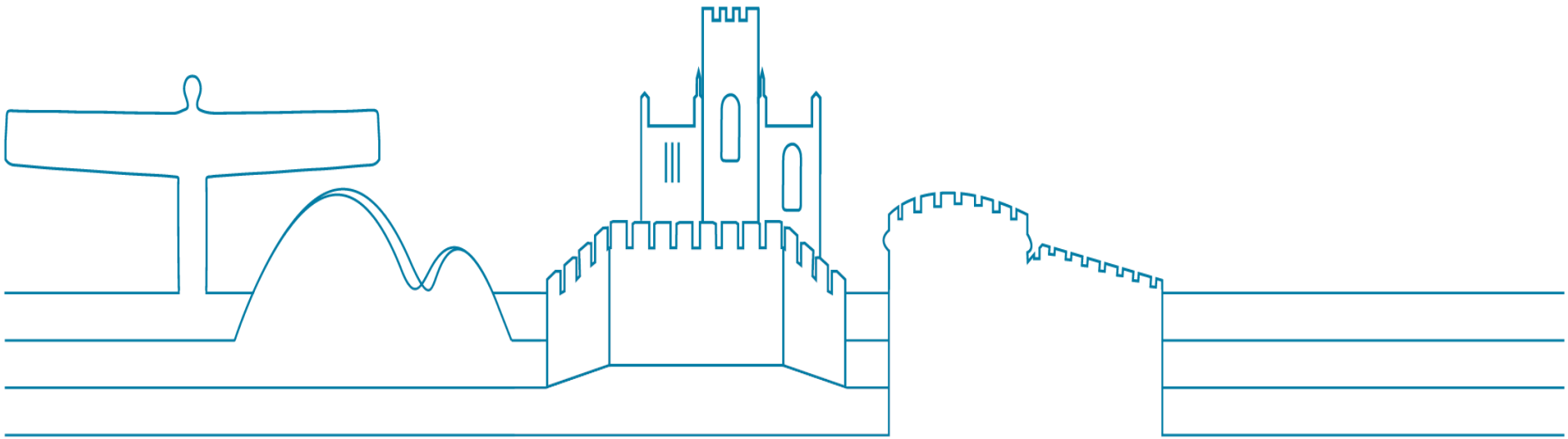
White paper - Integration and Innovation: working together to improve health and social care for all

