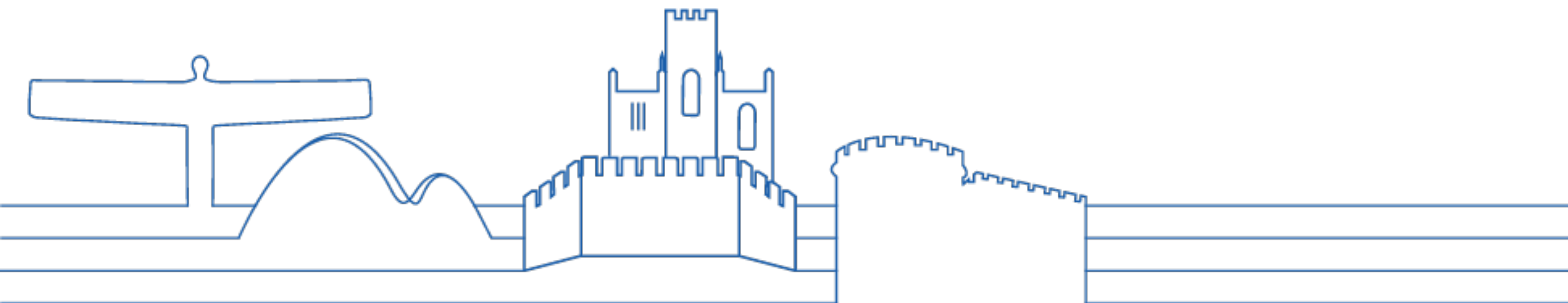




**North East &
North Cumbria**

Integrated Care Board Update

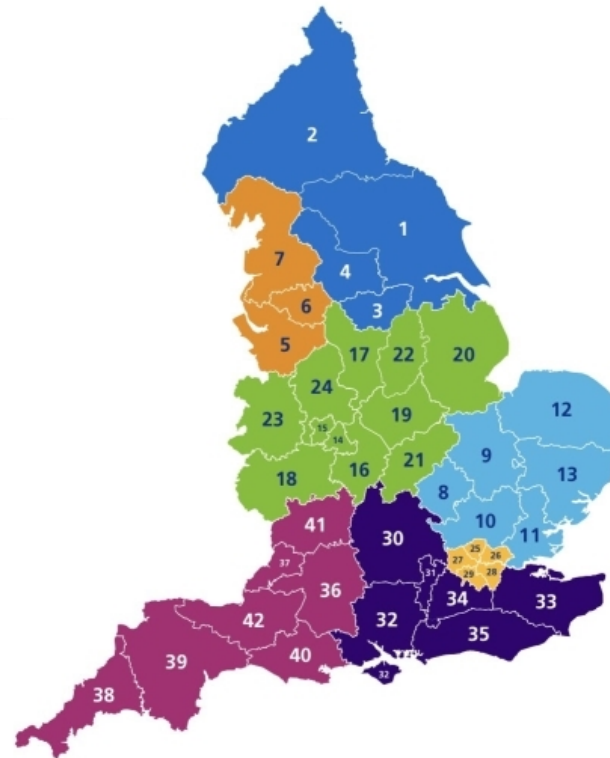
Briefing for Health and Wellbeing Boards



What's an ICS, ICB and ICP?

Integrated Care System (ICS) – includes all of the organisations responsible for public health and wellbeing working together to plan and deliver services for our communities. It is not a organisation but works through the following bodies:

- **Integrated Care Board (ICB)** – our new statutory NHS organisation that will take on the responsibilities of the eight CCGs and some of the functions held by NHS England. The ICB will also work at ‘place level’ in each of our 13 local authority areas with a range of partners.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB, voluntary sector, patient fora and the 13 local authorities responsible for developing an **integrated care strategy** for the region



42 Integrated Care Boards established across England from 1 July 2022 – replacing the former CCGs

This is about:

- Building on current services and health and wellbeing strategies
- Being ambitious for our population health and outcomes
- Making faster progress on tackling health inequalities
- Only doing things ICS wide when this adds value
- Focusing on the big challenges to health and well being- e.g. cancer, pandemic disease, mental health
- Working with partners to improve health outcomes using all of the tools available such as, economic regeneration, housing and sustainability.

