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REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	
Official: Sensitive Personal		For information only	

BOARD MEETING	
1 JULY 2022	
Report Title:	Appointment of Founder Member for the Integrated Care Partnership in North East and North Cumbria
Purpose of report	
To provide the Board with an update on the development of the Integrated Care Partnership (ICP) and seek approval of the appointment of the founder member.	
Key points	
<p>An ICP is a statutory committee of Integrated Care Boards (ICBs) and Integrated Care Systems' (ICSs) areas of constituent local authorities. Integrated Care Systems cannot be fully functional until their ICP arrangements have been established. An interim ICP must be established when Integrated Care Boards assume statutory status on 1 July 2022.</p> <p>National guidance expects that all ICSs will have an ICP in place by 1 July 2022, with at least a chair and a committee of the statutory bodies (ICB and local authorities).</p> <p>An ICP is intended to be a broad alliance of organisations and representatives, built upon existing partnerships, and focused on improving population health and wellbeing, reducing health inequalities, and developing an Integrated Care Strategy setting out how the wider needs of the population should be met.</p> <p>Through a series of Joint Management Executive Group meetings, recommendations were made and accepted by local authority partners within the North East and North Cumbria (NENC) on the arrangements for an ICP within NENC ICP, recognising the size and diversity of the NENC ICS area. A model of one 'strategic ICP' and four 'smaller locally-sensitive ICPs' has been agreed but the membership and chairing of these committees is still to be determined.</p> <p>In order to formally establish the NENC ICP, the Board is required to appoint a founder member to undertake this role. It is recommended that the Chair of the Board is the appointed founder member of the North East and North Cumbria Integrated Care Partnership.</p>	

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Risks and issues						
If the ICB does not appoint a founder member, it will be unable to formally establish the ICP for the North East and North Cumbria.						
Assurances						
The approach set out in the attached paper has been developed and discussed with key partners from across the North East and North Cumbria Integrated Care System. A number of discussions have been held at the Joint Management and Executive Group over the previous year which includes representatives from key partners across the ICS.						
Recommendation/Action Required						
The Board is asked to appoint the ICB Chair as the founder member of the Integrated Care Partnership for the North East and North Cumbria Integrated Care System.						
Sponsor/approving director	C Riley, Executive Director of Corporate Governance, Communications and Involvement (Designate)					
Report author	D Jackson, Director of Governance and Partnerships, ICS					
Link to ICB corporate aims (please tick all that apply)						
CA1: Improve outcomes in population health and healthcare						✓
CA2: tackle inequalities in outcomes, experience and access						✓
CA3: Enhance productivity and value for money						✓
CA4: Help the NHS support broader social and economic development						✓
Relevant legal/statutory issues						
Health and Care Act 2022						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No		N/A	✓
If yes, please specify						
Equality analysis completed (please tick)	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No		N/A	✓
Key implications						
Are additional resources required?	None noted at this point.					
Has there been/does there need to be appropriate clinical involvement?	Yes, as part of the ICP development.					

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Has there been/does there need to be any patient and public involvement?	Yes, as part of the ICP development.
Has there been/does there need to be partner and/or other stakeholder engagement?	Yes, as part of the ICP development.

Appointment of Integrated Care Partnership Founder Member

1. Introduction

Guidance on Integrated Care Partnership engagement issued in 2021 by the Department of Health and Social Care (DHSC), NHS England (NHSE) and the Local Government Association (LGA) set out expectations for the role of Integrated Care Partnerships within Integrated Care Systems.

An Integrated Care Partnership (ICP) is a statutory committee of Integrated Care Boards (ICBs) and Integrated Care Systems' areas of constituent local authorities. Integrated Care Systems (ICSs) cannot be fully functional until their ICP arrangements have been established. An interim ICP must be established when ICBs assume statutory status on 1 July 2022.

National guidance expects that all ICSs will have an ICP in place by 1 July 2022, with at least a chair and a committee of the statutory bodies (ICB and local authorities).

