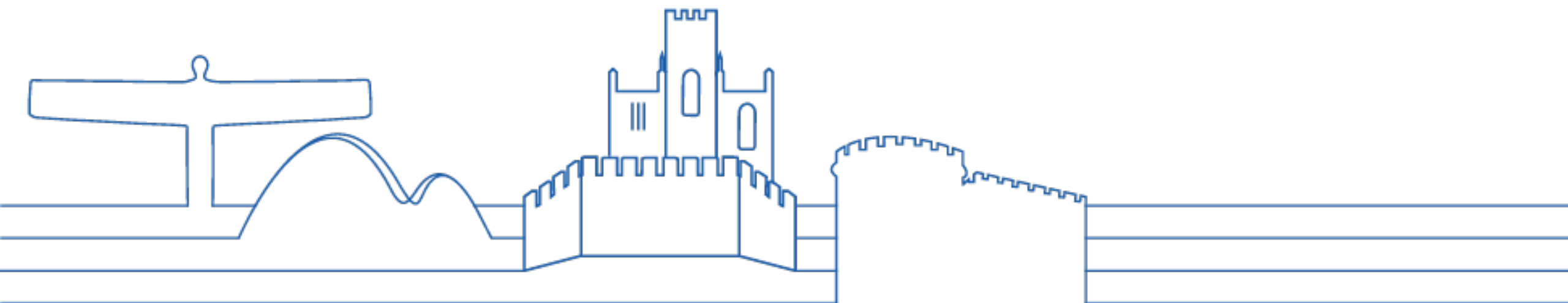




**North East &
North Cumbria**

Integrated Care Board Update

Briefing for Elected Members



Key Priorities for ICS development

- The formation and membership of our strategic **Integrated Care Partnership (ICP)**, and its relationships with our four Area ICPs
- The joint development of our **Integrated Care Strategy** through the ICP, which the ICB and all of the local authorities in our ICS area must have regard to in making decisions.
- The development of formal **place-based governance arrangements** between the ICB and local authorities
- Taking forward the 8 actions from the vision work that PWC shared with us

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.
- A '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
- Potential for greater alignment & pooling of budgets to promote the key determinants of good health

Confirmed ICB leadership team



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- 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

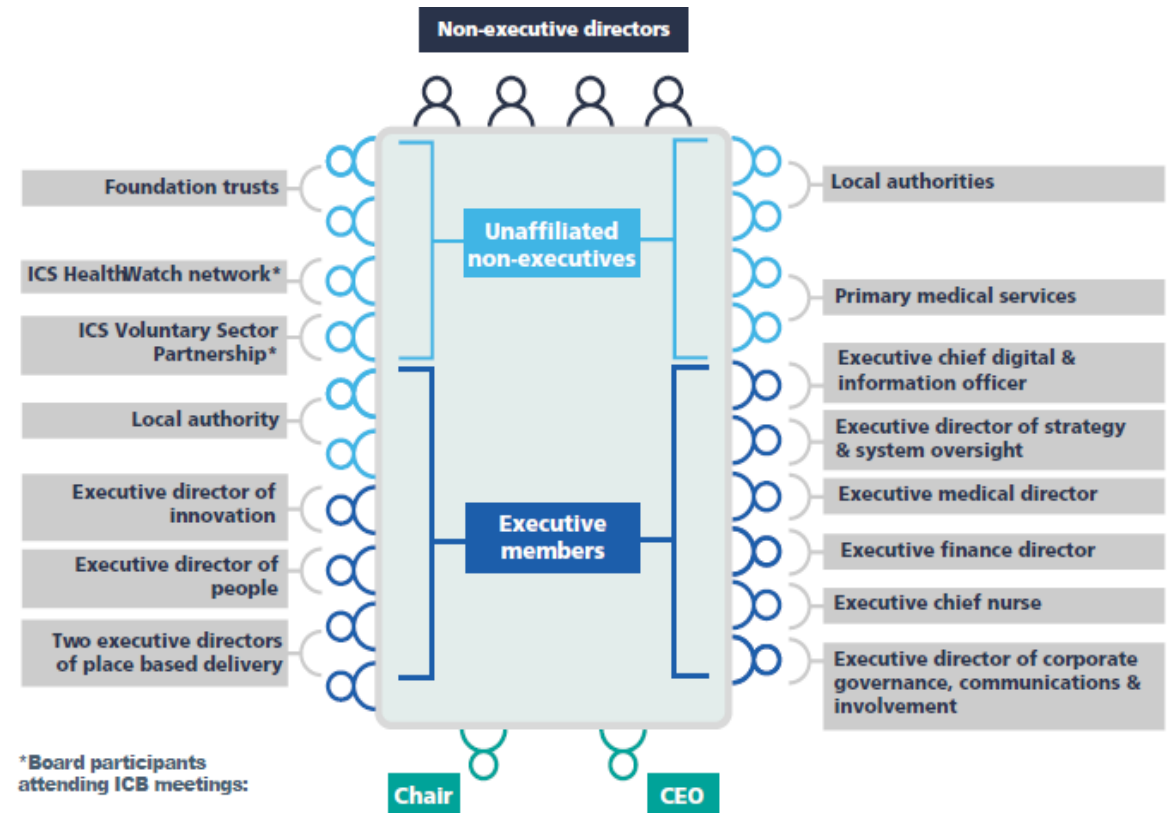
- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

