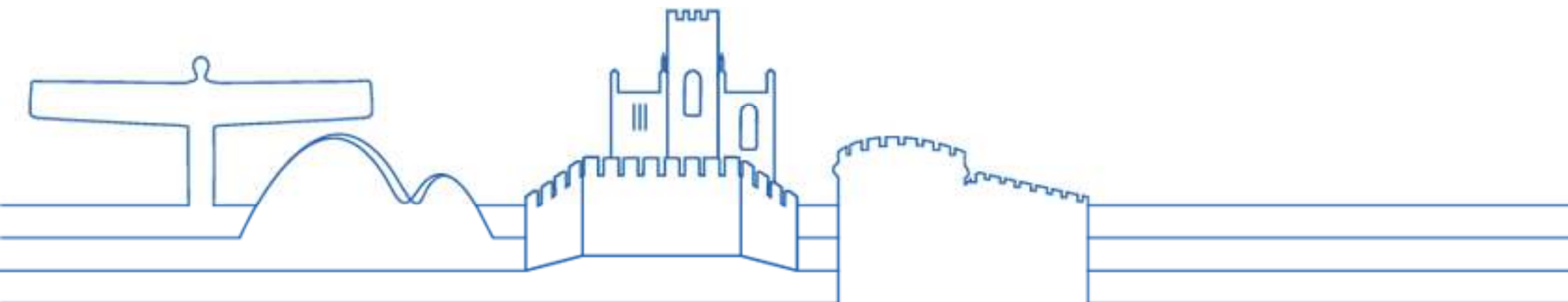




**North East &  
North Cumbria**

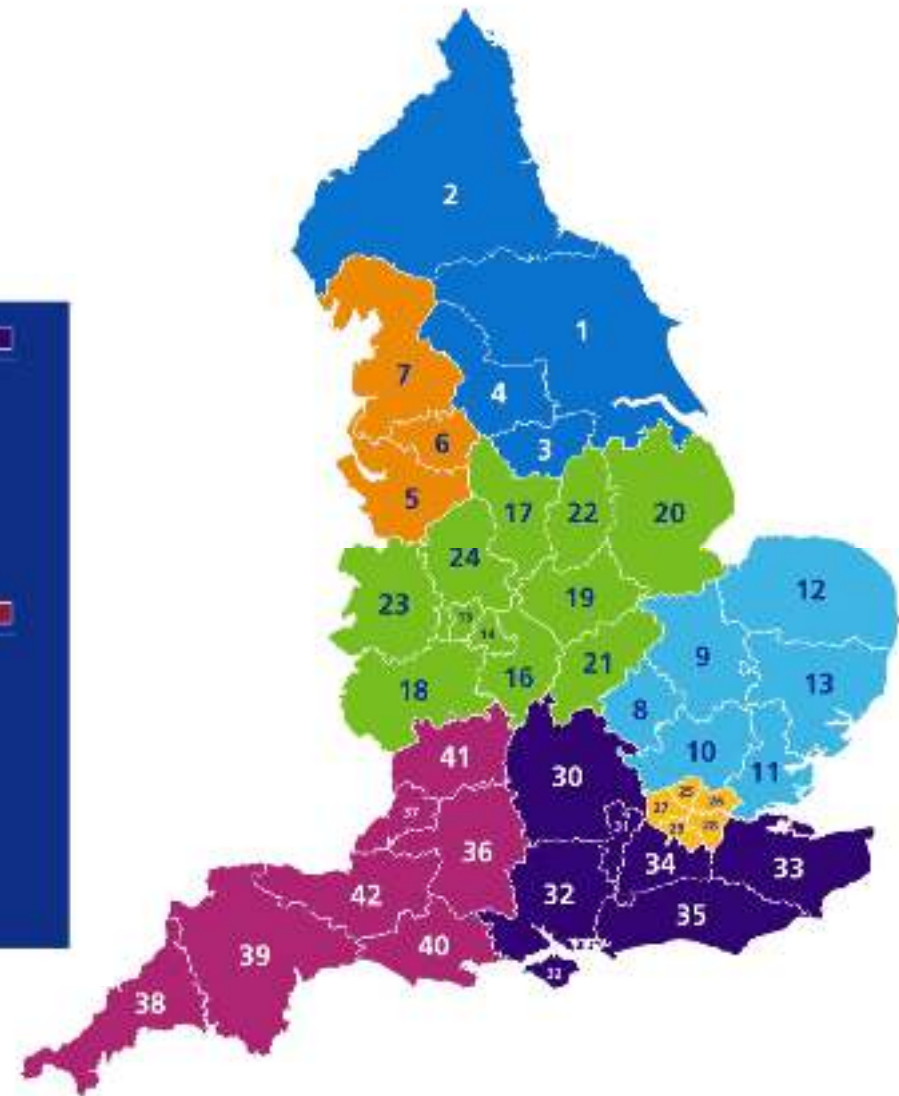
# **Integrated Care Board Update Briefing for Elected Members**



# Integrated Care Boards

From 1 July 2022

<b>North East &amp; Yorkshire</b> <ul style="list-style-type: none"> <li>1 NHS Humberside and North Yorkshire</li> <li>2 NHS North East and North Cumbria</li> <li>3 NHS South Yorkshire</li> <li>4 NHS West Yorkshire</li> </ul>	<b>Midlands</b> <ul style="list-style-type: none"> <li>14 NHS Tynesham and Northul</li> <li>15 NHS West Midlands</li> <li>16 NHS Coventry and Warwickshire</li> <li>17 NHS Derby and Derbyshire</li> <li>18 NHS Herefordshire and Worcestershire</li> <li>19 NHS Leicester, Leicestershire and Rutland</li> <li>20 NHS Lincolnshire</li> <li>21 NHS Northamptonshire</li> <li>22 NHS Nottingham and Nottinghamshire</li> <li>23 NHS Shropshire, Hereford and Wrexham</li> <li>24 NHS Staffordshire and Stoke-on-Trent</li> </ul>	<b>South East</b> <ul style="list-style-type: none"> <li>30 NHS Buckinghamshire, Oxfordshire and Berkshire East</li> <li>31 NHS Dorset</li> <li>32 NHS Hampshire and Isle of Wight</li> <li>33 NHS Kent and Medway</li> <li>34 NHS Surrey Heathlands</li> <li>35 NHS Surrey</li> </ul>
<b>North West</b> <ul style="list-style-type: none"> <li>5 NHS Cheshire and Merseyside</li> <li>6 NHS Greater Manchester</li> <li>7 NHS Lancashire and South Cumbria</li> </ul>	<b>London</b> <ul style="list-style-type: none"> <li>25 NHS North Central London</li> <li>26 NHS North East London</li> <li>27 NHS North West London</li> <li>28 NHS South East London</li> <li>29 NHS South West London</li> </ul>	<b>South West</b> <ul style="list-style-type: none"> <li>36 NHS Bath and North East Somerset, Swindon and Wiltshire</li> <li>37 NHS Bristol, North Somerset and South Gloucestershire</li> <li>38 NHS Cornwall and Devon</li> <li>39 NHS Devon</li> <li>40 NHS Dorset</li> <li>41 NHS Gloucestershire</li> <li>42 NHS Somerset</li> </ul>
<b>East of England</b> <ul style="list-style-type: none"> <li>8 NHS Bedfordshire, Luton and Milton Keynes</li> <li>9 NHS Cambridgeshire and Peterborough</li> <li>10 NHS Essex, Herts and West Essex</li> <li>11 NHS Middlesex and South Essex</li> <li>12 NHS Norfolk and Waveney</li> <li>13 NHS Suffolk and North East Essex</li> </ul>		



