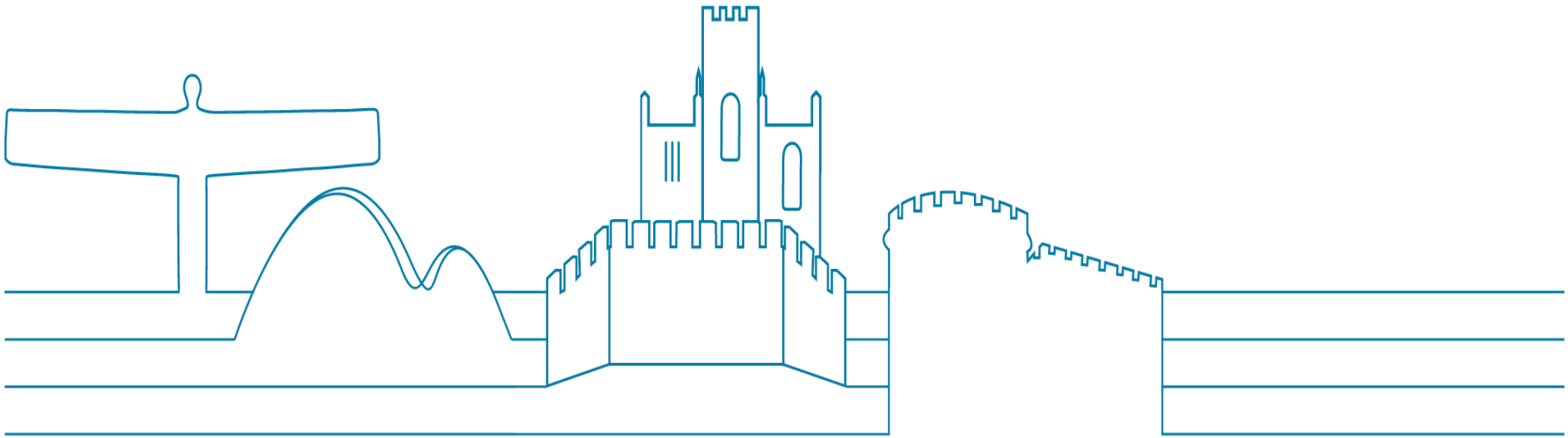
ICS development update



ENGAGEMENT WITH LOCAL AUTHORITIES ON ICS DEVELOPMENT

- Appointment of our ICS Chair via a NHS-Local Government panel
- ICS Chair 121 meetings with council leaders and executives
- Ongoing engagement with local and regional scrutiny meetings
- ICP engagement meetings in July and August to gather views on ICS development
- Joint Management Executive Meetings throughout October-November to develop proposals on ICS governance and operating model
- Local government stakeholder sessions for the appointment of the ICS chief executive
- Engagement on ICB Constitution

CURRENT CCG STATUTORY DUTIES AND POWERS

- Needs assessment
- Commission population level and personalised health services
- Provide information on safety of health services
- Improve quality of services
- Achieve financial balance
- Public involvement and consultation on service changes
- Reduce health inequalities
- Promote patient involvement and choice
- Support innovation and research
- Promote service integration
- Partnership working in specialist areas (e.g. safeguarding, special educational needs, public health)

