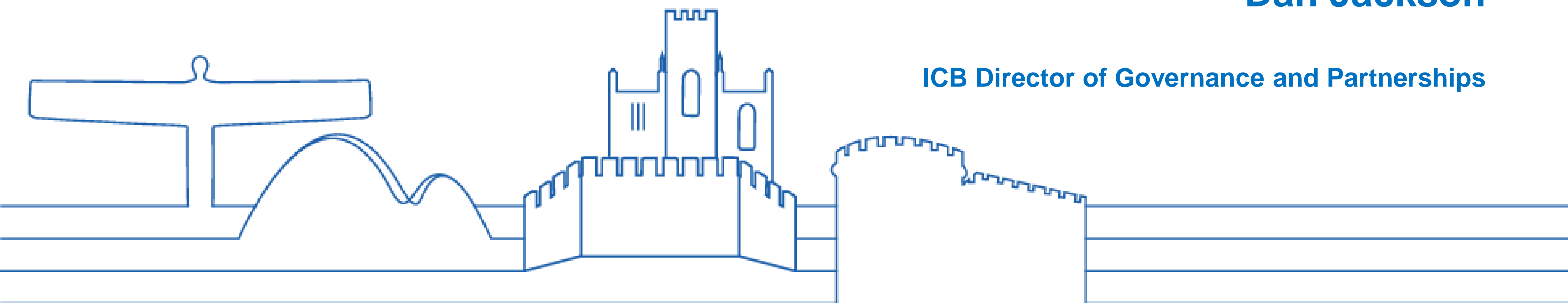
North East &
North Cumbria

Integrated Care Board Update

Dan Jackson

ICB Director of Governance and Partnerships



NHS North East & North Cumbria

Introduction: ICB operating model

How we deliver our objectives within the integrated care system

How we make decisions – and who makes them

How we deploy our people and resources to support decision making

How we assure ourselves that we are meeting our objectives

Why are we changing?

In order to become a thriving ICB, the following guiding principles for ICB development were agreed by JMEG:

- 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

ICB strategic aims

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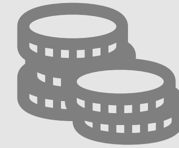
1 Improve outcomes in population health and healthcare

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.

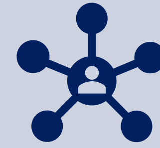
2 Tackle inequalities in outcomes, experience and access

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.

Key functions of the Integrated Care Board

Developing a plan to meet the health needs of the population

Allocating resources (revenue and capital) to deliver the plan and agree contracts with providers

Establishing **joint working** and **governance** arrangements between partners

Leading **major service transformation programmes** across the ICS

Implement the **NHS People Plan**

Leading system-wide action on **digital and data**

Joint work on **estates** and **procurement**

Leading **emergency planning and response**

ICB Governance

The ICB is established by order made by NHS England under powers in the 2006 Act

The ICB is a statutory body with the general function of arranging to provide services for the purposes of the health service in England and is an NHS body

The ICB must have a Constitution, which must comply with the requirements set out in the Acts Schedule which is published

Standing orders– set out the arrangements and procedures to be used for meetings and the selection and the processes to appoint the ICB committees

The ICB Governance Handbook– This brings together all the ICB's governance documents

Documentation can be found in our ICS website Home | North East and North Cumbria ICS

