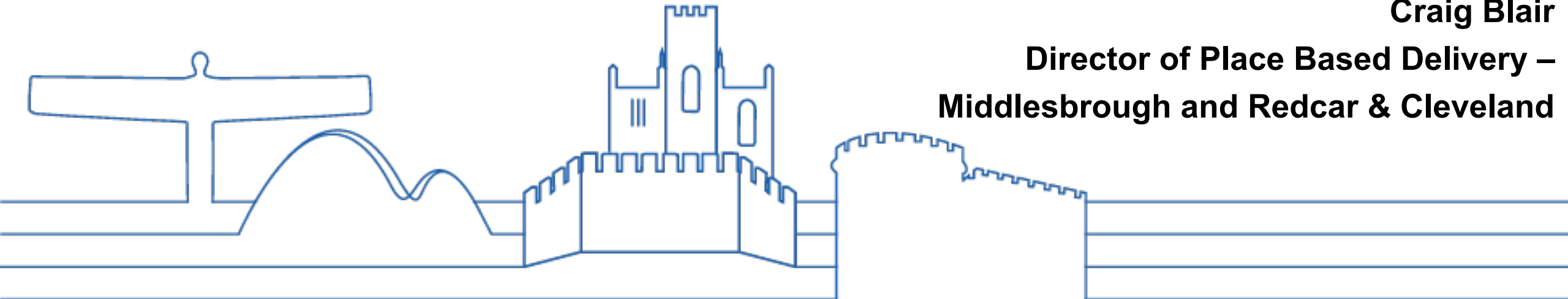


# **Integrated Care Partnership arrangements in the North East and North Cumbria**

**Craig Blair**

**Director of Place Based Delivery –  
Middlesbrough and Redcar & Cleveland**

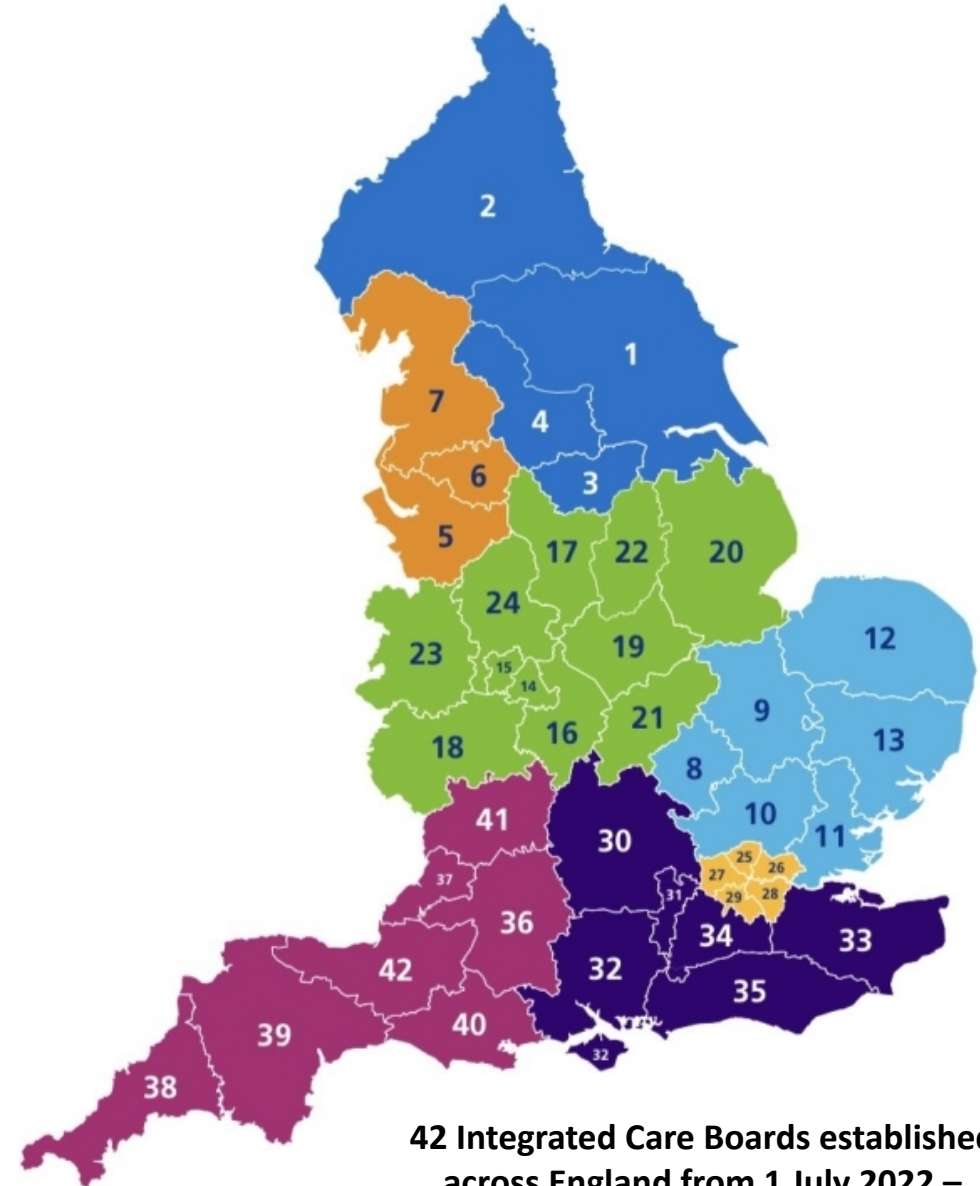


# What's an ICS, ICB and ICP?

**Integrated Care System (ICS)** – includes all of the organisations responsible for health and wellbeing working together across a region to plan and deliver services for our communities.

It is not an organisation but works through the following bodies:

- **Integrated Care Board (ICB)** – a statutory NHS organisation that took on the responsibilities of the former CCGs and some of the functions held by NHS England. The ICB will also work with a range of partners at 'place level' in each of the 14 local authority areas in our region.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 14 local authorities in the ICS area – plus other invited partners - responsible for developing an **integrated care strategy** for the ICS.



