

Integrated Care Board update

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Better for everyone

What's an ICS, ICB and ICP?

Integrated Care System (ICS) – includes all of the organisations responsible for public health and wellbeing working together to plan and deliver services for our communities. It is not a organisation but works 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** for the region



42 Integrated Care Boards established across England from 1 July 2022 – replacing the former CCGs

This is about:

- Building on current services and health and wellbeing strategies
- Being ambitious for our population health and outcomes
- Making faster progress on tackling health inequalities
- Only doing things ICS wide when this adds value
- Focusing on the big challenges to health and well being- e.g. cancer, pandemic disease, mental health
- Working with partners to improve health outcomes using all of the tools available such as, economic regeneration, housing and sustainability.

Strategic aims of ICBs set by government



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.

Continuity and change

What will stay the same?

- The continued **statutory role of local authorities in improving the health and wellbeing of their local population**, and providing local public health and social care services.
- **The 'duty to collaborate' between NHS organisations and local authorities** to promote joint working across healthcare, public health, and social care
- The continued **statutory role of Health and Wellbeing Boards**, 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 new ICB teams.
- **Joint working between ICB teams and local authorities** on issues such as health and social care integration, continuing healthcare and local safeguarding

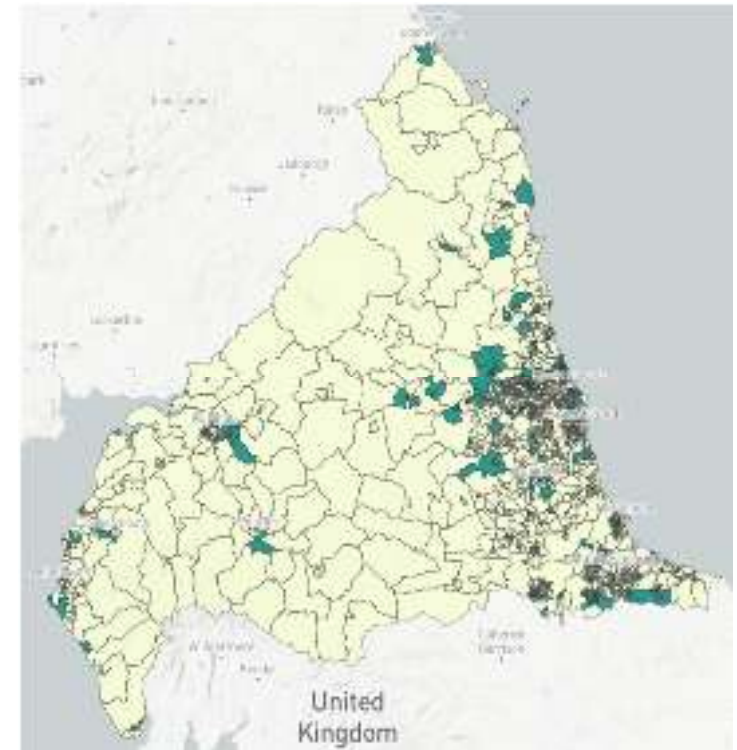
What will change?

- **One Integrated Care Board** has replaced eight CCGs, inheriting their budgets and responsibilities (but delegating much of these powers back to 'place level').
- **Streamlined decision-making** via the ICB on key strategic issues (such as the commissioning of hospital services, investment decision, or workforce planning)
- The creation of a **statutory Integrated Care Partnership** of the ICB and our 13 local authorities setting joint system priorities in an Integrated Care Strategy
- The ICB and each local authority must have regard to the **Integrated Care Strategy** when making decisions. The strategy will inform and be informed by the joint health and wellbeing strategies at a local level.
- A new procurement commitment from the ICB to help the NHS **support broader social and economic development** in our region
- Greater alignment and pooling of budgets to promote the key determinants of good health, **with a renewed focus on health inequalities**

