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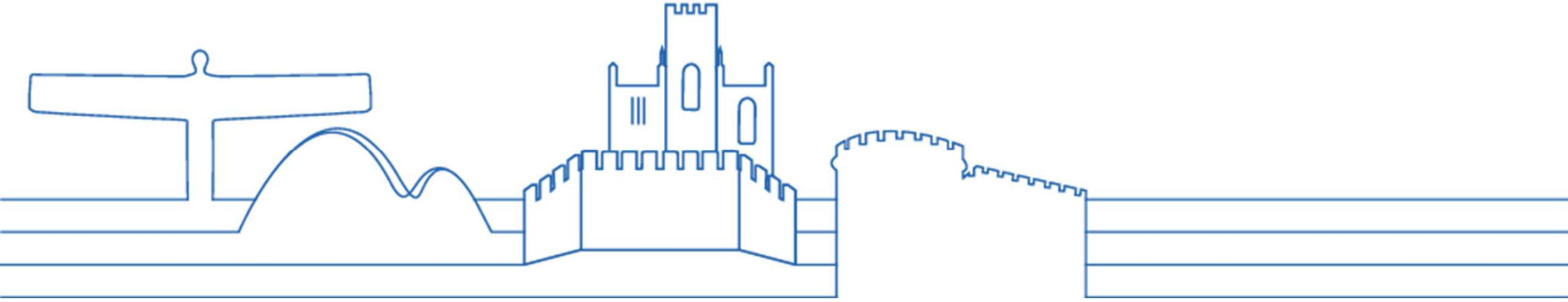
NENC Integrated Care Board Operating Model

NENC ICS Development & Transition Programme



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Purpose of this pack

This pack has been developed to inform and prepare ICB staff and ICS partners of the changes to our operating model, including our new leadership structure.

This pack outlines the main design of the operating model and its key components for our Integrated Care Board.

This pack provides assurance to the Board how we discharge our functions as an ICB.

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ICB operating model – background & context

There is a requirement for all ICSs to develop a new operating model framework and revised governance arrangements.

The ICB is a new NHS organisation therefore it is important to take a very transparent approach to the development of the initial operating model.

In order to ensure all those with an interest in the operating model were able to contribute to its development, a wide-ranging engagement process was undertaken to gain views, thoughts and ideas on the draft model.

ICB operating model – What will it describe?

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How we deliver our objectives within the integrated care system

How we make decisions – and who makes them

How we deploy our people and resources to support decision making

How we assure ourselves that we are meeting our objectives

Integrated design approach

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1

Initial draft top tier governance, functions & decisions map & 'straw man' functional alignment documents drawn up.

2

CCG AOs took a lead in ensuring CCG Governing Bodies, staff, local stakeholders, patient groups, other NHS and Local Authority colleagues were involved in the engagement process.

3

Meetings and briefing sessions were held in the first three weeks of March - very broad ranging and substantial in number.

4

Feedback from those sessions has been collated using a survey monkey questionnaire. Additional information has also been submitted separately at organisational level, service directorate level and as well as from external partners such as Healthwatch.

5

Leads from across CCGs supported the ICS programme team to consolidate and distil feedback and draft a number of key documents that make up the operating model. The draft model has also been tested with staff from across the system.

Operating model definitions

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Term	Meaning
ICS	The geographical area - e.g. the North East and North Cumbria - in which health and care organisations work together through the following bodies.
ICB	The statutory NHS organisation that replaces our 8 CCGs, taking on their previous responsibilities to plan and deliver healthcare across the 13 upper tier local authorities (our 'places') in the ICS area. The ICB will delegate many of its functions to place level.
ICP	A joint committee of the ICB and the 13 constituent local authorities responsible for developing an Integrated Care Strategy built up from the needs assessments from each of our 13 places – that the ICB and the local authorities must 'have regard to' in planning and delivering services

Operating model definitions

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Term	Meaning
Function	Functions enable, underpinning and cross-cutting capabilities that we need to have in place to deliver our services, e.g. commissioning or quality. They deliver core functions that interact with multiple services across the organisation. Functions are mostly internal-facing but some have an external-facing element, for example how we engage with our partners, patients and the public.
Team within Teams	Many of our ICB staff will be deployed to support the 13 geographic places in the ICB, or may work at scale. As well as working in geographical teams, they will also be part of functional or professional groups, such as Corporate Services, Nursing, Finance, etc. This approach will enable effective professional development, career progression and support as well as enabling strong multi-professional team working to gain and share insight, skills and expertise.

Operating model definitions

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Term	Meaning
Place based partnerships	Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. They involve the Integrated Care Board, local government and providers of health and care services, including the voluntary, community and social enterprise sector, citizens and communities, as well as primary care provider leadership, represented by Primary Care Network clinical directors or other relevant primary care leaders.
JMEG	Joint Management Executive Group – task and finish group made up of NHS and Local Authority Leaders set up to help with the development of the ICS and ICB.
Place-based working	Teams deployed across the 13 geographic places within the ICB to deliver place priorities working within place-based partnerships.

A new operating model to deliver the ICB strategy

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Why are we changing?

Strategic aims & principles

What needs to change?

Why are we changing?

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In order to become a thriving ICB, the following guiding principles for ICB development were 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

ICB operating model – key development principles

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Maximise opportunity for standardisation in the interests of efficiency

Subsidiarity based on the consideration of standardisation and efficiency

Arrangements must be affordable and within running costs

Ensure simplicity and clarity on accountabilities to the ICB

ICB strategic aims

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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 citizens.

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.

What needs to change?

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The strategy will be refreshed by the ICP during 22/23

Vision/Ambition

To drive at pace improvements in health and care outcomes for citizens, working with our communities, partner organisations and our staff to deliver high quality, safe and sustainable services

Strategic Aims	Improve outcomes in population health and healthcare	Tackle inequalities in outcomes, experience and access	Enhance productivity and value for money	Help the NHS support social and economic development
Strategic Objectives				
Population Health	Establish a collective health and care strategy which has preventative care and addressing health inequalities at its core.			
Commissioning for integrated care	Create a citizen-centric approach to health, care and support needs. The system will enable locally-led integrated services to flourish, through taking a long-term preventative and joined up approach to commissioning and ensuring care pathways are designed for the benefit of all.			
Provider collaboratives	Proactively seek to build relationships to bolster collaboration between all partners, recognising the role of primary care and other gateways into the health system.			
Workforce	A system wide productive and sustainable workforce through coordinated workforce planning, effective implementation of the people strategy and a shared set of principles for Equality, Diversity and Inclusion in doing so, explore innovative ways to recruit and retain staff and provide them with the skills and tools they need and encourage new ways of working.			
Finance	Empower places with appropriate allocation of resources and decision--making authority. NENC ICS will take a system-wide approach to financial planning and driving the maximum benefit from the systems economies of scale.			
Data and Digital	Develop a new 'system architecture', becoming a trailblazer in digital maturity of our partners leading to collaborative approaches to innovation through the use of robust analysis resulting in improvements in workforce planning, clinical leadership and new digital solutions.			
Sustainability/ Net Zero	Engage with partners to develop and work towards a consistent implementation approach for its sustainability strategy with the aim of achieving net zero status. The strategy will define and track against corresponding measures of success to ensure partners are accountable for progress. We will ensure a focus on economic and social policy is central to this approach.			
Innovation and Research	Maximise the leverage and scale of the ICS, its assets, partners and expertise in being in the forefront of clinical research and innovation, sharing good practice and fostering a culture of continuous improvement to ensure its populations have access to the next generation of treatments and procedures through collaboration with other sectors and expert partners.			