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

# NHS North East and North Cumbria Integrated Care Board (ICB)

## North Cumbria

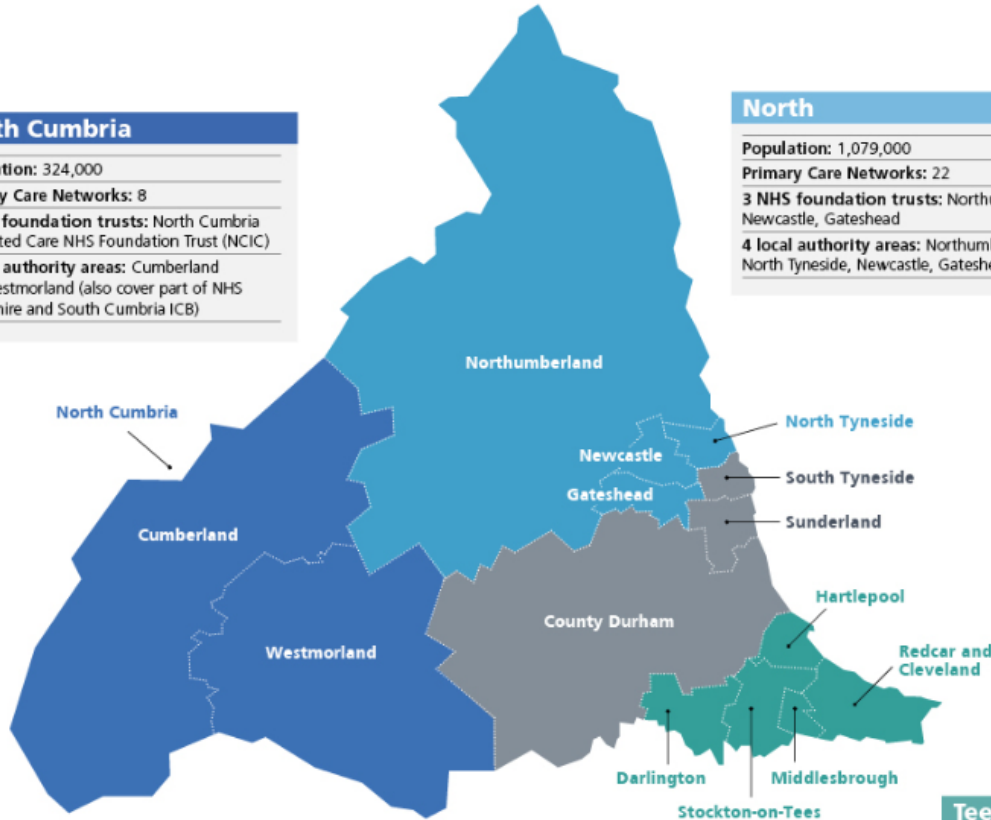
**Population:** 324,000  
**Primary Care Networks:** 8  
**1 NHS foundation trusts:** North Cumbria Integrated Care NHS Foundation Trust (NCIC)  
**2 local authority areas:** Cumberland and Westmorland (also cover part of NHS Lancashire and South Cumbria ICB)

## North

**Population:** 1,079,000  
**Primary Care Networks:** 22  
**3 NHS foundation trusts:** Northumbria, Newcastle, Gateshead  
**4 local authority areas:** Northumberland, North Tyneside, Newcastle, Gateshead

## North East and North Cumbria

**2 mental health NHS foundation trusts:** Cumbria, Northumberland, Tyne and Wear, Tees, Esk and Wear Valleys



## Central

**Population:** 997,000  
**Primary Care Networks:** 22  
**2 NHS foundation trusts:** South Tyneside and Sunderland, County Durham and Darlington  
**3 local authority areas:** South Tyneside, Sunderland, County Durham

## Tees Valley

**Population:** 701,000  
**Primary Care Networks:** 14  
**3 NHS foundation trusts:** County Durham and Darlington, North Tees and Hartlepool, South Tees  
**5 local authority areas:** Hartlepool, Stockton-on-Tees, Darlington, Middlesbrough, Redcar & Cleveland

## Our area

We are the largest of the 42 Integrated Care Boards in England. Since July 2022 we have reorganised eight clinical commissioning organisations and their Governing Bodies into a single organisation. Our new multi-professional and clinical structures reflect the size of our geography and our responsibilities.

### Our role is to:

- Improve health and wellbeing and reduce health inequalities for the 3.1 million people who live in this area
- Plan and oversee how NHS money is spent – our total budget is £6.6 billion
- Make sure health and care services work well, together and are of high quality

### Most of our work happens at place where we work with:

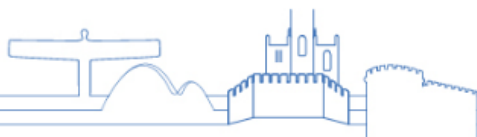
- 13 local authorities – a director post for each unitary tier local authority
- 11 NHS foundation trusts and 64 primary care networks – place based teams working with local GP practices, social care teams and community-based providers

As part of an integrated care system we work with all partners to tackle regional issues at scale and pace to deliver our shared priorities.

Our Integrated Care Partnership is an alliance of organisations brought together by the NHS and local authorities which sets the strategy for improving the health of our communities in the North East and North Cumbria. See our [integrated care strategy](#) which sets out our vision and long term goals and a high level approach to achieving them.

### Annual costs for the ICB for 2022/23:

- Total annual costs for the ICB for 2022/23 are forecast to be **£6.6 billion**
- Total annual costs to run the ICB (including staffing costs) are forecast to be **£56m**, which is less than 1% of total budget



# Strategic aims of ICBs set by government



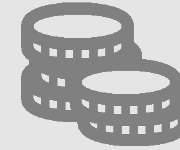
## 1 Improve outcomes in population health and healthcare

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.

# ICB leadership team



## North East and North Cumbria

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

### ICB Partner Members

- Local Authorities: **Cllr Shane Moore** (Hartlepool), **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)

