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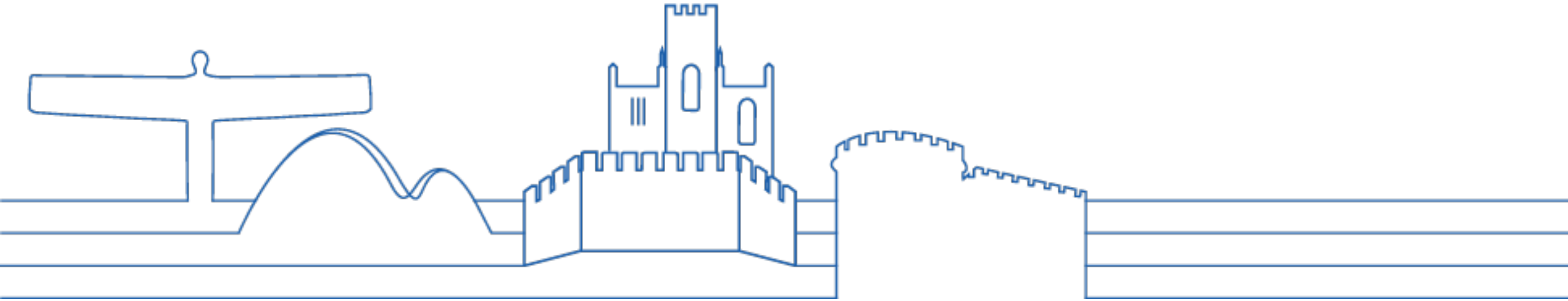
Towards an Operating Model for NHS North East and North Cumbria Integrated Care Board



General update

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- CEO designate recruited and in position
- Executive Director positions recruited to apart from 2 roles
- Expected go live date for the Integrated Care Board (ICB) 1st July 2022
- Moving to ‘Shadow Form’ from 1st 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 formal governance arrangements to ensure we are safe from Day 1
- Undertaking further engagement with partners recognising the need to do more of this over the coming months ahead

Guiding principles for ICS development agreed by JMEG

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- 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'** this year ahead of adoption of formal Place Board models by Apr 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 and practice where **harmonisation of approach** by the NHS adds value
- Maintain high and positive levels of **staff engagement and communication** at a time of major change and upheaval

Operating model development

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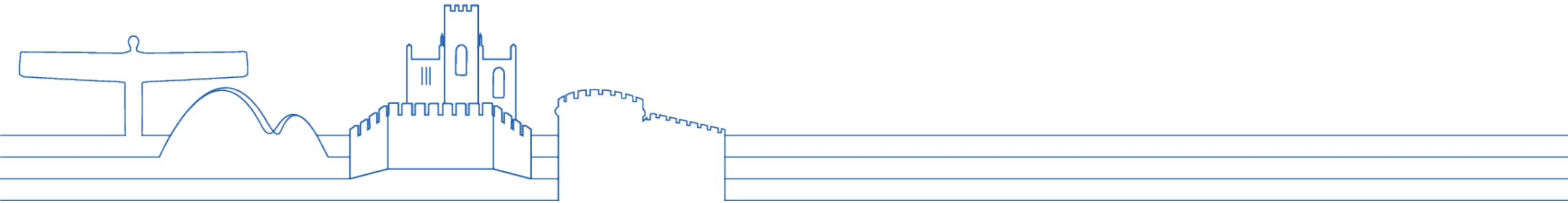
- People and local communities at the centre of what we do
- National guidance and the JMEG process has shaped a high-level outline of how our ICB will work at system and place level
- Within the next few weeks we will need to finalise a more detailed operating model, including place-based working arrangements
- 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



Integration White Paper

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- 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