# What's an ICS, ICB and ICP?

**Integrated Care System (ICS)** – where our health and care organisations work together to improve the health of our communities through the following bodies:

- **Integrated Care Board (ICB)** – our new statutory NHS organisation that will take on the responsibilities of the eight CCGs and some of the functions held by NHS England. The ICB will also work at 'place level' in each of our 13 local authority areas with a range of partners.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 13 local authorities responsible for developing an **integrated care strategy**.



## It's about:

- building on what's there now
- being ambitious for our population health and outcomes
- only doing things ICS wide when this adds value
- focusing on the big challenges to health and well being- eg CVD, MH, cancer, inequalities, pandemic disease
- working with partners on how we influence and support economic regeneration and sustainability.

# Continuity and change

## What will stay the same?

- The continued statutory role of local authorities in improving the health of their local population, and providing local public health and social care services.
- A 'duty to collaborate' between NHS organisations and local authorities that builds on existing work to promote joint working across healthcare, public health, and social care
- The continued statutory role of Health and Wellbeing Boards in each of our places, in preparing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- Former CCG teams are now part of the ICB and will continue to work in each of our local authority 'places' as now, ensuring operational continuity and stability
- Continued NHS representation at Health and Wellbeing Boards through our ICB teams, and joint working on issues such as health and social care integration, continuing healthcare and local safeguarding

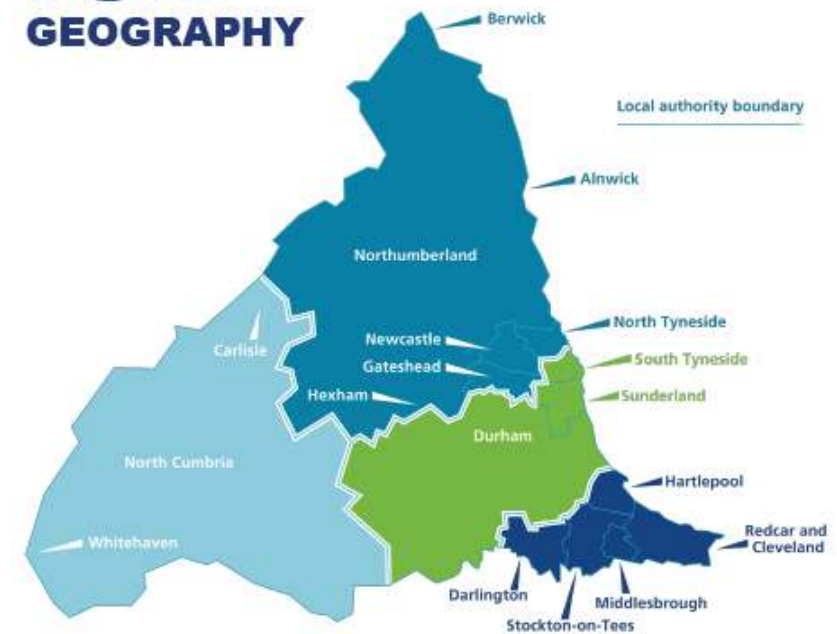
## What will change?

- One Integrated Care Board has replaced eight CCGs, inheriting their budgets and responsibilities (but delegating much of these powers back to 'place level', where ICB teams will continue to work closely with local authorities)
- Streamlined decision-making via the ICB on strategic issues (such as the commissioning of hospital services, investment in key infrastructure or workforce planning)
- The creation of a statutory Integrated Care Partnership of the ICB and the local authorities in the ICS area – setting joint system priorities in an Integrated Care Strategy (which the ICB and each local authority must have regard to in making decisions).
- A new procurement commitment from the ICB to help the NHS support broader social and economic development in the North East and North Cumbria.

## Where are we now

- NHS NENC ICB became a statutory NHS body on 1 July
- First Board meeting held on 1 July, all key partner members involved
- Operating model agreed and all key functions mapped
- Executive team in place and directors now confirmed in role
- All staff now lifted across to the ICB and continuing to work on key priorities
- Business as usual for place based partnerships
- Business as usual: consistency and stability are key

## ICB GEOGRAPHY



# ICB strategic aims



## 1 Improve outcomes in population health and healthcare

Continue to raise standards so services are high quality and delivered effectively making sure everyone has access to safe quality care whether in the community or in another setting.



## 2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local people.



## 3 Enhance productivity and value for money

Working with partners in NHS, Social Care, and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes.



## 4 Help the NHS support broader social and economic development

Focus on improving population health and well-being through tackling the wider socio-economic determinants of health that have an impact on the communities we serve.