Participants

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

Executive Directors

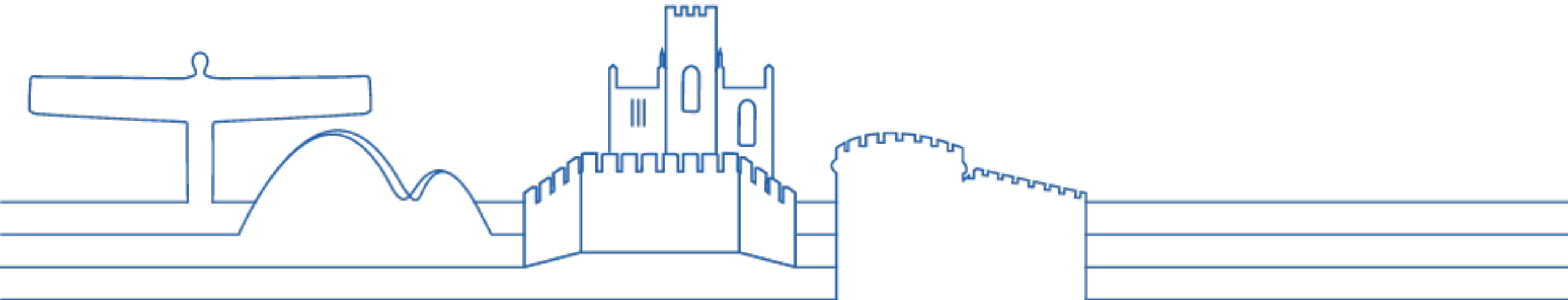
- Executive Medical Director – **Dr Neil O'Brien**
- Executive Finance Director – **Jon Connolly**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- Executive Director of Corporate Governance, Communications and 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 and Tees Valley) – **Dave Gallagher**
- Executive Director of Placed Based Partnerships (North and North Cumbria) – **Mark Adams**



