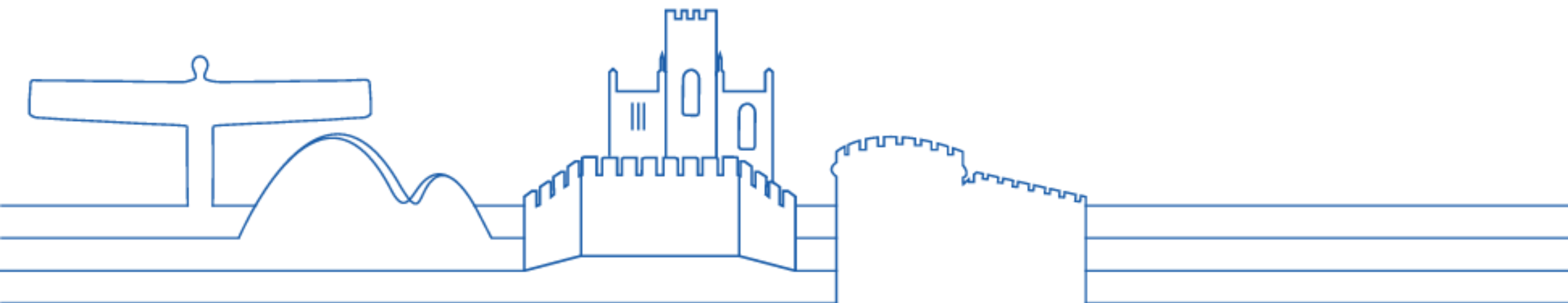




**North East &  
North Cumbria**

# **Update to Health and Well Being Board**



## General update

- CEO designate recruited and in position
- Executive Director positions recruited to apart from 2 roles
- Expected go live date for the introduction of the Integrated Care Board (ICB) 1<sup>st</sup> July 2022
- Moving to 'Shadow Form' from 1<sup>st</sup> April 2022
- We are working together across CCGs to support transition into the ICB – formal activities that need to take place
- Reviewing the meeting infrastructure to ensure it is fit for the future
- Working on the formal governance arrangements to ensure we are safe day 1
- Undertaking further engagement with partners recognising the need to do more of this over the coming months ahead

# Delivery of March and April Transition Milestones

## **Governance and Constitution**

- Revisions to Constitution completed following latest national guidance
- Due diligence ongoing to revised timescales plus check and challenge sessions between CCGs
- CCG functions mapped and proposals made on transition as part of Operating Model development

## **Commissioning**

- Delegation of primary medical responsibilities agreed with NHS England
- Joint arrangements with LAs to be agreed via development of our detailed operating model
- We will then finalise our SoRD/SFI/Governance Handbook/Functions and Decision Map

## **Legal Instruments**

- Staff and property transfer work on track

## **People**

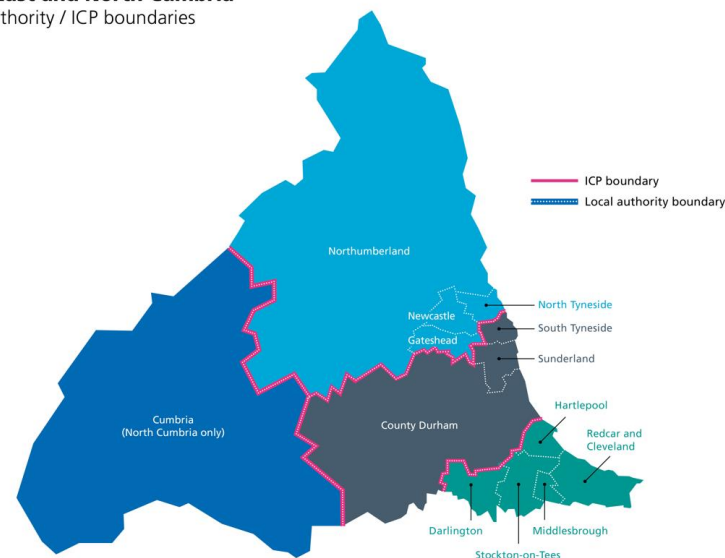
- Recruitment to ICB on track and preparatory work underway ahead of Partner Member guidance
- Conclusion of Operating Model development work ahead of staff consultation
- Finance
- Submission of draft and final financial plans
- Data and Digital
- Finance