The ICP is intended to be a broad alliance of organisations and representatives, built upon existing partnerships, and focused on improving population health and wellbeing, reducing health inequalities, and developing an Integrated Care Strategy setting out how the wider needs of the population should be met.

A series of Joint Management Executive Group (JMEG) meetings have been held over the previous months to develop an approach on the ICP arrangements for the North East and North Cumbria (NENC), recognising the size and diversity of the NENC ICS area.

2. Expectations for ICPs

The DHSC, NHSE and LGA have jointly developed five key expectations for ICPs. They are intended to help local authorities and ICB chairs maximise the value that ICPs can bring to their local communities. They complement and

build on the principles set out in NHS England's ICS Design Framework and are as follows.

ICPs:

- Are a core part of the system, driving direction and priorities
- Will be rooted in the needs of people, communities and places
- Create space to develop and oversee population health strategies to improve health outcomes and experiences
- Will support integrated approaches and subsidiarity
- Should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights

National guidance is clear that ICPs should complement place-based working, by tackling issues that are better addressed on a bigger area than just a single place, highlighting where system-level coordination is needed on a range of issues, and challenging partners to deliver the action required, including:

- Addressing inequalities in health and wellbeing outcomes, experiences and access to health services
- Developing strategies to address the needs of their population including specific groups
- Tackling the wider social and economic determinants of health, by strengthening the role of the NHS in increasing local employment opportunities, and its contribution to improving areas like housing and the environment
- Improving people's overall wellbeing and preventing ill-health and premature mortality
- Creating a holistic view of how the public and patients interact with services across the Integrated Care System, and on the effectiveness and accessibility of care pathways

3. Integrated Care Strategy

A key requirement of the ICP is to develop an Integrated Care Strategy to improve health and care outcomes and experiences for their populations, for which all ICS partners will be accountable for delivering. National guidance sets out a range of recommended areas for potential inclusion in the development of the Integrated Care Strategy, each aiming to consolidate and enhance integration:

- **Service provision** –seamless care across health, social care, housing, education and other public services, and between different NHS and independent providers
- **Strategic planning** – includes, for example, making a joint plan to improve population health status and health outcomes
- **Integrated commissioning of services** – strengthening the partnership between local authorities and the Integrated Care Board to enable them, and other partners, to enhance collaboration in areas such as mental health, learning disability, autism, older people, public protection and reducing offending (where there are health considerations)
- **Integrated data sets** – to give all partners access to inform planning and the delivery of services for the benefit of communities
- **Integrated records** –using shared electronic care records for non-clinical and back-office functions as well as NHS services
- **Integrated budgets** – a key element of the delegation of functions into places, supporting the principle of subsidiarity and integration, including the use of Section 75 arrangements.

In developing its Integrated Care Strategy, the NENC ICP will be able to build on existing system-level work, such as the NENC ICS Population Health and Prevention workstream, and complement the joint work of local authority Adults', Children's and Public Health Networks. In addition, the ICP can also work closely with Local and Combined Authorities to strengthen the NHS's contribution to regional economic growth and employment.

4. **ICP relationship to Place and existing sub-regional partnerships**

In recognition of the importance of place, the Health and Care Act 2022 retains the important role of Health and Wellbeing Boards. They will remain legally distinct from ICPs, but the latter's strategic priorities should be informed by local population health data as expressed through Joint Strategic Needs Assessments, and local Joint Health and Wellbeing Strategies. ICPs should facilitate opportunities to share innovation and expertise in how to deliver integrated approaches in the context of local circumstances – but they should not seek to overrule or replace existing place-based plans.