CCG GOVERNANCE IN NORTH EAST AND NORTH CUMBRIA: **EXISTING STRUCTURES**

8 Governing Bodies

8 Executive Teams

8 Management Teams

8 Councils of Practices

8 Primary Care Committees

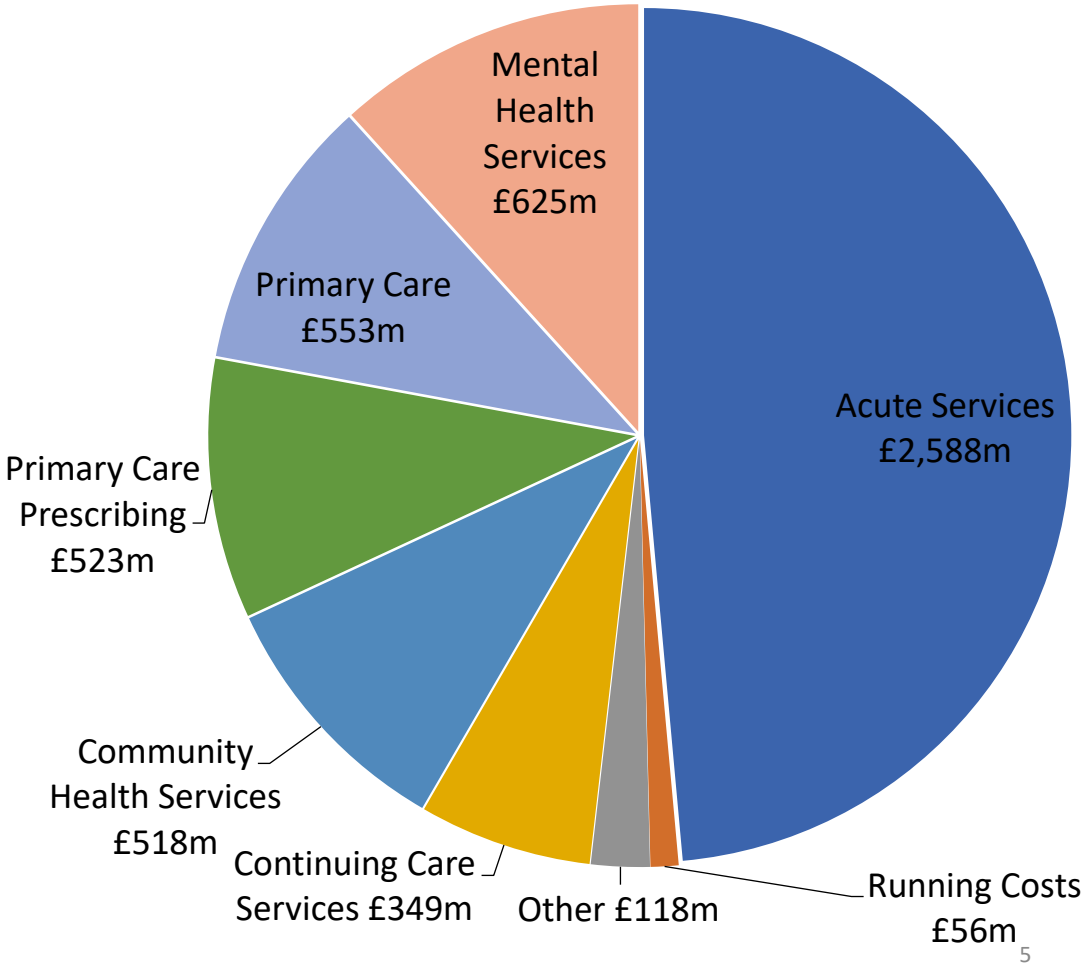
8 Remuneration Committees

8 Audit Committees

8 Quality Committees

8 Finance & Performance Committees

CURRENT CCG COMMISSIONING SPEND IN OUR ICS AREA



Financial values based on 19/20 pre Covid expenditure levels and are based on CCG Core and Delegated Primary Care spend

POTENTIAL DISTRIBUTION OF ICS FUNCTIONS TO EACH LEVEL: **SYSTEM**

- Setting strategy
- Managing overall resources, performance and financial risk
- Planning and commissioning specialised and acute services across larger footprints
- 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

POTENTIAL DISTRIBUTION OF ICS FUNCTIONS TO EACH LEVEL: **PLACE**

- Fostering 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).
- Primary care commissioning – 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
- 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 VCSE sector, and other local public services.
- Building strong relationships with communities

POTENTIAL DISTRIBUTION OF ICS FUNCTIONS TO EACH LEVEL: **PLACE** (CONTINUED)

Joint work between NHS and Local Authorities

- Participation in Health & Wellbeing Boards to develop JSNAs 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, LD and autism
  - Children & young people (transitions/SEND/LAC)
- Service integration initiatives and jointly funded work through, e.g. the BCF and Section 75.
- Fulfilling the NHS's statutory health advisory role in adults and children's safeguarding.
- The provision of updates to local Scrutiny Committees and Lead Members on local health and care services.