# Progress on ICP Establishment

**North East and North Cumbria**  
Local Authority / ICP boundaries

North Cumbria ICP
<b>Population:</b> 324,000
<b>1 CCG:</b> North Cumbria
<b>Primary Care Networks:</b> 8
<b>1 FT:</b> North Cumbria Integrated Care NHS Foundation Trust (NCIC)
<b>1 Council Area:</b> Cumbria County Council (with 4 District Councils) North West Ambulance Service

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



North of Tyne and Gateshead ICP
<b>Population:</b> 1.079M
<b>3 CCGs:</b> Northumberland, North Tyneside, Newcastle Gateshead
<b>Primary Care Networks:</b> 22
<b>3 FTs:</b> Northumbria, Newcastle, Gateshead
<b>4 Council Areas:</b> Northumberland, North Tyneside, Newcastle, Gateshead

Tees Valley ICP
<b>Population:</b> 701,000
<b>1 CCG:</b> Tees Valley
<b>Primary Care Networks:</b> 14
<b>3 FTs:</b> County Durham and Darlington, North Tees & Hartlepool, South Tees
<b>5 Council Areas:</b> Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland

- Agreed with partners that we will have one Strategic ICP supported by 4 'Sub-ICPs'
- This recognises long-established sub-regional partnership working between CCGs, Trusts and LAs
- These Sub-ICPs will build a needs assessment from each of their HWBBs, feeding into the Integrated Care Strategy
- The agenda of the Strategic ICP will also reflect the joint work of our ADASS, ADCS and DsPH networks
- We will also work closely with our Combined Authorities to strengthen the NHS's contribution to regional economic growth
- Exploratory meetings now taking place with LAs, ahead of first formal meeting of the ICP in July

# Integration White Paper

- Published 9 February 2022
- Clear focus on ensuring we continue on with plans for implementation
- Also a clear focus on place and local accountability
- Requirement for shared plans and demonstrating delivery with against agreed outcomes
- Pooling of aligned resources and budgets being positioned for 2026
- System to have a minimum level of digital maturity by 2025
- Plans required for workforce integration
- Expected all areas to have agreed plans for place-based working by April 2023

# 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, leading and delivering integrated health and social care; develops and leads integrated care strategy but does not commission

Cross-body  
relationship,  
shared  
and  
joint  
intent

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 m

Place

Usually  
of 250-5

Neighbourhood

Usually  
of 30-50

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

# What is an operating model?

## One definition:

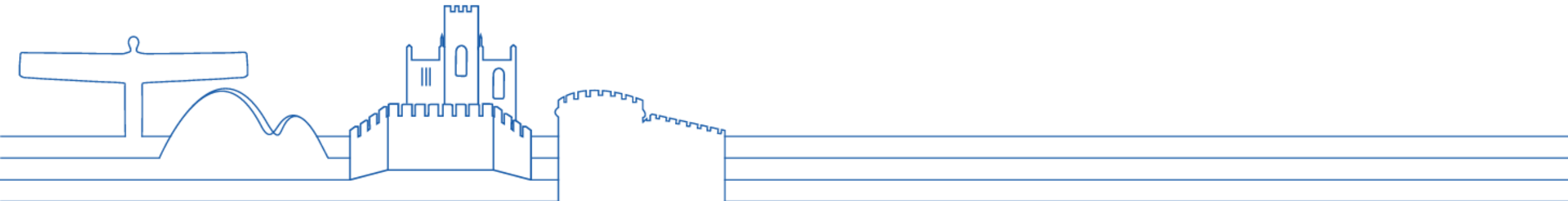
An operating model is a visual representation of how an organisation delivers value to its internal and external customers. Operating models are created to help employees visualise and understand the role each part of an organisation plays in meeting the needs of other components [What is an operating model? - Definition from WhatIs.com \(techtarget.com\)](#)

## Some key questions for us:

1. How do we set our objectives as an integrated care system?
2. How do we make decisions – and who makes them?
3. How we deploy our people and resources to make these decisions happen?
4. How do we assure ourselves that we are meeting our objectives?

# Operating model

- National guidance and the JMEG process has shaped a high-level outline of how our ICB will work at system and place level
- Within the next few weeks we will need to finalise a more detailed operating model, including place-based working arrangements
- We need to ensure we get your views and expertise on how this operating model needs to look and this will be shared via local Accountable Officers
- This final model will shape how we deploy our staff, and will lead into a formal HR process





# Guiding principles for ICB development 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

# Suggested operating model framework

- Values and principles
- People and local communities at the centre of what we do
- Governance and membership of the ICB
- Operating arrangements i.e. ICP, sub ICP, ICB system, geography above place and place
- Functions and where they are delivered
- Next steps, stress, scenario testing etc
- Review and agree governance handbook
- Phase 2 structure work underway
- Shadow ICB in place April to July- focus on board development and readiness to operate from July.

