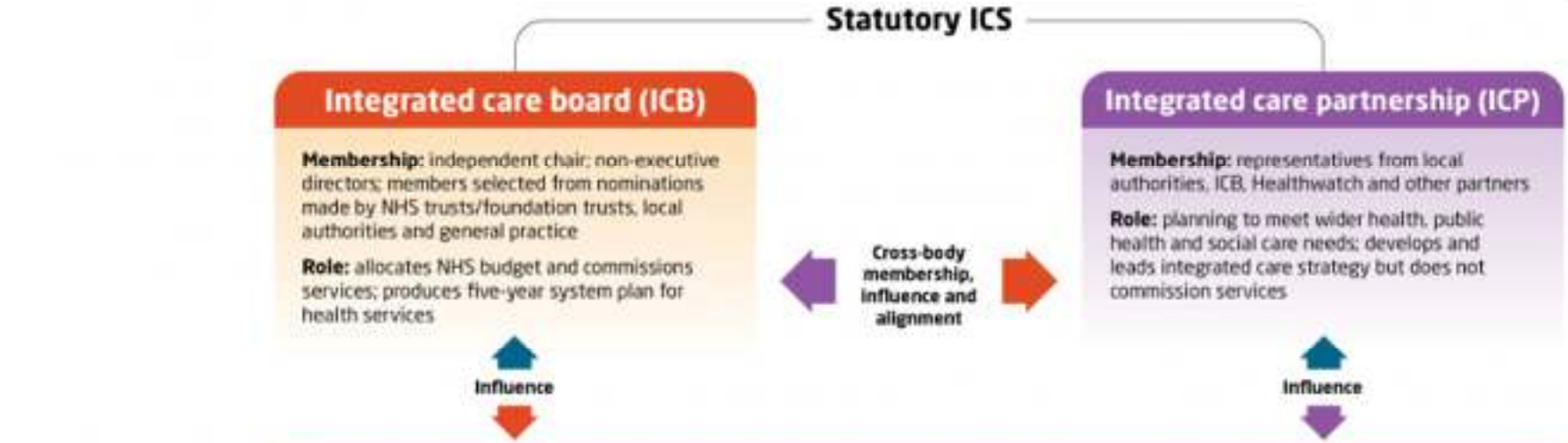

Geographical footprint	Partnership and delivery structures: Name	Participating organisations
System Usually covers a population of 1-2 million	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250-500,000	**Health and wellbeing boards**	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30-50,000	**Primary care networks**	General practice, community pharmacy, dentistry, opticians

The King's Fund

Developing our Integrated Care Board

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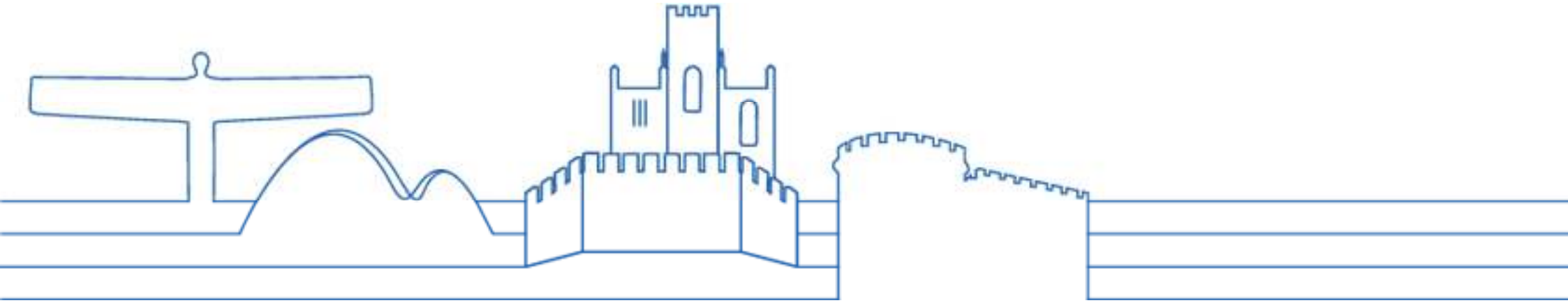
Membership, functions, and delegations to place