Our Integrated Care Partnerships



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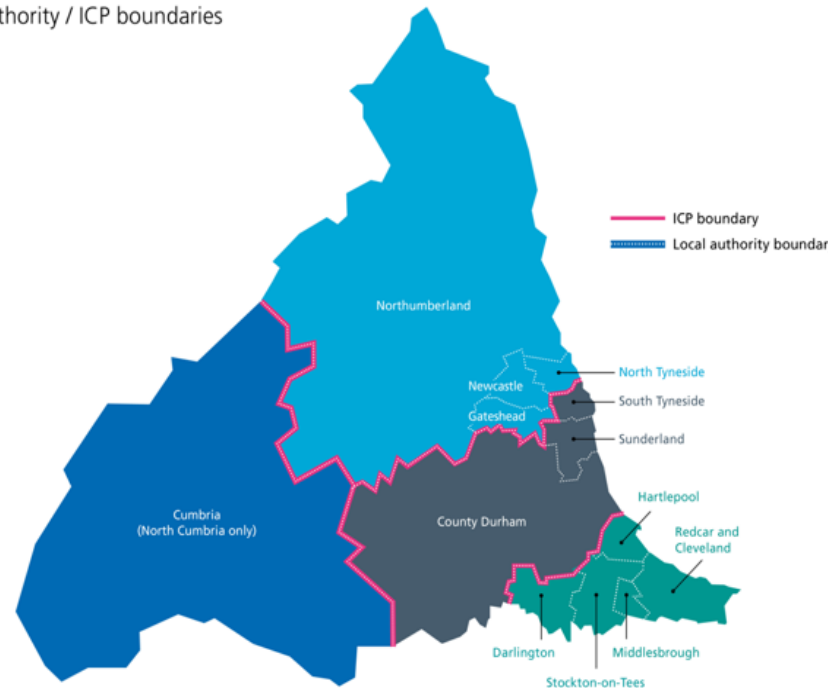


ICP boundaries

North East and North Cumbria
Local Authority / ICP boundaries

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 4 District Councils) North West Ambulance Service

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



North of Tyne and Gateshead ICP
Population: 1.079M
3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
Primary Care Networks: 22
3 FTs: Northumbria, Newcastle, Gateshead
4 Council Areas: Northumberland, North Tyneside, Newcastle, Gateshead

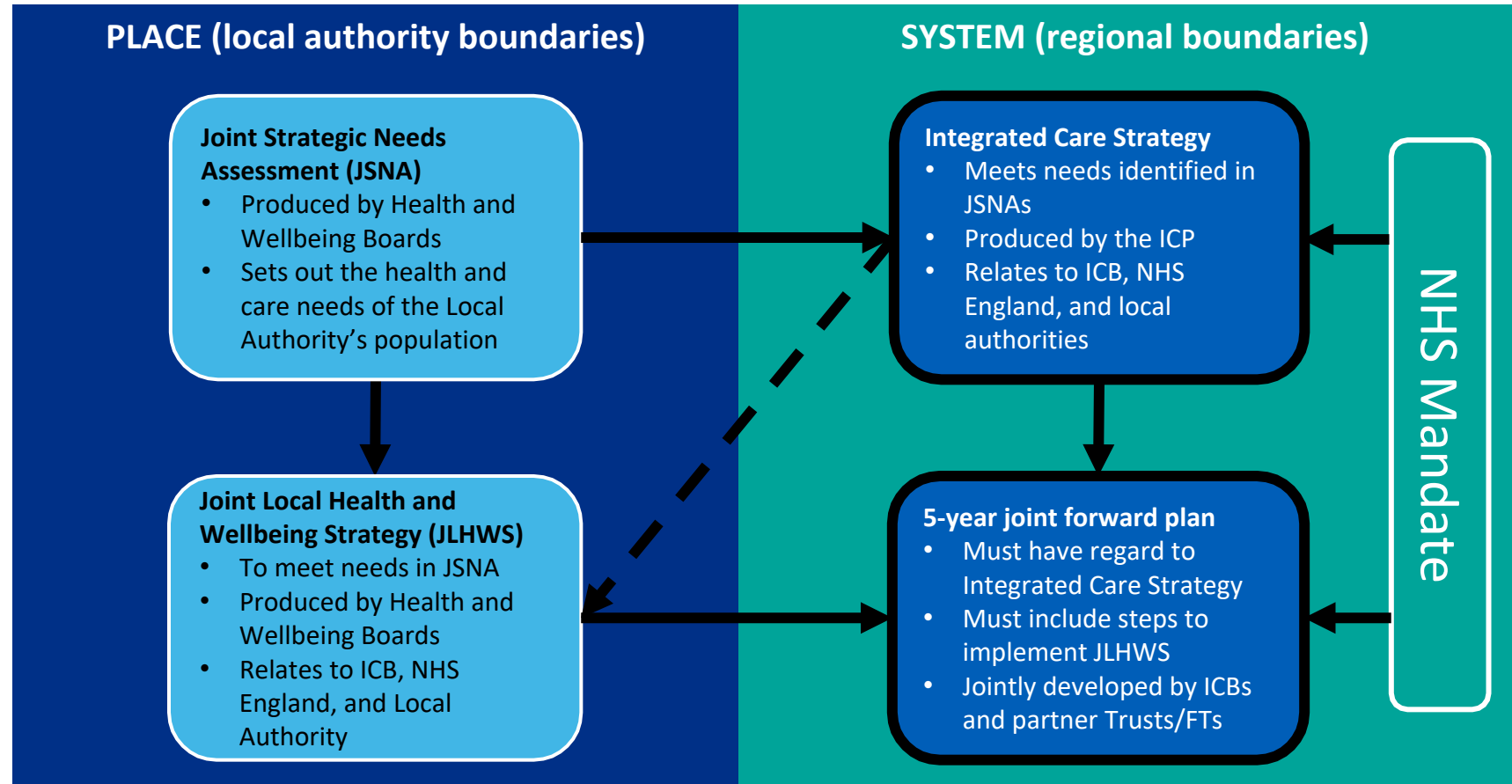
Tees Valley ICP
Population: 701,000
1 CCG: Tees Valley
Primary Care Networks: 14
3 FTs: County Durham and Darlington, North Tees & Hartlepool, South Tees
5 Council Areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland

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

Role of our Integrated Care Partnerships

1 region-wide ICP	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 component ICPs – plus other system-wide groups such as the Directors of Public Health Network • Will promote a multi agency approach to improving population health & wellbeing and tackling the wider social and economic determinants of health for the 3 million people in our ICS • 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) • Sharing intelligence & removing duplication to ensure the evolving needs of the local population are widely understood • A forum to agree shared objectives and joint challenges • Developing relationships between professional, clinical, political and community leaders • 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

How the ICS strategies and plans link together



Proposed Membership of the ICS-wide ICP



North East &
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Core Statutory members

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

Chairing and membership of the ICP will be determined by its statutory members at its first meeting on 20 September

Optional members to consider

Sector	Example membership
Foundation Trusts	E.g. our FT Partner Members on the ICB Plus other leads from our clinical networks.
Primary Care	E.g. our Primary Care Partner members on the ICB
Local Authorities	One or more local authority chief executives
Local Authority networks	Directors of Public Health Directors of Adult Social Services (ADASS) Directors of Children's Services (ADCS)
HealthWatch	Representative from ICS HealthWatch Network
VCSE Sector	Representative from ICS VCSE Partnership or other
Economic Regeneration	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

Proposed Membership of the Area ICPs (example taken from the existing 'Central' ICP)



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Sector	Proposed member	Total number of members
ICB	ICB Executive Director of Place-Based Delivery 3 x Place-Based Clinical Leads	4
Foundation Trusts	4 x Foundation Trust Chairs (3 acute, 1 mental health) 2 x Acute Trust chief executive 1 x Mental Health Trust chief executive	6
Local Authorities	3 x Leaders/Lead Members from each LA (option to include Health and Wellbeing Board chairs too) 1 Lead local authority chief executive	4/7
Voluntary Sector	Representatives from each local authority area (e.g. the local voluntary sector infrastructure organisation)	3
Total		17

Chairing and membership of the Area ICPs will be determined by the ICB and partner local authorities.