# Developing an operating model: DRAFT design principles/givens

1. Maximise opportunity for standardisation in the interests of efficiency
2. Subsidiarity based on a consideration of Principle 1 above
3. Arrangements must be affordable and within running costs
4. Ensure simplicity and clarity on accountabilities to the ICB

# 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:

**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).

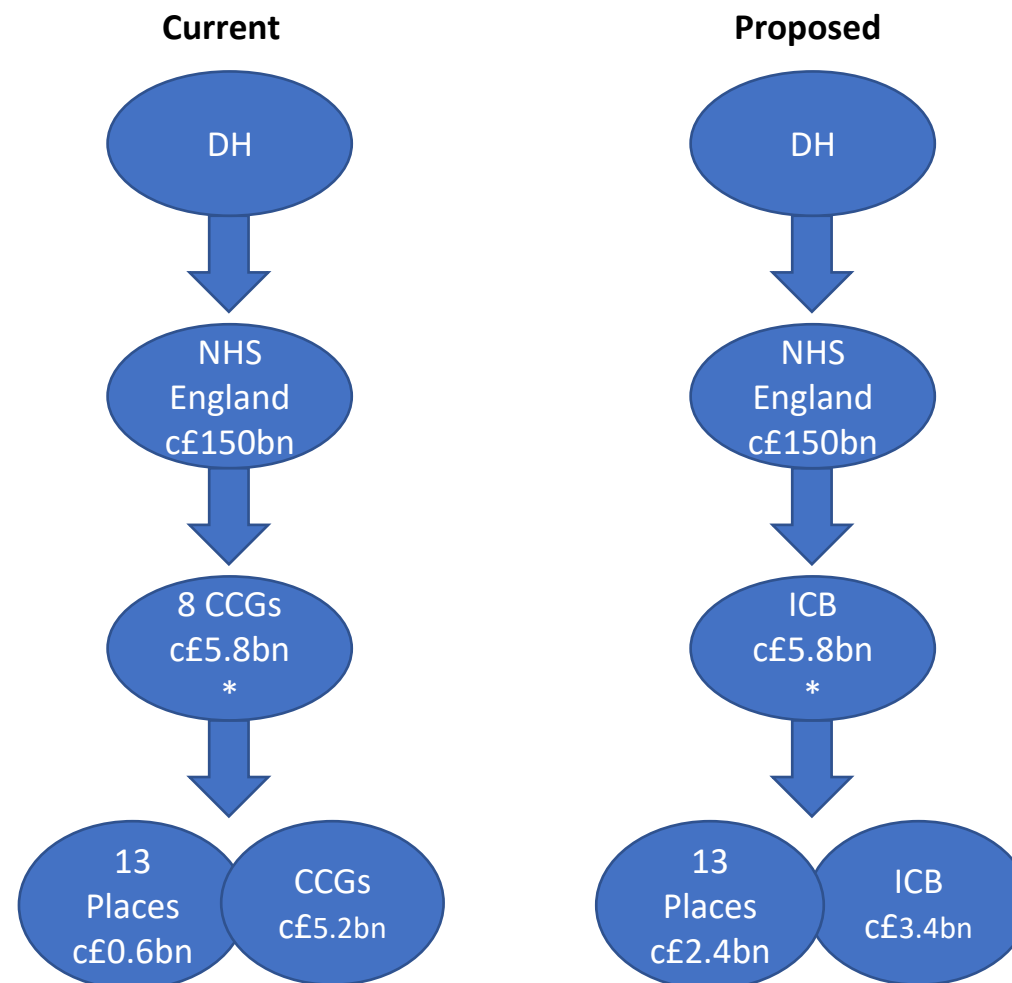
Each Place-Based Partnership/Board/Committee will be accountable for the delivery of objectives set out by the ICB. Some of already have the design features and representation to move seamlessly into the new system – but some may need to evolve.