# Key functions of the Integrated Care Board

Developing a plan to meet the health needs of the population

Allocating resources (revenue and capital) to deliver the plan and agree contracts with providers

Establishing joint working and governance arrangements between partners

Leading major service transformation programmes across the ICS

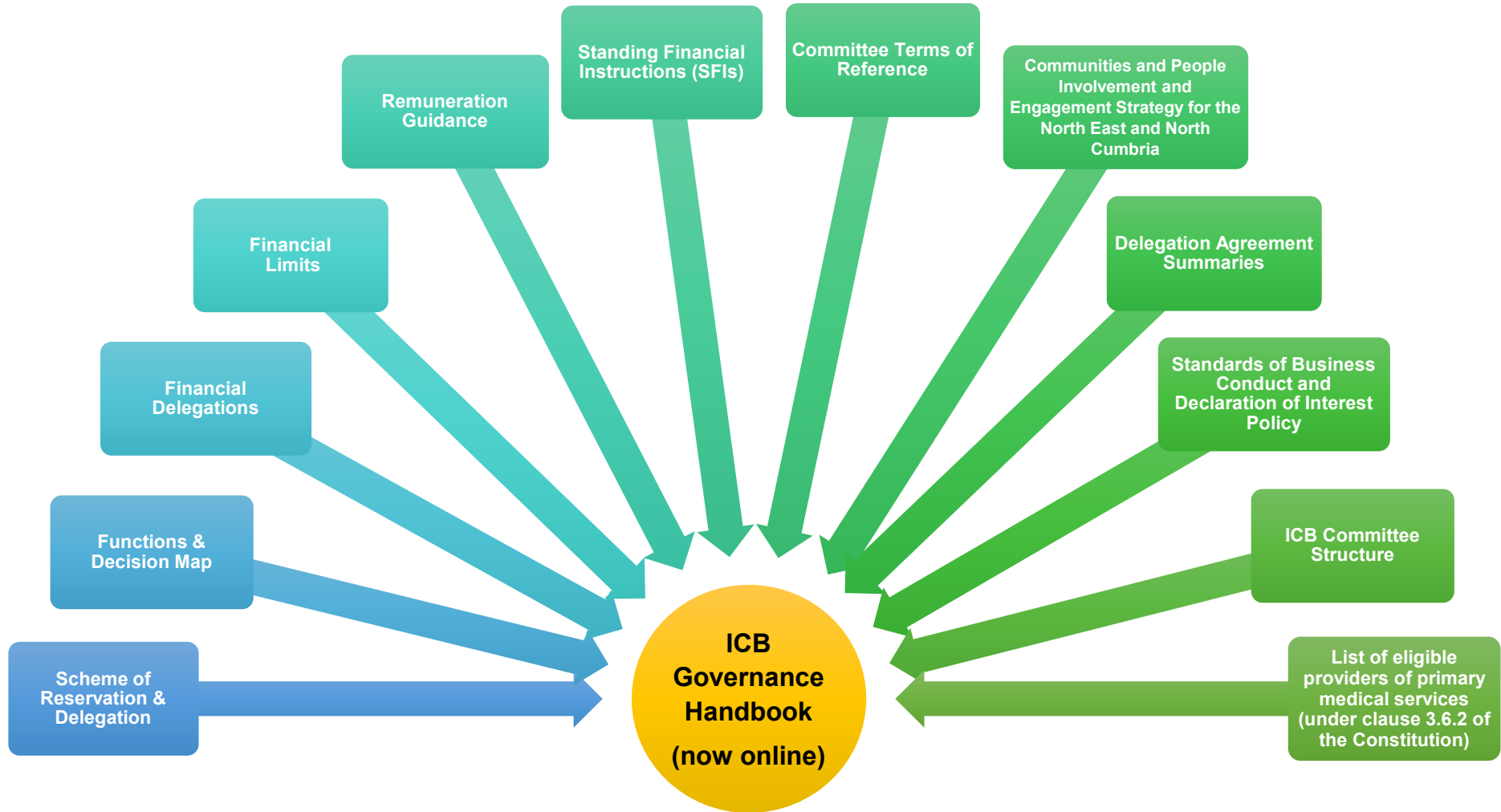
Implement the NHS People Plan

Leading system-wide action on digital and data

Joint work on estates and procurement

Leading emergency planning and response

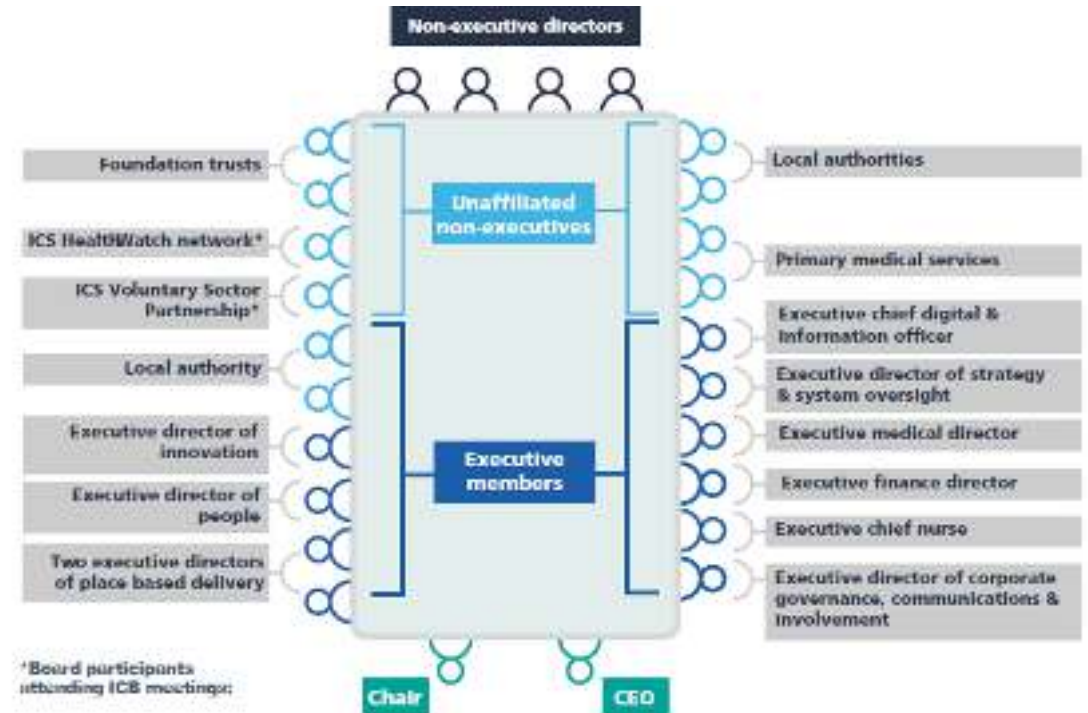
# ICB Governance





# Our leadership team

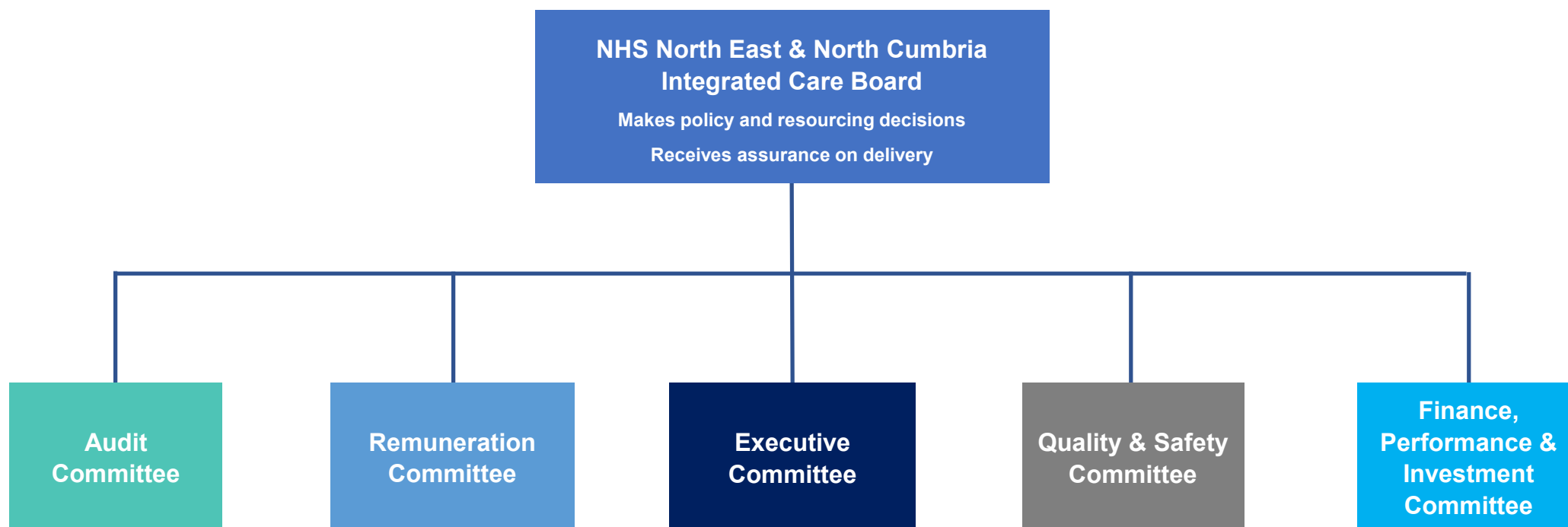
- Chair – **Sir Liam Donaldson**
- Chief Executive – **Samantha Allen**
- Executive Medical Director – **Dr Neil O'Brien**