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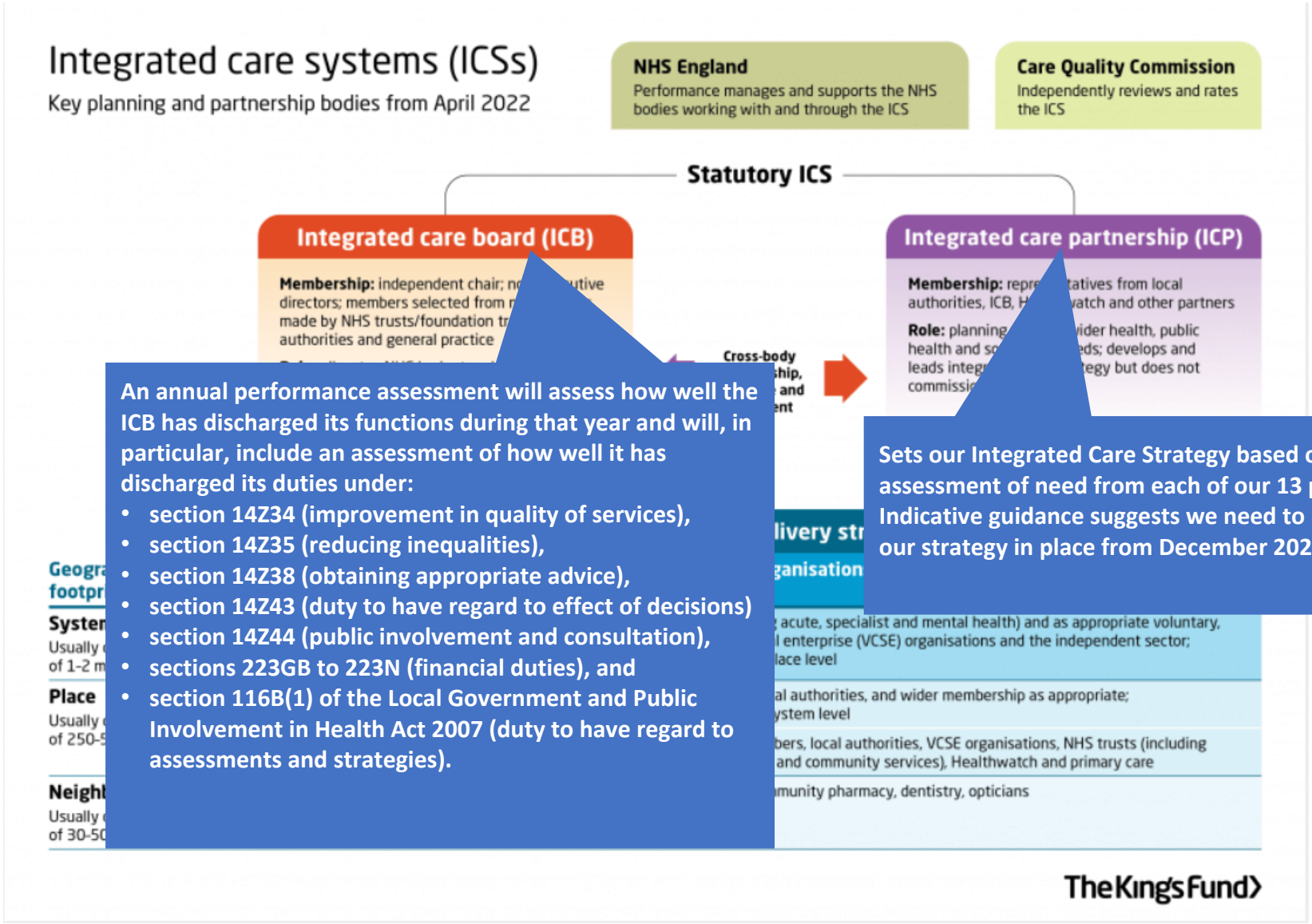