### ICB Non Executive Directors

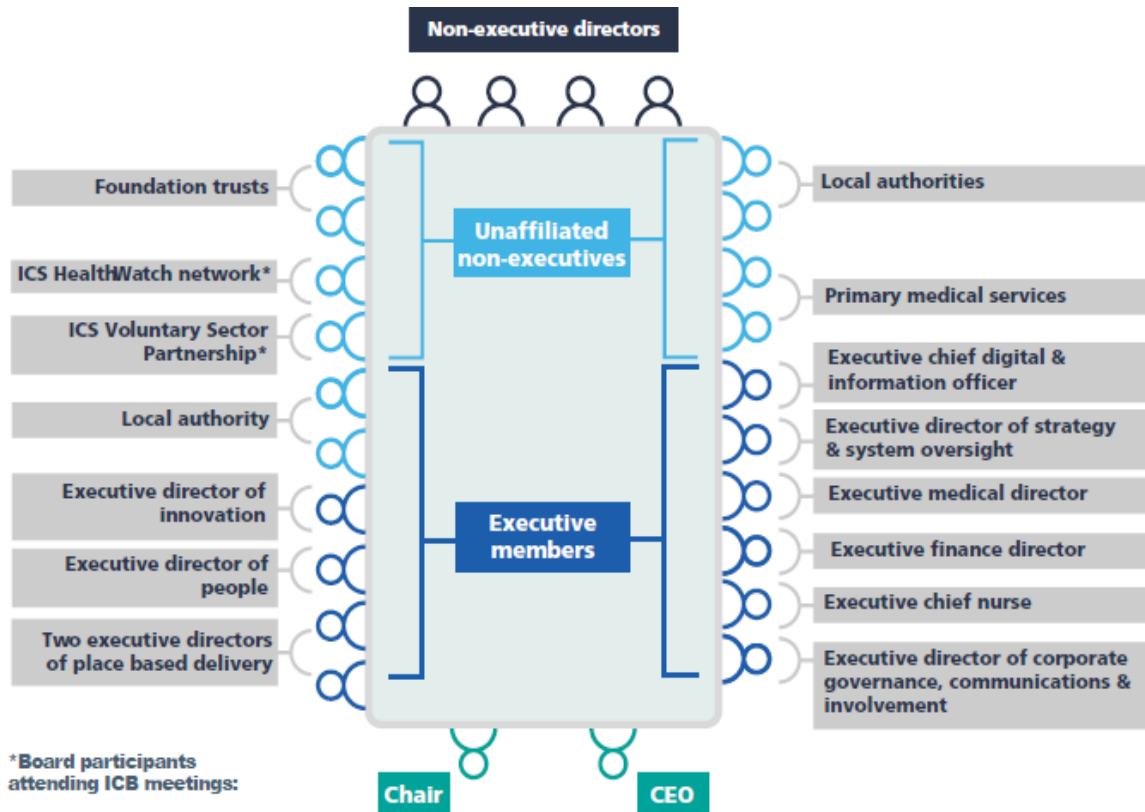
- **Dr Hannah Bows**
- **Prof Eileen Kaner**
- **Jon Rush**
- **David Stout OBE**

### ICB Participants

- ICS HealthWatch Network: TBC
- ICS Voluntary Sector Partnership: **Jane Hartley**

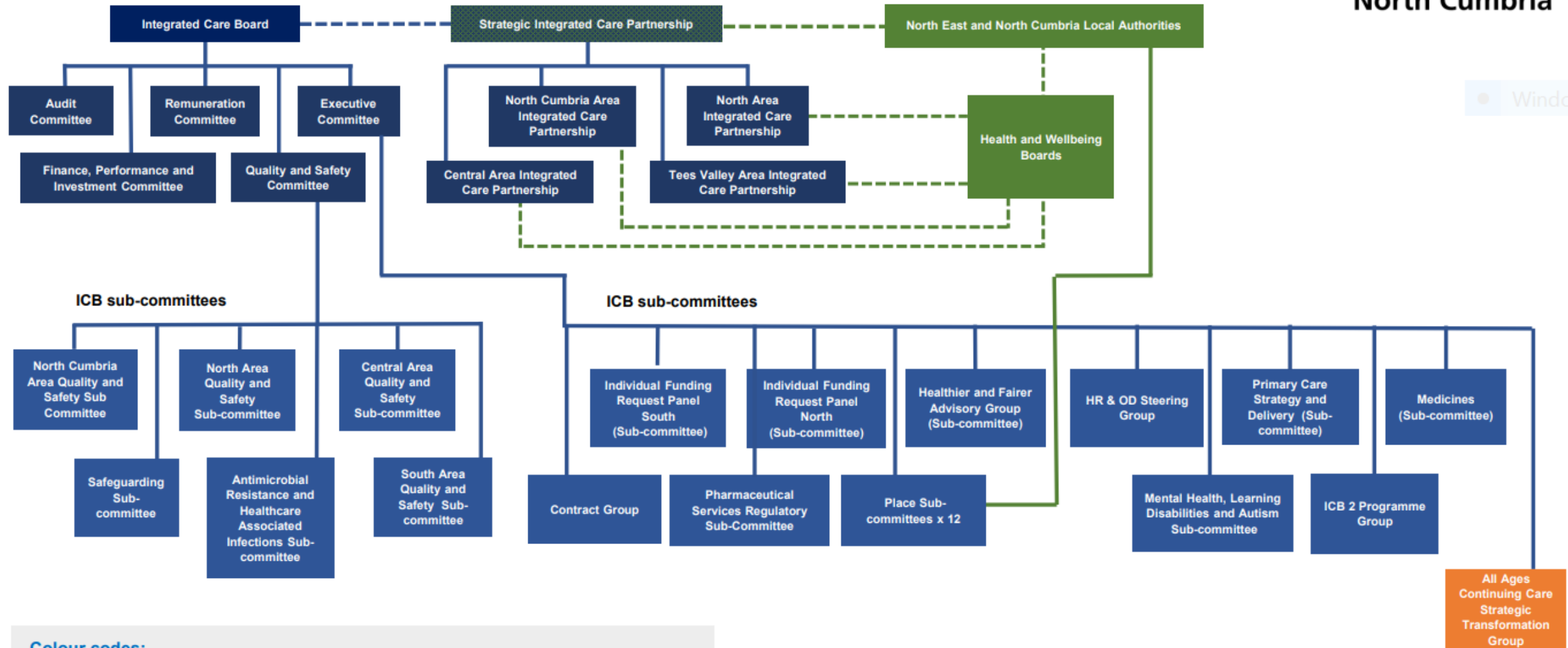
### ICB Executive Directors

- Executive Medical Director – **Dr Neil O'Brien**
- Executive Chief Nurse – **David Purdue**
- Executive Director of People – **Annie Laverty**
- Executive Director of Finance – **David Chandler**
- Executive Chief of Strategy and Operations – **Jacqueline Myers**
- Executive Director of Corporate Governance, Communications & Involvement – **Claire Riley**
- Executive Chief Digital and Information Officer – **Professor Graham Evans**
- Executive Director of Innovation – **Aejaz Zahid**
- Executive Director of Placed Based Partnerships (North and North Cumbria) – **Levi Buckley**
- Executive Director of Placed Based Partnerships (Central & Tees Valley) – **Dave Gallagher**