- Executive Finance Director – **Jon Connolly**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Director of Corporate Governance, Communications and Involvement – **Claire Riley**
- Executive Director of Innovation – **Aejaz Zahid**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- Executive Director of Strategy and System Oversight – **Jacqueline Myers**
- Executive Director of Placed Based Partnerships (Central and Tees Valley) – **Dave Gallagher**
- Executive Director of Placed Based Partnerships (North and North Cumbria) – **Mark Adams**



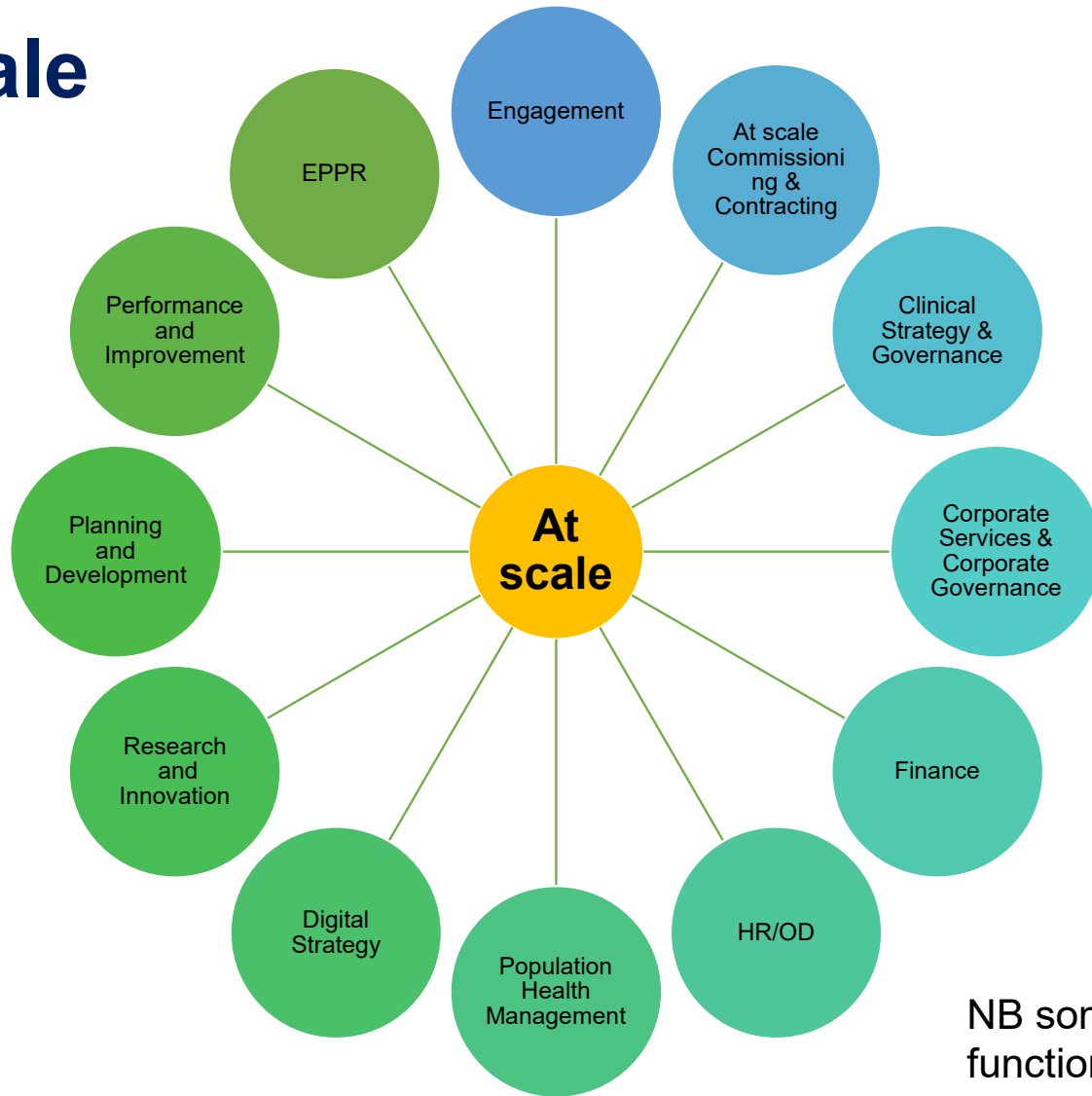
## Partner Members

- **Local Authorities** (designate members): Tom Hall (South Tyneside), Ann Workman (Stockton-on-Tees), Cath McEvoy-Carr (Newcastle), plus one elected member (TBC)
- **Primary Care:** Dr Saira Malik, Dr Mike Smith
- **NHS Foundation Trusts:** Ken Bremner, Dr Rajesh Nadkarni