Enablers

- People and Organisation
- Operating model, policy and processes
- Health and Care Strategy
- Evidence-based decision making
- Quality standards and coded medical data
- Prevalence and population data
- Research Development and Innovation

Service model

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How will we change?

Phased approach

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How will we change?

The what we will do is driven by the strategy

The how we do it is the operating model

The ICB will be designed around the functions we support and deliver

- ✓ Enable our services to run smoothly and efficiently, we will have functions that are delivered at place, functions that are delivered at system level and cross-cutting functions which will interact and support multiple services.
- ✓ Both our services and functions will be based around the outputs and outcomes we need to deliver for the population we serve.
- ✓ Outcomes for the population will be the result of changes we have implemented, for example improving pathways or services within primary care.
- ✓ Continue to run projects and programmes to develop new ways or change existing ways of working, pathways or services and functions to improve population health.

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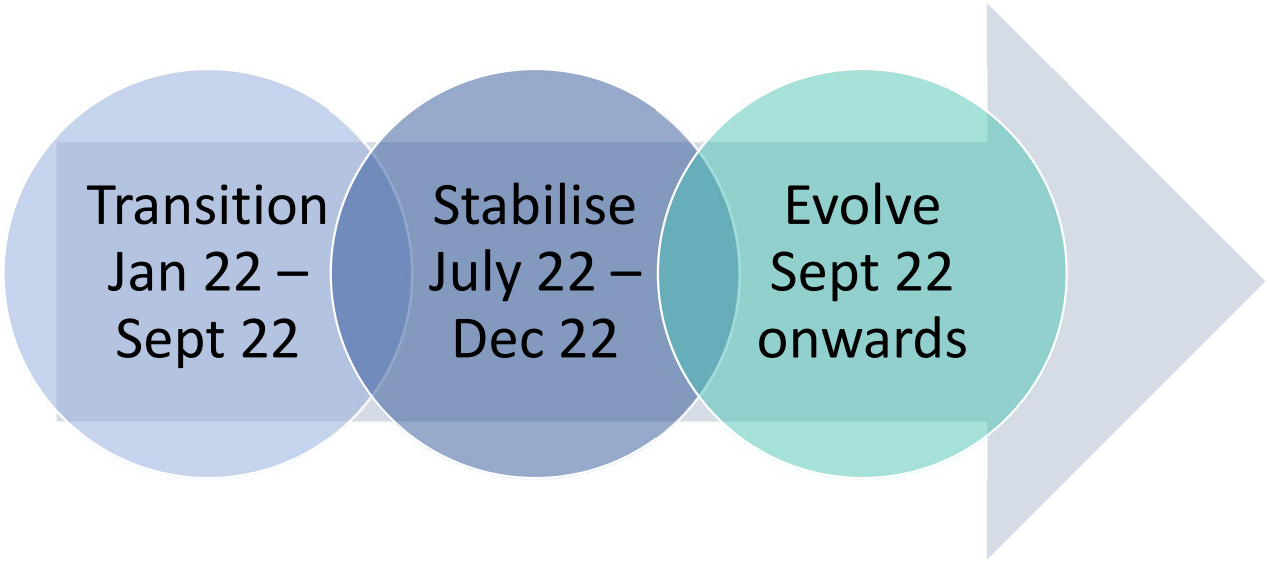
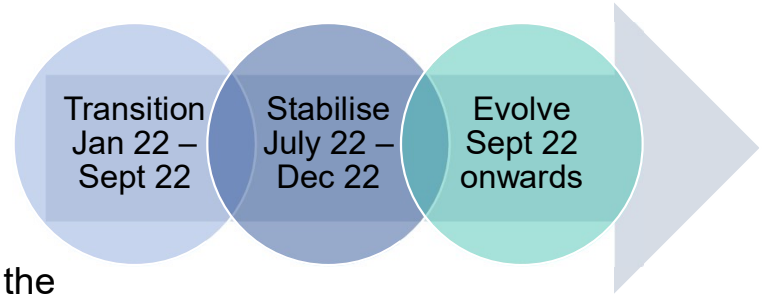
Phased Approach

The ICB will move through three key phases as it embeds the operating model and new ways of working.

Although each phase is shown as distinct from one another, different parts of the ICB will move through these phases in different ways with aspects overlapping as we develop and mature as an organisation.



Transition phase



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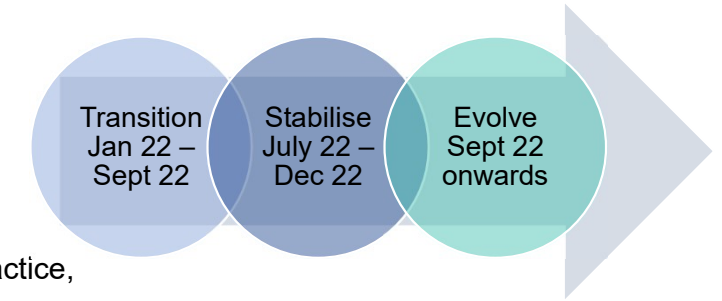
Assistance:	To each executive director both at place in the discharge of their duties and in the decisions they need to make in the absence of formally constituted local committees (until 2023)
Support:	To staff to continue their valued work
Review & adopt:	The processes that support the delivery of the key objectives
Retain:	A strong focus on partnership working at place and manage the day-to-day interface with local partners including local authorities, primary care providers and local communities
Continue:	With the work we have started locally to improve health and care outcomes for citizens
Identify:	New areas of work and explore new ways of working
Develop:	Staff skills and explore new ways of working
Strengthen:	Capability within the system supported by robust business intelligence and new performance assurance methods
Implement:	The necessary processes, procedures and training to ensure the ICB can fulfil it's duties as a Category 1 responder for Emergency preparedness Resilience and Response