Progress on ICP Establishment

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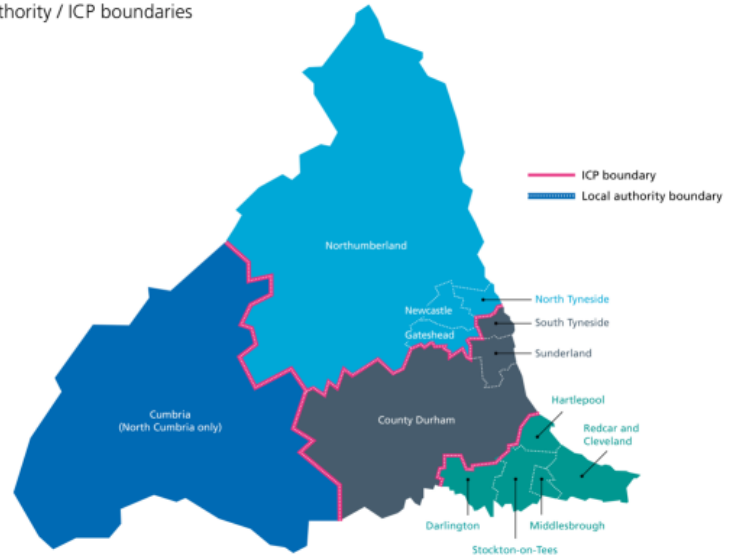
Local Authority / ICP boundaries



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

- 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

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

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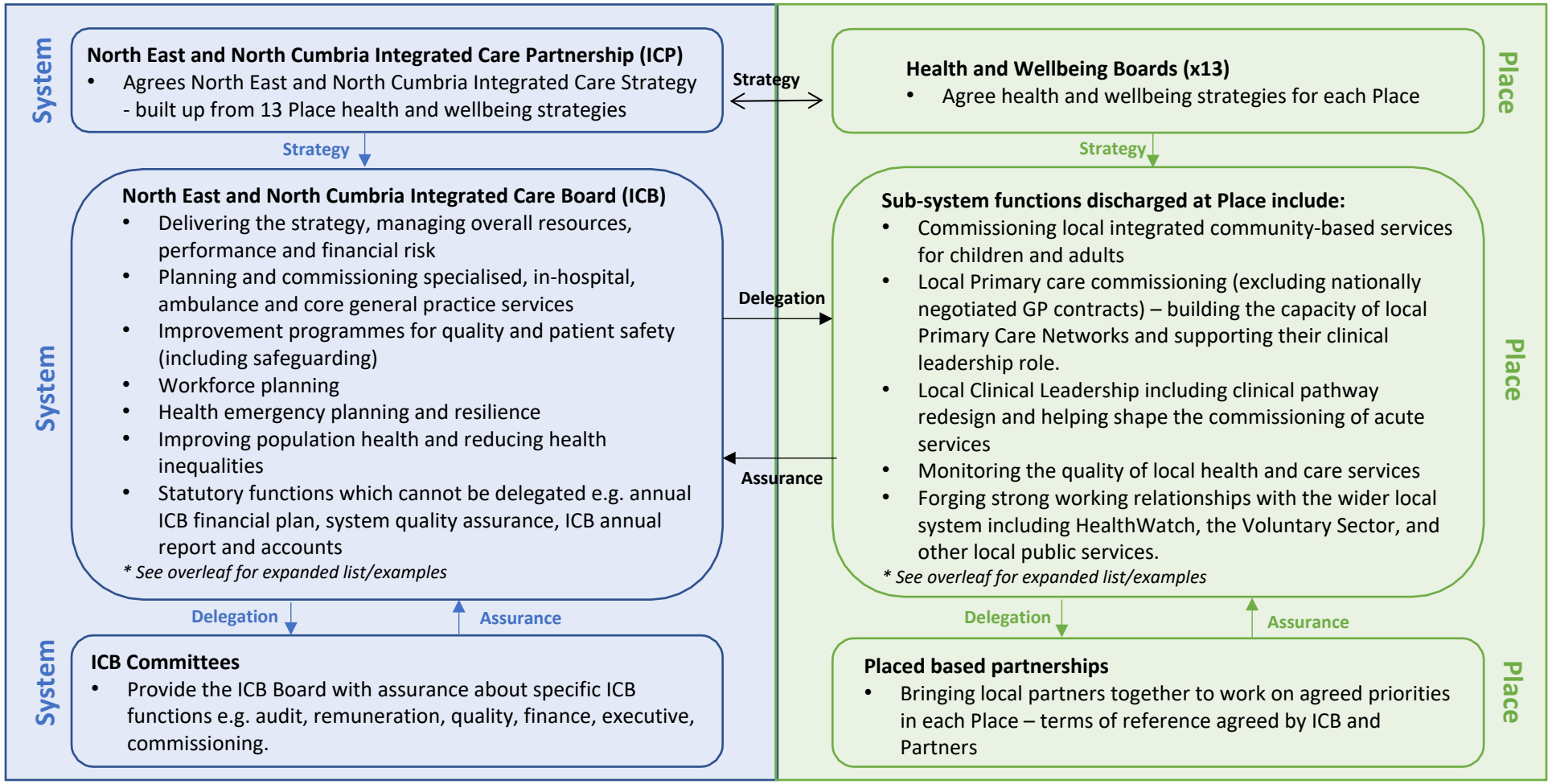