ICB Governance

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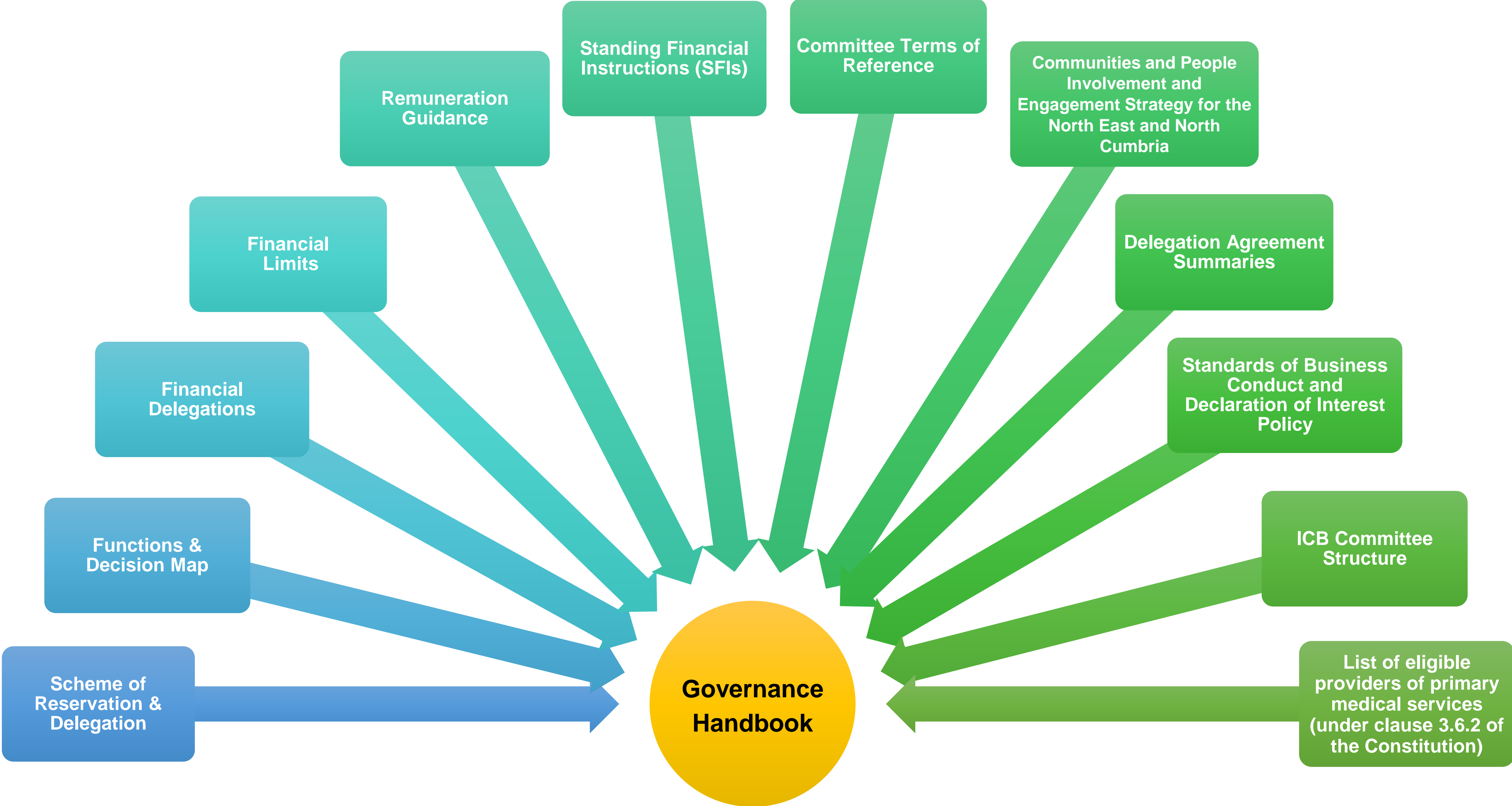
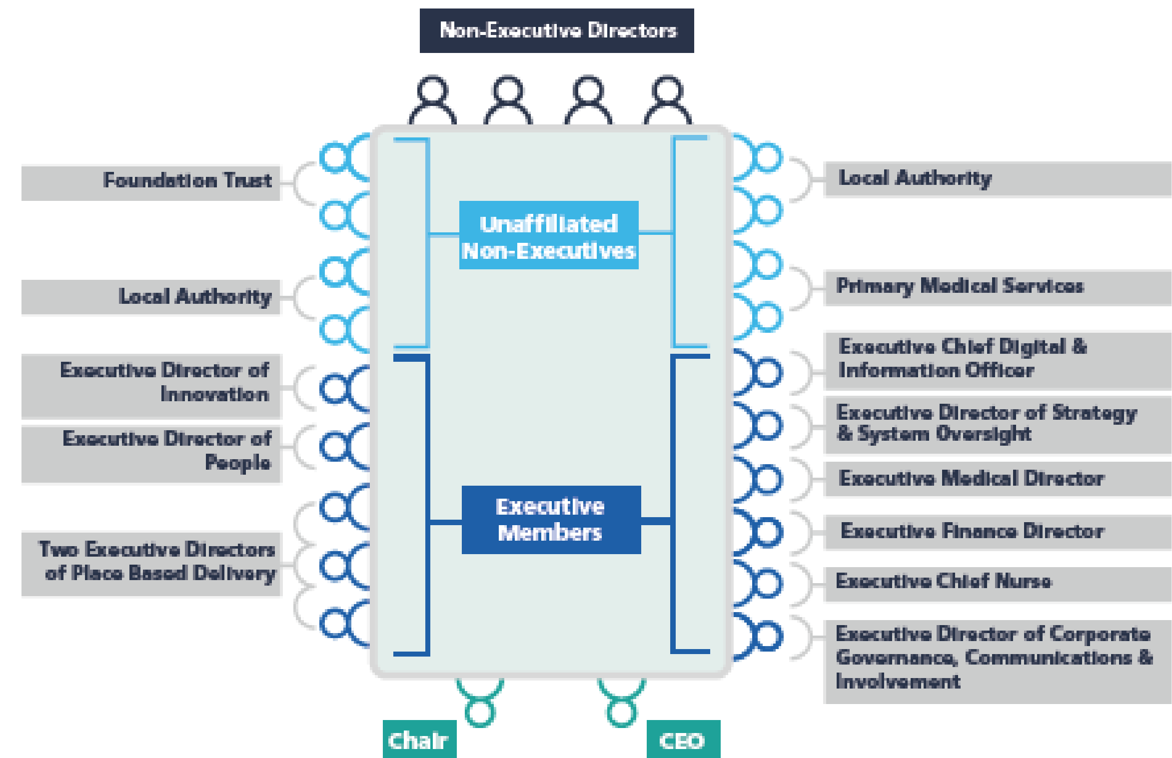


Our leadership team

- Chair – **Sir Liam Donaldson**
- Chief Executive – **Samantha Allen**
- Executive Medical Director – **Dr Neil O'Brien**
- Executive Finance Director – **Jon Connolly**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Director of Corporate Governance, Communications and Involvement – **Claire Riley**
- Executive Director of Innovation – **Aejaz Zahid**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- 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**

Currently recruiting our eight partner members
- *Four from Local Authorities*
- *Two from Primary Care (GPs)*
- *Two from NHS Foundation Trusts*