Stabilise phase



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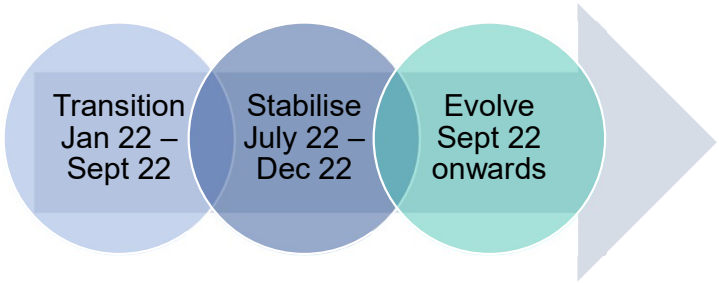
Consolidate:	Continuing to develop our place structures to ensure stability and continuity of key place-based functions, building on existing good practice, whilst continuing with local engagement and decision-making forums
Review:	ICB committee roles and structures, and the governance of our ICS workstreams, with our Executive Directors as they are appointed
Identify:	Health and care needs of local populations, supporting local partners in identifying solutions in tackling wider detriments of health
Determine:	What our measures of success will be within a defined assurance framework underpinned by defined metrics and expected benefits
Accountable:	Ensuring that our HWBs maintain their key role in setting the priorities for place-based working, and in shaping our strategy through the ICP as we evolve
Establish:	Working partnerships with Provider Collaboratives on addressing immediate issues such as waiting list initiatives, productivity in urgent care etc.
Continue:	To work with each of our places to understand their aspirations for place-based working and ensuring we will jointly meet the expectations set out in the White Paper by 2023. This will include the development of a route map to formal place governance by 2023
Define:	Our Memorandum of Understanding with NHSE and with the Provider Collaborative for how we work together to deliver for NENC
Develop:	Place-based arrangements for 2022-3 that will, amongst other things, allow us to continue to jointly commission with LAs, focus on primary care development, meeting the needs of local populations and ensuring that local quality and safeguarding issues are managed effectively
Engage:	Listen to our staff and keeping staff informed and engaged at all times

Evolve phase



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Communicate: Being clear on our strategic aims, priorities and areas of improvement we are trying to achieve together

Articulate: The culture, values and the behaviours within the ICB that will create that right conditions for our staff to flourish and to deliver for our population

Foster: Effective strategic and clinical leadership, nurturing strong relationships among system partners

Develop: With place-based health and care systems the 'Roadmap' towards integration that sets out how we will achieve our commitments towards the triple aim of better health for everyone, better care for all and efficient use of NHS resources

Build: Strong and sustainable place-based systems underpinned by robust ICB data platforms that supports and enables integration

Continue: To work with NECS as our strategic partner - Collaborate and co-design the future NECS service offer aligned to the needs of the ICB reviewing opportunities to harmonise the offer and consider where activity can be streamlined for the ICB as a single organisation

Plan: Working with our Provider Collaboratives to plan, deliver and transform services that engenders new ways of working effectively at scale, improves system resilience and identifies opportunities to tackle unwarranted variation and inequality in health

Work together: Collaborate with NHSE – to ensure any devolved functions transition smoothly to the ICB

Evolve: Evolve: The core partnership with the ICP in supporting the development of the ICP Integrated care Strategy. There is a national expectation that ICBs will support their ICPs during 2022/23 to develop and agree a 5-year strategy. Drawing on their ICP strategy, ICBs are, by April 2023, required to agree and publish their 5-year plan . During July 2022, the ICB agree the process for the development of the ICP strategy and ICB 5-year plan; place-based plans and enabling strategies (e.g. People, Digital, Financial). The ICB aims to complete the strategy refresh process by the end of December 2022 and the ICB 5-year plan by March 2023

Engage: Communicating, engaging and involving our staff, partners and the public at all times

Governance & accountability

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- ICS system governance
- ICB governance
- Key functions of the ICB
- ICB operating model – governance
- ICB Sub Committees & Groups

ICS System Governance

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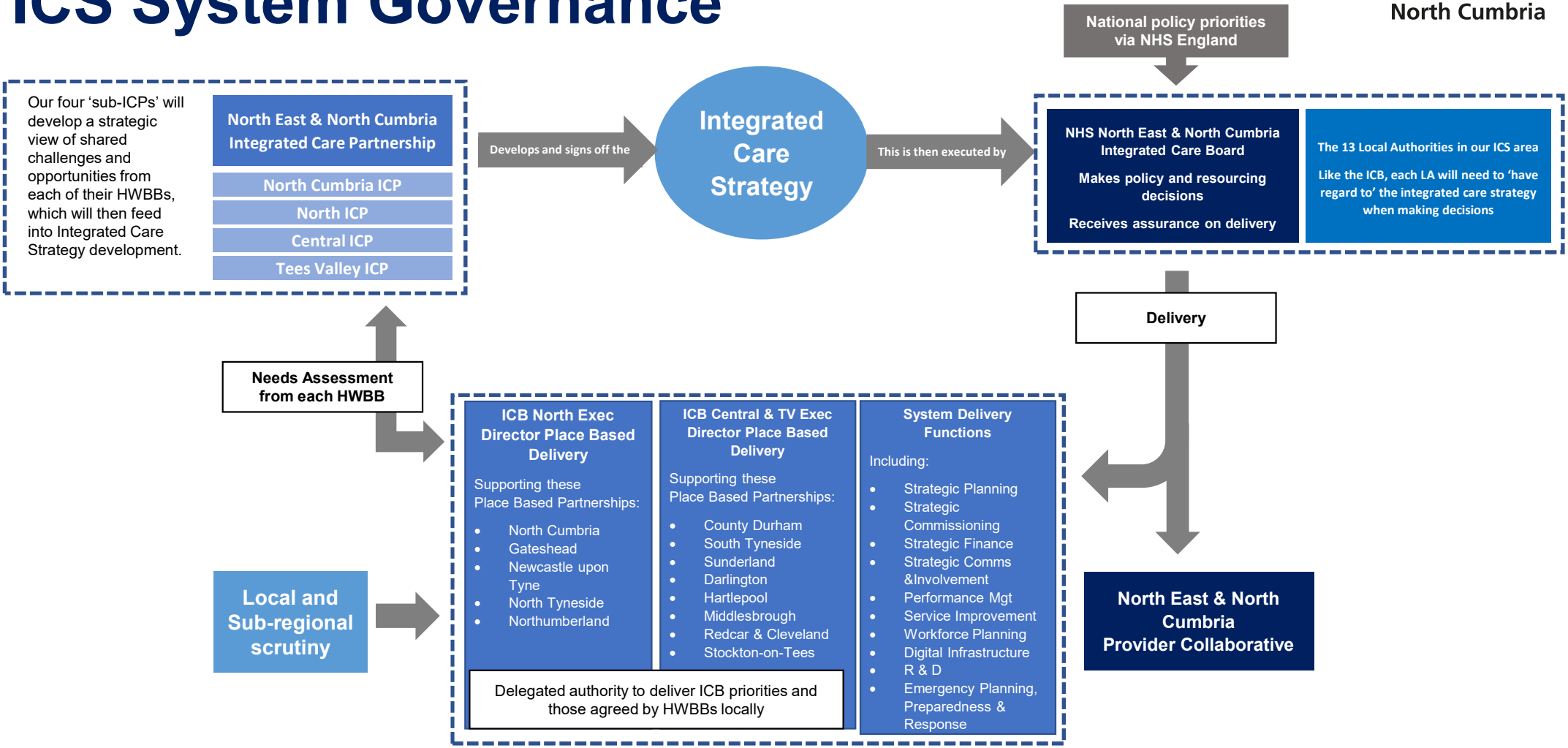