North East and North Cumbria Integrated Care Board - functions and decisions map

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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*

System level working example: Commissioning by the ICB

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Proposals developed by the Commissioning workstream:

- Commissioning is a tool to deliver the ICB's priorities (hence our ICB commissioning sub-cttee)
- ICB commissioning should be simpler than current arrangements
- We should do things once where possible, and avoid duplication
- Our commissioning resources should be used flexibly to support pressure points
- Our clinical networks should support performance and pathway improvement
- We can build on and refine what already works well - e.g. the lead commissioner model
- One contract per provider, with a clear nominated lead
- ICB rules should determine that contracts are handled as close to provider footprints as possible
    - Specialised Services and Ambulance Services at system level
    - Acute and community contracts across relevant places (ICP area level?)
    - BCF and smaller scale VCSE contracts managed at place
- Commissioning, performance and quality management could happen on the same footprints

Key question: Does this mean high value contract negotiation is done locally and at 'area' level – with sign off at the ICB Commissioning Committee?

Place-based working: Expectations in the Integration White Paper

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- While strategic planning happens 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 & accountability** through 'Place Boards' by Spring 2023.
- **Place governance should provide clarity of decision-making**, agreeing shared outcomes, managing risk and resolving disagreements between partners
- **Make use of existing structures** and processes including Health & Wellbeing Boards and the BCF
- All places will need to develop ambitious plans for the scope of services and pooled budgets
- ICS will support **joint health and care workforce planning at place level** to meet the needs of local populations, expanding multidisciplinary teams
- **The CQC will consider outcomes agreed at place level** as part of its assessment of ICSs
- **Place Boards will need** a holistic understanding of their populations and the voices of service users