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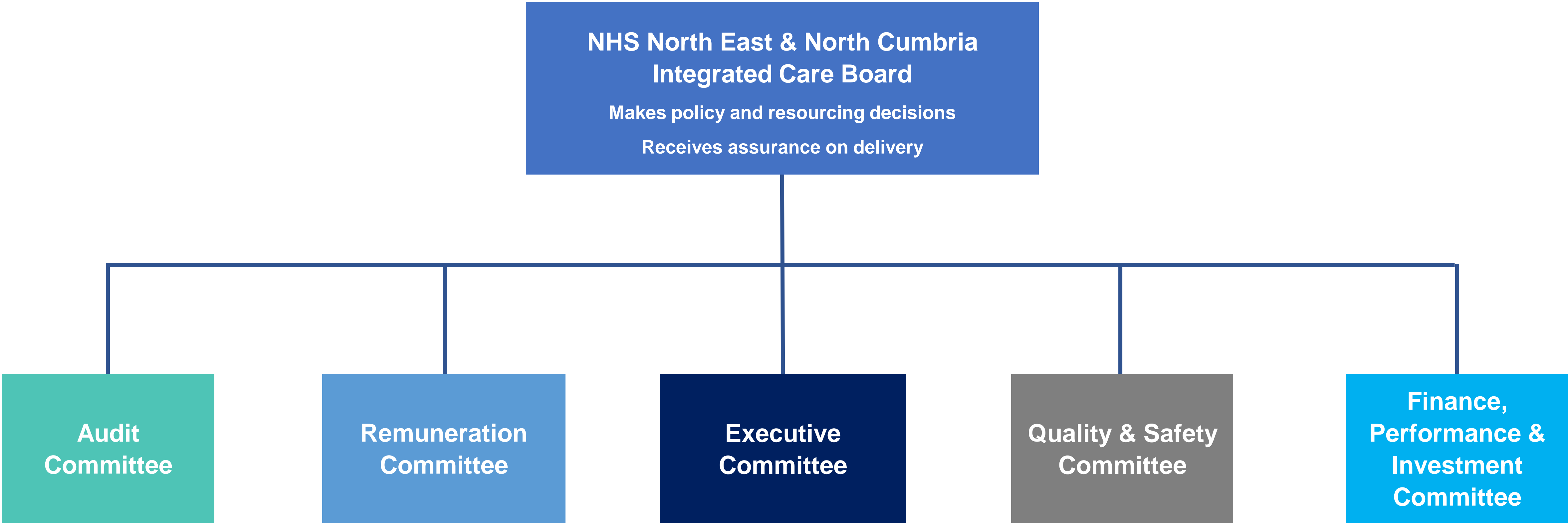
ICB Board and Committee Structure



Functions at scale overview

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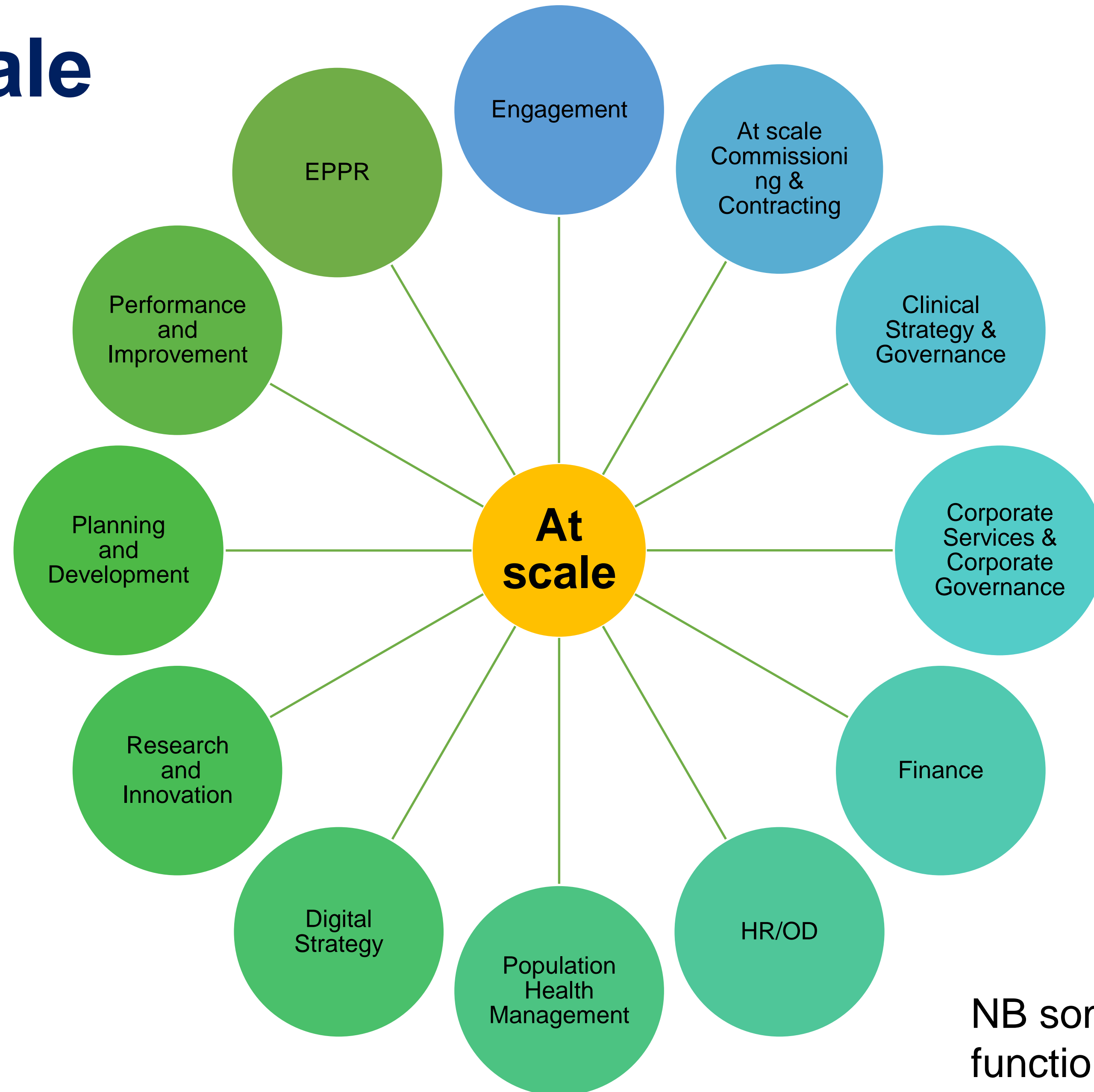

