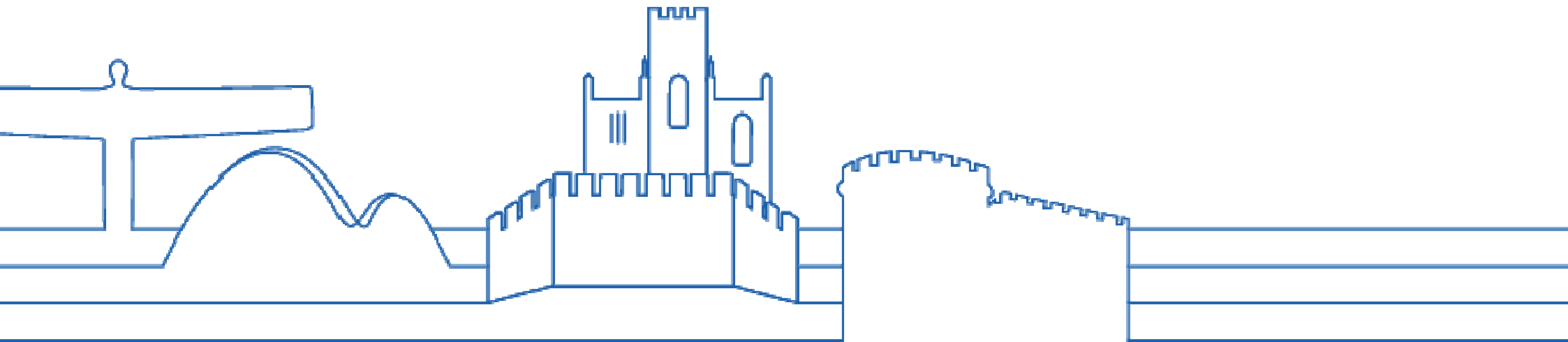




**North East &  
North Cumbria**

**DRAFT**

# **Towards an Operating Model for NHS North East and North Cumbria Integrated Care Board**



# Who are we engaging with ?

CCG staff

Local Authorities

NHS FTs

Community & Voluntary Sector

GP practices & PCNS

Networks

Healthwatch

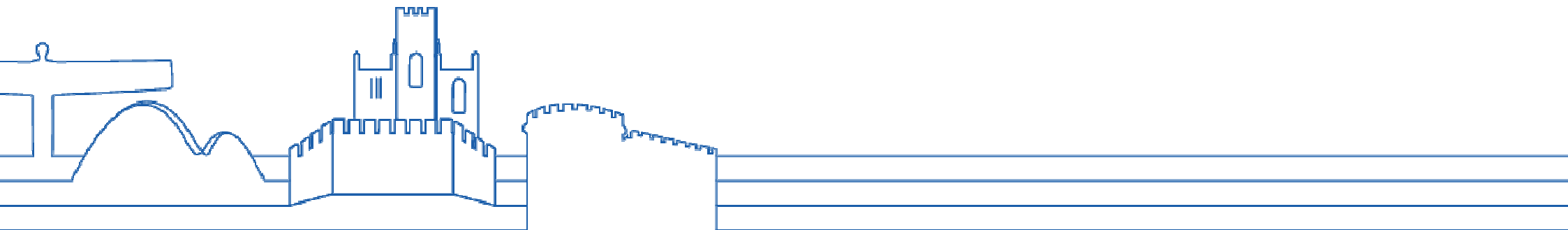
# What is an operating model & why is it important to me?

An operating model describes how organisations or systems conduct their business

It includes where decisions are made and by whom

It describes the ways of working

An operating model usually informs the structures of the organisations in relation to staff and committees.