Guiding principles for ICB development agreed with our partners

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- Secure **effective structures** that ensure accountability, oversight and stewardship of our resources
- Create **high quality planning arrangements** to address population health needs, reduce health inequalities, and improve care
- Ensure the **continuity of effective place-based working** between the NHS, local authorities and our partners
- **Recognise our ICP sub-geographies** as a key feature of our way of working across multiple places
- Design the right mechanisms to drive improvements in **geographical areas larger than place-level**
- Highlight areas of policy, practice and service design where **harmonisation of approach** might benefit service delivery
- Maintain high and positive levels of **staff engagement and communication** at a time of major change

ICB Appointments

Board position	Appointment
Chair	**Professor Sir Liam Donaldson**
Chief Executive	**Sam Allen**
Executive Directors of Place Based Delivery (x2)	**Mark Adams** (North & North Cumbria) **Dave Gallagher** (Central & Tees Valley)
Executive Director of Finance	**Jon Connolly**
Executive Medical Director	**Dr Neil O'Brien**
Executive Chief Nurse	*Vacant – executive search continuing*
Executive Chief Digital & Information Officer	**Professor Graham Evans**
Executive Chief People Officer	**Annie Laverty**
Executive Director Corporate Governance, Communications & Involvement	**Claire Riley**
Executive Director of System & Strategy Oversight	**Jacqueline Myers**
Director of Innovation	**Aejaz Zahid**
Independent Non-executive Members **(2 out of 4 appointed, recruitment ongoing)**	**Professor Eileen Kaner** **Jon Rush**
Non-voting participants: ICS HealthWatch Network ICS Voluntary Sector Partnership	*To be appointed*

**Appointment of our 8 partner members on the ICB (4 from Local Authorities, 2 from Foundation Trusts, 2 from Primary Care) can only commence after the Bill receives Royal Assent in May*

North East and North Cumbria Integrated Care Board – High Level 'Functions and Decisions Map'

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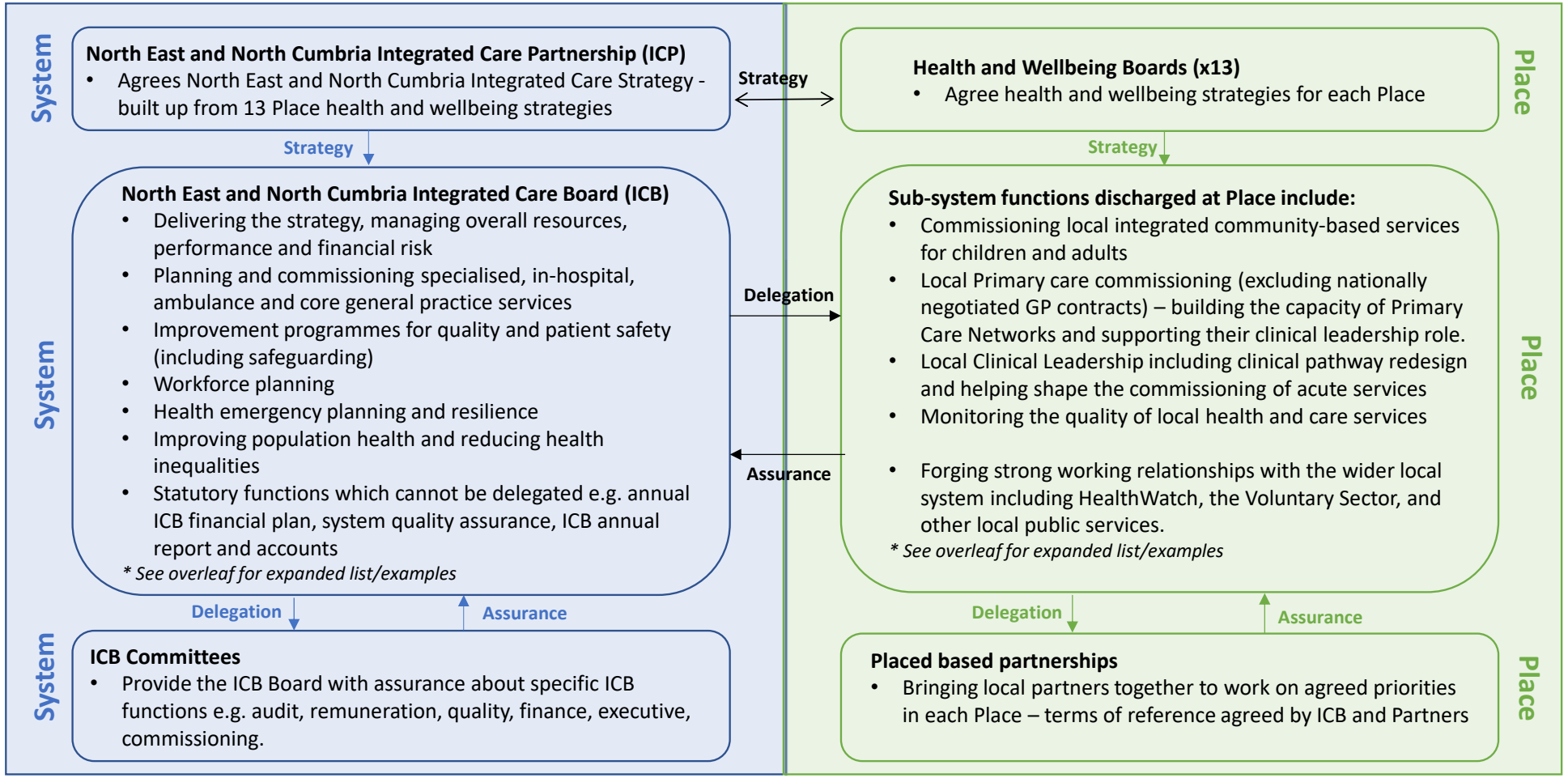