PLACE GOVERNANCE IN NORTH EAST AND NORTH CUMBRIA: **EXAMPLES OF EXISTING STRUCTURES**

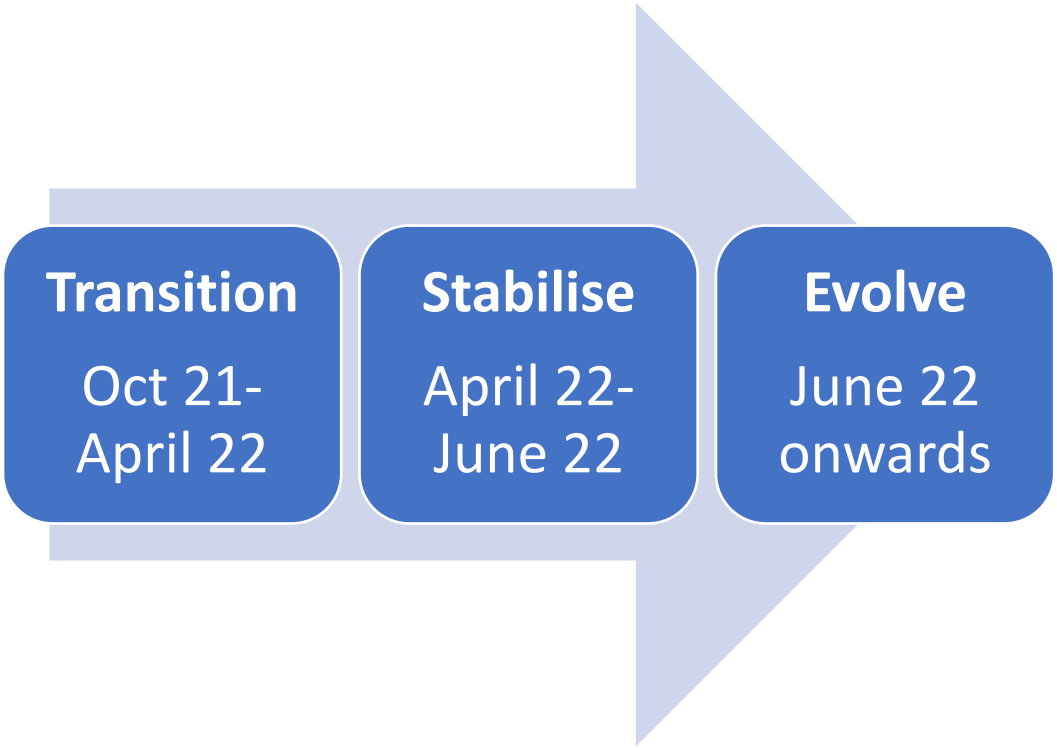
CCG	Local Authority	Partnership Forum
Cumbria	**Cumbria County Council**	North Cumbria ICP Leaders Board
		North Cumbria ICP Executive
		(Whole of) Cumbria Joint Commissioning Board
		(Whole of) Cumbria Health and Wellbeing Board
Newcastle Gateshead	**Newcastle City Council**	Collaborative Newcastle 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

GOVERNANCE OPTIONS FOR PLACE BASED PARTNERSHIPS

- **Consultative forum,** *informing* decisions by the ICB, local authorities and other partners
- **Committee of the ICB** with delegated authority to take decisions about the use of ICB resources
- **Joint committee of the ICB** and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee
- **Individual directors of the ICB** having delegated authority, which they may choose to exercise through a committee
- **Lead provider** managing resources and delivery at place-level under a contract with the ICB

Source: LGA/NHS England 'Thriving Places' guidance, 2021

GOVERNANCE OPTIONS FOR PLACE BASED PARTNERSHIPS: **IMPLEMENTATION AND DEVELOPMENT TIMELINE**



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ICS GOVERNANCE

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ICB governance arrangements – core elements

ICPs *statutory*	• **Each ICS area will have an Integrated Care Partnership** at system level • **Established by the ICB and relevant local authorities** as equal partners. • We expect the ICP to have a specific **responsibility to develop an integrated care strategy**.for its whole population (covering all ages) using the best available evidence and data – including patient experience, covering both children's and adult's social care, health inequalities and the wider determinants which drive these inequalities.
ICBs *statutory*	• **42 ICBs will replace existing CCGs from April 2022**. Each ICB will be **governed by unitary board**, with flexibility to establish board roles. • **Minimum board membership is 10 roles**: an ICB Chair, 2 x independent executive members, 4 x ICB executive roles, 3 x partner members • Unitary board will be **required to establish an audit committee and remuneration committee** • **Flexibilities to establish and deploy other committees of the board**, with the power to a) appoint non-ICB staff to be committee members b) delegate functions to be exercised by or jointly with other organisations
Place based partnerships	• **ICBs will be able to arrange for functions to be exercised** and decisions to be made, by or with place-based partnerships, **through a range of different arrangements**. • The **ICB will remain accountable for NHS resources deployed at place-level**.
Provider collaboratives	• May be at sub system, system or supra-system level • **Must agree specific objectives with one or more ICB**, to contribute to the delivery of that system's strategic priorities.