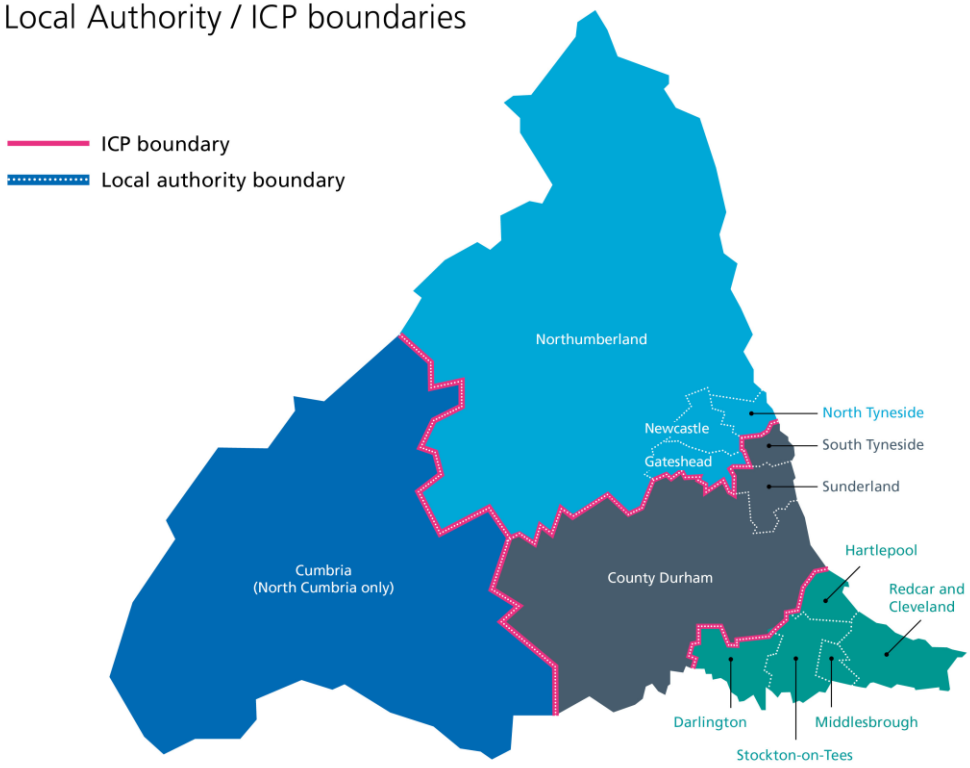
Update for

North Tyneside Health & Wellbeing Board



Reminder of our wide footprint

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

NENC ICS-wide

North East Ambulance Service FT covers: North of Tyne and Gateshead ICP; Durham, South Tyneside and Sunderland ICP; Tees Valley South ICP

CNTW Mental Health FT covers: North Cumbria ICP; North of Tyne and Gateshead ICP; plus part of South Tyneside and Sunderland ICP

TEWV Mental Health FT covers: Tees Valley ICP; plus part of South Tyneside and Sunderland ICP

Newcastle upon Tyne Hospital FT: provider of highly specialised and specialised national and regional services (including transplant, paediatric specialisms and major trauma)

South Tees Hospitals FT: provider of highly specialised north of England and regional services (including cardiothoracic, spinal, cochlear implant neurosciences, gynaecology, urology and major trauma)

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

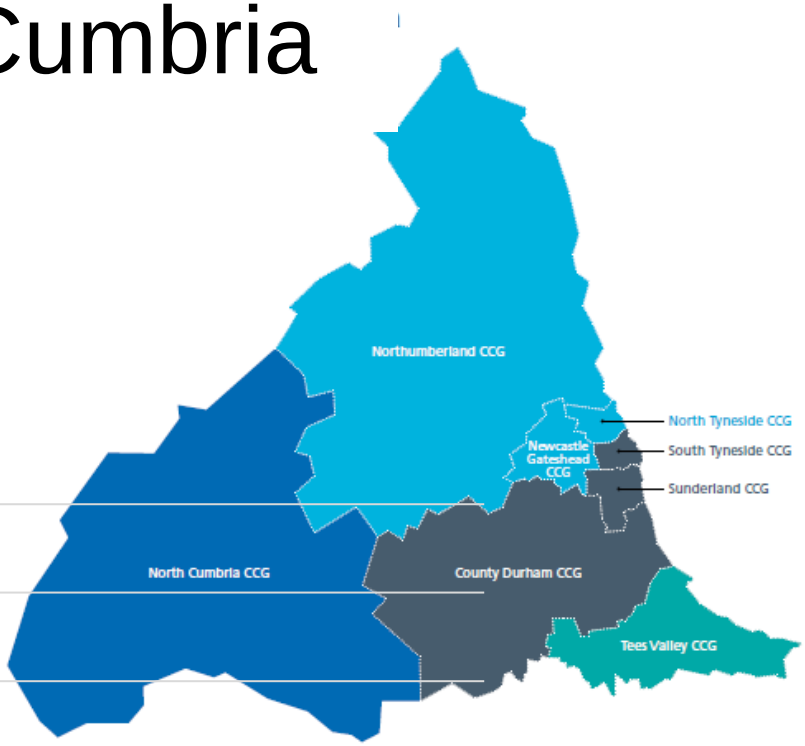
Durham, South Tyneside and Sunderland ICP