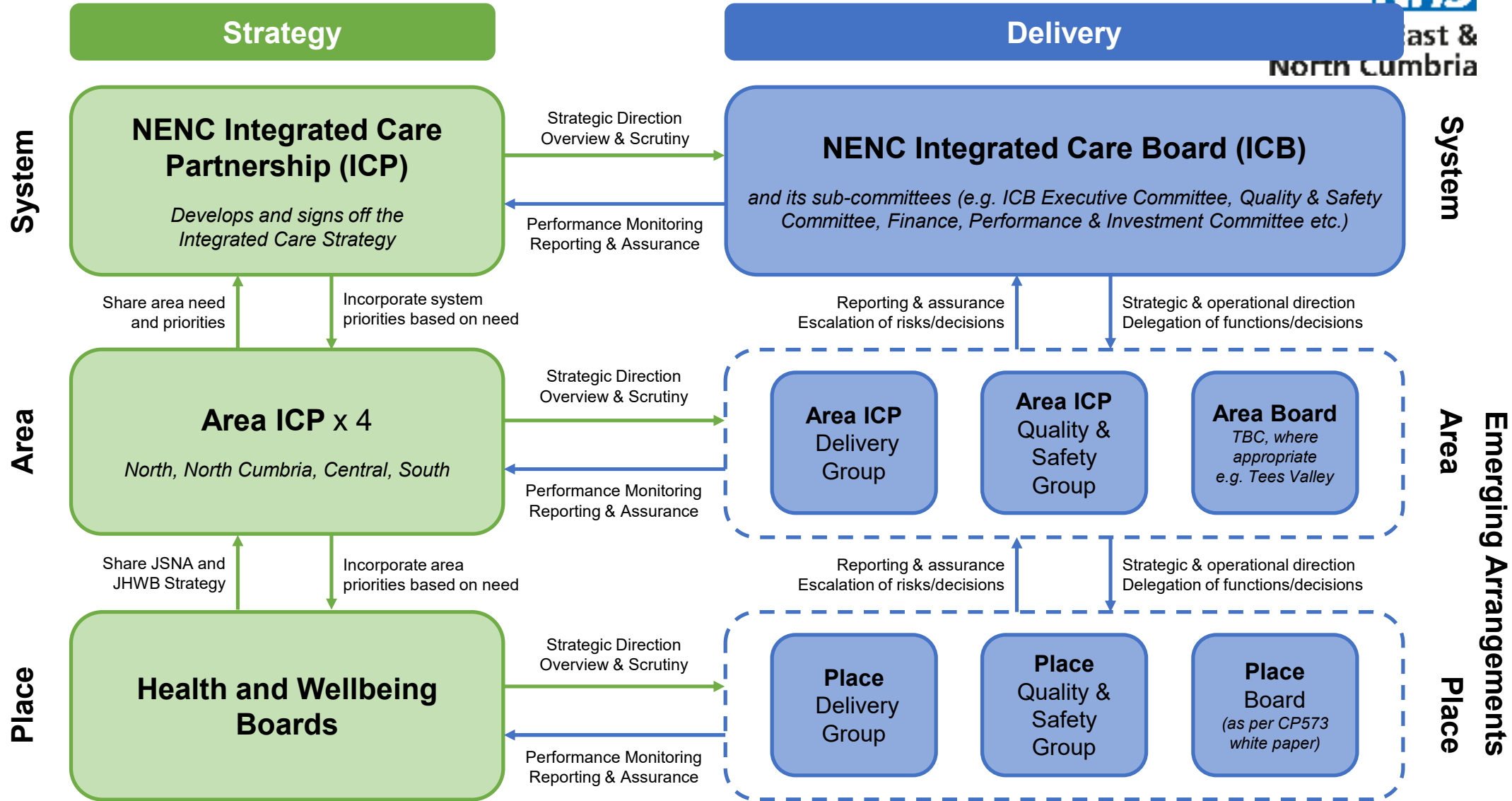
The challenges that the new ICB has inherited

- 33% of our population living in the most deprived deciles
- Some of the worst public health outcomes in England
- Persistent health inequalities within and between our communities
- Consistently increasing demands on emergency care services
- The challenge of restoring elective services after covid
- Disparities in access to services across the ICS area
- Inconsistent staffing structures across the former CCGs

Index of deprivation 2019 (population by quintile) by Lower Super Output Area (LSOA)



Relationship between our ICPs and the ICB (and its area and place delivery arrangements)





Guiding principles agreed by the Joint Management Executive Group (JMEG)

A joint NHS and Local Authority group was convened by Sir Liam Donaldson to consider national guidance on establishing Integrated Care Systems and the priorities of key stakeholders, and to agree principles that would guide this work. These included:

- Create high quality planning arrangements to address population health needs, reduce health inequalities, and improve care, while ensuring accountability and effective stewardship of our resources
- Agree the constitution and appropriate composition of the Integrated Care Board – reflecting the size and scale of our ICS area
- Ensure continuity of effective place-based working between the NHS, local authorities and other partners sensitive to local needs
- Design the right mechanisms to drive innovation and improvement in geographical areas larger than place-level;
- Develop a model of effective inter-relationship between the Integrated Care Board and the Integrated Care Partnership - **building on existing partnerships in our four ICP Areas**

Confirmed ICB leadership team



North East & North Cumbria

- Chair – **Sir Liam Donaldson**
- Chief Executive – **Samantha Allen**

Partner Members

- Local Authorities: **Cllr Shane Moore** (Hartlepool), **Tom Hall** (South Tyneside), **Ann Workman** (Stockton-on-Tees), **Cath McEvoy-Carr** (Newcastle),
- Primary Care: **Dr Saira Malik** (Sunderland), **Dr Mike Smith** (County Durham)
- NHS Foundation Trusts: **Ken Bremner MBE** (NHS South Tyneside and Sunderland Foundation Trust), **Dr Rajesh Nadkarni** (NHS Cumbria, Northumberland and Tyne & Wear Foundation Trust)

Non Executive Directors

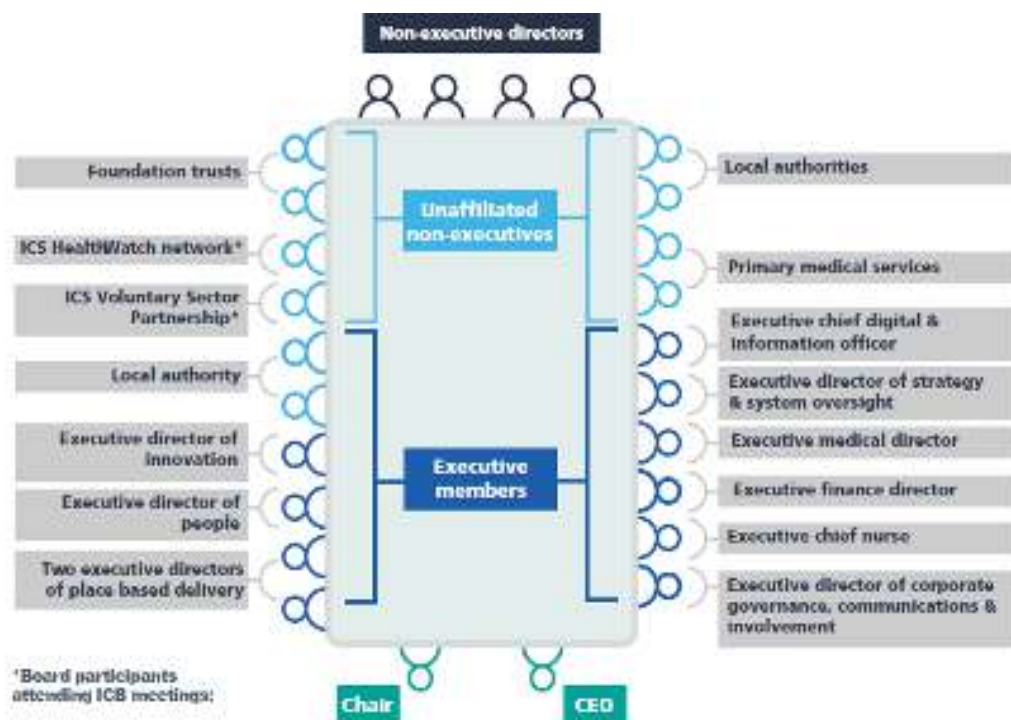
- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

Participants

- ICS HealthWatch Network: **David Thompson** (Northumberland HealthWatch)
- ICS Voluntary Sector Partnership: **Jane Hartley**

Executive Directors

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



*Board participants attending ICB meetings:

ICB functions and where they're discharged

ICB functions discharged at regional level

- Setting strategy
- Managing overall resources, performance and financial risk
- Planning and commissioning specialised, in-hospital, ambulance and core general practice services
- Improvement programmes for quality and patient safety (including safeguarding)
- Workforce planning
- Horizon scanning and futures
- Harnessing innovation
- Building research strategy and fostering a research ecosystem
- Driving digital and advanced analytics as enablers
- Health emergency planning and resilience
- Improving population health and wellbeing and reducing health inequalities
- Strategic communications and engagement
- Statutory functions which cannot be delegated e.g. annual ICB financial plan, system quality assurance, ICB annual report and accounts