ICB Governance

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The ICB is established by order made by NHS England under powers in the 2006 Act

The ICB is a statutory body with the general function of arranging to provide services for the purposes of the health service in England and is an NHS body

The ICB must have a Constitution, which must comply with the requirements set out in the Acts Schedule which is published

Standing orders– set out the arrangements and procedures to be used for meetings and the selection and the processes to appoint the ICB committees

The ICB Governance Handbook– This brings together all the ICB's governance documents

Documentation can be found in our ICS website Home | North East and North Cumbria ICS

ICB Governance

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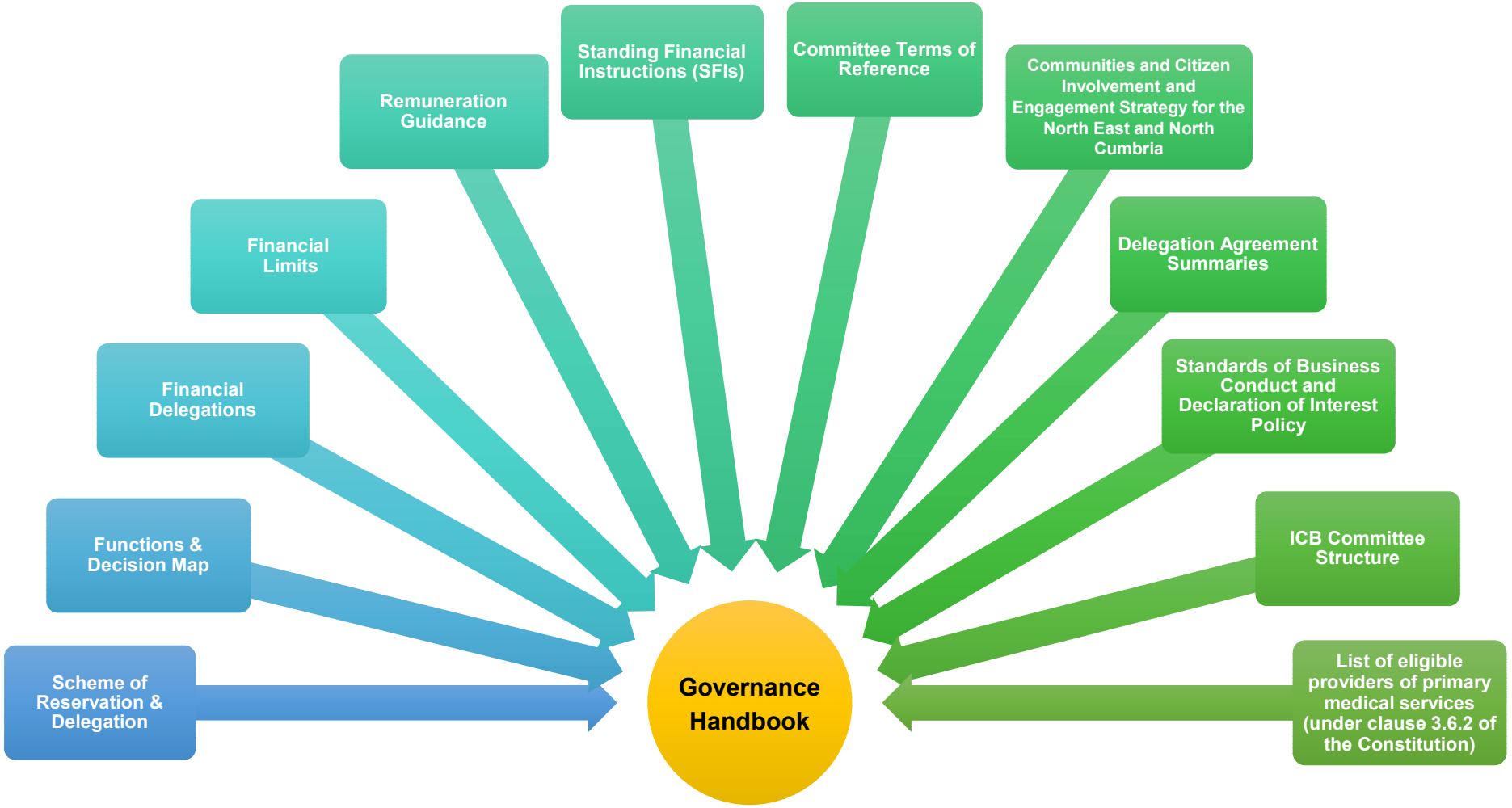

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Key functions of the Integrated Care Board

Developing a plan to meet the health needs of the population

Allocating resources (revenue and capital) to deliver the plan and agree contracts with providers