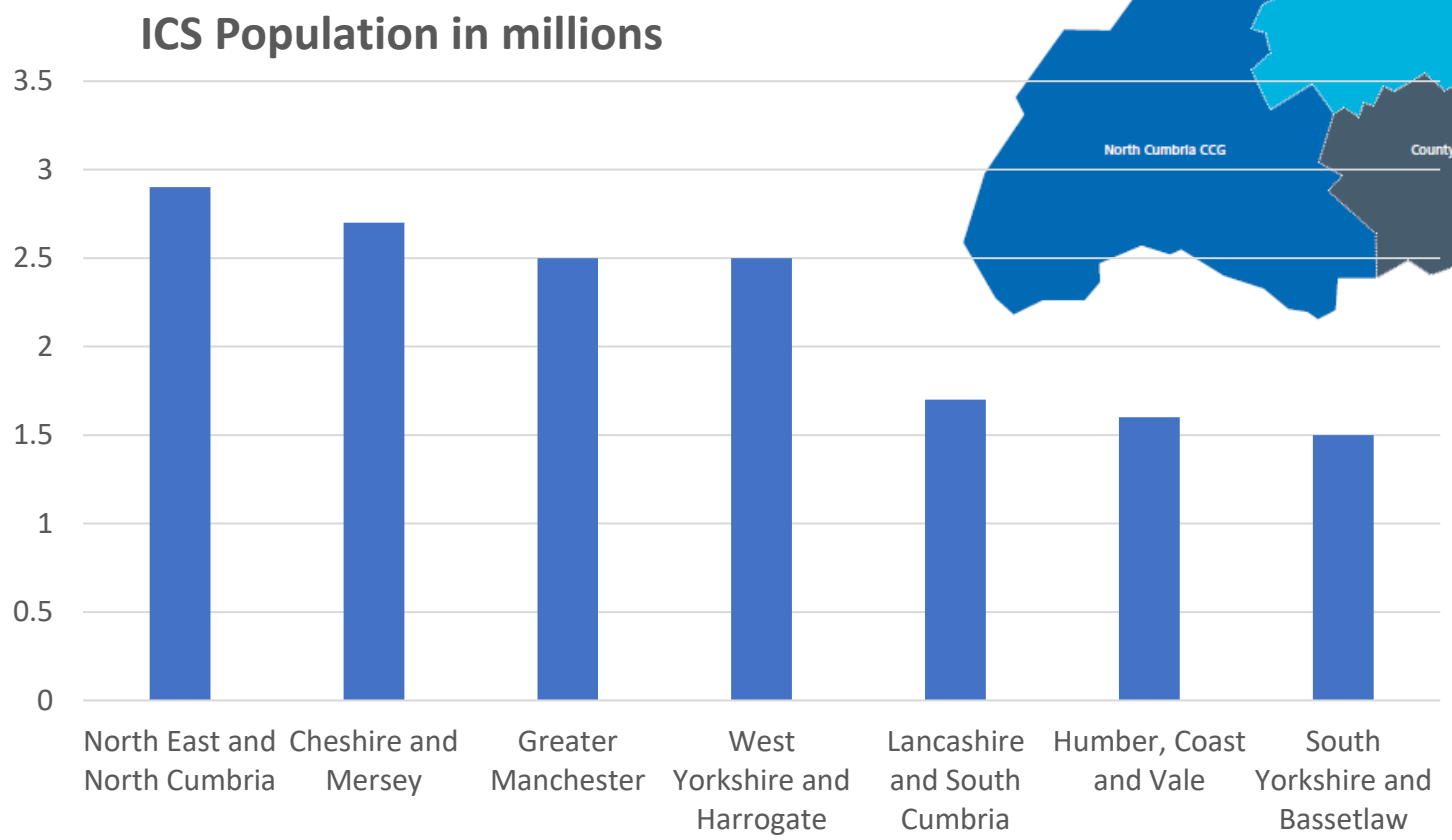
Population: 997,000
3 CCGs: South Tyneside, Sunderland, County Durham
Primary Care Networks: 22
2 FTs: South Tyneside & Sunderland, County Durham and Darlington
3 Council Areas: South Tyneside, Sunderland, County Durham

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

North East and North Cumbria ICS





White paper aims…

- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

What does the white paper say about place?