Strategic aims of ICBs set by government



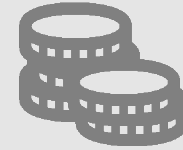
1 Improve outcomes in population health and healthcare

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.

The challenges that the new ICB has inherited

- Some of the worst public health outcomes in England
- Persistent health inequalities within and between our communities
- Consistently increasing demands on emergency care services
- The challenge of restoring elective services after covid
- Disparities in access to services across the ICS area
- Inconsistent staffing structures across the former CCGs



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.
- **The '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
- Greater alignment and pooling of budgets to promote the key determinants of good health, **with a renewed focus on health inequalities**

Our leadership team



North East &
North Cumbria

- Chair – **Sir Liam Donaldson**
- Chief Executive – **Samantha Allen**

Partner Members

- **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

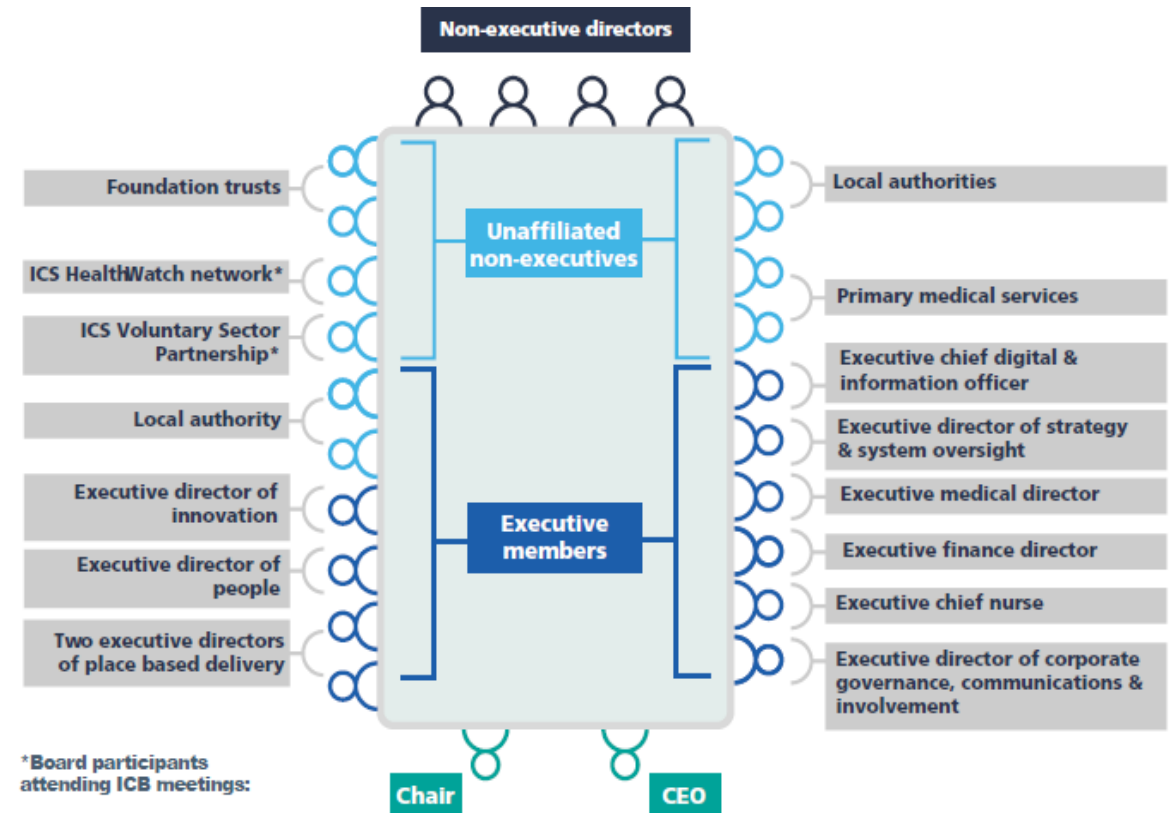
- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