Establishing **joint working** and **governance** arrangements between partners

Leading **major service transformation programmes** across the ICS

Implement the **NHS People Plan**

Leading system-wide action on **digital and data**

Joint work on **estates** and **procurement**

Leading **emergency planning and response**

Integrated Care Board - membership

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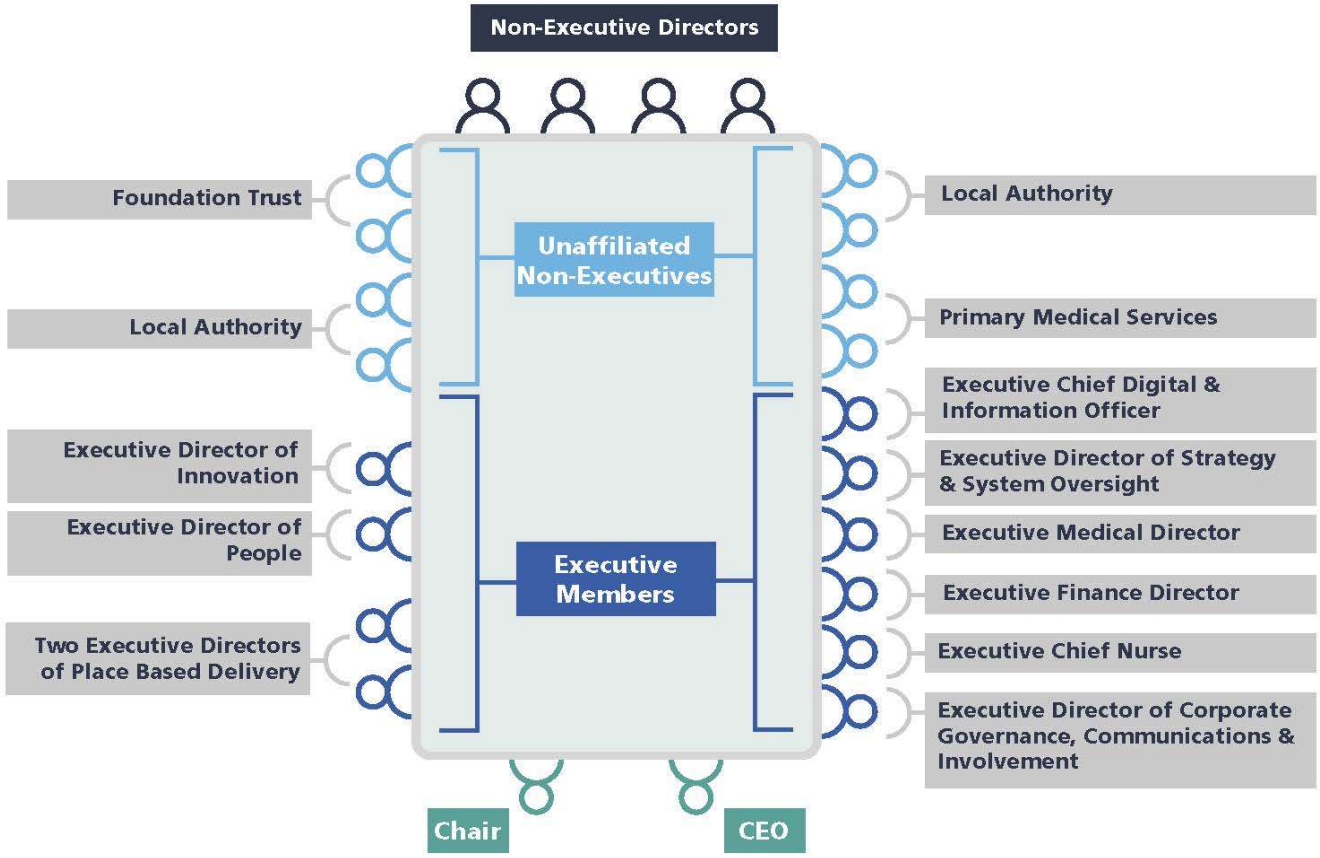
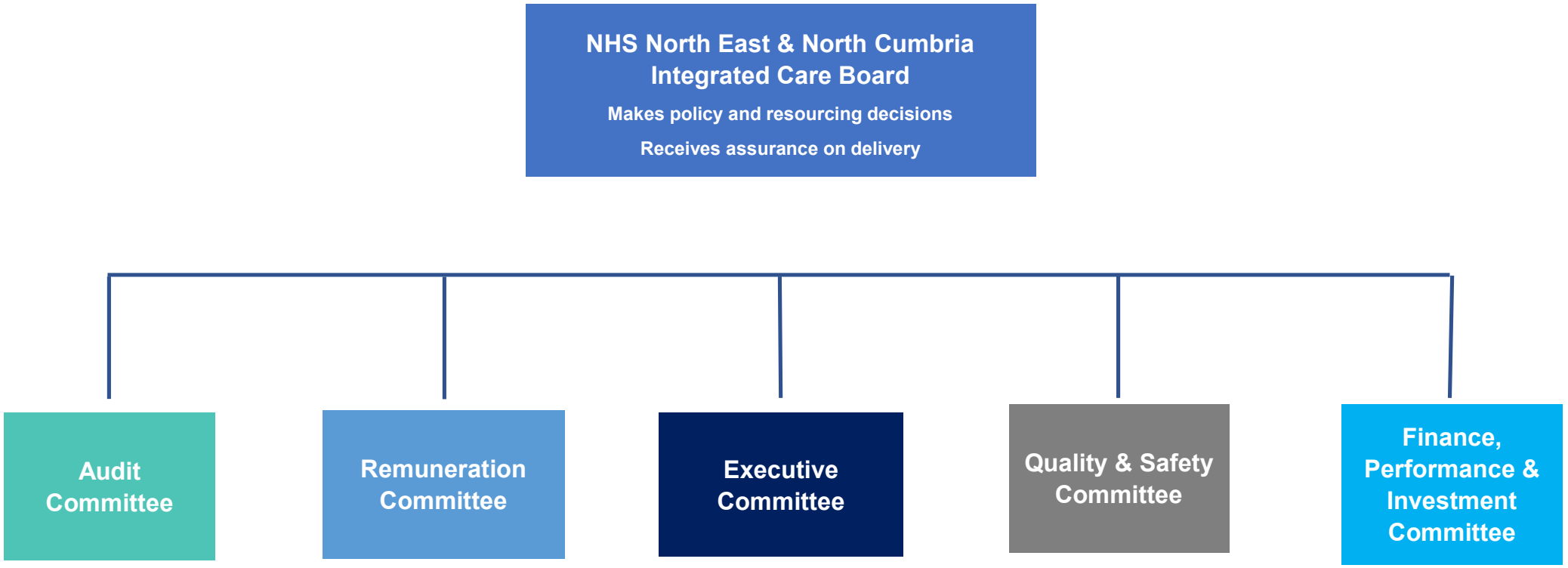
Membership of the ICB (referred to in the constitution as “the Board” and members of the ICB (referred to as “Board Members”) consists of:

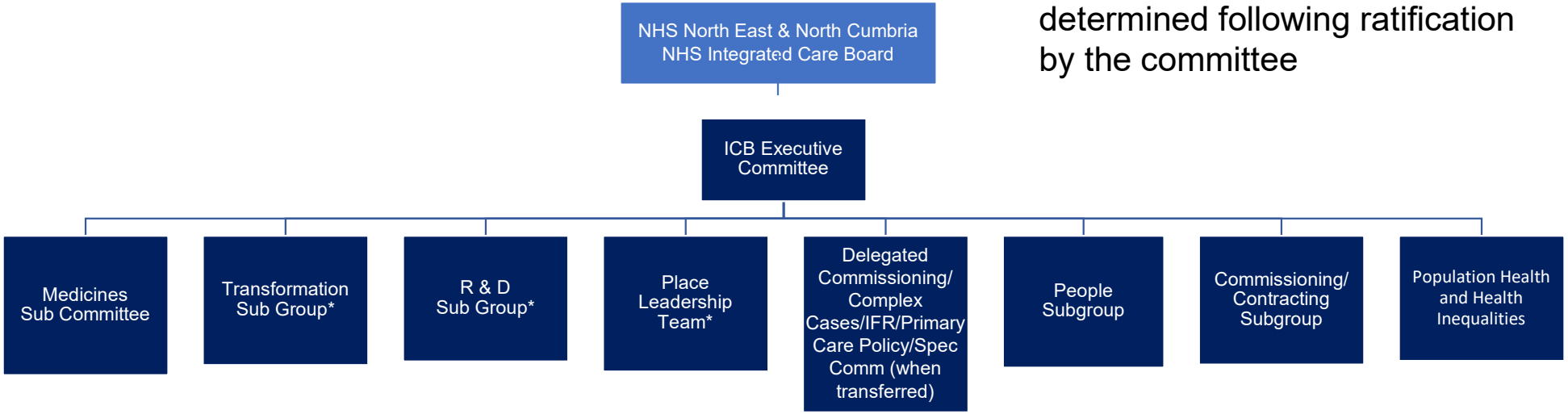
- The ICS Independent Chair
- The ICS Chief Executive
- Eight Ordinary Members (partner members):
- 4 Local Authority members
- 2 Foundation Trust members
- 2 Primary Medical Services members
- Four independent non-executive members
- Eleven Executive Members