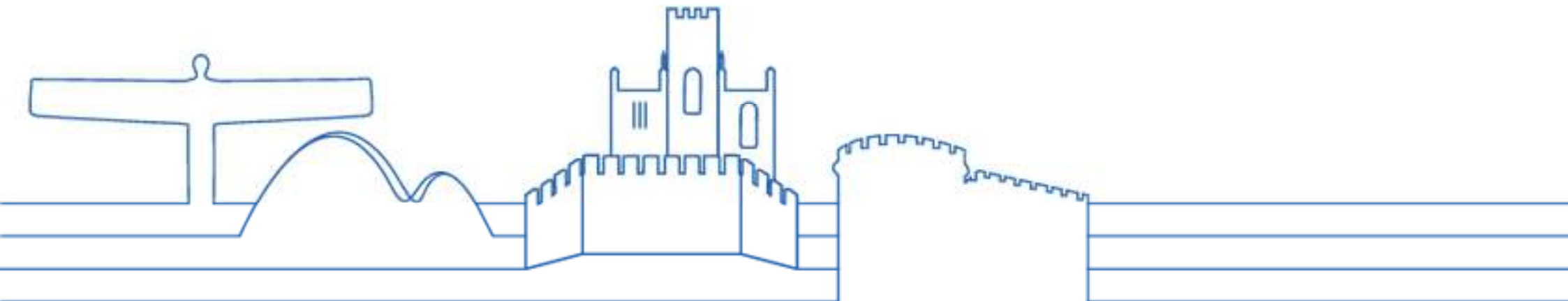
ICB functions discharged at place

- Building strong relationships with communities
- Fostering service development and delivery with a focus on neighbourhoods and communities
- Informing the joint commissioning of local integrated community-based services for children and adults
- Local Primary care commissioning (excluding nationally negotiated GP contracts) – building the capacity of local Primary Care Networks and supporting their clinical leadership role.
- Local Clinical Leadership including clinical pathway redesign and helping shape the commissioning of acute services
- Ensuring and informing the quality of local health and care services – including support to community services
- Forging strong working relationships with the wider local system including HealthWatch, the Voluntary Sector, and other local public services.



**North East &
North Cumbria**

Continuity of place-based working



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 area	Local Authority	Partnership Forums
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)
		Gateshead Health and Wellbeing Board
Northumberland	Northumberland County Council	Northumberland System Transformation Board
North Tyneside	North Tyneside Council	BCF Partnership
		Northumberland Health and Wellbeing Board
		North Tyneside Future Care Executive
Sunderland	Sunderland City Council	North Tyneside Future Care Programme Board
		North Tyneside Health and Wellbeing Board
		All Together Better Executive Group
South Tyneside	South Tyneside Council	Sunderland Health and Wellbeing Board
		S Tyneside Alliance Commissioning Board & Exec
Durham	Durham County Council	South Tyneside Health and Wellbeing Board
		County Durham Care Partnership
Tees Valley	Middlesbrough Council	County Durham Health and Wellbeing Board
		South Tees Health and Wellbeing Board
	Redcar & Cleveland Council	South Tees Executive Governance 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



