

Meeting: Caring Sub-Committee

Date: 26 September 2024

Title: Overview of the Integrated Care Board

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Service: Integrated Care Board

Wards affected: All

1. Purpose of Report

1.1 To provide an overview of the organisational structure of the Integrated care Board ICB, and how the local team operates within that structure. The report will also cover the local place priorities.

1.2 The report will cover –

- the organisational structures of the ICB implemented across North Tyneside
- how the ICB is structured
- what is commissioned at 'place'
- what are the local priorities for North Tyneside

2. Recommendations

Members of the Caring Sub Committee are asked to note the presented information describing the structures of the ICB and the local priorities.

3. Details

3.1 Background

The North East and North Cumbria Integrated Care Board (NENC ICB) was established on the 1 July 2022 following a change to the health and Social

Care Act. A statutory requirement of the ICB was to have a Integrated Care partnership ICP enabling all 14 Local authorities and other partners to develop the integrated care strategy and oversee progress.

On establishment of the ICB most employees of the eight predecessor clinical commissioning groups across the geography transferred into NENC ICB in their current roles and an initial operating model was developed to ensure clarity of governance and reporting across the 14 places and the corporate elements of NENC ICB.

During the ICB's first year the 'Better health and wellbeing for all' strategy was co-produced and approved by the Integrated Care Partnership, setting out the integrated care system's collective focus. The overall aims set by government for the ICB are stated below.

			
1 Improve outcomes in population health and healthcare	2 Tackle inequalities in outcomes, experience and access	3 Enhance productivity and value for money	4 Help the NHS support broader social and economic development
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.	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.	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.	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.

Within the first year of ICB's and after the development of our strategy all ICBs were instructed by NHS England on 2 March 2023 to deliver a 30% real terms reduction in running costs by 2025/26, with at least 20% to be delivered by 2024/25.

The ICB is a strategic organisation working across a large geographical footprint, the largest in England and has a key role to drive efficiency and reduce both variation and duplication. In meeting the required reduction the new structures contain more centralised functions, enabling things to be done once, where possible to do so.

The NENC ICB also wanted to maintain close links to partner organisations and so created 6 Local Delivery Teams LDT. These LDT cover the following places -

- North Cumbria
- Northumberland and North Tyneside
- Newcastle and Gateshead
- Durham
- Sunderland and South Tyneside
- Tees Valley

These teams take the lead in the ICB for delivery of local contracts and transformation linked broadly to primary and Community Care. These dedicated teams focus on population health, integration, primary care, development, out-of-hospital services, transformation, partnerships stakeholder engagement, and local intelligence escalation, maintaining a patient-centred approach with a focus on the place arrangements that support delivery in partnership with our key stakeholders. The flexibility of LDT's to meet the unique needs of local communities will reinforce the value-added role of these teams.

The structure of the LDT's to cover Northumberland and North Tyneside is within appendix 1. The two key teams working locally focus of Primary care and community services and below are their key priorities.

Primary care priorities – very clear role in the stability and resilience of primary care.

Integrated Neighbourhood Teams	General practice access	Digital, Estates and Workforce
Mapping of current Integrated working	Continue to support General practice to improve access	Support online consultations through telephony / websites etc
Implement and share good practice	Maximise provision and utilisation of additional appointments in enhanced hours of service – inc Sunday's and Bank Holidays	Development of estates plans and support premises improvements
Facilitate continuous growth and development of PCN's		Oversight of capital funding
Continue to support populational health work, analysing data and share learning	Continue to support pathways / ways of working between primary and secondary care	Support PCN's with workforce data
	Support practices to become veteran friendly	GP career start programme / management of fellowships
	Support practices around continuity of care	Deliver professional learning time sessions
		Continue to support flexible work pools across sites

Community priorities

Urgent and emergency care	Primary and community services	Planned care	Mental Health, Learning Disabilities and Neurodiversity.	Prevention and inequalities
<p>Partnership approach in system pressures</p> <p>Collaborative working and joint commissioning through the Better care fund / discharge with adult social care</p> <p>General practice contract update for out of hours care</p> <p>Continued support in the implementation of virtual wards</p>	<p>Joint commissioning and collaboration with Children social care around special educational needs and disabilities</p> <p>Living and aging well, supporting falls, care homes and end of life care.</p> <p>Close working across providers to ensure a best start in life for children and young people</p>	<p>Support across wider ICB on long term conditions.</p> <p>Review service pathways in line with the strategy or following outcomes of transformation work.</p> <p>Continue to support outpatient pathways like digital dermatology</p>	<p>Continue to delivery the community transformation work</p> <p>Review and deliver a safe haven</p> <p>Continue to work with providers on neurodevelopmental pathways and improve waiting times</p>	<p>Promote and develop social prescribing linking with the VCSE</p> <p>Support Primary care with population health initiatives</p>

4. Appendices

Appendix 1 sets out the Local Structure