NB some of these functions may also occur at place

Functions at place overview

Some of these functions may also occur at scale. Each place will have allocated resource to manage its functions. Resource may be utilised across places where appropriate

NENC Provider Collaborative

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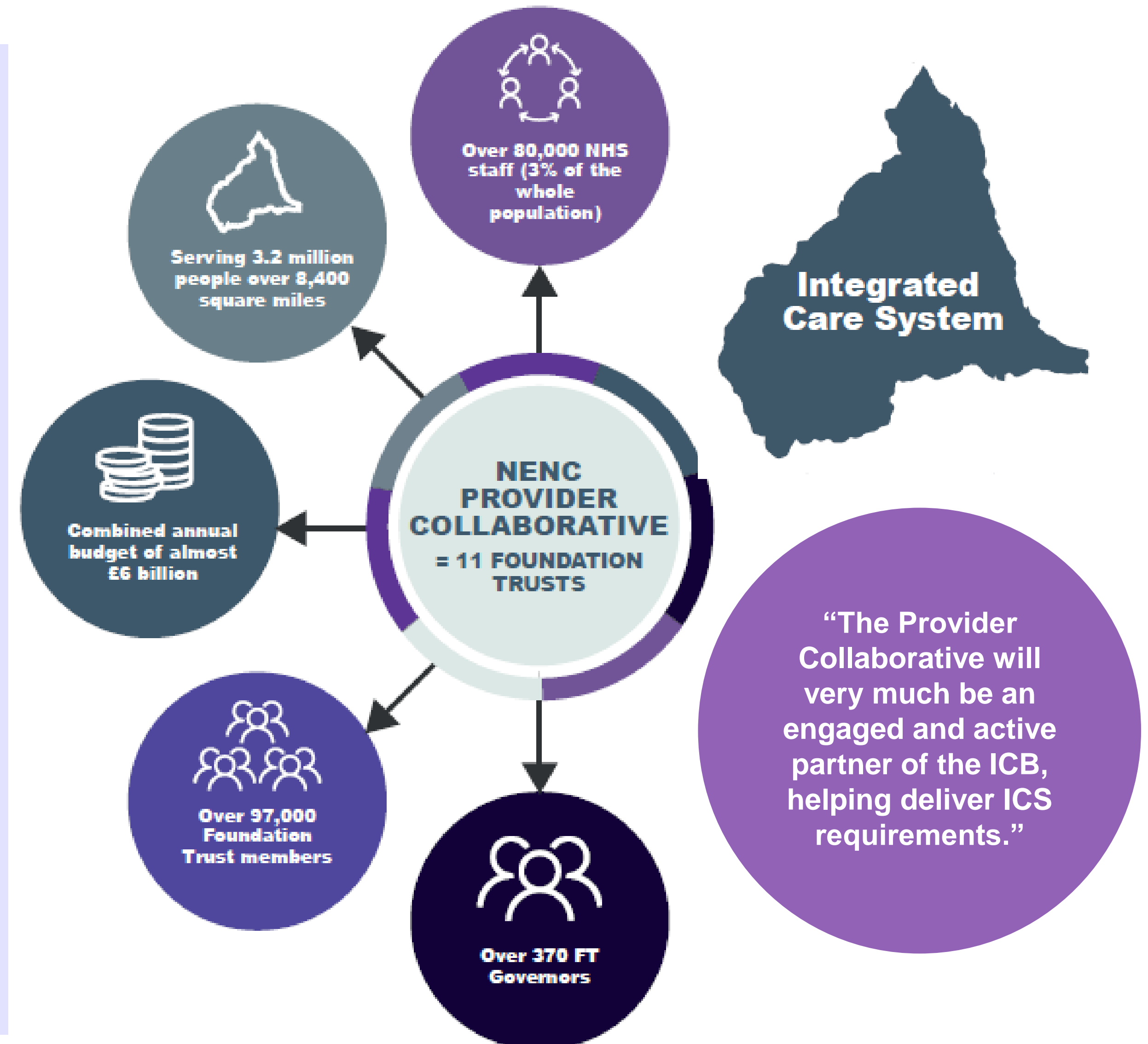
The North East and North Cumbria (NENC) FT Provider Collaborative is a formal partnership of all 11 NHS Foundation Trusts (FTs) in the region.

- It shares the same 4 strategic aims as the ICB.
- It provides a formal mechanism for collective decision making across all FTs on important 'whole system' issues. It will act on behalf of and take decisions representing the collective view of our 11 FTs, rather than being a separate formal entity.
- Specific areas of focus, work programmes and resourcing for 2022/23 will be jointly agreed and set out by the ICB and Provider Collaborative, documented in a Responsibility Agreement by the end of July 2022.
- The Responsibility Agreement between the ICB and Provider Collaborative will be reviewed at least annually.



Decision making scenarios

We have reviewed a range of scenarios to understand how will be managed from day one of the ICB in operation. Areas covered include:

- Decision making on a high cost CHC case
- A child safeguarding issue
- A GP branch closure
- Contract negotiations with a main acute provider
- A live procurement that requires a decision to proceed towards tender
- An MP letter comes in to a local ICB office