- A key responsibility for these systems will be to support **place-based joint working** between the NHS, local government, community health services, and other partners such as the voluntary and community sector.

- Frequently, place level commissioning within an integrated care system will **align geographically to a local authority boundary**, and the Better Care Fund (BCF) plan will provide a tool for agreeing priorities.

- This will be further supported by other measures including improvements in data sharing and enshrining **a 'triple aim' for NHS organisations** to support better health and wellbeing for everyone, better quality of health services for all, and sustainable use of NHS resources.

What does the white paper say about place?

- Legislation can help to create the right conditions, but it will be the hard work of the workforce and partners in **local places and systems** up and down the country that will make the real difference.

- …there is a real chance to **strengthen and assess patient voice at place and system levels**, not just as a commentary on services but as a source of genuine co-production.

What does the white paper say about place?

- This will allow the NHS to shift away from an adversarial and transactional system centred on contracting and activity payments to one that is far **more collaborative and dedicated to tackling shared problems.**
- While NHS provider organisations will retain their current structures and governance, they will be expected to work in **close partnership with other providers and with commissioners** or budget holders to improve outcomes and value.
- **It's about population health**: using the collective resources of the local system, NHS, local authorities, the voluntary sector and others to improve the health of local areas.
- Even before the pandemic, many local system leaders were seeing **huge benefits** from joining up across health and local authorities.

What does the white paper say about place?

- **It is not expected that there will be any legislative provision about arrangements at place leve**l - although expecting NHSE to work with ICS NHS bodies on different models for place-based arrangements.

- **Place-based arrangements…should be left to local organisations to arrange -** expect local areas to develop models to best meet their local circumstances.

- **Health and Wellbeing Boards will remain in place** and will continue to have an important responsibility at place level to bring local partners together, as well as developing the JSNA and Joint H&WB Strategy…

- **The ICS NHS Body will take on the commissioning functions of the CCGs**…as well as CCGs' responsibilities in relation to Oversight and Scrutiny Committees. **It will not have the power to direct providers…**

Legislative timeline

Legislative steps: Step/Activity/Process	Indicative dates
1. Bill begins parliamentary process (first reading)	4 May 2021
2. Second reading of Bill in first House (usually the House of Commons)	18 May 2021
3. Committee stage in first House	8 June 2021
4. Bill progresses through second House (usually the House of Lords)	Nov 2021
5. Bill received Royal Assent and becomes an Act	Jan 2022
6. NHSE/I approve NHS constitution and ICS body mandate	Feb 2022
7. Relevant provisions of the Act are brought into force: NHS ICS bodies are established	1 April 2022

Establishing ICS during 21/22 – national expectations

Timeline	National expectations
By April 2021	All systems to work as ICSs, including ICS partnership board and partnership model
	Each ICS to develop a plan setting out how it will meet current operating arrangements & further planning requirements for next phase of Covid-19 response
By September 2021	Each ICS to develop ICS implementation plan for its future roles (adaptable to legislative developments)
By April 2022	Provider collaboratives to be established in ICSs – all Trusts to be a member of one or more collaborative
	Place based partnerships to be established in ICSs
	Commissioning functions to be coterminous with ICS boundaries
April 2022	Changes to legislation enacting ICSs as entities (subject to parliamentary decision)

Planning guidelines

By end Q1	Update System Development Plans and confirm proposed boundaries, constituent partnerorganisations and place-based arrangements.
By end Q2	Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI). Confirm proposed governance arrangements for health and care partnership and NHS ICS body.
By end Q3	Confirm designate appointments to other ICS NHS body executive leadershiproles, including place-level leaders, and non-executive roles.
By end Q4	Confirm designate appointments to any remaining senior ICS roles. Complete due diligence and preparations for staff and property (assets andliabilities) transfers from CCGs to new ICS bodies. Submit ICS NHS body Constitution for approval and agree "MOU" with NHSEngland and NHS Improvement
1 April	Establish new ICS NHS body; with staff and property (assets and liabilities)transferred and boards in place.