Place based governance within the ICS

Transition
Jan 22 –
Sept 22

Stabilise
July 22 –
Dec 22

Evolve
Sept 22
onwards

- The ICB has delegated responsibility for the delivery of its place-based functions, including relevant budgets, through two **Executive Directors of Place Based Delivery** who will delegate authority to place-based ICB staff to manage the operational delivery of the ICB's functions.
- Business continuity will be vital we are working closely with local authorities to avoid disruption.
- The government's Integration White Paper '*Joining Up Care for People, Places and Populations*' has set out further expectations for place-based working by 2023, strengthening local joint governance arrangements between ICBs and local authorities, with places able to select from a range of governance models, including:
 - A place-based **Consultative Forum**, with a broad membership, which would act in an advisory capacity to the Executive Directors of Place-Based Delivery but could not make binding decisions.
 - A formal **Place Committee of the ICB**, coterminous with a single local authority (or group of neighbouring local authorities), with formal delegation of NHS resources and a direct line of reporting and assurance to the ICB. The chair and members of such a committee could include ICB staff and a range of partners but would be accountable to the ICB. Such a committee could not make decisions on behalf of other bodies
 - A **Joint Committee**, coterminous with a single local authority (or group of neighbouring local authorities), allowing collective decisions to be made within its scope of authority on behalf of a number of organisations – for example, the ICB and one or more local authorities. Such a committee would have a direct line of reporting and assurance to both the ICB and the other constituent statutory bodies, requiring agreement by all parties to the level of delegated authority or statutory decisions set out in a formally approved MOU. Such a Joint Committee would allow for Multi-agency decision-making and delegation of resources, which could more effectively address the wider determinants of health and wellbeing.

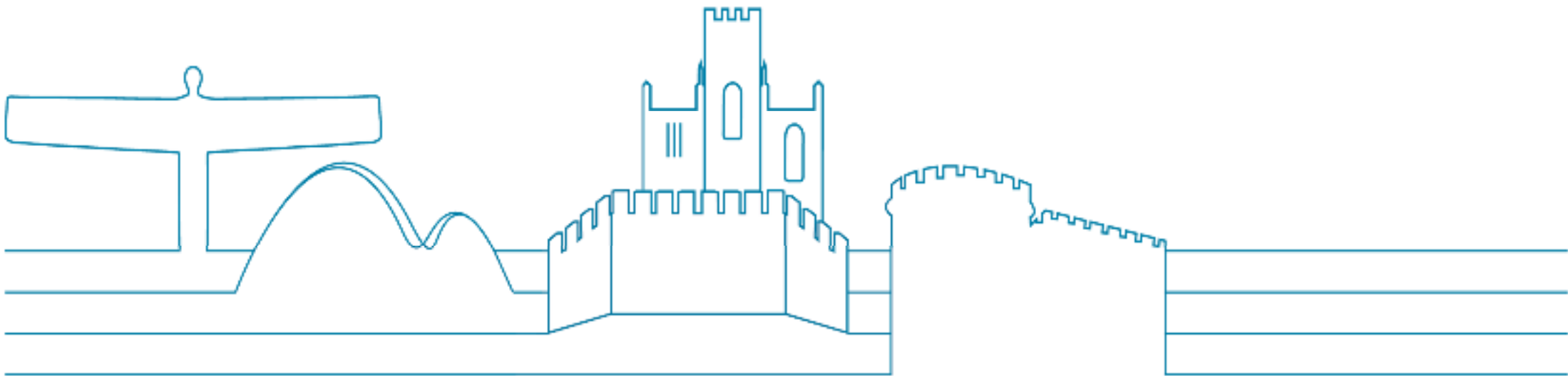
Next steps and timeline

Exec Directors of Place-based delivery will:

- Confirm their place-based senior leadership teams and key delivery roles
- Continue to work with local authorities in their area 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 with delegated authority from the ICB
- Develop early proposals for consideration by the ICB and local authorities the autumn
- Shadow-running proposed arrangements from January onwards
- Review in March ahead of formal adoption of local governance arrangements by April 2023



Developing our Integrated Care Partnerships



ICP footprints agreed by JMEG



Following feedback from our local authority partners, our system will include one Strategic ICP built up from four 'Area ICPs', recognising our existing partnerships