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 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
		Sunderland Integrated Care Executive
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 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

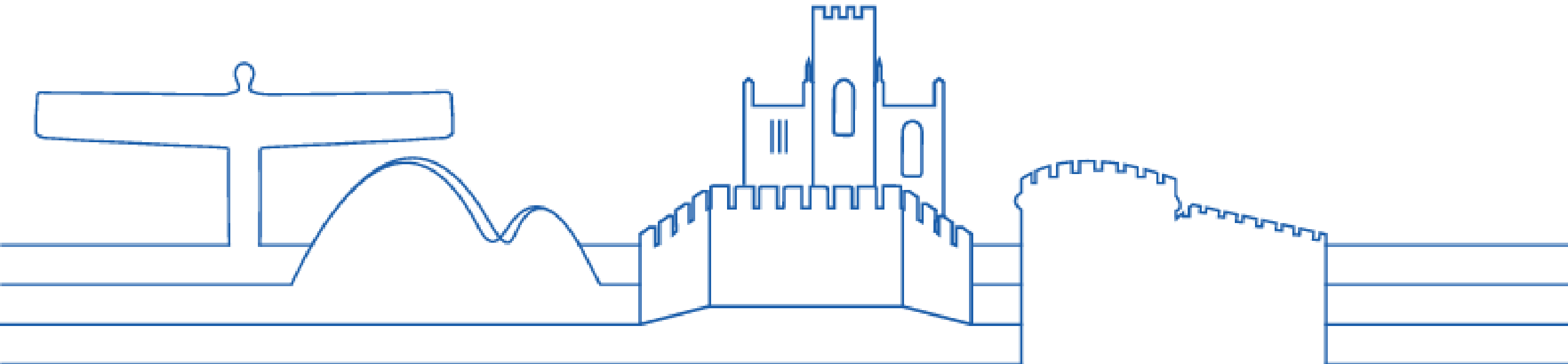
# Financial delegations to place agreed by FLG and JMEG

- The Finance Leadership Group recommended increasing the current allocation of resources overseen at Place
- Currently joint financial arrangements at place tend to focus predominantly on the *Better Care Fund* and those services closely aligned with it – e.g. the joint-funding of care packages, safeguarding, and elements of community and primary care.
- From 1 July 2022, Place-Based Partnerships will be responsible for all long-term care packages, community-based services, local primary care services and VCSE provision.
- Place Based Partnerships will therefore need robust governance to manage a more significant level of resource.

**These are indicative allocations at this point**



# Planned engagement



# Engagement with leadership groups

- ICB team to share proposals with;
  - Joint CCG Committee (for CCG chairs)
  - CCG COOs group
  - CCG Executive committees
  - ICS Workstreams
  - Key partners and stakeholders
  - ICS Management Group



# Engaging CCG governing bodies and staff

- To be led via Accountable Officers
- Governing bodies to be formally presented to with feedback collated.
- Accountable Officers to brief staff verbally and then provide a link to a questionnaire
- All staff to have the opportunity to feedback via the questionnaire created via Comms
- Questionnaire to be available by 1<sup>st</sup> March
- Comms will provide a syndicated email for Accountable Officers to use as they see fit

## Engaging Local Partner PCNs, GPs, FTs, LAs,

- Accountable Officers to engage local partners to garner feedback
- To include PCNs, GPs, FTs, LAs, Healthwatch, Voluntary Sector
- Briefings should be set up
- A link to a questionnaire will be provided to be issued to partners for completion

# Feedback

- To be collated and reported on
- Recommendations made on any changes required
- Report to be shared with the Programme Board 25<sup>th</sup> March
- To be presented to 1<sup>st</sup> ICB Shadow Board

## Some key questions to consider

- Given the proposed split of system and place-based functions agreed by JMEG, what key functions need to be managed within the ICB's corporate services?
- Based on the proposed functions and their allocation at place and system do you foresee any major safety, reputational or delivery issues
- Do you feel the mapping covers all of the functions you would expect to see in the area you work in and if not what is missing
- Do you think the proposed ICB committee structure is logical, what areas do you feel we may need to consider using sub committees for eg Primary care delegated
- What opportunities are there to further strengthen our place-based working arrangements with our partners? For example, pooling budgets, or joint workforce planning.
- Given the expectation in the Integration White Paper for place-based leadership and governance, what place-based infrastructure would be required to support this and can this only be delivered at place or across places
- How can we build on existing lead commissioning arrangements within our ICS? And could certain commissioning functions be carried out within our ICS sub-regions, and if so what?

## Next steps

- Engage with our colleagues on the detail of the proposed operating model in February and March (questionnaire to be available first week 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
- 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

**Questions?**