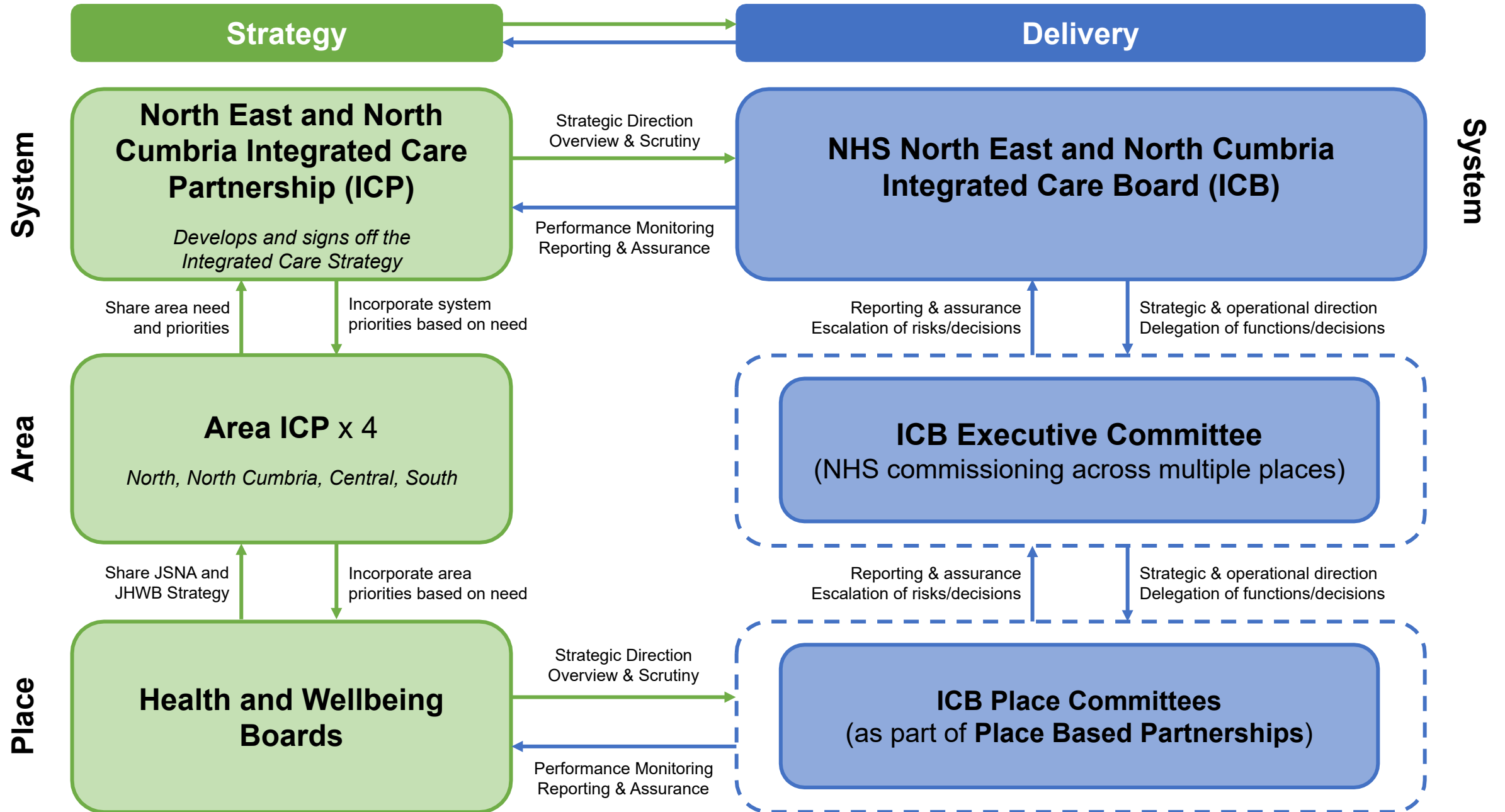
# Governance Framework



**Colour codes:**

- Formally established by the ICB
- In development – not yet formally established by the ICB
- Joint with local authorities
- Local authority structures

# Relationship between our ICPs and the ICB (and its area and place delivery arrangements)



## Our model: one Strategic ICP and four Area ICPs

It was agreed by JMEG that our 'Area' ICPs would be best chaired by an elected member – e.g. a Health & Wellbeing Board chair or Lead Member



**North Cumbria ICP:**  
Cllr Mark Fryer  
leader of  
Cumberland Council



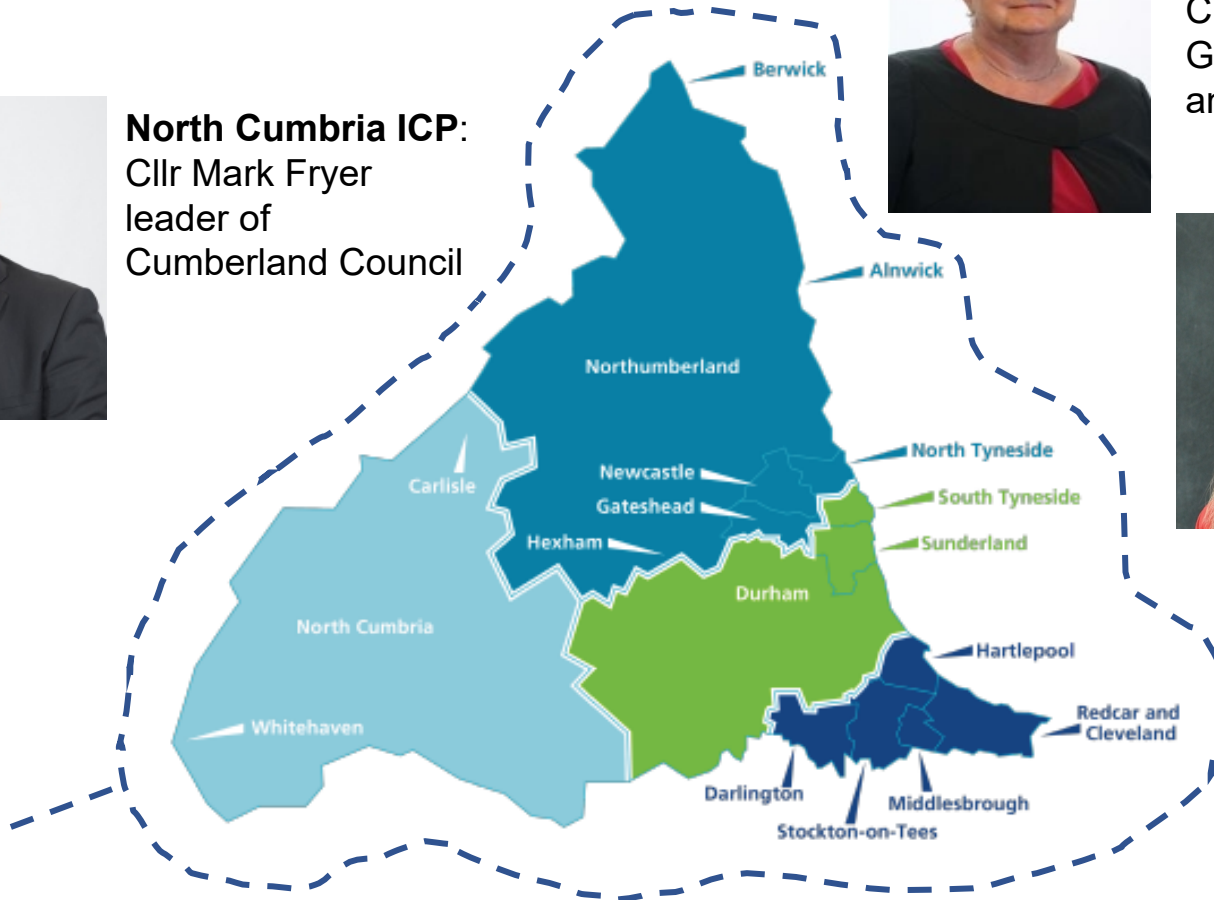
**North ICP:**  
Cllr Lynne Caffrey –  
Chair of the  
Gateshead Health  
and Wellbeing Board