Place-based working: Expectations in the Integration White Paper

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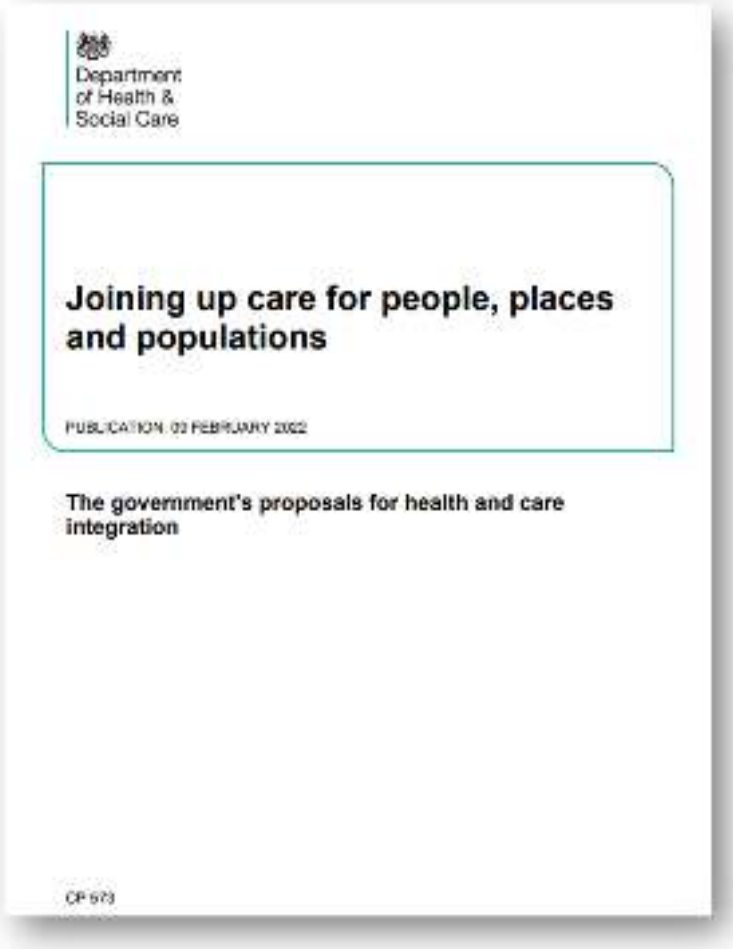
- While strategic planning is carried out at ICS level, **places will be the engine for delivery** and reform
- Introducing a **single person accountable for delivery** of a shared plan at a local level – agreed by the relevant local authority and ICB
- Expectations for **place-level governance and accountability** through 'Place Boards' or similar to be adopted by Spring 2023.
- **Place governance should provide clear decision-making**, agreeing shared outcomes, managing risk and resolving disagreements
- These arrangements should **make use of existing structures** and processes including Health & Wellbeing Boards and the Better Care Fund.
- All places will need to develop ambitious plans for the scope of services and spend to be overseen and section 75 will be reviewed to **encourage greater pooling of budgets**
- ICS will support **joint health and care workforce planning at place level** to meet the needs of local populations, expanding multidisciplinary teams
- **The CQC will consider outcomes agreed at place level** as part of its assessment of ICSs
- **Place Boards will require shared insight** and a holistic understanding of the needs of their local population, listening to the voices of service users