# ICB Board and Committee Structure



# Functions at scale overview



NB some of these functions may also occur at place

# Functions at place overview

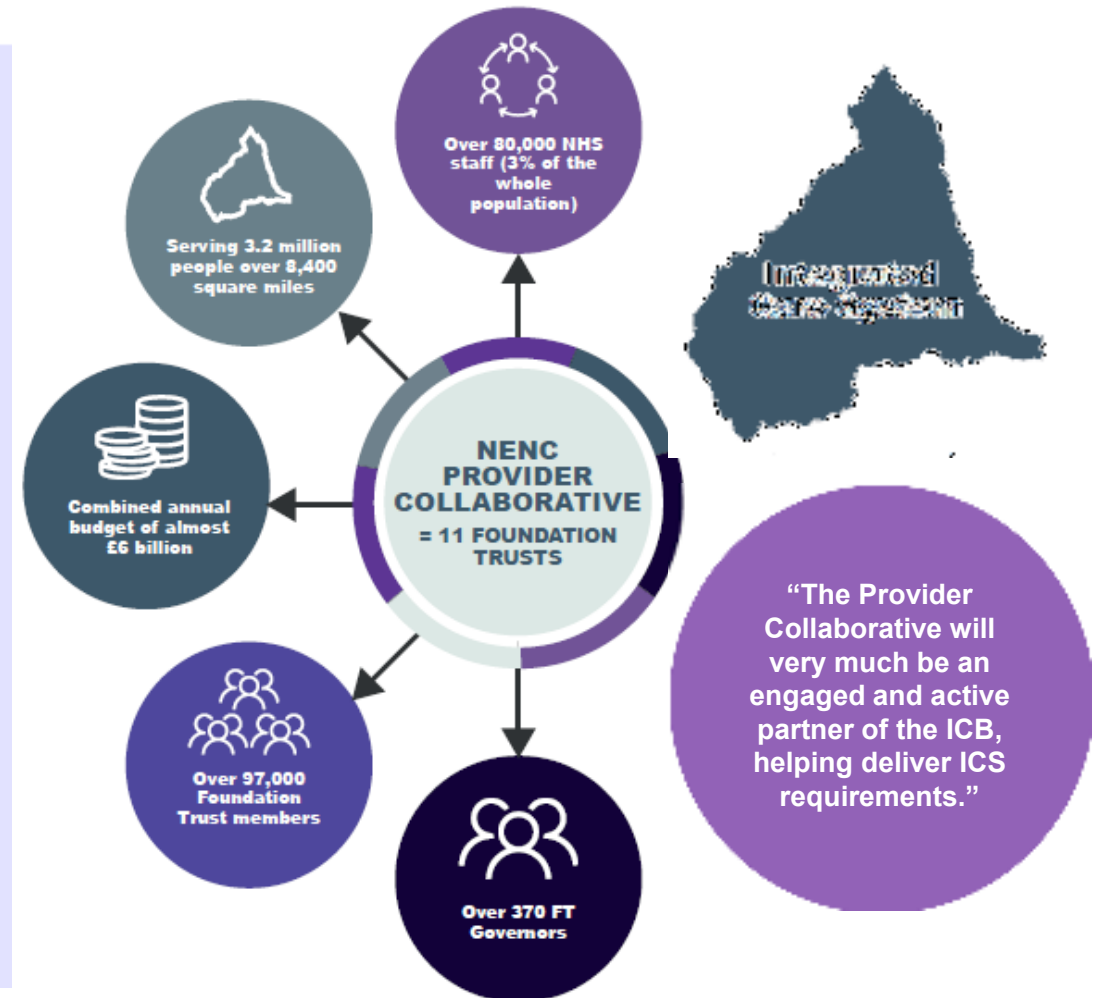


Some of these functions may also occur at scale. Each place will have allocated resource to manage its functions. Resource may be utilised across places where appropriate

# A new Provider Collaborative will also be a key part of our system

The North East and North Cumbria (NENC) FT Provider Collaborative is a formal partnership of all 11 NHS Foundation Trusts (FTs) in the region.

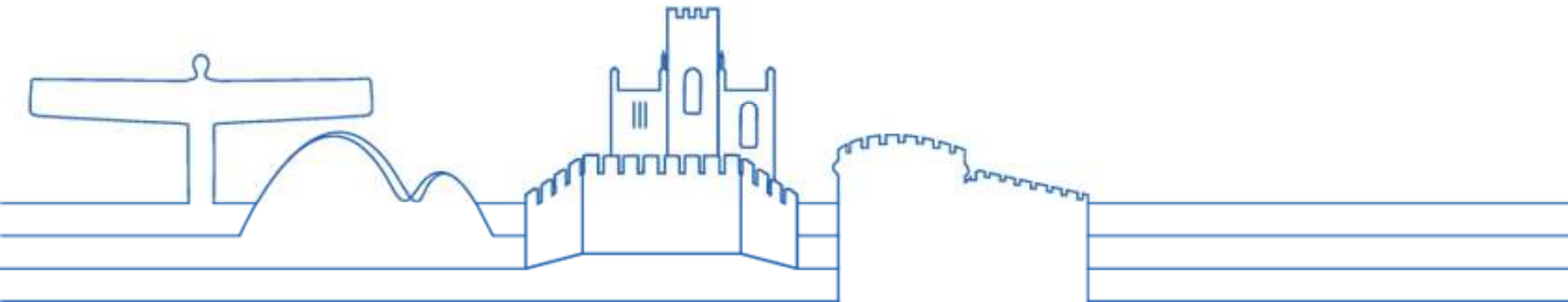
- It shares the same 4 strategic aims as the ICB.
- It provides a formal mechanism for collective decision making across all FTs on important 'whole system' issues. It will act on behalf of and take decisions representing the collective view of our 11 FTs, rather than being a separate formal entity.
- Specific areas of focus, work programmes and resourcing for 2022/23 will be jointly agreed and set out by the ICB and Provider Collaborative, documented in a Responsibility Agreement by the end of July 2022.
- The Responsibility Agreement between the ICB and Provider Collaborative will be reviewed at least annually.