**Central ICP:**  
Cllr Kelly Chequer –  
Healthy City cabinet  
member on Sunderland  
City Council



**Tees Valley ICP:**  
Cllr Bob Cook,  
Leader of  
Stockton-on-Tees  
Borough Council



**North East and North Cumbria Integrated Care Partnership**



# Complementary role of Strategic ICP and Area ICPs

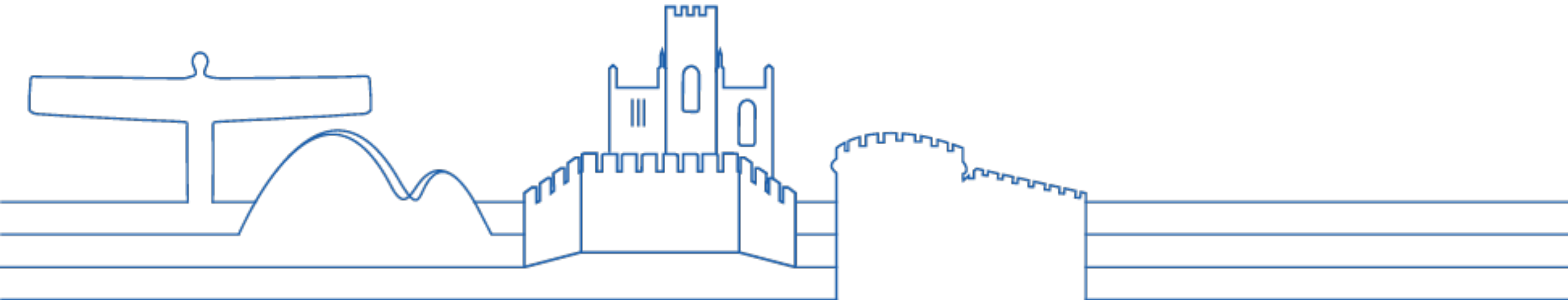
## **The Strategic ICP will:**

- Oversee and approve the ICS-wide Integrated Care Strategy, built up from an analysis of need from the four Area ICPs
- Promote a multi-agency approach to population health and wellbeing and the wider social and economic determinants of health for our 3million population
- Consider and suggest ways forward to tackle health inequalities, and improve access to health services at this same population level
- Champion initiatives involving the contribution of the NHS and wider health and care organisations to large scale social and economic development







## **The Area ICPs will:**

- Develop and strengthen relationships between professional, clinical, political and community leaders
- Provide a regular forum for partners to share intelligence, identify common challenges and objectives and share learning
- Analyse the Joint Strategic Needs Assessments from each of the Health & Wellbeing Boards in their Area to feed into the Integrated Care Strategy setting process
- Ensure the work of the Area ICP is focused on the priorities of local residents and service users to identify those 'supra-place' issues that cut across its constituent places
- Ensure that the Area ICP is a forum that allows for the sharing of best practice and collaboration as part of our 'Learning and Improvement System' in the North East and North Cumbria.

# Place-Based Working



## The opportunity to strengthen Place-Based Partnerships

-  • The preservation of well-established place-based working arrangements was a key recommendation of Joint Management Executive Group [JMEG]
-  • While ICSs/ICPs focus on strategic system enablers, place is the level at which most of the work to join up budgets, planning and pathways for health and social care services will need to happen.
-  • Unlike ICSs, Place-Based Partnerships are not statutory bodies. [The 2022 Health and Care Act](#) did not create a legal requirement for place-based partnerships, leaving flexibility for local areas to determine their form and functions.
-  • The Act does allow for ICBs to delegate some of their functions and budgets to local committees as part of Place-Based Partnerships
-  • Place-Based Partnerships typically focus on understanding and working with communities, joining up and co-ordinating services, addressing the social and economic factors that influence health and wellbeing, and supporting the quality and sustainability of local services
-  • The priorities of each place will vary depending on the vision and goals agreed locally through Health & Wellbeing Boards, while Place-Based Partnerships are then responsible for overseeing the delivery of this strategy, reporting to the HWB on a regular basis.