Our forward plan for place-based working

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- Every upper-tier local authority 'place' will retain a Health and Wellbeing Board, and its existing joint NHS-Local Authority decision-making forum
- Our HWBBs will maintain their key role in setting the priorities for place-based working, and in shaping our strategy through the ICP
- We want to work with each of our places to understand their aspirations for place-based working, and how we will jointly meet the expectations set out in the White Paper by 2023
- The ICB's budget will receive its budget allocation based on our population health needs across our 13 places. We propose to increase the budgets which can be managed jointly at place.
- We are working to develop our place structures to ensure stability and continuity of key place-based functions, building on existing good practice
- The ICB transitional place-based governance arrangements for 2022-3 will, amongst other things, allow us to continue to jointly commission with LAs, focus on primary care development, and ensure that local quality and safeguarding issues are managed effectively.

ICB OPERATING MODEL – GOVERNANCE (TBD)

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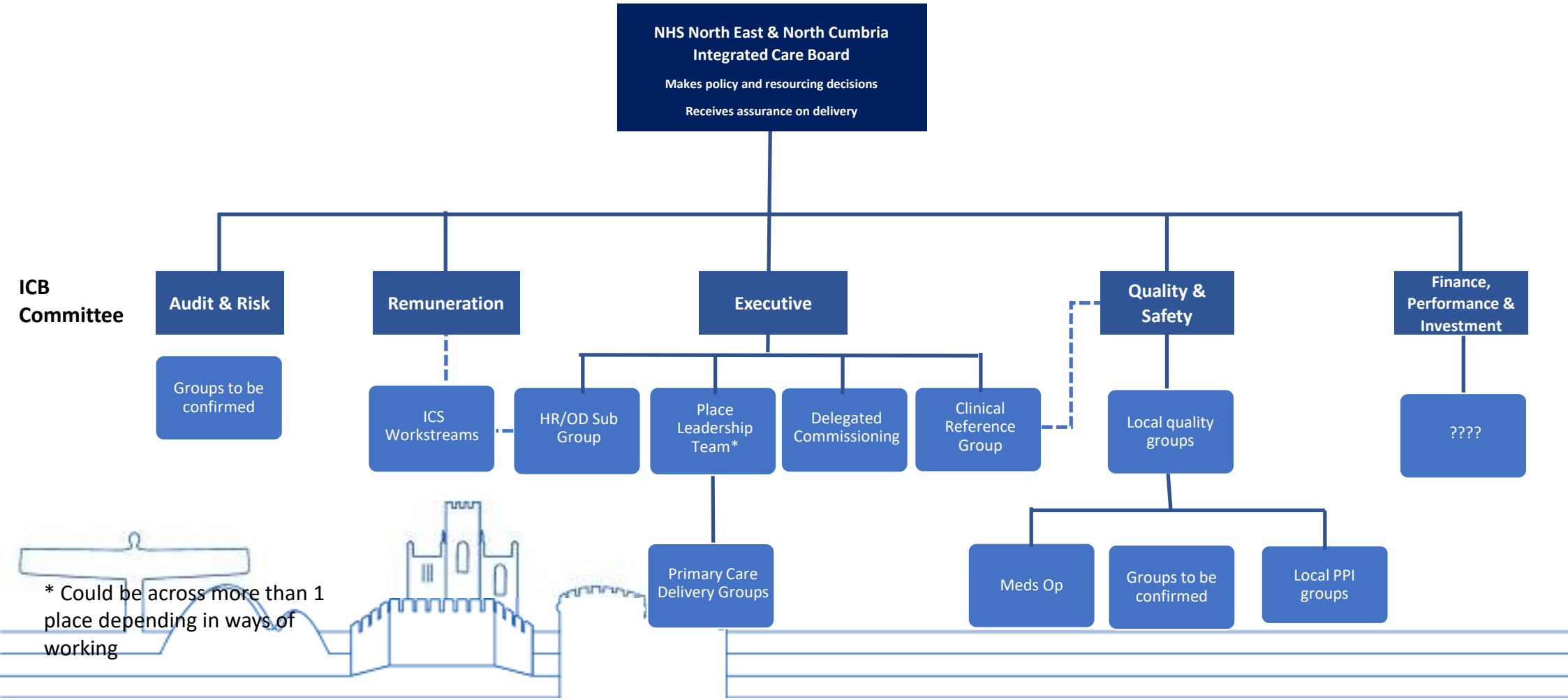