Our Integrated Care Partnerships

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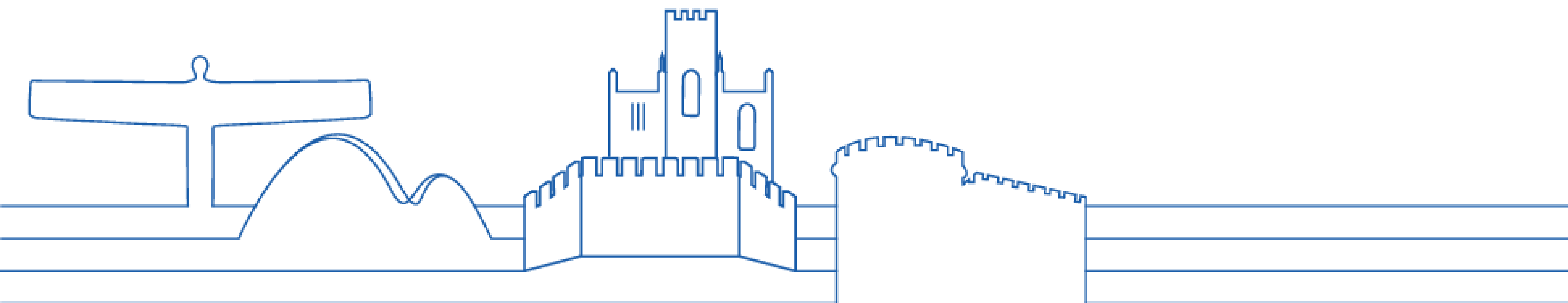

One whole-system ICP built up from four smaller locally-sensitive ICPs

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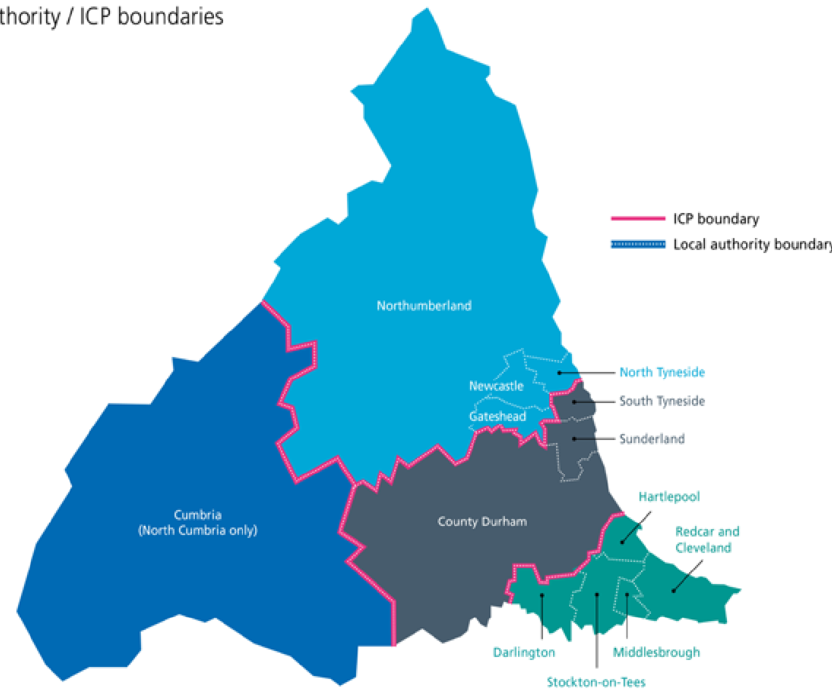
North Cumbria ICP

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

Role of our ICPs as agreed by JMEG

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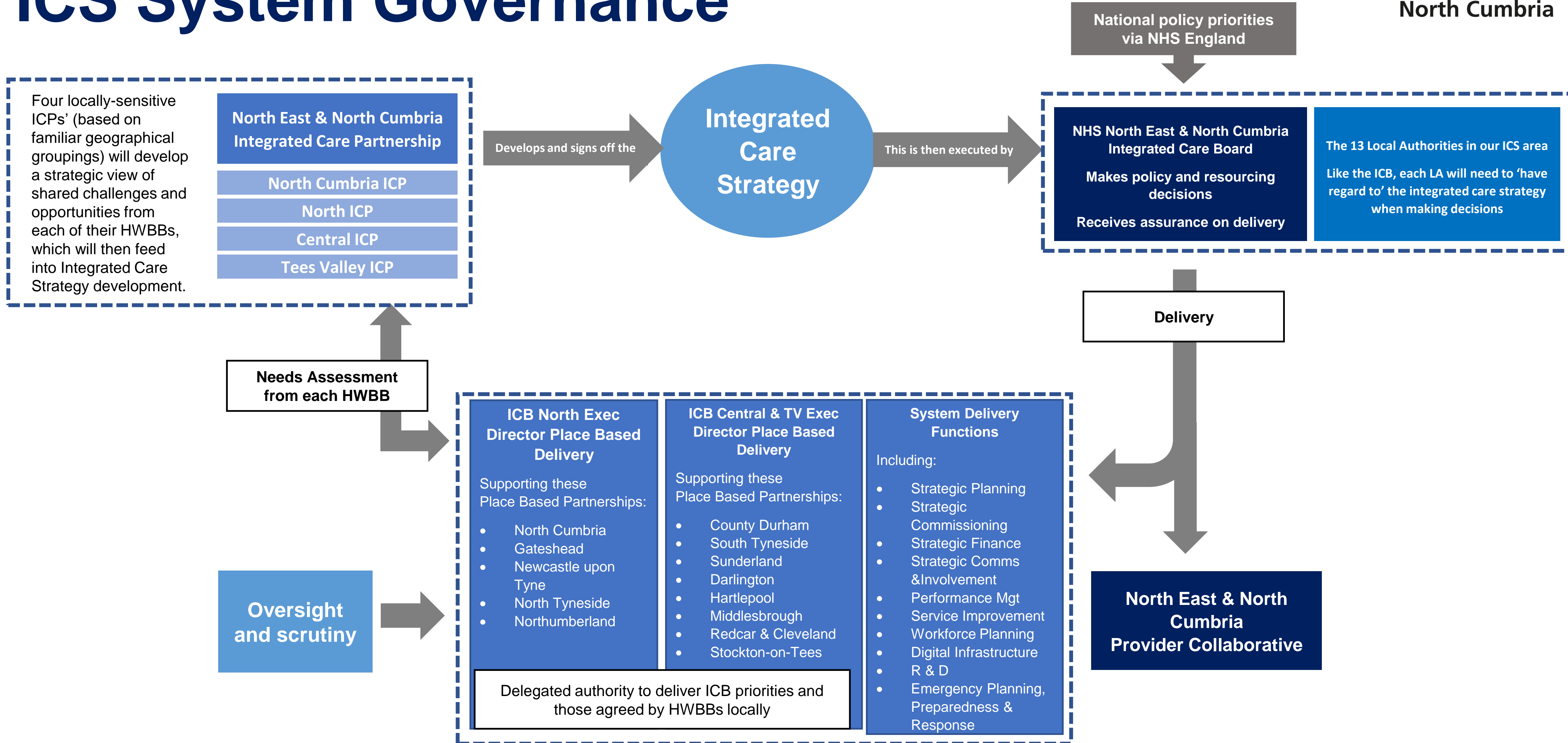
1 System-wide ICP	4 Smaller locally-sensitive ICPs
• Would meet as an annual or biannual strategic forum • Membership comprising the ICB and all thirteen local authorities (plus other partners to be determined)	• Based on existing geographical groupings • Would meet frequently • Membership from ICB place teams, LAs, FTs, PCNs
• Main role would be to sign off the system-wide Integrated Care Strategy based on the analysis of need from the four component ICPs – plus other system-wide groups such as the Directors of Public Health Network • Addressing issues that are best managed at scale, including: - Improving population health and tackling the wider social and economic determinants of health for 3 million people - Improving health inequalities, experiences and access to health services at this same population level - Initiatives involving the NHS's contribution to large scale social and economic development	• Key role in analysing need from each of its constituent places (using the HWBB-led JSNA process) • Sharing intelligence to ensure the evolving needs of the local population are widely understood • A forum to agree shared objectives and work on joint challenges • Developing relationships between professional, clinical, political and community leaders to promote strong system leadership • Evaluating the effectiveness and accessibility of local care pathways