**Relationship between HWBs and Place-Based Partnerships**

**Strategy**

**Health and Wellbeing Boards**

A statutory committee of a local authority which:

- **Sets a strategic direction** to improve health and wellbeing and reduce health inequalities.
- **Brings together** local political, clinical, professional and community leaders
- **Promotes greater integration and partnership** between the NHS, and local government – working with place-based partnerships
- **Assesses the health and wellbeing needs** of their population through a joint strategic needs assessment (JSNA)
- **Publishes a joint local health and wellbeing strategy (JLHWS)**, which sets out the priorities for improving health and wellbeing
- **The JLHWS then informs joint commissioning arrangements** across the NHS and local authority commissioning, including Better Care Fund and Section 75

**Delivery**

**ICB Place Committees  
(a key part of Place Based Partnerships)**

Functions and resources delegated from the ICB as agreed by JMEG

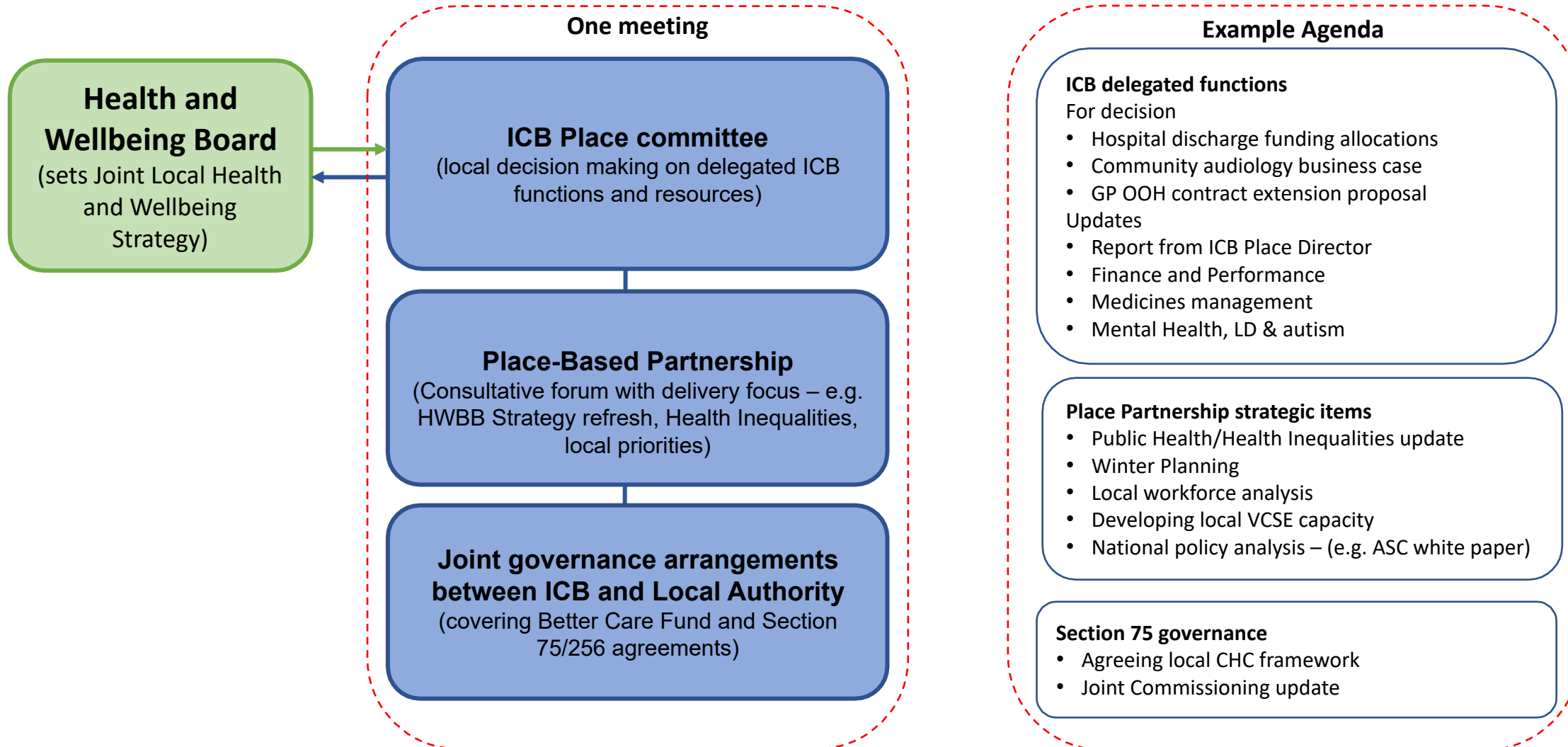
- All budgets for services commissioned and delivered in the **community / out of hospital** system
- All budgets categorised as **continuing healthcare**
- **Primary care** budgets (with the exception of nationally negotiated GP contract budgets and associated expenditure)
- **Prescribing** budgets including local medicines optimisation activities
- **Mental health, LD and autism** community-based budgets (including section 117 packages of care)
- **Service Development Funding** which has already been identified and approved for place based allocation / determination on usage
- Local **safeguarding** team budgets and associated expenditure
- All budgets and associated expenditure included within the scope of **Better Care Fund** arrangements with Local Authorities



# Aligning the key elements of Place-Based Governance



North East and North Cumbria

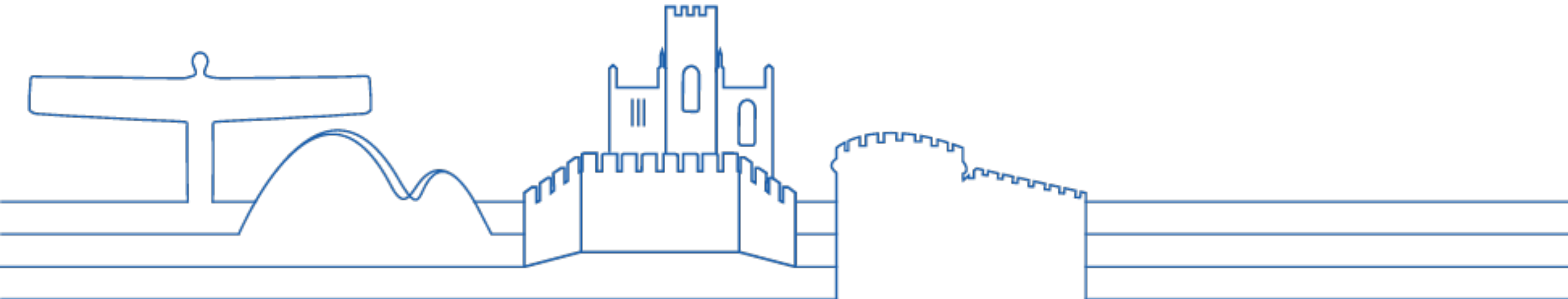




## **Membership of ICB Sub-Committee - South Tees**

- ICB members – (Director of Place [Chair], Medical Director, Director of Nursing, Finance Director, Place Clinical Leaders)
- NHS Partners – Foundation Trusts, Primary Care, Mental Health
- LA officers – Directors of Adult Social Services, Directors of Childrens Services, Director of Public Health
- Healthwatch
- Voluntary and Community Sector – represented through Middlesbrough VDA and Redcar & Cleveland VDA
- Other members will be invited as required (e.g., education, housing, police, fire, GP federation, broader VCSE) – to ensure no duplication and overlap with HWBB
  
- 1<sup>st</sup> Meeting held on 22<sup>nd</sup> May 2023
- Meetings will be held monthly where possible
- Cycle of business being developed and considered with the membership
- Delegated budgets and authority evolving in time

# NHS Five Year Joint Forward Plan Update



# Joint Forward Plan: National Guidance

- Requirement of Integrated Care Boards and partner NHS Trusts.
- Aligned to system ambitions; building on existing plans; delivery focussed.
- Demonstrate how ICBs and NHS Trusts will:
  - arrange and/or provide NHS services to meet the population's physical & mental health needs
  - deliver the NHS Mandate and NHS Long Term Plan in the area
  - meet the legal requirements for ICBs.