In order to comply with the expectation of an ICP covering the whole footprint of the NENC ICS boundary, there is flexibility to recognise existing sub-regional partnerships within our ICP arrangements. Such sub-geographical groupings have proven their worth in thinking through better coordination of care and creating new opportunities for wider access to services. Indeed, NHS chairs and local authority leaders, as well as their chief executives and

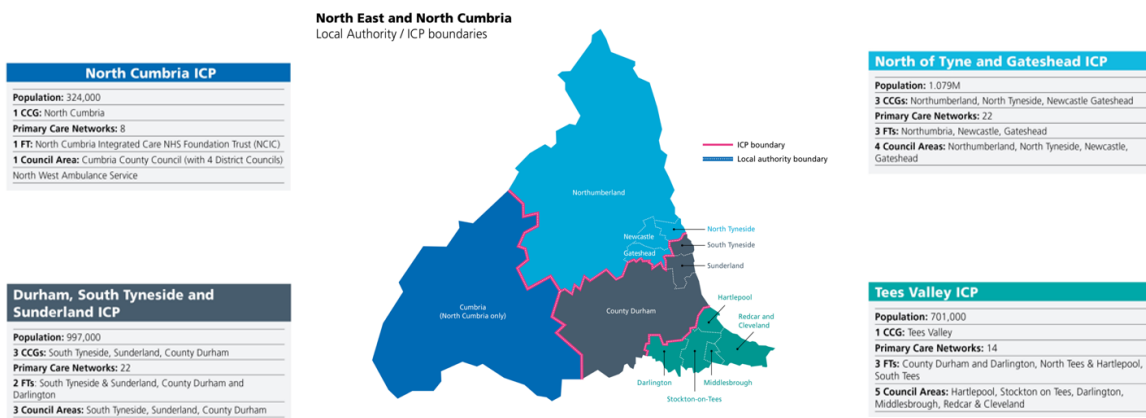
senior officers, have already been meeting together informally in this way for several years, building the relationships and trust that are helping to deliver increasing levels of integration and joint planning.

The JMEG recommended the establishment of a 'Strategic ICP' with a core membership of representatives from the ICB and the 13 local authorities (and other partners, to be decided), which could meet as an annual or biannual strategic forum – but which would be supported by four 'Smaller locally designed ICPs' based on smaller geographical groupings and formally designated as sub-committees of the Strategic ICP.

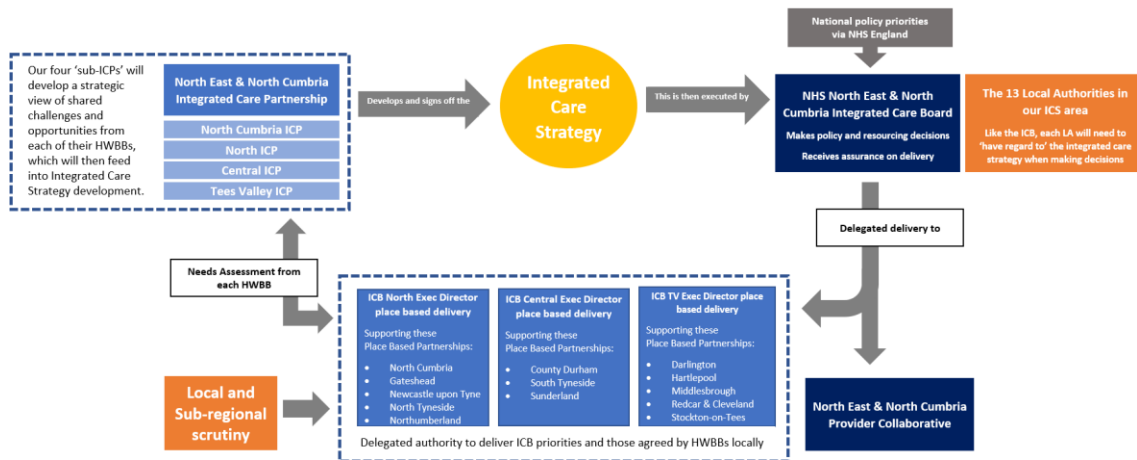
These partnerships have been grouped within the NENC ICS area as follows:

- **North:** Gateshead, Newcastle upon Tyne, North Tyneside, Northumberland
- **Central:** County Durham, South Tyneside, Sunderland
- **Tees Valley:** Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, Stockton-on-Tees.
- **North Cumbria:** was recognised by JMEG as requiring a separate Sub-ICP given their unique challenges of geographical isolation and service fragility, and their need to collaborate on these challenges with the ICP for Lancashire and South Cumbria, as well as its neighbours to the East.