# our objectives

## Integrated care systems (ICSs)

Key planning and partnership bodies from April 2022

### NHS England

Performance manages and supports the NHS bodies working with and through the ICS

### Care Quality Commission

Independently reviews and rates the ICS

### Statutory ICS

#### Integrated care board (ICB)

**Membership:** independent chair; non-executive directors; members selected from members made by NHS trusts/foundation trusts, local authorities and general practice

#### Integrated care partnership (ICP)

**Membership:** representatives from local authorities, ICB, Healthwatch and other partners

**Role:** planning and commissioning wider health, public health and social care needs; develops and leads integrated care strategy but does not commission

Cross-body  
relationship,  
and  
ment

An annual performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under:

- section 14Z34 (improvement in quality of services),
- section 14Z35 (reducing inequalities),
- section 14Z38 (obtaining appropriate advice),
- section 14Z43 (duty to have regard to effect of decisions)
- section 14Z44 (public involvement and consultation),
- sections 223GB to 223N (financial duties), and
- section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

Sets our Integrated Care Strategy based on an assessment of need from each of our 13 places. Indicative guidance suggests we need to have our strategy in place from December 2022.

### Geographic footprint

### System

Usually of 1-2 million people

### Place

Usually of 250-500 GPs

### Neighbourhood

Usually of 30-50 GPs

### Delivery strategy organisation

acute, specialist and mental health) and as appropriate voluntary, VCSE organisations and the independent sector; place level

local authorities, and wider membership as appropriate; system level

members, local authorities, VCSE organisations, NHS trusts (including and community services), Healthwatch and primary care

community pharmacy, dentistry, opticians

# Guiding principles for ICB development agreed by JMEG (Joint management executive group)

Secure **effective structures** that ensure accountability, oversight and stewardship of our resources and the delivery of key outcomes

Create **high quality planning arrangements** to address population health needs, reduce health inequalities, and improve care

Ensure the **continuity of effective place-based working** between the NHS, local authorities and our partners sensitive to local needs

**'Stabilise, transition, evolve'** throughout 2022-23 – ahead of adoption of formal Place Board models by April 2023

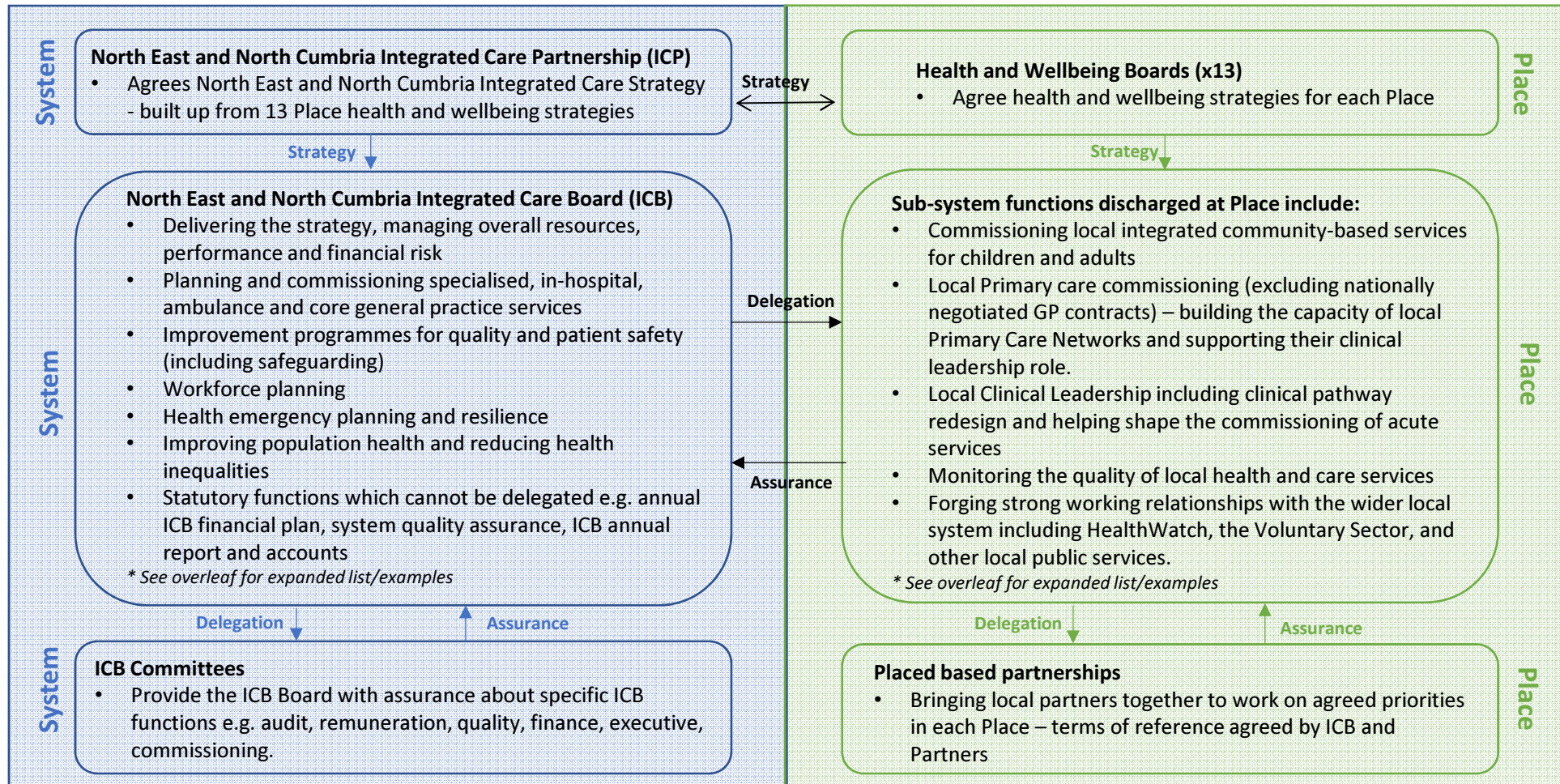
**Recognise our ICP sub-geographies** as a key feature of our way of working across multiple places