# North East and North Cumbria Approach

Aligned to the ICP Better health and wellbeing for all strategy.



Longer &  
healthier  
lives



Fairer  
outcomes  
for all



Better  
health &  
care services



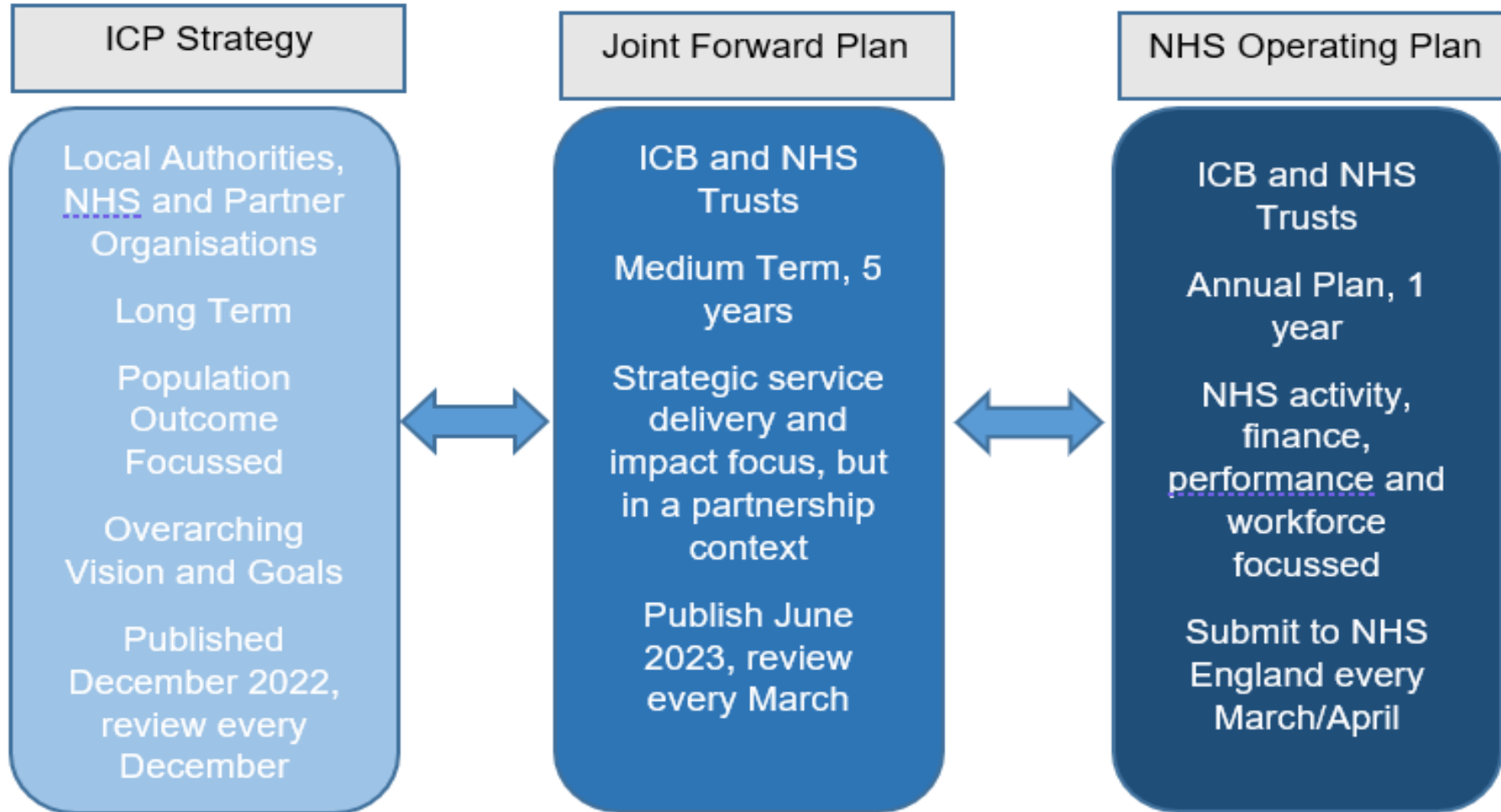
Giving children  
and young people  
the best  
start in life



Overview of action plans for each ICP Strategy Goal, Enabler and Service.

Overview of action plans for Local Authority Place or groups of Places.