National policy/guidance

Quarter	Products
Q4 – 2020/21	Core principles for transition including employment commitment National narrative on senior leadership support People Impact Assessment Approach
Q1 – 2021/22	Model constitution Appointments guidance and process Remuneration guidance HR framework Talent approach and guidance Board level support package (TBC)
Q2 – 2021/22	Model transfer document and consultation Guidance on ESR transition
Q3 – 2021/22	Statutory NHS ICS body operates in shadow form from 1 October
Q4 – 2021/22	ICS Statutory Guidance

Twin boards model

Statutory ICS NHS Board

- Each ICS NHS body will have a unitary board directly accountable for NHS spend and performance within the system.
- The ICS Chief Executive becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body.
- The board will include a chair, the CEO, and representatives from NHS trusts, general practice, and local authorities, and others determined locally.
- ICSs will also need to ensure they have appropriate clinical advice when making decisions.
- There will also be a more clearly defined role for Social Care within the structure of an ICS NHS Board to give ASC a greater voice in NHS planning and allocation.
- As with CCGs now, NHSE/I would approve ICS constitutions in line with national statutory guidance, and NHSE will publish further guidance on how Boards should be constituted, and appointments made.

ICS Health and Care Partnership Board

- NHS England have stated that there should be 'maximum local flexibility as to how ICS partnerships are constituted'.
- Main purpose as a forum for agreeing co-ordinated action and alignment of funding on key issues, as well as providing direction on the early stages of ICS formation.
- ICS Partnerships will be tasked with developing a plan to address the health, social care and public health needs of their system.
- Each ICS NHS Body and local authority would have to have regard to this plan – but the Partnership could not impose arrangements that are binding on either party.
- Membership of ICS Health and Care Partnerships will not be specified nationally but could be drawn from a number of sources including Health and Wellbeing Boards, Healthwatch, VCSE partners, social care, and housing providers.

Key areas of focus

- Decisions taken closer to the communities they affect are likely to lead to better outcomes;
- Collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people; and
- Collaboration between providers (ambulance, hospital and mental health) across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.