# Our Integrated Care Partnerships

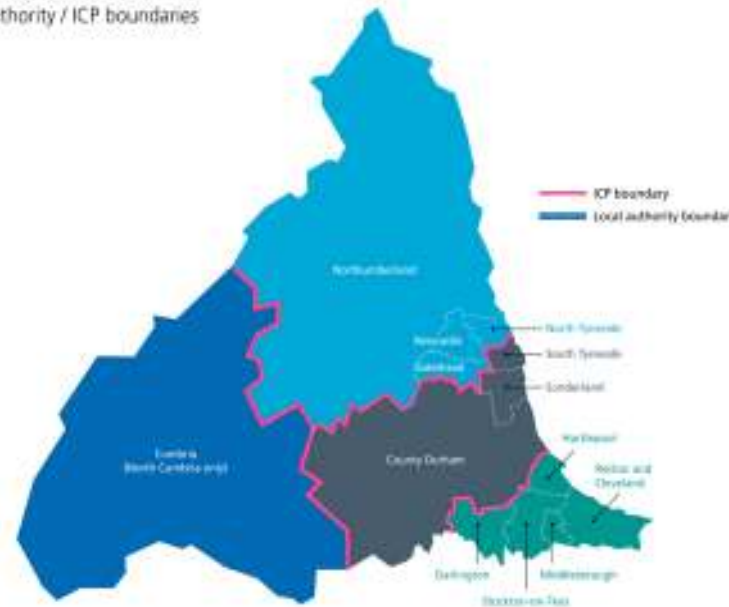


North East &  
North Cumbria



# One whole-system ICP built up from four smaller locally-sensitive ICPs

**North East and North Cumbria**  
Local Authority / ICP boundaries



North Cumbria ICP
<b>Population:</b> 324,000
<b>1 CCG:</b> North Cumbria
<b>Primary Care Networks:</b> 8
<b>1 FT:</b> North Cumbria Integrated Care NHS Foundation Trust (NIC)
<b>1 Council Area:</b> Cumbria County Council (with 4 District Councils)
North West Ambulance Service

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

North of Tyne and Gateshead ICP
<b>Population:</b> 1,079M
<b>3 CCGs:</b> Northumberland, North Tyneside, Newcastle Gateshead
<b>Primary Care Networks:</b> 22
<b>3 FTs:</b> Northumbria, Newcastle, Gateshead
<b>4 Council Areas:</b> Northumberland, North Tyneside, Newcastle, Gateshead

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

# Proposed role of our ICPs

1 System-wide ICP	4 Smaller locally-sensitive ICPs
<ul style="list-style-type: none"> <li>• Would meet as an annual or biannual strategic forum</li> <li>• Membership comprising the ICB and all thirteen local authorities (plus other partners to be determined)</li> </ul>	<ul style="list-style-type: none"> <li>• Based on existing geographical groupings</li> <li>• Would meet frequently</li> <li>• Membership from ICB place teams, LAs, FTs, PCNs</li> </ul>
<ul style="list-style-type: none"> <li>• Main role would be to sign off the system-wide Integrated Care Strategy based on the analysis of need from the four component ICPs – plus other system-wide groups such as the Directors of Public Health Network</li> <li>• Addressing issues that are best managed at scale, including:               <ul style="list-style-type: none"> <li>- Improving population health and tackling the wider social and economic determinants of health for 3 million people</li> <li>- Improving health inequalities, experiences and access to health services at this same population level</li> <li>- Initiatives involving the NHS’s contribution to large scale social and economic development</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Key role in analysing need from each of its constituent places (using the HWBB-led JSNA process)</li> <li>• Sharing intelligence to ensure the evolving needs of the local population are widely understood</li> <li>• A forum to agree shared objectives and work on joint challenges</li> <li>• Developing relationships between professional, clinical, political and community leaders to promote strong system leadership</li> <li>• Evaluating the effectiveness and accessibility of local care pathways</li> </ul>



# Proposed Membership of the whole-ICS ICP



North East &  
North Cumbria

## Core Statutory members\*

Sector	Proposed member	members
ICB	Chair	2
	Chief Executive (plus other ICB executives or INEMs as required/or in attendance)	
Local Authorities	Health and Wellbeing Board Chair (or appropriate Lead Member)	26
	Plus one lead officer	
<b>Total</b>		<b>28 (min)</b>

## Optional members

Sector	Proposed member	Members
Foundation Trusts	E.g. our FT Partner Members	2 (min)
	Plus other leads from e.g. some of our clinical networks?	
Primary Care	E.g. our Primary Care Partner members on the ICB	2
Local Authorities	One or more lead LA CEOs	1
Local Authority networks	DsPH Network Chair	3
	ADASS Chair	
	ADCS Chair	
HealthWatch	Representative from ICS HealthWatch Network	1
VCSE Sector	Representative from ICS VCSE Partnership	1
Economic Regeneration	Member from the Economic Regen Directors network	1
Combined Authorities	Managing Directors from Tees Valley and North Tyne	2
Housing Sector	E.g. the North East Housing Consortium	1
Police	One or more reps from our four Police forces	1
Fire & Rescue	One or more reps from our five Fire and Rescue Services	1
Education sector	Representatives from the schools, FE and university sector	3
<b>Total</b>		<b>19</b>