ICS System Governance



How the ICS strategies and plans link together

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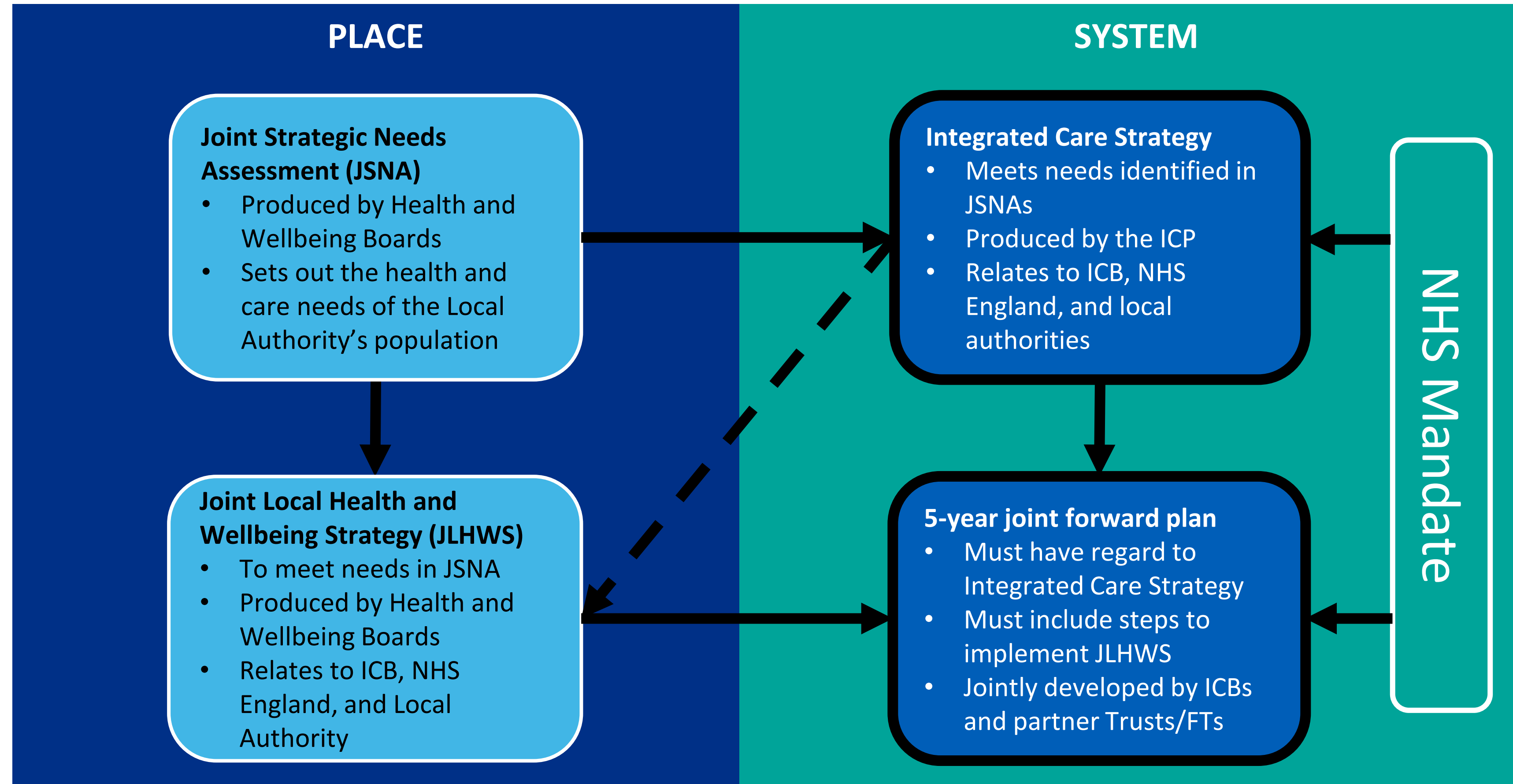
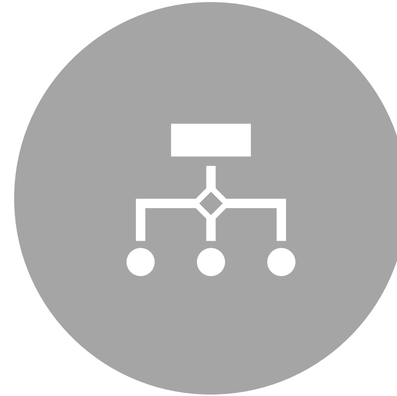
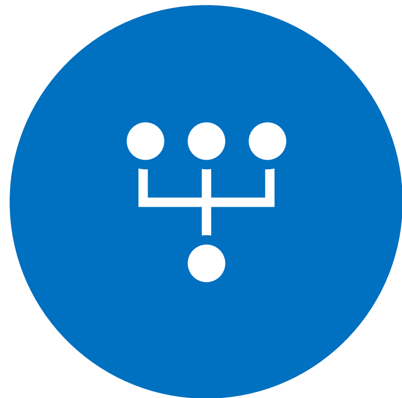