Financial delegations to place agreed by FLG and JMEG

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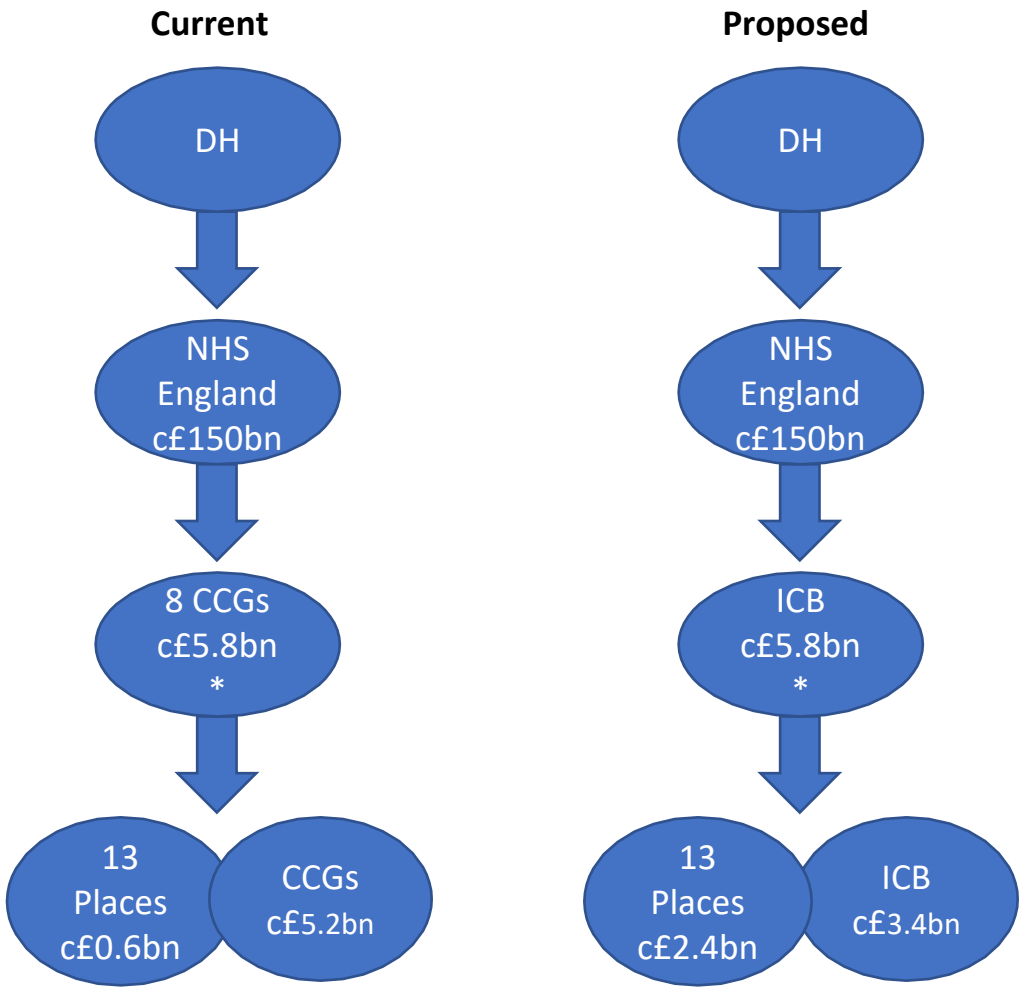
- The Finance Leadership Group recommended increasing the current allocation of resources overseen at Place
- Currently joint financial arrangements at place tend to focus predominantly on the *Better Care Fund* and those services closely aligned with it – e.g. the joint-funding of care packages, safeguarding, 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



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
		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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System Flow Chart