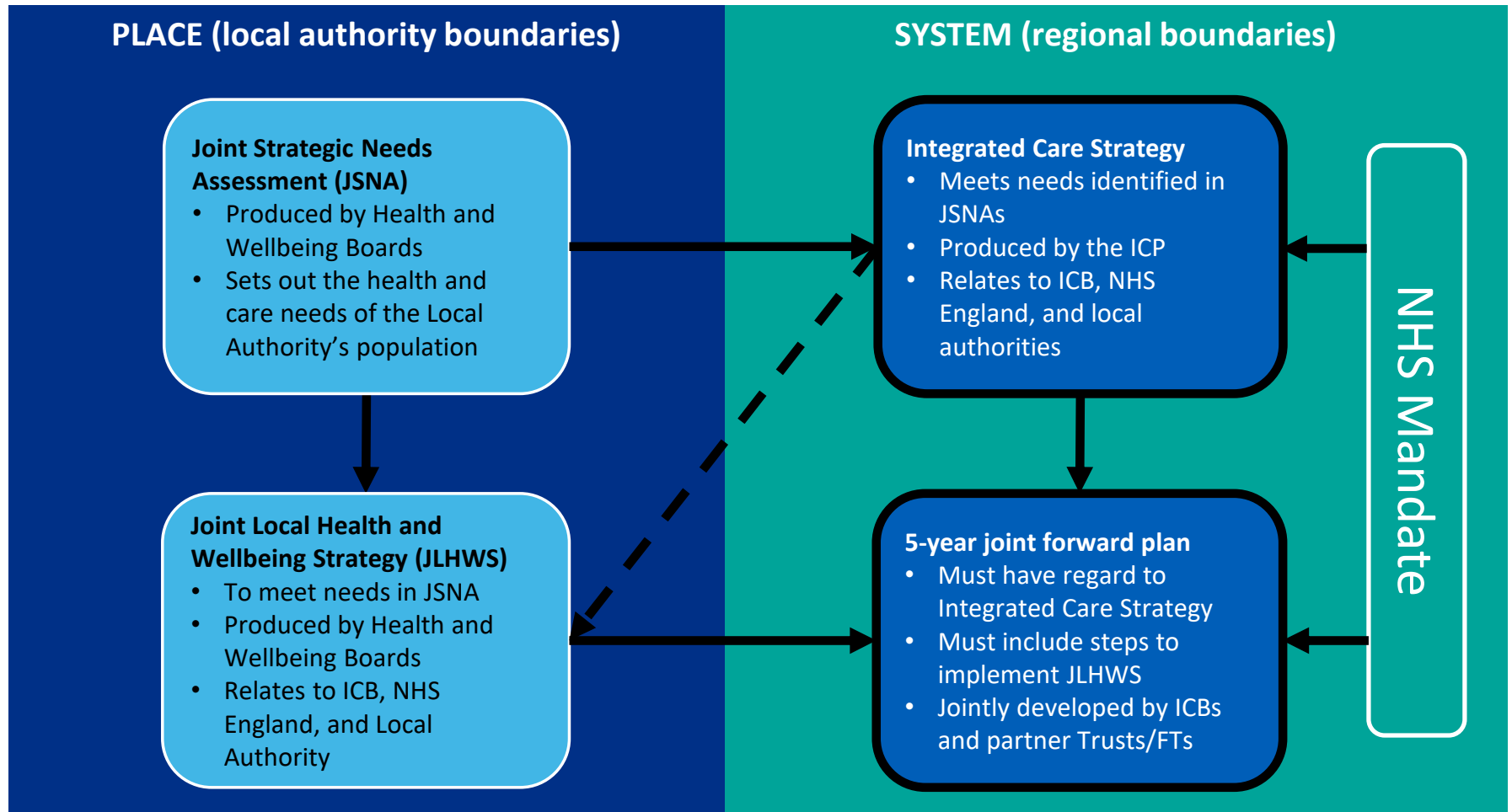


Roles and Accountabilities of ICPs

Having regard to the NHS England Mandate and any guidance issued by the DHSC, ICPs must:

- Facilitate joint action to improve health and care services, reduce health inequalities and influence the wider determinants of health and broader social and economic development
- Develop an '**integrated care strategy**' for its whole population, which the ICB and local authorities must '**have regard to**' when making decisions, and commissioning or delivering services
- This strategy must use the best evidence and data, building up from local assessments of needs (JSNAs), and enable integration and innovation, including multi-agency workforce planning
- Champion inclusion and transparency
- Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes
- Convene, influence and engage the public and communicate to stakeholders in clear and inclusive language, ensuring the system is connected to the needs of every community it includes,
- Promote service integration, through the use of Section 75 arrangements, including pooled funds

How the ICS strategies and plans link together





ICP Membership

“A broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population.”

The following are required members:

- **Local authorities** who are responsible for social care services in the ICS area (with a duty to co-operate)
- **ICB representatives** (with a duty to co-operate)

Any other members should be agreed by the ICB, local government and other partners.

- Members are to act in the interests of the ICS population, not of the organisation to which they belong, and their sector knowledge should be used to inform decisions, not represent particular interests.
- Not all partners need be members of the ICP “and membership should be kept to a productive level” (sub-groups, networks and workshops can be used to draw in wider stakeholders)
- It is expected that membership may change as the priorities of the partnership evolve.