What happens next

Business continuity is critical. 2022/23 will be a transitional year



For many people initial implementation and/or service co-creation may mean little or no change. For others there may be a change to what and how work is done



Any further changes will be incremental and determined by the ICB

After the leadership transition and initial implementation, Service Co-creation is when teams will design, improve and optimise their service/function/ skilled team and establish new ways of working applying user centred design thinking.

Place based governance

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Transition
Jan 22 – Sept 22

The ICB will be delegating responsibility for the delivery of its place-based functions, including relevant budgets, through two Executive Directors of Place Based Delivery. Those two Directors will agree appropriate delegated authority to other senior leaders and place-based staff, in line with agreed financial limits, to manage operational delivery of the functions.

The two Executive Directors of Place Based Delivery will be accountable to the ICB for the discharge of this delegated authority.

Those individuals are then accountable to the ICB for the discharge of this delegated authority.

Stabilise
July 22 – Dec 22

While NENC strategic planning is carried out at ICS level, places will be the engine room for local planning delivery and transformation.

Governance and escalation to 'bed in' .

Evolve
Sept 22 onwards

The government's Integration White Paper 'Joining Up Care for People, Places and Populations' has set out a number of expectations for place-based working.

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 clear decision-making, agreeing shared outcomes, managing risk and resolving disagreements – and these should make use of existing structures e.g. Health & 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.

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

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	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 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

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National guidance on the governance options for place-based working

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	Consultative Forum	Committee of ICB	Joint committee	Individual director (additional option)	Lead provider
+	• Easy to set up • No formal governance required	• Allows formal delegation of NHS resource without any other arrangement • Direct line of reporting and assurance to the ICB	• Allows collective decisions to be made within its scope of authority on behalf of a number of organisations • Direct line of reporting and assurance to ICB and other statutory bodies	• Could support collective decision making, as joint appointment • Simple – governance through the statutory boards • Could have blended model with joint committee • Provides a direct line of accountability to the appointing bodies	• Good way of ensuring accountability for the delivery of specific outcomes • Builds a coalition of providers around that delivery • Can hold providers to account for outcomes
-	• Advisory only - cannot make binding decisions	• Requires formal NHS governance • Cannot make decisions on behalf of other bodies (could have non NHS members but not voting)	• Complex governance, requiring agreement by all parties to the level of delegated authority or statutory decisions	• Power vested in one individual/ single point of failure • Mechanisms for partner engagement is through an individual	• Too simple for all place outcomes provided • When thinking about broader determinants, e.g. leisure facilities, how define allocations and contributions? • Less suitable for prevention as its less defined
Requirements	• Willingness of partners to come to that table	• Chair and members do not need to be ICB members but must be accountable to the ICB	• MOU or similar, setting out delegated authority	• Joint appointment would require exec/ director function on all the bodies	• Relatively narrow set of measurable outcomes
Suitable for	• Engagement • Broad range of community input and citizen engagement	• Easily delegate NHS funds to place within NHS governance, influencing outcomes directly related to NHS service provision	• Multi-agency decision-making and delegation of money, which can address the wider determinants of health and wellbeing	• Enables ICB/ partner leadership at place level	• Enables single point of management for the delivery of single or interconnected outcomes, e.g. MSK, through a multi-provider delivery contract