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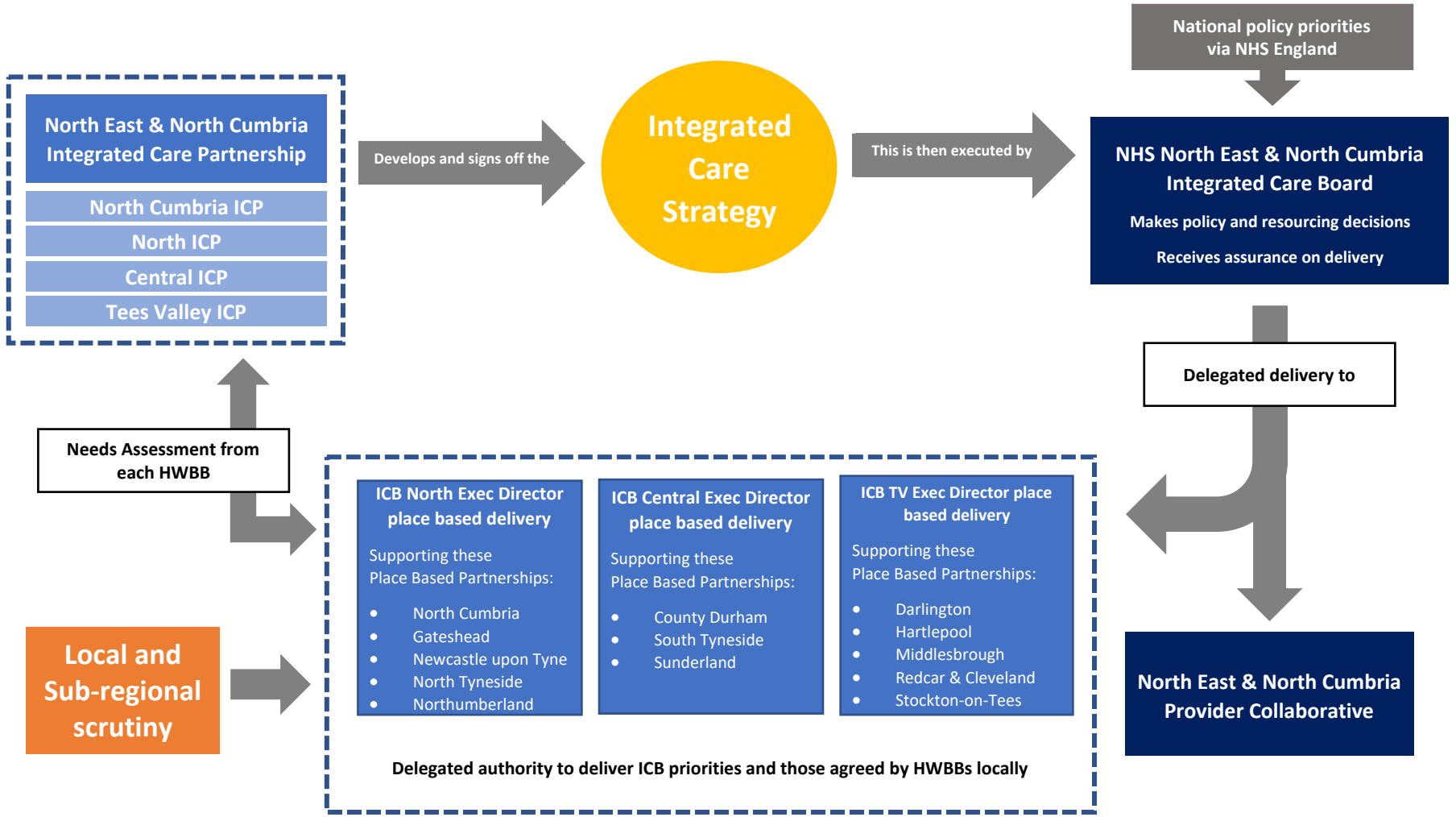
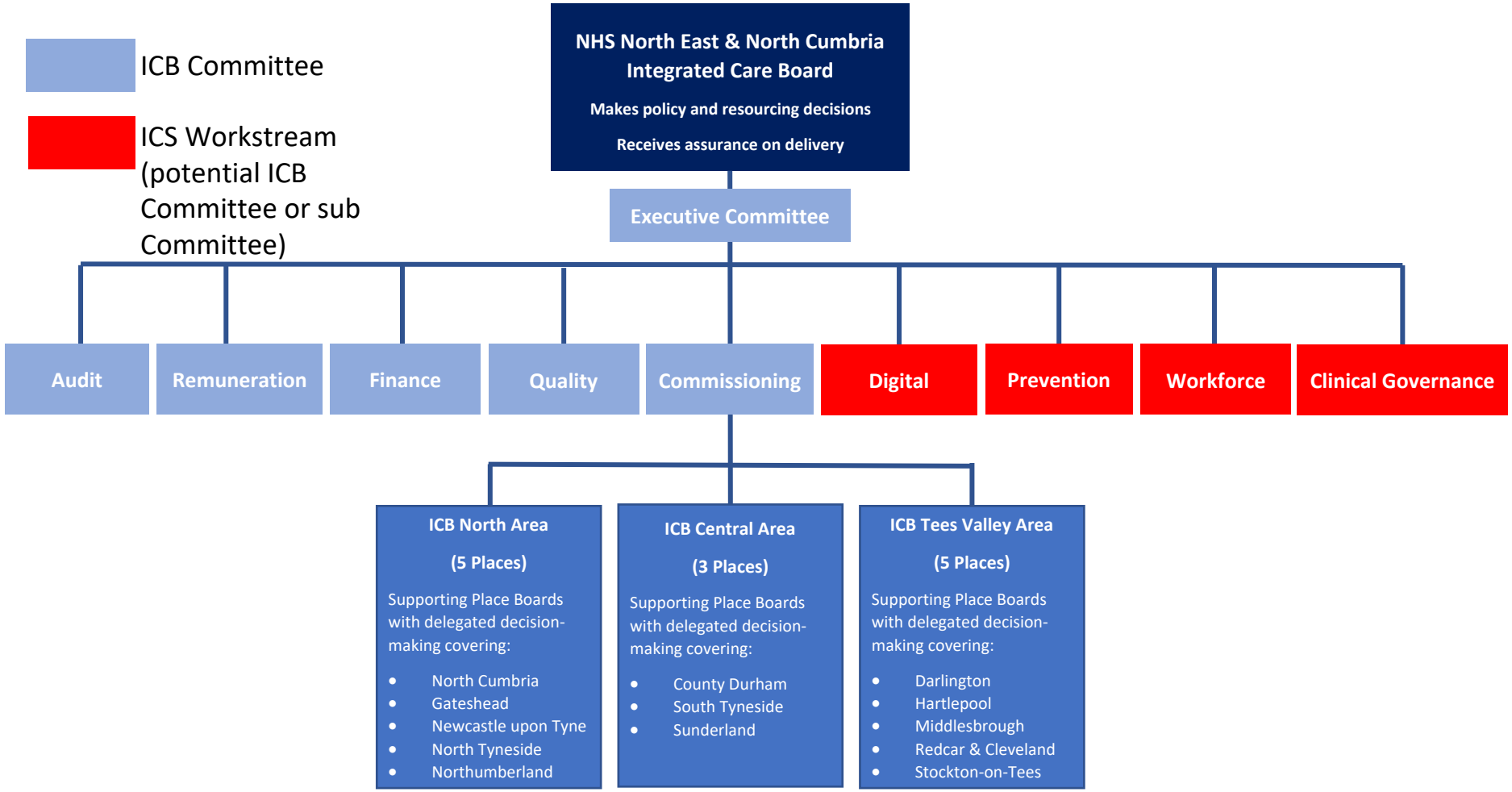
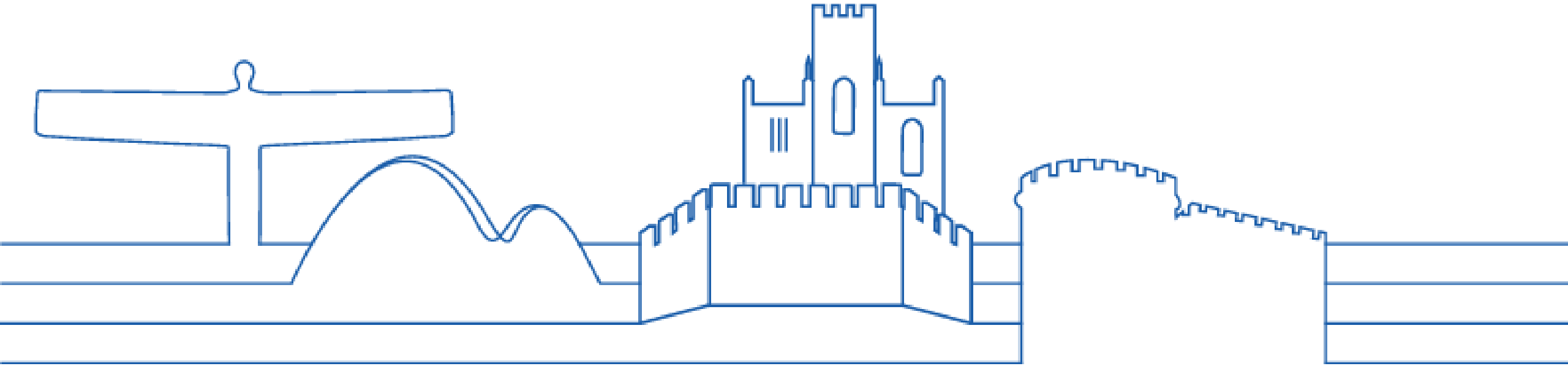


Accountability to the ICB



Testing our proposed operating model with our staff and partners



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Operating Model - 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?

Engagement with leadership groups

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ICB team to share proposals with:

- Joint CCG Committee (for CCG chairs)
- CCG COOs group
- CCG Executive committees
- ICS Management Group
- ICS Workstreams

CCG Accountable Officers to lead local engagement:

- Foundation Trusts
- Primary Care Networks
- Health and Wellbeing Boards
- VCSE sector

Next steps?

- Engage with our stakeholders on the detail of the proposed operating model in February and March and gather feedback
- Test the proposed model against a range of scenarios
- 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

Views? Questions?

https://www.surveymonkey.co.uk/r/VJ8SYVL