ICB operating model – Governance



Executive Governance



Further sub-committee's to be determined following ratification by the committee

* Acting under Delegation/Autonomy to meet 'in common' or similar where this makes sense to do so i.e. to support integration / joint working

ICB Quality and Safety Governance

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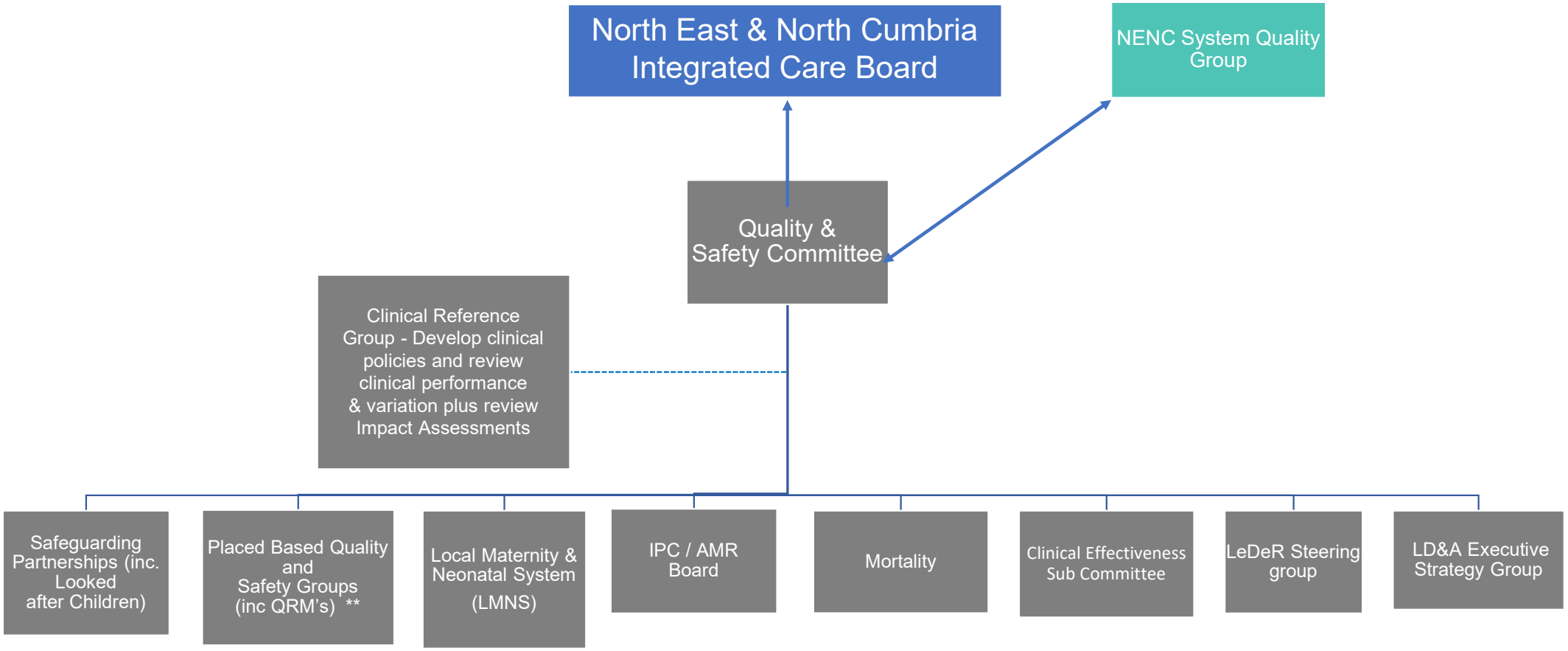
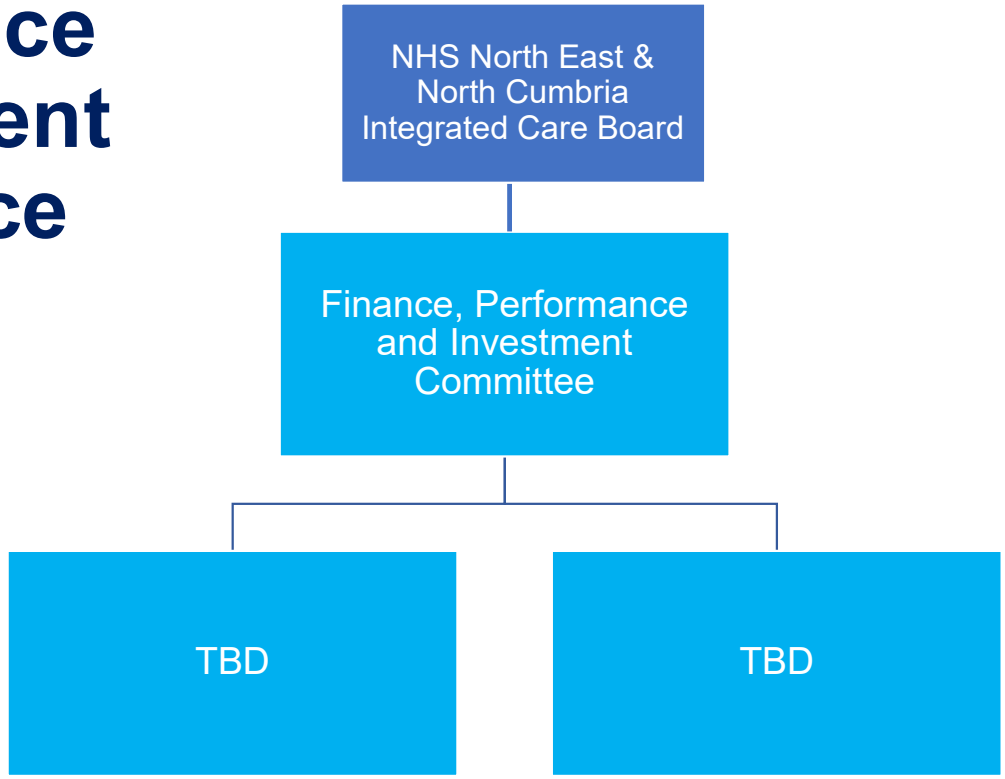