INTEGRATED CARE BOARD: **MEMBERSHIP**

Independent Chair plus a minimum of two other independent non-executive directors. (These individuals will normally not hold positions or offices in other health and care organisations within the ICS footprint.)

At least one member drawn from **NHS trusts and foundation trusts** who provide services within the ICS's area

At least one member drawn from **general practice** within the area of the ICS NHS body

At least one member drawn from the **local authority,** or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICS NHS body.

Chief Executive, Director of Finance, Director of Nursing, Medical Director mandatory plus others as required.

Non-voting membership

Participants: invitees who may address the meeting at the discretion of the Chair

Observers: invitees who may not address the meeting

GUIDANCE: Set out in *Interim guidance on the functions and governance of the integrated care board, August, 2021.*

INTEGRATED CARE BOARD: **GOVERNANCE FEATURES**

The ICB is a Unitary Board

- Where each member has shared corporate accountability for delivering all of its functions and duties.

Responsible for achieving:

- The four wider purposes of the Integrated Care System
  - **improving outcomes** in population health and healthcare;
  - **tackling inequalities** in outcomes, experience and access;
  - **enhancing productivity** and value for money;
  - supporting broader **social and economic development**.
- Good stewardship of NHS processes of planning, development, delivery, and the proper use of resources

ICB CONSTITUTION DEVELOPMENT

NEXT STEPS AND ENGAGEMENT TIMELINE

Engagement requirements for Draft Constitution:

- Board size and composition - to complete by 17 November.
- All other aspects of the constitution, including the nomination processes for partner members by 30 November.

Draft Constitution was circulated for comments to key stakeholders prior to approval by NHS England:

- CCG Governing Bodies
- Foundation Trust Boards
- Local Authorities
- HealthWatch
- VONNE
- Available for public comments via the ICS website

INTEGRATED CARE BOARD: **MEMBERSHIP PROPOSED TO NHS ENGLAND IN DECEMBER 2021**

Board membership composition recommended by the Joint Management Executive Group of NHS and Local Authority executives

25 ICB voting members (13 non-execs, 12 execs)

- Chair
- Chief Executive
- Two Partner member(s) NHS and Foundation Trusts
- Two Partner member(s) Primary medical services
- Four Partner member(s) Local Authorities
- Four Non Executive members
- One Executive Director of Finance
- One Executive Medical Director
- One Executive Chief Nurse
- One Executive Chief People Officer
- One Executive Chief Digital & Information Officer
- One Executive Director of Strategy and System Oversight
- Three Executive Directors of Place Based Delivery - North/Central/ South
- One Executive Director of Innovation
- One Executive Director of Corporate Governance, Communications and Involvement

Formal ICB participants (non-voting):

- North East and North Cumbria Voluntary Sector Partnership orth East and North Cumbria ICS Healthwatch Network
- North East and North Cumbria Voluntary, Community and Social Enterprise Partnership

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ESTABLISHING AN INTEGRATED CARE PARTNERSHIP

ESTABLISHING THE INTEGRATED CARE PARTNERSHIP

ETHOS: The Integrated Care Partnership will have a key role to play in setting the tone and culture of the system. Operating a collective model of accountability, including to local residents.

REQUIREMENTS: System partners to determine how the ICP will operate, agree the leadership arrangements and functions it will carry out over and above its statutory responsibilities. The ICP is tasked with developing an integrated care strategy for the area.

GUIDANCE: Set out in *Integrated Care Partnership (ICP)*[19] *engagement document: Integrated Care Systems (ICS) implementation, September 2021*

INTEGRATED CARE PARTNERSHIP: **MEMBERSHIP**

The ICP will need to mutually agree terms of reference, membership, ways of operating and administration.