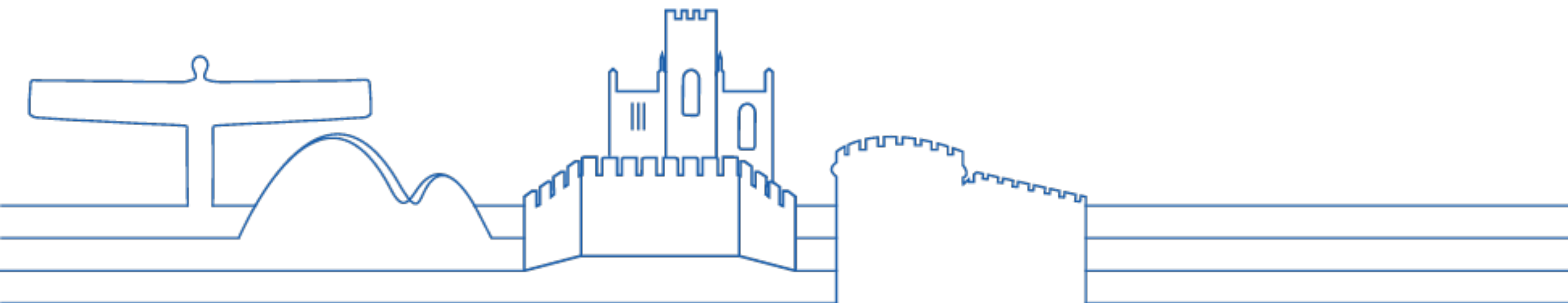
ICP Development

- We will continue to work with local authorities to shape how the ICPs will operate
- A multi-agency working group is meeting to develop recommendations on the formulation of the ICP's Integrated Care Strategy, this will include engaging with Health and Wellbeing Boards
- The statutory members of the ICP will meet for the first time on 20 September to agree its chair, membership, governance and vision.
- This will include setting 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.
 - The value added by the ICP to social and economic development
- The ICB and local authorities will also need to agree the membership and functions of the locally-focused ICPs



**North East &
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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
		City Futures Board (formerly Health & Wellbeing)
	Gateshead Council	Gateshead Care (System Board and Delivery Group)
		Gateshead Health and Wellbeing Board
Northumberland	Northumberland County Council	Northumberland System Transformation Board
		BCF Partnership
		Northumberland Health and Wellbeing Board
North Tyneside	North Tyneside Council	North Tyneside Future Care Executive
		North Tyneside Future Care Programme Board
		North Tyneside Health and Wellbeing Board
Sunderland	Sunderland City Council	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	



Key place-based Functions



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These functions are set out in the 'Functions and Decisions Map' which forms part of the ICB's Constitution and set out how our ICB place-based teams will:

- Develop and agree a plan to meet the health and healthcare needs of the local population
- Plan and commission services, in line with the ICB's scheme of delegation
- Commission local primary care services (excluding nationally negotiated GP contracts)
- Develop local clinical leadership, including clinical pathway redesign and helping to shape the commissioning of acute services.
- Build strong relationships with communities, the wider local system including Healthwatch, the Voluntary Sector, and other local public services.
- Service development and delivery with a focus on neighbourhoods and communities, ensuring local engagement and consultations are undertaken as necessary.
- Monitor local service quality and the place-based delivery of key enabling strategies as agreed by the ICB Board or Executive Committee.
- Monitor and deliver outcomes and outputs set by the Secretary of State, NHS England, CQC and other authorised bodies and providing assurance to the ICB

In addition, ICB place-based teams will play a key role in the formal place-based joint working arrangements between the NHS and Local Authorities, and they will continue to:

- Coordinate NHS input into local partnership initiatives to improve public health, prevent disease and reduce inequalities.
- Fulfill the NHS's statutory health advisory role in adults' and children's safeguarding.
- Jointly commission local integrated community-based services for children and adults (including care homes and domiciliary care), including:
 - Continuing health care
 - Personal health budgets
 - Community mental health, learning disability and autism
 - Children and young people's services (including transitions, Special Educational Needs and Disabilities, Looked After children)
 - Service integration initiatives and jointly funded work through, e.g. the Better Care Fund and Section 75 agreements.

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

The ICB's Executive 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

Ongoing engagement

- Our ICS will continue to evolve during this transition year and we would welcome your views 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.



**North East &
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Thank you