\* Chair to be determined

# Proposed Membership of the smaller locally-sensitive ICPs (example taken from the 'Central' ICP)



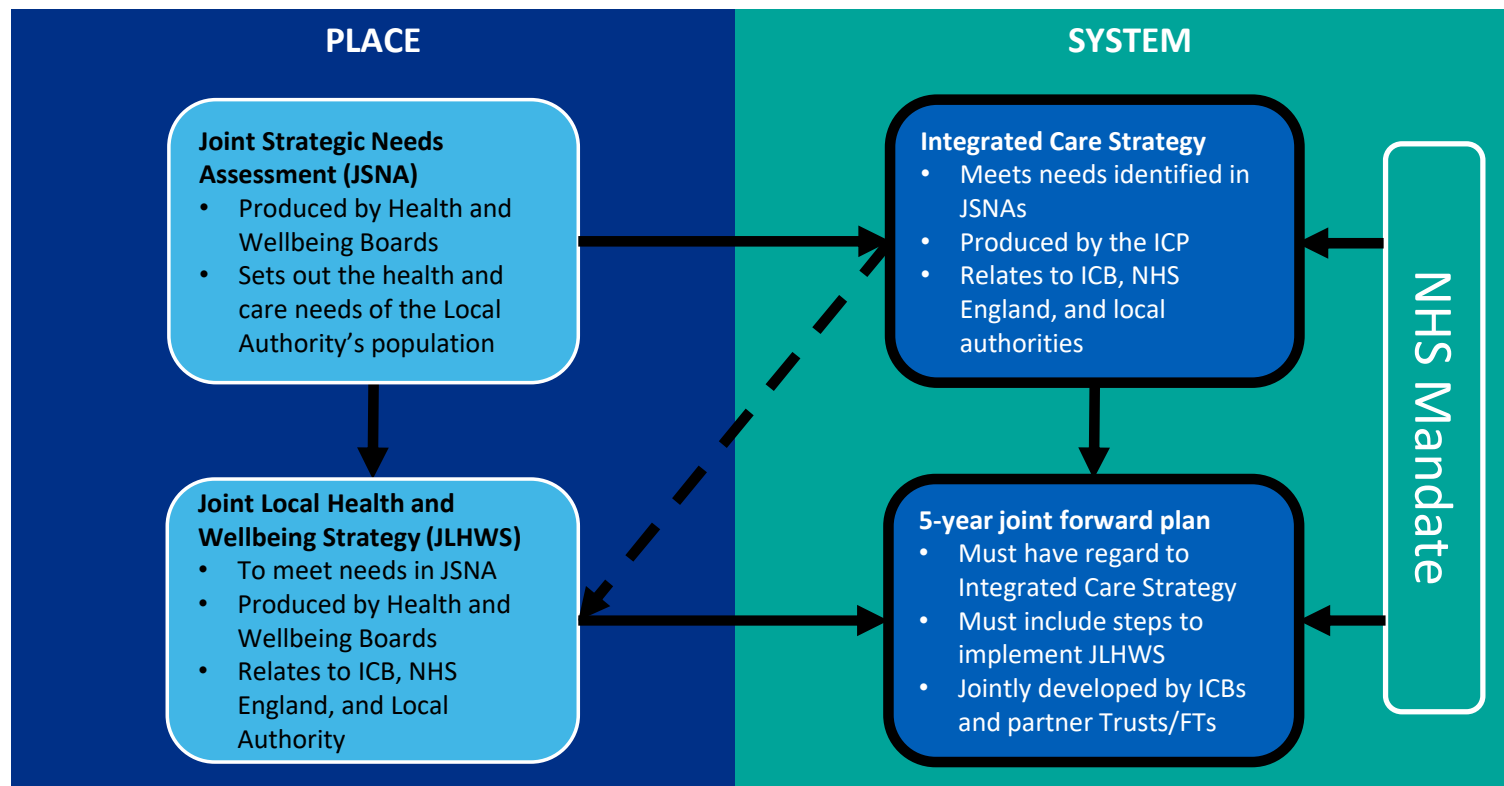
North East &  
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Sector	Proposed member	Total number of members
ICB	Executive Director of Place-Based Delivery 3 x Place-Based Clinical Leads	4
FTs	4 x Foundation Trust Chairs (3 acute, 1 MH) 2 x Acute Trust CEO 1 x MH Trust CEO	6
Local Authorities	3 x Leaders/Lead Members from each LA (option to include the HWBB chairs too) 1 Lead LA CEO	4/7
VCSE Sector	Representatives from each LA area (eg the local VCSE Infrastructure organisation)	3
<b>Total</b>		<b>17</b>