Building up an ICP from each of our places



The place of our ICPs within our Integrated Care System



5. Membership of Strategic and Smaller ICPs

The only core organisational members of ICPs specified in national guidance are the ICB and local authorities within the ICS area. Wider membership can be determined locally to ensure a broad range of voices (and national expectations are that local ICP membership arrangements may take until December 2022 to reach a 'steady state'), but the advice is that membership should be kept to a “productive level” and some partners could be engaged via thematic subgroups or dedicated workshops (or, in our case, via our Smaller locally designed ICPs).

However, national guidance states that 'as a minimum, it is expected that ICPs would consider representation from the following sectors':

- Health and Well Being Board chairs
- Directors of Public Health
- Clinical and professional experts (including primary, community and secondary care)
- Adult and children’s social services
- Other providers of health, care and related services
- The voluntary, community and social enterprise sector
- Representatives of those with lived experiences of accessing health and social care services
- Healthwatch – for their insight into user experience from each of our places

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Discussion is underway with the JMEG around a proposed membership for both the strategic ICP and smaller locally designed ICPs.

6. Chairing arrangements

National guidance states that the ICB and its partner local authorities are to jointly select the ICP chair and define their role, term of office and accountabilities. The ICP and ICB and ICP chairs could be separate or the same – it is noted that separate chairs may help democratic representation, while the same chair may help co-ordination.

Recommended selection criteria for the ICP chair include:

- Able to build and foster strong relationships in the system,
- Collaborative leadership style
- Committed to innovation and transformation
- Expert in delivery of health and care outcomes
- Able to influence and drive delivery and change.

There is no nationally prescribed appointment process or remuneration guidelines.

7. Appointment of the Founder Member for the ICP

All systems will need to have at least an interim ICP established up and running when statutory ICBs assume statutory status in July 2022. An interim ICP needs to comprise a chair and a committee of at least the statutory members (i.e., the Integrated Care Board and its constituent local authorities)

In order to establish the ICP, a founder member from the ICB Board is required to formally undertake this role. Whilst there is no set guidance as to which Board member this should be, it is recommended that the role is undertaken by the Chair of the ICB.

7. Next steps

ICB Chairs have been asked by NHS England to ensure the following steps are carried out in their system, in partnership with local government, and it is suggested that these are agenda items for the first meeting of the interim Strategic ICP for NENC to be convened in July:

- Ensure that the statutory ICPs partners come together as required to oversee the set-up, including engagement with stakeholders

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- Determine key questions to be resolved for the system, including, but not limited to the chairing and wider membership of the Strategic ICP and Sub-ICPs, public engagement, and how the Integrated Care Strategy will be developed.
- Reach agreement between NHS and local authority leaders as to how the ICP will be established and a secretariat resourced. (National guidance states that local authorities will not be given any additional funding to support the ICP but should agree with their health counterparts how best to provide the necessary secretariat and other functions vital to the partnership)
- The appointment of the ICP chair will need to take account of national guidance and ensure there is a transparent and jointly supported decision-making process.

8. **Recommendations**

The Board is asked to approve the recommendation for the Chair of the Board to be appointed as founder member of the North East and North Cumbria Integrated Care Partnership.

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Director of Governance and Partnerships, ICS

Sponsoring Director: **C Riley**
**Executive Director of Corporate Governance,
Communications and Involvement (Designate)**

Date: **23 June 2022**