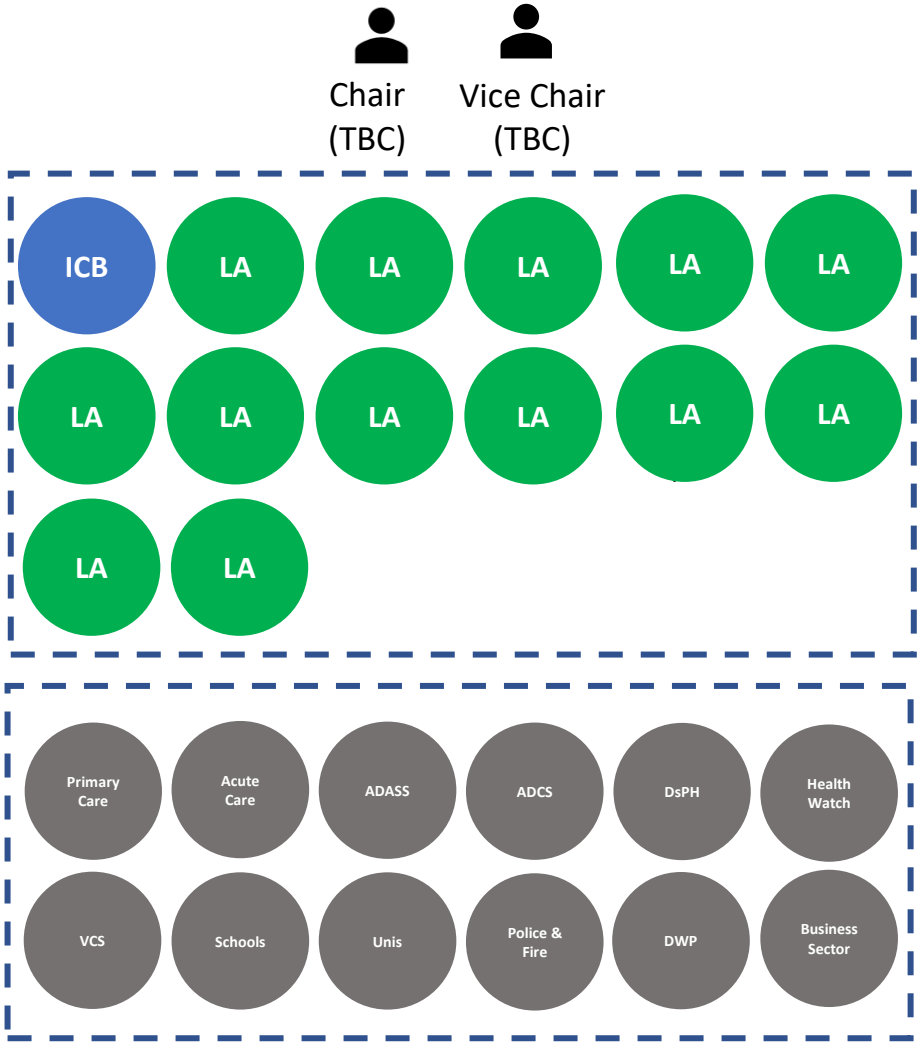
Chair is jointly selected by NHS and local authority; can be same chair as ICB – approach to be determined locally.

Members must include all local authorities and the local NHS (represented at least by the ICB).

Representatives should draw on a wide range of partners working to improve health and care in their communities, including the views of patients and the social care sector.

GUIDANCE: Set out in *Integrated Care Partnership (ICP) engagement document: Integrated Care Systems (ICS) implementation, September 2021*

THE INTEGRATED CARE PARTNERSHIP: **COMPOSITION**



PROPOSING ARRANGEMENTS TO ESTABLISH INTEGRATED CARE PARTNERSHIP BOARD

Joint Management Executive Group on 22 Dec to consider ICP arrangements:

- Scheduling first meeting (likely to be in first quarter of 2022)
- Appointing an ICP chair designate
- Agree ICP terms of reference, membership, ways of operating and administration.
- Consideration of sub-regional ICP arrangements (eg for Tees Valley)
- Develop a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, eg by working through a VCSE alliance.
- Agree a plan for developing the ICP Integrated Care Strategy building upon existing plans across the system.

ICB Chief Executive Designate appointed

Extensive recruitment process

- Involved NHS, LA Healthwatch partners
- Thank you to all involved

Appointed Samantha Allen as CEO designate

- Excellent appointment
- Broad range of skills and experiences

Joins NENC region the end of January 2022

Questions