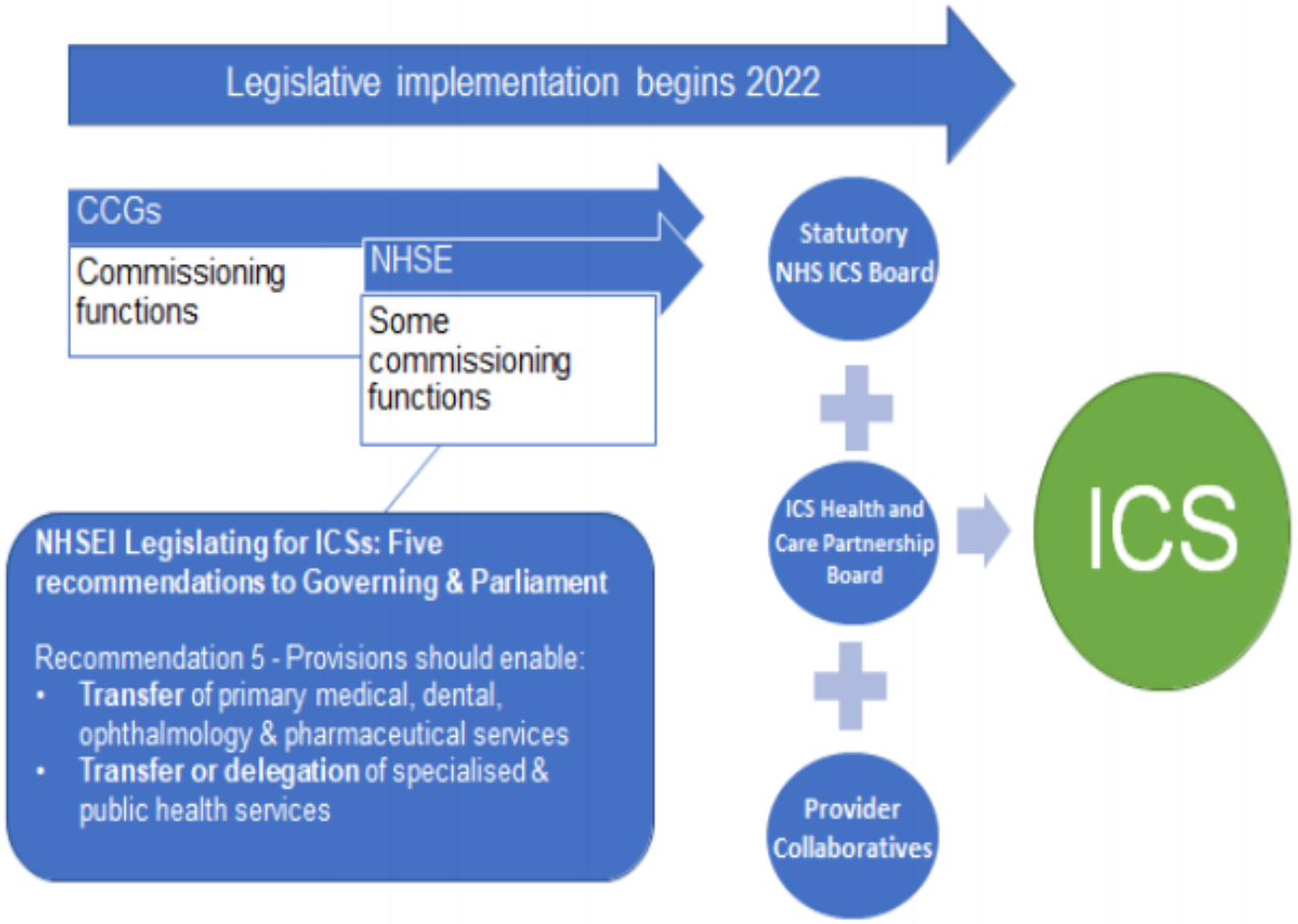
Key areas for development

- ICSs also need to be able to ensure collectively that they are addressing the right priorities for their residents and using their collective resources wisely. They will need to work together across partners to determine:
  - distribution of financial resources to places and sectors that is targeted at areas of greatest need and tackling inequalities;
  - improvement and transformation resource that can be used flexibly to address system priorities;
  - operational delivery arrangements that are based on collective accountability between partners;
  - workforce planning, commissioning and development to ensure that our people and teams are supported and able to lead fulfilling and balanced lives;
  - emergency planning and response to join up action at times of greatest need; and
  - the use of digital and data to drive system working and improved outcomes.