* Could be across more than 1 place depending in ways of working

Developing our Integrated Care Partnership

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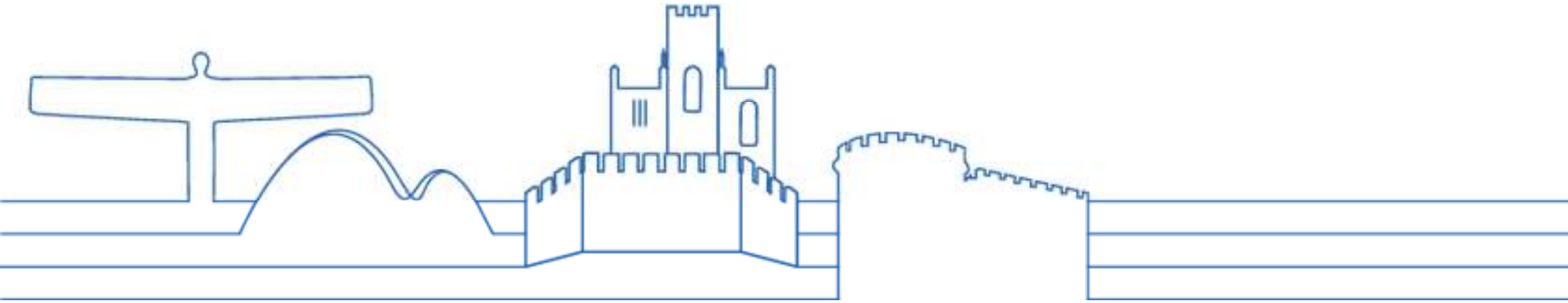
Role, membership and relationship to our places



ICP Development

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'Our health is not defined by the quality of health services but by the strength of the local economy, and the quality and availability of housing, education and employment.'

- The ICP will oversee the development of an Integrated Care Strategy for our ICS
- Huge opportunity to galvanise the joint action and commitment we need to improve population health in our ICS
- Our ICP will build on our existing system-level work, such as our ICS Population Health and Prevention workstream
- The ICP can also complement the joint work of our local authority Adults', Children's and Public Health Networks
- We will also work closely with our Local and Combined Authorities to strengthen the NHS's contribution to regional economic growth

Building up an ICP from each of our places

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North Cumbria ICP

Population: 324,000
1 CCG: North Cumbria
Primary Care Networks: 8
1 FT: North Cumbria Integrated Care NHS Foundation Trust (NCIC)
1 Council Area: Cumbria County Council (with 6 District Councils)
North West Ambulance Service