** nb current structures vary, some are place based and some cover multiple places

Finance, Performance & Investment Governance



Renumeration Governance

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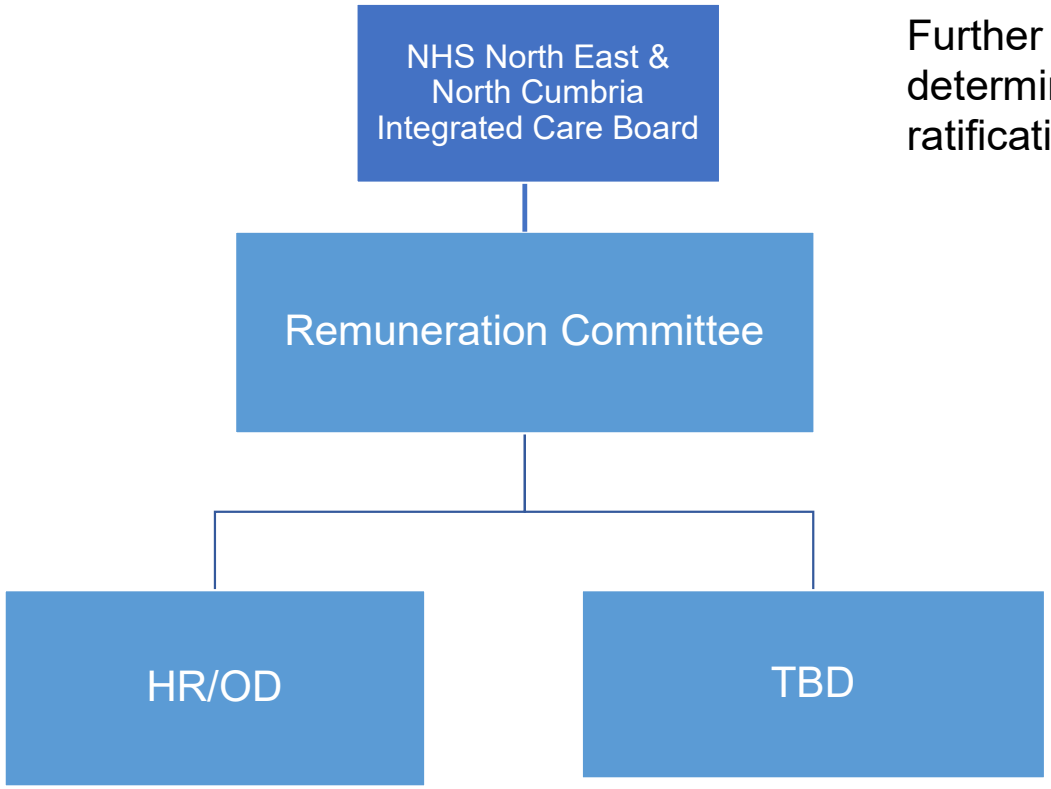

Further sub-committee's to be determined following ratification by the committee

Audit Governance

Any sub-committee's to be determined following ratification by the committee

Leadership

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ICB executive leadership roles and responsibilities

ICB senior leadership structure

ICB executive leadership roles and responsibilities

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ICB Executive Leadership roles and responsibilities

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Leadership Role	Key roles and responsibilities	
Executive Director of Strategy & System Oversight	System oversight and coordination of all ICB operational plans and strategies. Will take the lead role working with other Exec Directors on ensuring the ICB has all relevant strategies and plans to ensure the ICB meets its statutory objectives. Capacity planning (winter and other pressures) EPRR. (Board level emergency accountable officer re EPRR) ICS performance and assurance – including building the framework to achieve this, leading development of a single version of the truth. Responsible for maintaining contract tracker. Provider collaborative MOU/ongoing link. Lead for major service reconfiguration	Support provider collaborative development & governance. Lead development and coordinate delivery of LTP requirements. Health and care strategy – linking with ICPs. Monitoring of effectiveness of strategies (particularly re reducing inequality) Lead CSU contract, coordinating specific functions led by exec directors. Act as customer owner on CSU Board. Interface with NHSE/I and oversight framework (upward assurance, annual MOU agreement). Stakeholder relationship management.
Executive Director of Finance	Financial strategy. Financial Planning. Financial performance and Budget management. Capital planning. Estates. Prep of annual accounts. Financial Risk management. Engaging external audit. Leading internal audit.	Procurement. Financial delegation and SoRD. Environmental Sustainability - Carbon Reduction Counter fraud champion (strongly desired not actually statutory) Responsibility for EPRR as a category 1 responder

ICB executive leadership roles and responsibilities

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Leadership Role	Key roles and responsibilities	
Executive Chief Digital & Information Officer	Digital transformation strategy. ICB SIRO Progressing 'what good looks like framework'. Integration of digital developments across partner organisations. Digital Data and technology strategy. Cyber security plan. Identifying and facilitating the adoption of new digital solutions and developing partners to do so.	Support the development of digital capability and capacity across the system. Information management. ICT and GPIT (oversight and commissioning role). Business intelligence. Target State Architecture and Digital First Primary Care. Support/identify CCIO and CNIO Poss requirement of a CIO (not stat for CCGs but could become so as ICB) Responsibility for EPRR as a category 1 responder
Executive Chief People Officer	Delivery of People Plan and People promise. HR management and recruitment, selection and induction (contract with CSU). Strategic workforce planning Organisational Development: – leadership development - Board development - talent management / succession planning - culture and values. - performance and appraisal processes. ICS workforce planning & development – liaison with HEE and provider orgs. Equality and Diversity.	WRES – reporting and lead officer Academic /employer partnerships Staff survey (including publication). Represent ICB on Leadership Academy Board (NELA) and lead ICS Leadership & Talent Board. Trade Union/staff side liaison. Collaborate with partners in education, employment, volunteering etc with focus on social justice and equality and diversity. Fit and proper persons regime. Oversee all HR workforce issues including performance escalation; staff complaints etc. Lead the ICS Leadership and talent board Responsibility for EPRR as a category 1 responder

ICB executive leadership roles and responsibilities

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Leadership Role	Key roles and responsibilities	
Executive Director Corporate Governance, Communications & Involvement	Risk management process Equality and diversity (stat but WRES in CPO) DSP toolkit and Records management (Stat function). Complaints and Fit and proper persons regime (under people? FOI policy and response/subject access requests. Data protection Officer (supported by NECs) and COI policy and reporting and MP queries. Leading all aspects of internal and external communications and stakeholder management. Ensuring effective networks operate across the region and promotion communications best practice.	Coordination of place-based comms approaches and reporting. Public Affairs management. Develop and lead innovative engagement processes (PPI) supporting e.g. service reconfiguration. Statutory engagement requirements. Development of 'citizen' leadership and community engagement approach and delivery. Liaison/collaboration with VCSE and Healthwatch. Annual Report co-ordination (working with finance. (Statutory.) Maintaining governance handbook and constitution. (Statutory) Responsibility for EPRR as a category 1 responder Coordinate Stakeholder relationship management
Executive Director of Innovation	Collaboration with research & innovation community - universities, ARC, AHSN ICS representative. R&D statutory functions. Research & Innovation strategy. . Support clinical service transformation. Development of provider collaborations including Liaison and collaboration on service improvement.	Benefits realisation/R&D impact assessment. Knowledge management. RD workforce development approaches. Development of pipeline of innovation products and approaches in collaboration with other sectors and securing external investment and Intellectual Property Responsibility for EPRR as a category 1 responder