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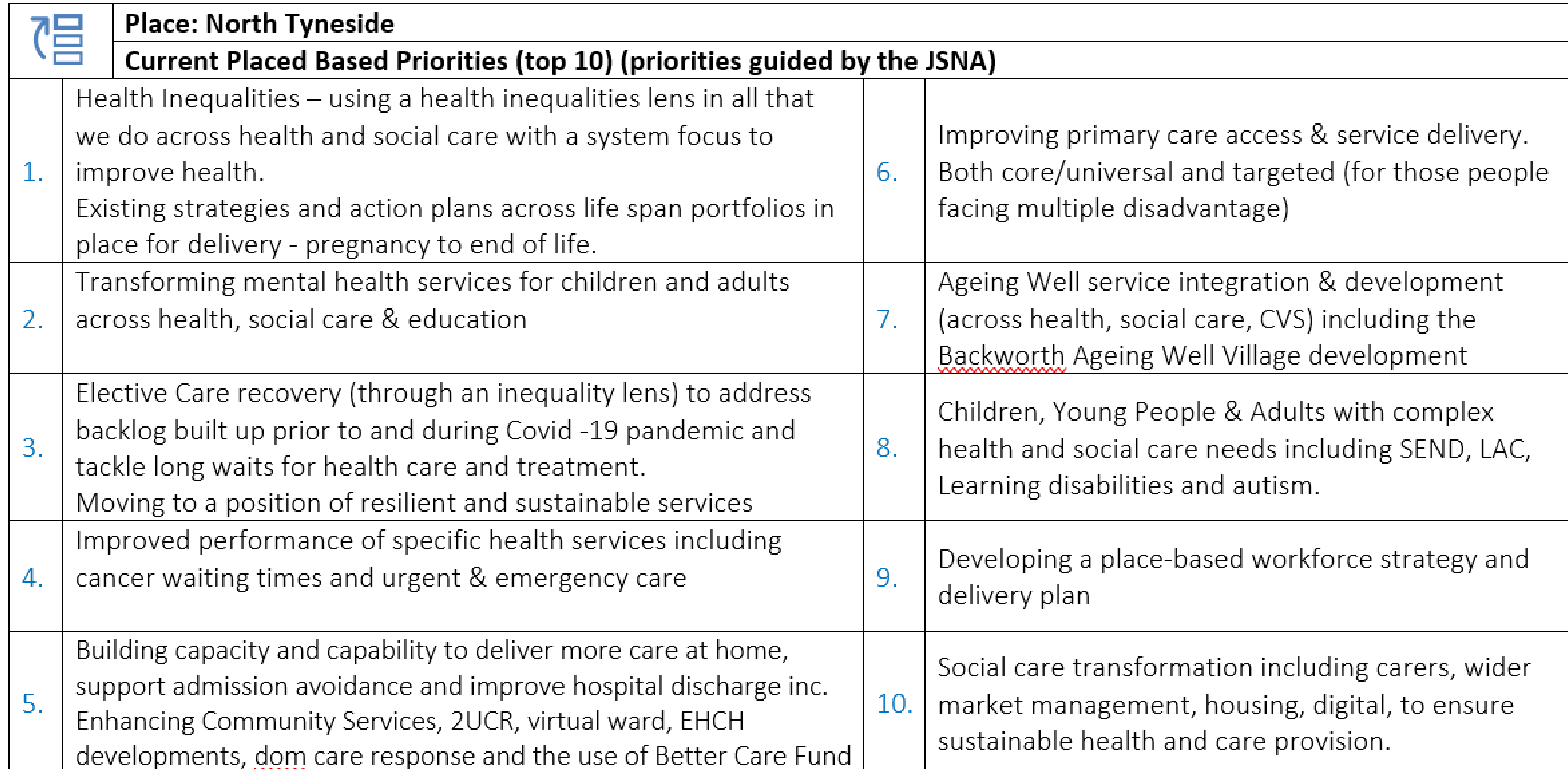
Place-based Working Priorities in North Tyneside



	Place: North Tyneside		
	Current Placed Based Priorities (top 10) (priorities guided by the JSNA)		
1.	Health Inequalities – using a health inequalities lens in all that we do across health and social care with a system focus to improve health. Existing strategies and action plans across life span portfolios in place for delivery - pregnancy to end of life.	6.	Improving primary care access & service delivery. Both core/universal and targeted (for those people facing multiple disadvantage)
2.	Transforming mental health services for children and adults across health, social care & education	7.	Ageing Well service integration & development (across health, social care, CVS) including the Backworth Ageing Well Village development
3.	Elective Care recovery (through an inequality lens) to address backlog built up prior to and during Covid -19 pandemic and tackle long waits for health care and treatment. Moving to a position of resilient and sustainable services	8.	Children, Young People & Adults with complex health and social care needs including SEND, LAC, Learning disabilities and autism.
4.	Improved performance of specific health services including cancer waiting times and urgent & emergency care	9.	Developing a place-based workforce strategy and delivery plan
5.	Building capacity and capability to deliver more care at home, support admission avoidance and improve hospital discharge inc. Enhancing Community Services, 2UCR, virtual ward, EHCH developments, dom care response and the use of Better Care Fund	10.	Social care transformation including carers, wider market management, housing, digital, to ensure sustainable health and care provision.

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What is important to North Tyneside

- Improving access to care and support for people facing multiple disadvantage
- Workforce Development- a key enabler including delivery of North Tyneside Equally Well Strategy
- Consistent approach to managing unwarranted variation
- Digital transformation based on understanding of digital exclusion
- Patient and public involvement – building on what works now
- Stakeholder engagement, coproduction and delivering together for outcomes and impact
- Recognising the importance of democratic legitimacy
- Build on existing partnership arrangements that work
- Early clarity from ICB in terms of autonomy and delegated health place based budgets, to align with "in sight "social care and public health budgets to aid planning for formal place -based arrangements in April 2023 . This will ensure that they are fit for purpose in line with national guidance.

Understanding local priorities
Common issues from our survey of places …

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Local service delivery priorities

- Tackling health Inequalities
- Improving primary care access
- Embed enhanced care in care homes
- Social care capacity and transformation
- Social prescribing
- Admission avoidance and improved discharge
- Covid control and system resilience
- 0-19 Early intervention programme
- Safeguarding, Packages of Care and SEND
- Elective Care recovery (through an inequality lens)
- Transforming mental health services
- Developing place-based workforce strategies

How to strengthen place-based working

- Place based leadership and delegated authority
- Autonomy, flexibility, and permissiveness
- Build on existing partnership arrangements that work
- Clear role for Health and Wellbeing Boards
- Patient and public involvement and coproduction
- Identifying staffing resource for Place teams
- Co-location of staff from across partners

Next steps and timeline

NENC Joint NHS and LA Workshop – 24th June

- A clear understanding of the priorities of each place
- A clear understanding of the underlying principles and issues that are important to partners when designing new structures and ways of working

Outputs from the Workshop – July

- Key themes
- Place based functions and the relationships with system wide ICB functions
- A framework for minimum governance requirements at place

Place based discussions

Place based proposals – September

Mobilisation and shadow running – January - March

Review – March 2023

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Thank you