North of Tyne and Gateshead ICP

Population: 1,075M
3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
Primary Care Networks: 22
3 FTs: Northumbria, Newcastle, Gateshead
4 Council Areas: Northumberland, North Tyneside, Newcastle, Gateshead

Durham, South Tyneside and Sunderland ICP

Population: 997,000
3 CCGs: South Tyneside, Sunderland, County Durham
Primary Care Networks: 22
2 FTs: South Tyneside & Sunderland, County Durham and Darlington
3 Council Areas: South Tyneside, Sunderland, County Durham

Tees Valley ICP

Population: 701,000
1 CCG: Tees Valley
Primary Care Networks: 14
3 FTs: County Durham and Darlington, North Tees & Hartlepool, South Tees
5 Council Areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland

- Agreed with partners that we will have one Strategic ICP supported by 4 ‘Sub-ICPs’
- This recognises our position as the largest ICS area in the country and our long-established sub-regional partnership working arrangements between CCGs, Foundation Trusts and Local Authorities
- These Sub-ICPs will build a needs assessment from each of their HWBBs, which will then feed into the Integrated Care Strategy setting process overseen by the strategic ICP.
- Planning meetings now taking place, ahead of first formal meetings of the ICP from July

ICP Membership options

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ICP development

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- Strategic planning underway with LAs on the **practicalities of ICP formation** (including chairing, membership, TOR, reporting framework to e.g. HWBs and relationships with key forums)
- We have also convened a working group of senior stakeholders to develop proposals on the **development of our Integrated Care Strategy** for approval by our ICP by December 2022
- This will build up from
  - the JSNAs from each of our **12 Health and Wellbeing Boards**
  - the analytical work of the Office for Health Improvement and Disparities in our region
  - performance management information from NHS England
  - patient and service user feedback from HealthWatch and VCSE sector partners
  - the strategic analysis and shared priorities of our DsPH, ADASS, and ADCS networks
  - the economic development work of our Local and Combined Authorities.
- The outputs of this ICP development work will then be considered alongside feedback on our draft ICB operating model first by our Shadow ICB, and then at a **deliberative event** for all our key stakeholders in June 2022.
- This will provide a holistic picture of how our system works, and how our governance fits together leading into the first formal meetings of our ICP(s) from July onwards.

Next steps

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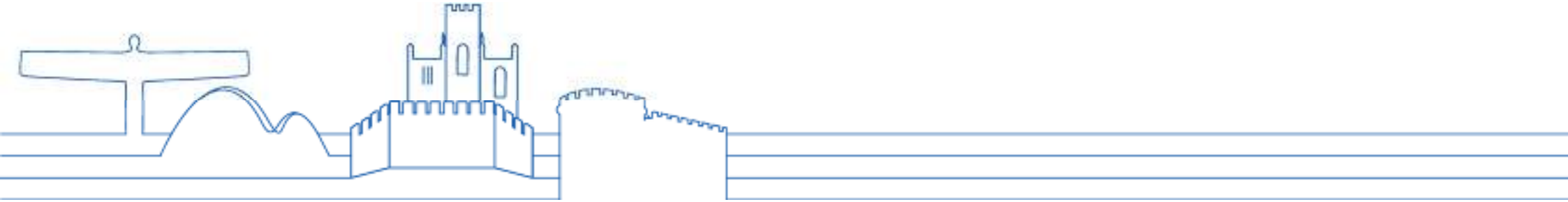
- We are gathering views and expertise on our operating model with a further iteration to be developed by May 2022
- This will include proposals on transitional place-based working arrangements, and we will work with our places to develop a route map to more formal place governance by 2023 (as required by the Government's Integration White Paper).
- We need to test our operating model against a range of scenarios
- We will also review our ICB committee roles and structures, and the governance of our ICS workstreams, with our Executive Directors as they are appointed.
- Our final operating model will shape how we deploy our most senior staff, but we envisage that the vast majority of our staff will continue to work in the way they do now
- Ongoing engagement with key partners on the development of the ICS, including with Health and Wellbeing Boards and local and sub-regional scrutiny committees



Feedback and Questions