# How the Plans fit together





# Operational Planning Requirements

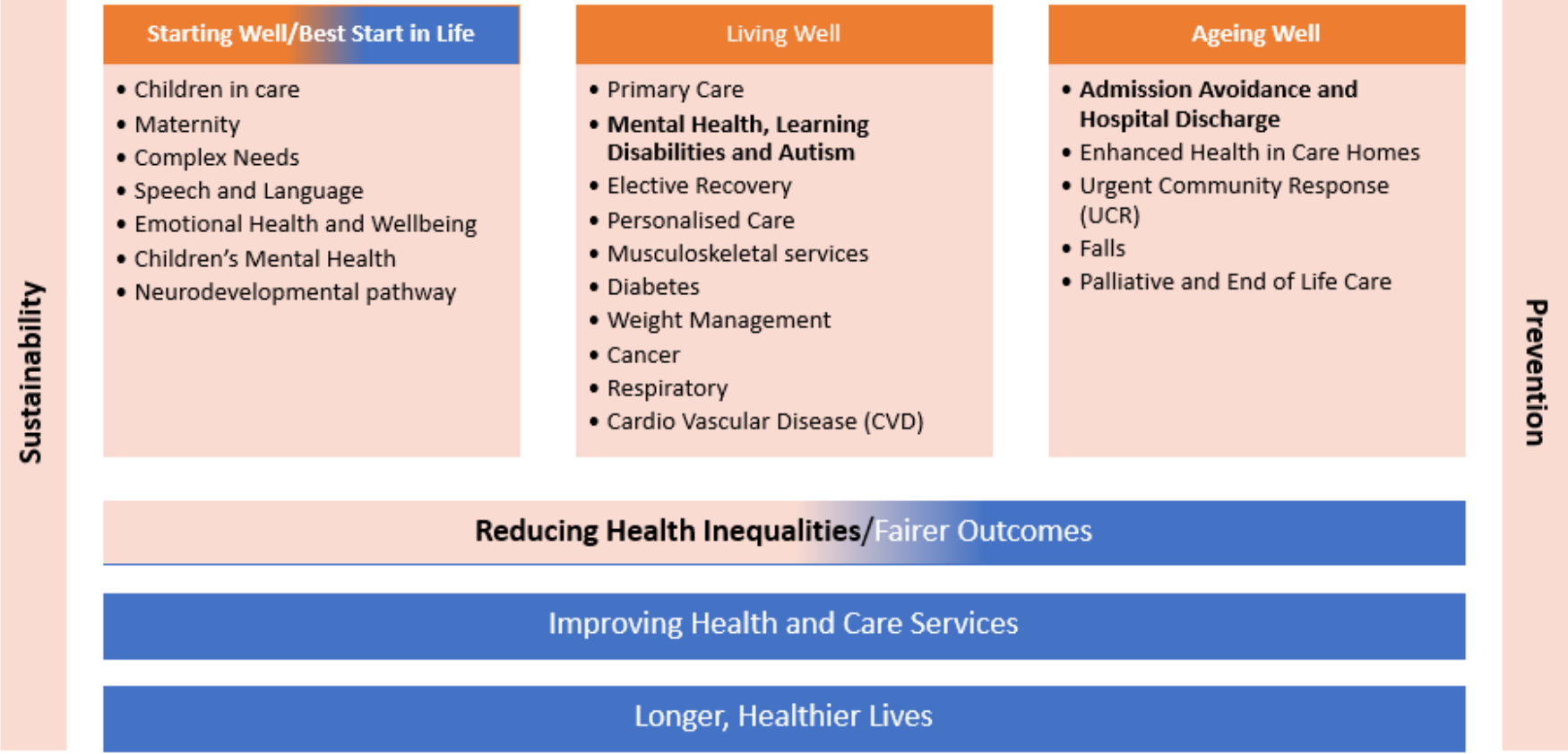
- Workforce
- Urgent and Emergency Care
- Elective Care and Diagnostics
- Cancer
- Mental Health
- People with Learning Disability and/or Autistic People
- Primary Care

# Tees Valley Priorities

- Over the past 18 months we have been working together as a Tees Valley ICP to develop a **collective understanding** of our plans and planning priorities “Planning to be different”
- We have collectively **identified a number of key pillars** that support delivery of our organisational, place and system plans
- Under these pillars we have identified the key programmes, initiatives and ambitions which we are seeking to **deliver as an ICB with our partners**
- Following feedback we have undertaken to more clearly align the pillars and programmes of work, to the core common elements of our collective Health and Wellbeing Strategies;
  - **Start Well**
  - **Live Well**
  - **Age Well**

# Tees Valley Strategic Context

- The Tees Valley Pillars along with the national NHS priorities and place priorities, are mapped to each place’s HWB strategies, and the NENC Integrated Care Strategy below.



Key:  Health and Wellbeing Strategy  Integrated Care Strategy **Bold** Tees Valley Pillars

# Starting Well

## Starting Well/Best Start in Life

- Children in care
- Maternity
- Complex Needs
- Speech and Language
- Emotional Health and Wellbeing
- Children's Mental Health
- Neurodevelopmental pathway

- Integrated working between midwifery and health visiting
- Develop a jointly commissioned SALT service with performance metrics for Education and Health
- Ensure MHST's are fully operational and integrate well with EHWB services
- Getting Help Engagement
- Develop triage process for the pre-neurodevelopmental pathway
- Family Support Services for families that have CYP with neurodevelopmental needs.

# Living Well

## Living Well

- Primary Care
- **Mental Health, Learning Disabilities and Autism**
- Elective Recovery
- Personalised Care
- Musculoskeletal services
- Diabetes
- Weight Management
- Cancer
- Respiratory
- Cardio Vascular Disease (CVD)

- Fuller Report:
  - Addressing the access challenge to deliver the vision of more proactive, anticipatory and preventative care delivered by Multidisciplinary Teams and Integrated Neighbourhood Teams
- Expand Community Mental Health Transformation to support increased number of patients
- Increase uptake of health checks for people with SMI and LD
- All aged crisis and liaison services
- Prevent and detect health conditions, and upon diagnosis ensure that conditions are managed and optimised effectively;
  - Atrial Fibrillation
  - heart failure
  - NHS Diabetes Prevention Programme
  - Develop the workforce to ensure accreditation to improve diagnostic spirometry reporting and management of patients
- Recovery from the effects of the pandemic in relation to Elective and Cancer care.
  - Eliminating long waits for elective care (over 65 weeks) by March 2024
  - Reducing the number of patients waiting over 62 days for cancer treatment
  - Increasing the numbers of patients who have a faster cancer diagnosis



# Ageing Well

## Ageing Well

- **Admission Avoidance and Hospital Discharge**
- Enhanced Health in Care Homes
- Urgent Community Response (UCR)
- Falls
- Palliative and End of Life Care

- PEOLC
  - Reducing avoidable emergency admissions for people in the last year of life
  - Ensuring patients in the last year of life are identified to ensure is coordinated and personalised
- Comprehensive and coordinated community-based falls pathway
- Fuller recommendations for out of hospital care
  - Increasing effective reablement
  - Increase 2 hours response for UCR referrals
- Increasing Dementia diagnosis rates
  - Awareness

# Cross cutting themes

## Reducing Health Inequalities

- Understanding our communities
- Equity of access also equity of outcomes

## Prevention

- Primary
- Detection & Early intervention
- Management

## Sustainability

- Integration/system thinking
- Community assets
- Workforce

## Improving quality of services

- Experience
- Effectiveness
- Safety

# Timetable and Stakeholder Engagement

- Draft for stakeholder feedback: July
- Including: Integrated Care Partnership, NHS Foundation Trusts, Local Authorities, Health and Wellbeing Boards, Health Watch and the Voluntary, Community and Social Enterprise Sector.
- Revised final version: September 2023.
- Annual update published: each March beginning 2024.



**North East and  
North Cumbria**

**Any Questions?**