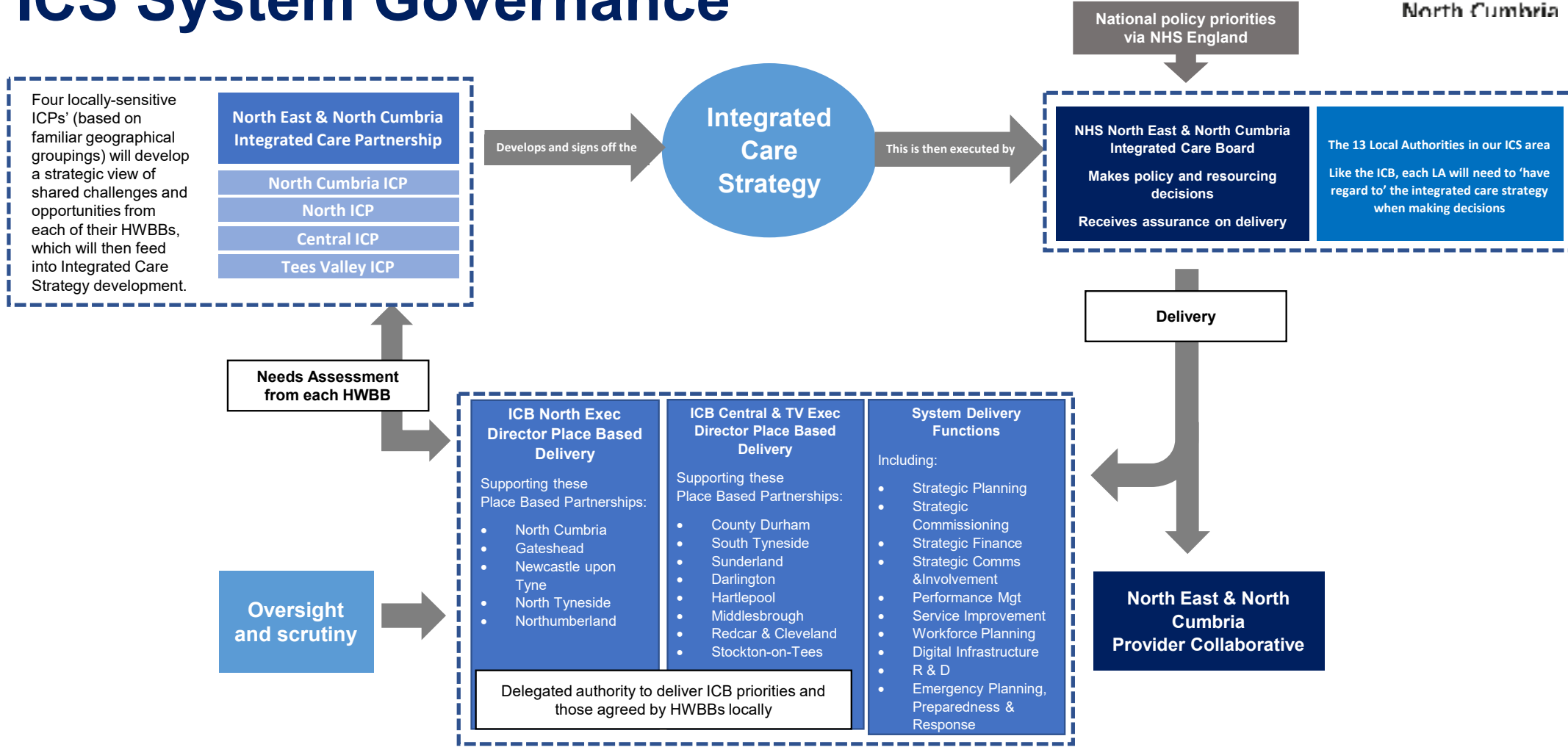
# ICP Development

- First whole-ICS ICP meeting in September
  - Need to clarify membership, chair, vision, governance and direction
- Agree to set up our four smaller ICPs
  - clarity of membership, chair and functions
- Agree key priorities for the next 6-9 months
  - Focus on health inequalities and population health
  - Restoration and recovery of health and care services
  - Development of an Integrated Care Strategy (a statutory requirement), engagement and sign off.
  - Focus on the ICP partners as contributors to social and economic development

# How the ICS strategies and plans link together



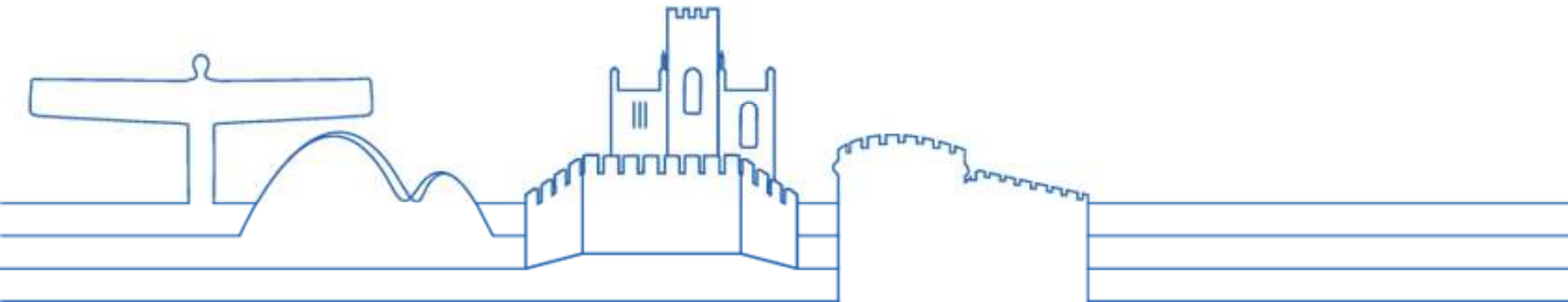
# ICS System Governance





**North East &  
North Cumbria**

# Continuity of place-based working



# Place based governance within the ICS

**Transition**  
Jan 22 –  
Sept 22

The ICB will be delegating responsibility for the delivery of its place-based functions, including relevant budgets, through two Executive Directors of Place Based Delivery.

Those two Directors will agree appropriate delegated authority to other senior leaders and place-based staff, in line with agreed financial limits, to manage operational delivery of the functions.

The two Executive Directors of Place Based Delivery will be accountable to the ICB for the discharge of this delegated authority.

**Stabilise**  
July 22 –  
Dec 22

While NENC strategic planning is carried out at ICS level, places will be the engine room for local planning delivery and transformation.

Governance and escalation processes will need time to 'bed in' .

The government's Integration White Paper 'Joining Up Care for People, Places and Populations' has set out a number of expectations for place-based working. This includes Introducing a single person accountable for delivery of a shared plan at a local level – agreed by the relevant local authority and ICB.

**Evolve**  
Sept 22  
onwards

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 – and these should make use of existing structures and processes e.g. 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.

The CQC will consider outcomes agreed at place level as part of its assessment of ICSs..

**Each of our places already has:**

**A Health and Wellbeing Board**

– a statutory committee of each local authority, responsible for assessing local health and care needs (JSNA) and developing a local strategy (JHWBS)

**A non-statutory local partnership forum**

of NHS and LA executives – responsible for operationalising the JHWBS, developing local integration initiatives, and overseeing pooled budgets and joint financial decisions (S75, BCF).

Each Place-Based Partnership/Board/Committee could become accountable for the delivery of objectives set out by the ICB. We will jointly develop a route map to support each of our places to develop the governance that works best for that locality.

Previous CCG	Local Authority	Partnership Forum
Cumbria	Cumbria County Council	North Cumbria ICP Leaders Board
		North Cumbria ICP Executive
		(Whole of) Cumbria Joint Commissioning Board
		(Whole of) Cumbria Health and Wellbeing Board
Newcastle Gateshead	Newcastle City Council	Collaborative Newcastle Executive Group
	Gateshead Council	City Futures Board (formerly Health & Wellbeing)
		Gateshead Care (System Board and Delivery Group)
Northumberland	Northumberland County Council	Gateshead Health and Wellbeing Board
		Northumberland System Transformation Board
		BCF Partnership
North Tyneside	North Tyneside Council	Northumberland Health and Wellbeing Board
		North Tyneside Future Care Executive
		North Tyneside Future Care Programme Board
Sunderland	Sunderland City Council	North Tyneside Health and Wellbeing Board
		All Together Better Executive Group
		Sunderland Health and Wellbeing Board
South Tyneside	South Tyneside Council	S Tyneside Alliance Commissioning Board & Exec
		South Tyneside Health and Wellbeing Board
Durham	Durham County Council	County Durham Care Partnership
		County Durham Health and Wellbeing Board
Tees Valley	Middlesbrough Council	South Tees Health and Wellbeing Board
	Redcar & Cleveland Council	Adults Joint Commissioning Board
	Hartlepool Council	Hartlepool BCF Pooled Budget Partnership Board
		Hartlepool Health and Wellbeing Board
	Stockton-on-Tees Council	Stockton BCF Pooled Budget Partnership Board
		Stockton-on-Tees Health and Wellbeing Board
Darlington Council	Darlington Pooled Budget Partnership Board	
		Darlington Health and Wellbeing Board





## Next steps and timeline

Exec Directors of Place-based delivery will

- Confirm their place-based senior leadership teams and key delivery roles
- Continue to work with each of their places on local priorities and build on what works
- Explore the governance options for place-based working set out in national guidance and develop a mutually agreed governance roadmap for place-based committees/delegation arrangements
- Develop early proposals for consideration by the autumn
- Shadow-running proposed arrangements from January onwards
- Review in March ahead of formal adoption of local governance arrangements by April 2023



**North East &  
North Cumbria**

**Thank you**