Design the right mechanisms to drive developments, innovations and improvements in **geographical areas larger than place-level**

Highlight areas of policy, practice and service design where **harmonisation of approach** by the NHS might benefit service delivery

Maintain high and positive levels of **staff engagement and communication** at a time of major change and upheaval

# North East and North Cumbria Integrated Care Board - functions and decisions map



# North East and North Cumbria Integrated Care Board - functions and decisions map

## ICB functions discharged at system 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 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

## Sub-system functions discharged at Place\*

- Building strong relationships with communities
- Service development and delivery with a focus on neighbourhoods and communities
- Commissioning local integrated community-based services for children and adults (including care homes and domiciliary care).
- Local Primary care commissioning (excluding nationally negotiated GP contracts) – building the capacity of local PCNs and supporting their clinical leadership role.
- Local Clinical Leadership including clinical pathway redesign and helping shape the commissioning of acute services
- Monitoring the quality of local health and care services – including support to care homes, e.g. infection prevention and control.
- Forging strong working relationships with the wider local system including HealthWatch, the Voluntary Sector, and other local public services.
- Monitor Place based delivery of key enabling strategies.

In addition, there are formal place-based joint working arrangements between the NHS and Local Authorities which will also be part of the ICB delegated functions; they include:

- Participation in Health & Wellbeing Boards to develop Joint Strategic Needs Assessments and Joint Health & Wellbeing Strategies
- Joint initiatives to promote health, prevent disease and reduce inequalities
- Joint commissioning and leadership of local services:
  - 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, e.g. the BCF & Section 75.
- Fulfilling the NHS's statutory advisory role in adults' & children's safeguarding.
- The provision of updates to local Scrutiny Committees and Lead Members on local health and care services.