Complementary role of the Integrated Care Partnerships in our ICS

1 Strategic ICP (North East and North Cumbria)	4 Area ICPs
<ul style="list-style-type: none"> • Would meet as an annual or biannual strategic forum • Membership comprising the ICB and all thirteen local authorities (plus other partners to be determined) 	<ul style="list-style-type: none"> • Based on existing geographical groupings • Would meet more frequently • Membership from ICB place teams, local authorities, foundation trusts, primary care networks
<ul style="list-style-type: none"> • Main role to sign off the ICS-wide Integrated Care Strategy • This strategy will build on the analysis of need from the four Area ICPs – and the Joint Strategy Development Group • Will promote a multi agency approach to improving population health and wellbeing and tackling the wider social and economic determinants of health for our 3M population • Will also consider health inequalities, experiences and access to health services at this same population level • Will champion initiatives involving the NHS’s contribution to large scale social and economic development 	<ul style="list-style-type: none"> • Key role in analysing & responding to need from each of its constituent places (using the HWBB-led JSNA process) • Developing relationships between professional, clinical, political and community leaders • A forum to agree shared objectives and joint challenges • Sharing intelligence & removing duplication to ensure the evolving needs of the local population are widely understood • Evaluating the effectiveness and accessibility of local care pathways • Translating local health and wellbeing strategies and the Integrated Care Strategy into activity at the ICS Area level



Proposed Membership of the Strategic ICP

Core Statutory members

Sector	Proposed member	members
ICB	All Executive directors, non-executive directors, partner members and participants	26
Local Authorities	Health and Wellbeing Board Chair (or appropriate Lead Member) Plus one lead officer	26/28
Total		52/54 (min)

*already attending as ICB participants

Stakeholders who must be involved (not necessarily as full members)

HealthWatch *	Representatives from the ICS HealthWatch Network
VCSE Sector *	Representative from the ICS VCSE Partnership or other VCSE providers
Clinical Leadership	Including primary, community and secondary care
Local Authority Social Care	Directors of Adult Social Services (ADASS) Directors of Children's Services (ADCS)
Local Authority Public Health	Directors of Public Health

Other optional members

Economic Regeneration	Combined Authorities or Local Authority Economic Regeneration Directors network
Combined Authorities	Managing Directors from Tees Valley and North of Tyne
Housing Sector	E.g. the North East Housing Consortium
Police	One or more reps from our four Police forces
Fire & Rescue	One or more reps from our five Fire and Rescue Services
Education sector	Representatives from the schools, FE and university sector



Potential Membership of our 4 Area ICPs

Sector	Proposed member
Integrated Care Board	ICB Executive Director of Place-Based Delivery ICB Place directors, and Directors of Finance, Medical and Nursing
Local Authorities	Leaders/Lead Members from each LA Health and Wellbeing Board chairs Potentially one lead local authority chief executive
Foundation Trusts	Chairs and one or more Chief Executives from the Acute and Mental Health FTs in that Area.
Primary Care	Primary Care Network Clinical Leads
Voluntary Sector	Representatives from each local authority area (e.g., the local voluntary sector infrastructure organisation)



Next steps on the development of Area ICPs

- The ICB's Executive Directors of Place Based Delivery, working with the local authority CEOs in their area, will convene their Area ICPs
- Following your feedback today we will share a standard TOR and suggested membership for these Area ICPs for local completion
- This will then be reviewed by each Health and Wellbeing Board in that Area, submitting comments back to the Exec Directors of Place
- Nominations for Area ICP chairs to be then sought
- First Area ICPs to meet in November (TBC), where chairing, TOR and meeting schedule will be agreed.
- This will then be ratified at the next Strategic ICP meeting in December (TBC)



Ongoing engagement

- Our ICS will continue to evolve during this transition year and we would welcome the views of partners and stakeholders on how we can improve our ways of working
- Elected members can feed in their views as now via Health and Wellbeing Boards, local and sub-regional scrutiny committees and by contacting our teams directly or through their officers engaged with the development of these new arrangements; they will also play a key role on both on our Integrated Care Partnership and Integrated Care Board – both of which meet in public
- We will be communicating these changes to the public and how they will benefit our region throughout this year, and we will also continue to gather their views on local priorities for health and care.