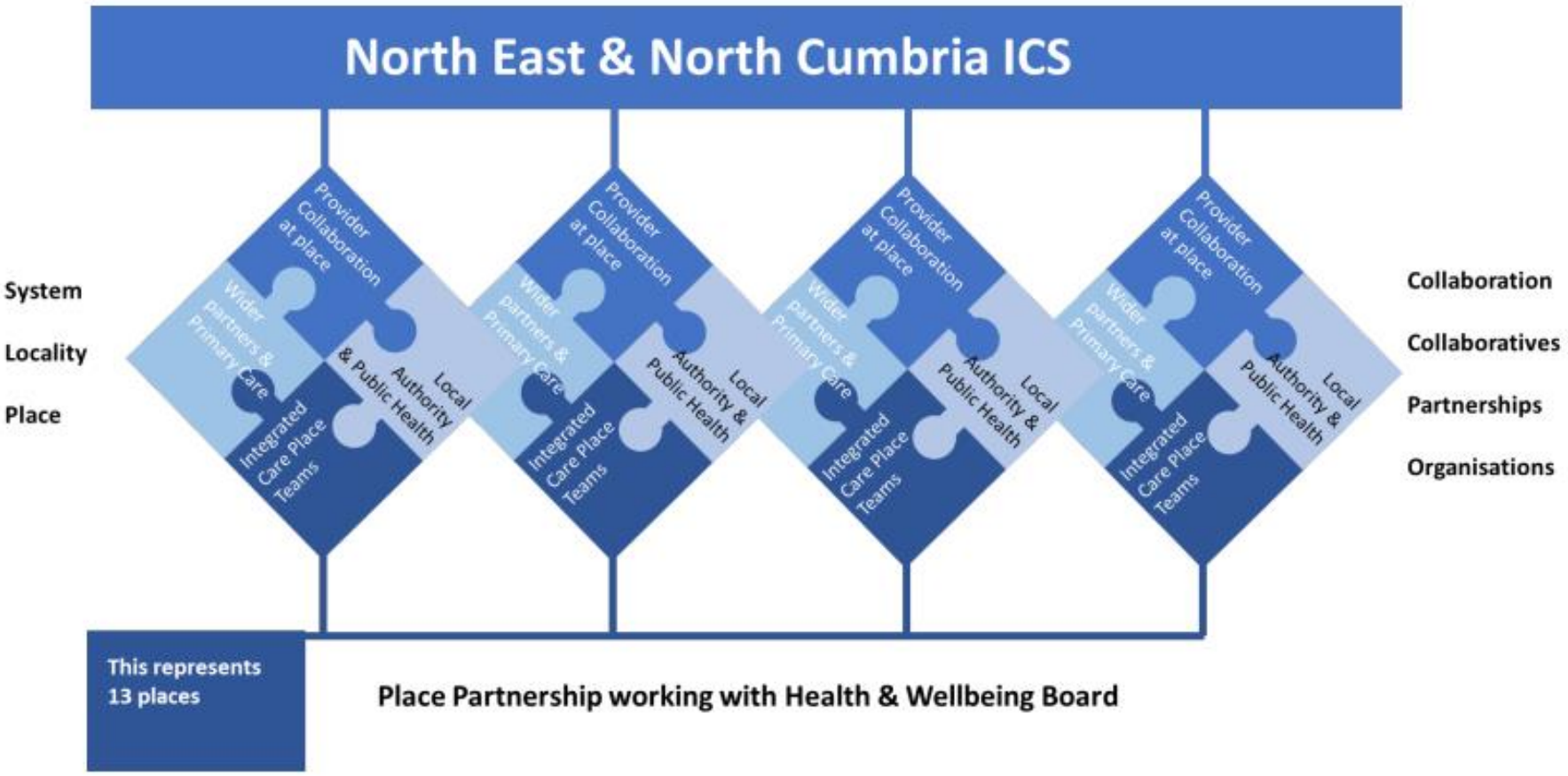
National emerging ICS operating model

Managing Change
(Sources: White Paper & NHSE/I FAQs)

- Care for our people
- Minimise staff uncertainty
- Minimise disruption
- Limit employment changes
- CCG staff employed by ICS NHS Body as legislation comes into effect & ICS become statutory body
- Employment commitment (T&Cs) to all NHS people directly affected below Board level
- Best practice in engaging, consulting & supporting workforce
- National HR principles (April 2021)
- National guidance on appointments to new roles in ICS NHS Bodies
- Implementation programme
- Joint appointment guidance



ICS emerging operating model at ‘place’



ICS and place-based partnerships

Place based partnerships - 3 core components

- Improved population health
- Improved service quality and patient experience
- Financial sustainability

Examples of work in practice

- Provider Collaborative are already working together on some key areas of work
- Elective recovery is a key priority and we have all seen the headlines
- NENC are in a better position than most

Summary

- Still lots to be done
- When we collaborate we can focus on making a difference
- Focus is on place and how joint working can improve outcomes for our communities
- Need to build on existing joint arrangements at place between local authorities, the NHS and wider partners
- Models of place-based working are emerging but no decisions on structures have been made
- National guidance on ICS development is imminent and we will need to digest this together with our partners and plan a way forward

iCS
Integrated Care System
North East & North Cumbria

Questions?