*\* Some of these functions may have a policy or plan developed at a geography above Place for ICB consistency but the function would be delivered and nuanced at Place*



# Place-based working: Expectations in the Integration White Paper

While strategic planning is carried out at ICS level, **places will be the engine for delivery** and reform

Introducing a **single person accountable for delivery** of a shared plan at a local level – agreed by the relevant local authority and ICB

Expectations for **place-level governance and accountability** through 'Place Boards' or similar to be adopted by Spring 2023.

**Place governance should provide clarity of decision-making**, agreeing shared outcomes, managing risk and resolving disagreements between partners

These arrangements should **make use of existing structures** and processes including Health and 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**

ICS will support **joint health and care workforce planning at place level** to meet the needs of local populations, expanding multidisciplinary teams

**ICSs will provide support and challenge to each place** as to the assessment of need and local outcome selection and plans to meet both national and local outcomes.

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

**Place Boards will require shared insight** and a holistic understanding of the needs of their local population, listening to the voices of service users



Each of our places has:

**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)

**Non-statutory local**

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

**Local Place-Based**

**Partnership/Board/Committee** will be accountable for the delivery of objectives set out by the ICB. Some of already have design features and presentation to move seamlessly into the new system but some may need to evolve.

| 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<br>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              |
| 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                  | Adults Joint Commissioning Board                 |
|                          |   | Hartlepool BCF Pooled Budget Partnership Board   |
|                          | Hartlepool Council                          | Hartlepool Health and Wellbeing Board            |
|                          |   | Stockton BCF Pooled Budget Partnership Board     |
| Stockton-on-Tees Council | Stockton-on-Tees Health and Wellbeing Board |  |
|                          | Darlington Council                          | Darlington Pooled Budget Partnership Board       |
|                          |   | Darlington Health and Wellbeing Board            |



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# ICB Exec placed based delivery concept

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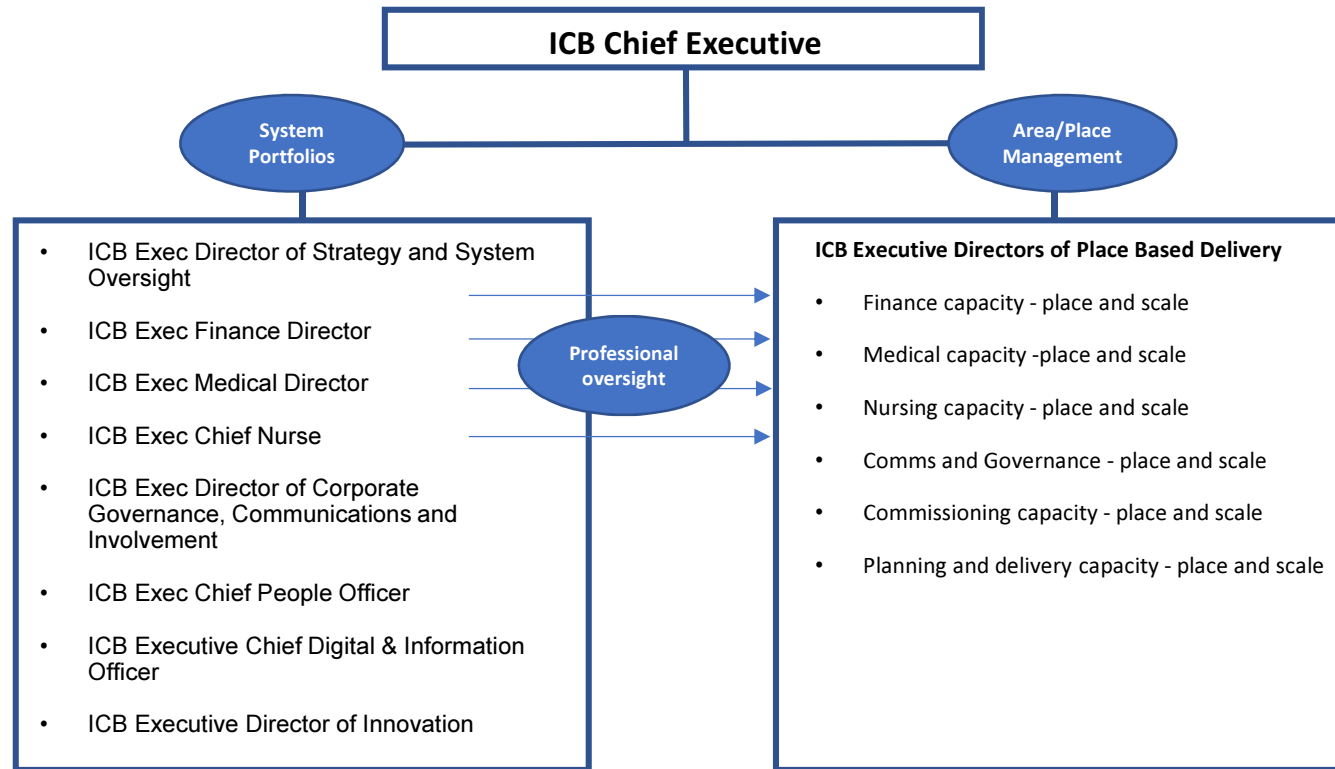
Responsible for delivering both the ICB's strategic priorities and those agreed at place – tackling variation, driving up quality and improving outcomes