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**



ICB functions and where they're discharged

ICB functions discharged at regional 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 wellbeing 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

ICB functions discharged at place

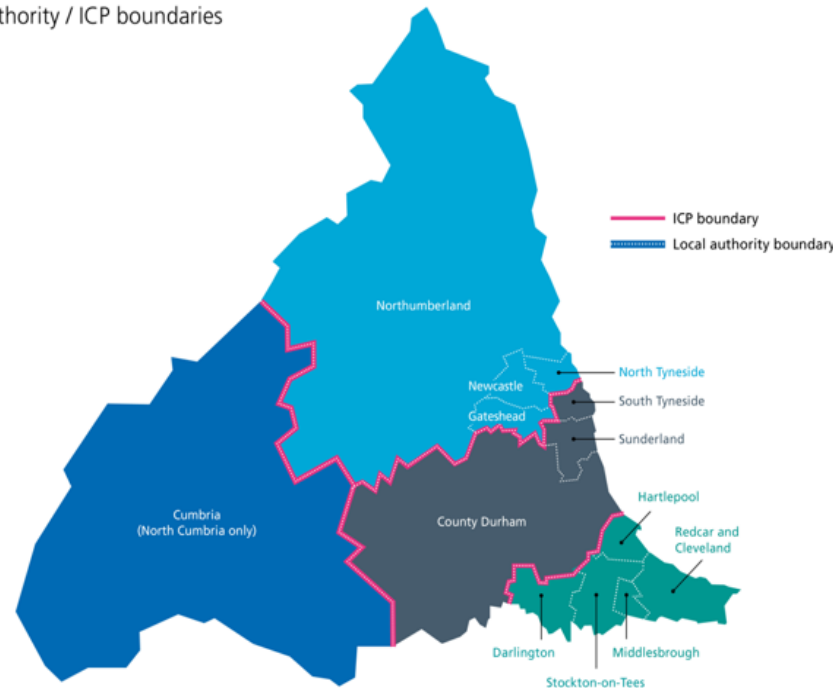
- Building strong relationships with communities
- Fostering service development and delivery with a focus on neighbourhoods and communities
- Informing the joint commissioning of local integrated community-based services for children and adults
- Local Primary care commissioning (excluding nationally negotiated GP contracts) – building the capacity of local Primary Care Networks and supporting their clinical leadership role.
- Local Clinical Leadership including clinical pathway redesign and helping shape the commissioning of acute services
- Ensuring and informing the quality of local health and care services – including support to community services
- Forging strong working relationships with the wider local system including HealthWatch, the Voluntary Sector, and other local public services.

Our Integrated Care Partnerships

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 locally-focused ICPs, recognising existing partnerships

Role of our Integrated Care Partnerships

1 System-wide ICP	4 locally-focused 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 frequently • Membership from ICB place teams, LAs, FTs, PCNs
<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 the social and economic determinants of health for the 3M 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

- **We will continue to work with local authorities to shape how the ICPs will operate.**
- **The statutory members of the ICP – the ICB and the 13 local authorities – will meet for the first time on 20 September to agree chairing, membership, governance and vision.**

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**.
- Those two Directors will delegate authority to other senior leaders and place-based ICB staff to manage the operational delivery of the ICB's functions at place level.
- Business continuity will be vital and our teams will be working closely with your officers throughout this transition period 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. This includes strengthening local joint governance arrangements between ICBs and local authorities, and introducing a single person accountable for delivery of a shared plan
- Place-based governance structures will need to enable how we agree shared outcomes, manage risk and resolve disagreements – and these should make use of existing structures and processes, including Health & Wellbeing Boards, the Better Care Fund and pooled budgets.
- Our Exec Directors of Place-based delivery will work with local authorities to confirm place-based governance by April 2023, building on what works



**North East &
North Cumbria**

Questions and feedback