## Guiding principles for consideration

Efficient and cost neutral deployment of our CCG staff

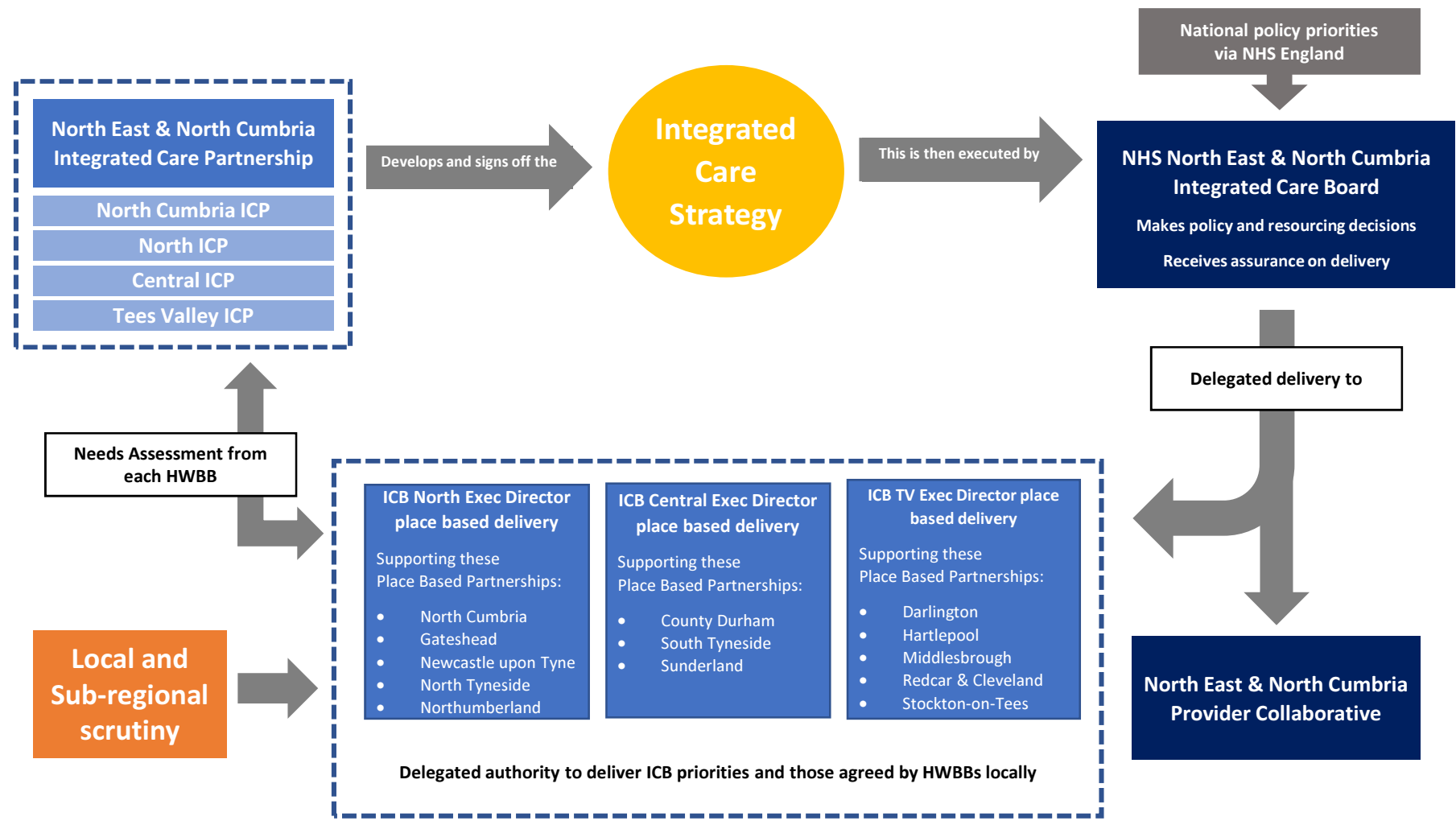
Harmonising approaches and being as efficient as we can across the ICB while maintaining the strength of place-based working

# Matrix Management?

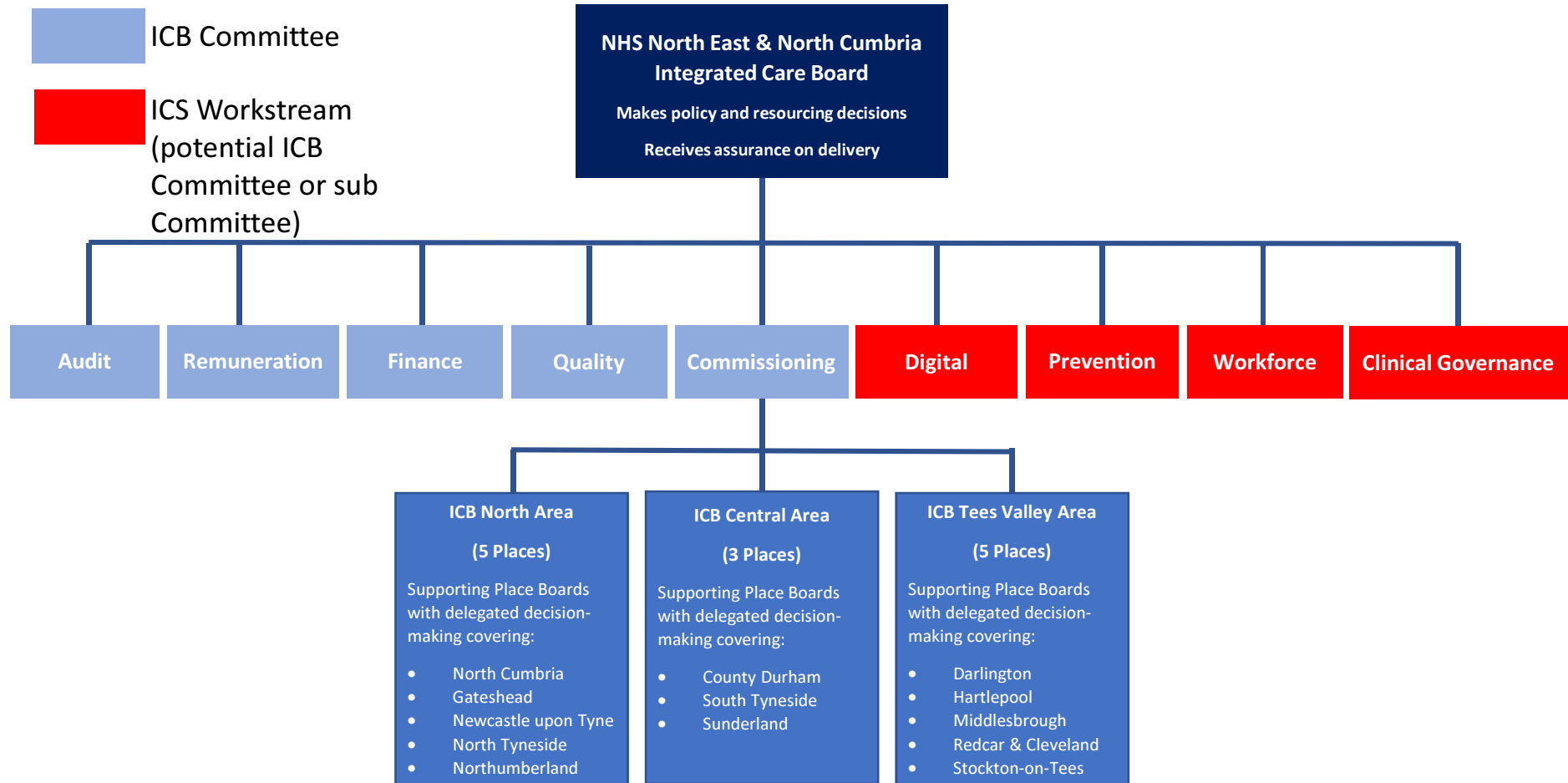


*NB Area Director portfolios TBC*

# System Flow Chart



# Accountability to the ICB



# Questions

Should we just define the ICB's objectives, but leave the delivery arrangements to each Director of Place-Based Delivery?

If we do this how do the Exec team develop ways of working across the ICB?

Or, do we develop a more uniform model of place and 'cross-place' working to ensure consistent approaches to delivery across our ICS?

Or something else ?

Do we need to look at how we manage our resources equitably across our whole ICB ?

Do we need to ensuring a more consistent model of NECS support for each ICB Area ?

# Seeking your views on the Standard Operating Model

(survey)

responses will be collated and used to refine and improve the model over the coming weeks and months ahead.

Are you responding as an individual, organisation, team or network

What type of organisation are you from

Do you think the proposed ICB committee structure makes sense?

Do you feel the mapping covers all of the functions you would expect to see in the area you work in?

Do you think the mapping makes sense?

Given the proposed split of system and place-based functions agreed by JMEG, what key functions need to be delivered within the ICBs corporate services?

What areas do you feel we may need to consider using sub committees for?

Do you believe the current place-based arrangements are working effectively across all partners

How can our place-based working arrangements with our partners be further strengthened?

What barriers are in place to make this happen?

What infrastructure needs to be in place to support effective place-based arrangements?

Based on the proposed functions and their allocation at place and system, do you foresee any major safety or delivery issues?

Can we build on existing lead commissioning arrangements within our ICS? For example, Ambulance service

...

Do you have anything further you wish to share?

<https://www.surveymonkey.co.uk/r/VJ8SYVL> ----- responses by 18th march



## Next steps?

Engage with our colleagues on the detail of the proposed operating model in March

Test the proposed model against a range of scenarios, including:

- serious quality and financial performance issues
- major service reconfiguration
- high cost care packages
- reducing health inequalities

Review our Scheme of Reservation and Delegation to ensure alignment with operating model ([ways of working and who can make what decisions](#))

Review ICB committee roles and structures, and the governance of our ICS workstreams, with our Exec Directors as they are appointed.

Conclude CCG staff mapping, and consider how our staff are best deployed to support the final agreed model

Review current NECS SLA, and consider rebalancing how this support is best deployed across our system

We will discuss this in teams and look at the proposed functions map to ensure they make sense to us and decision making is at the right place

Happy to answer any questions: 😊