ICB executive leadership roles and responsibilities

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Leadership Role	Key roles and responsibilities	
Executive Director of Place Based Delivery (Central and Tees Valley) and (North Cumbria and North)	Partnership leader and convenor. Discharge of all place-based commissioning activities (MH/LD, Acute, Community services, PC – See later). Local pathway development linked to main acute contracts, and integration with PC. Support clinical service transformation around place. CHC and individual packages of care inc S117, joint commissioning integrated commissioning or care home/domiciliary care care specialist services (S75 agreements) HWBB membership. JSNA with LA.	Integration - LA Support local approaches to population health management. Procurement, service planning, contracting, contract management at place and across key strategic areas. Primary care commissioning (devolved NHSE/I). Coordination of inputs from strategic functions across the ICB and cohesiveness with ICB strategy. Development of lead provider arrangements/new approaches. Oversee performance at place level. Responsibility for EPRR as a category 1 responder
Executive Chief Nurse	Senior nursing leadership across the ICS. Clinical quality improvement and assurance with CMO. Quality improvement and Safety strategy. Professional accountability for ICS employed nurses and AHPs. Support CMO with development & delivery of clinical strategy. Infection, prevention and control. Safeguarding CHC and individual packages of care inc. S117 (clinical specification).	Collaboration with LAs to support care home quality improvement and agree joint funded packages of care. Support the development of the primary care nursing and the care workforce. Designated Adult Safeguarding lead Designated Looked after Children lead Designated Safeguarding children. Designated Medical (or clinical) Officer – children Named GP for safeguarding Responsibility for EPRR as a category 1 responder

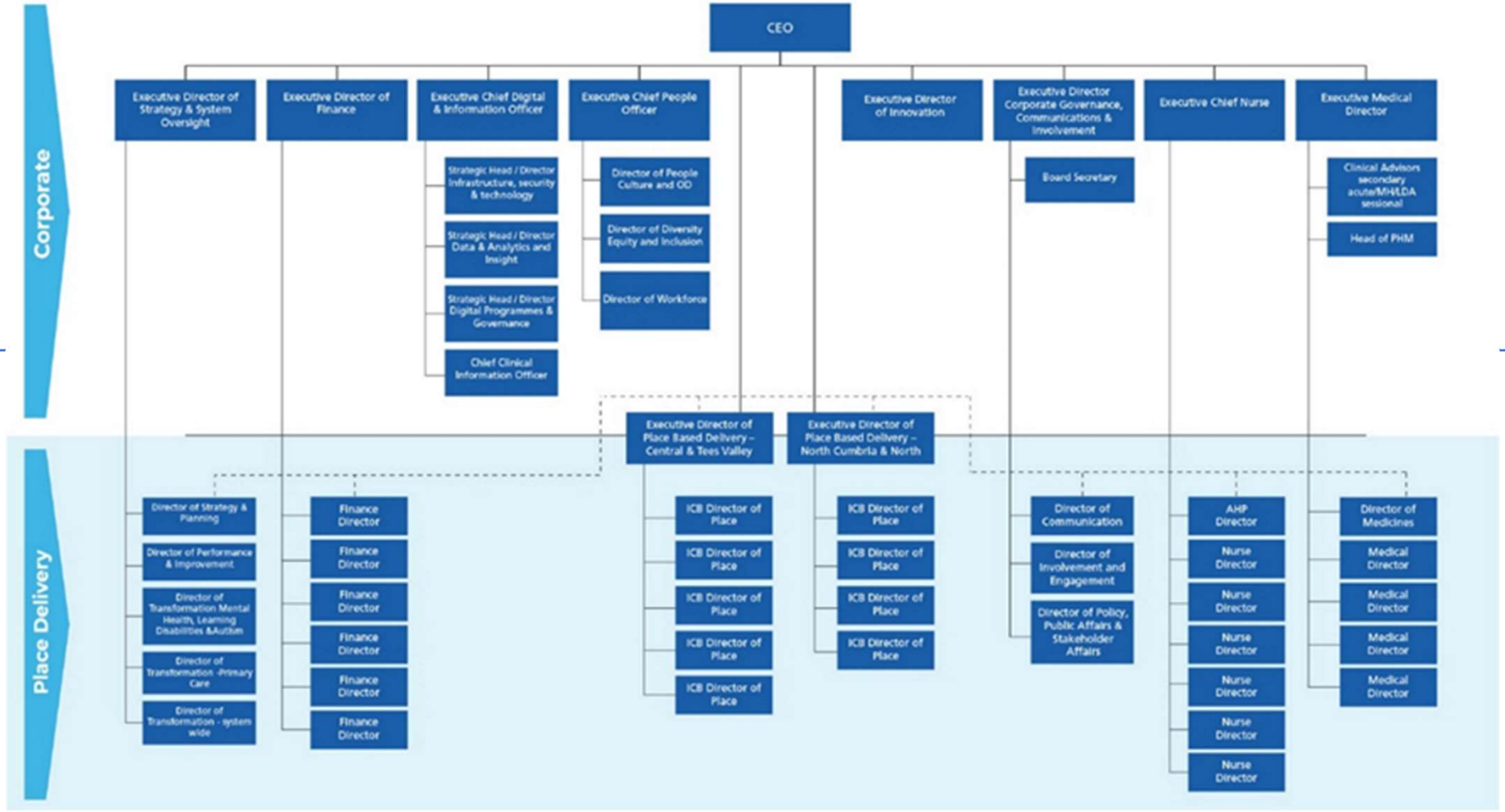
ICB executive leadership roles and responsibilities

NHS North East & North Cumbria

Leadership Role	Key roles and responsibilities
Executive Medical Director	Caldicot guardian (could also be the nurse who does this). ICB Clinical strategy. Clinical network leadership. Clinical workforce development plan with CPO. Clinical qual improvement and assurance with CNO. Clinical outcome data review/link with Population Health Management. Link with Senate. Support NHSE medical director with matters relating to professional performance of clinicians however the statutory responsibility sits with NHSE NICE standards and ICS strategy. Mentoring and support for clinical leaders. Professional accountability for ICS employed medics and pharmacy/meds optimisation staff. GIRFT / Model Hospital. Population Health Management Oversee the IFR process and ensure there are adequately trained decision makers within the system to administer the agreed VBCC policies. Responsibility for EPRR as a category 1 responder

ICB senior leadership structure out for consultation

NHS
North East & North Cumbria



Functions and decisions

NHS
North East & North Cumbria

Purpose

Functions and decisions map

Functions and decisions

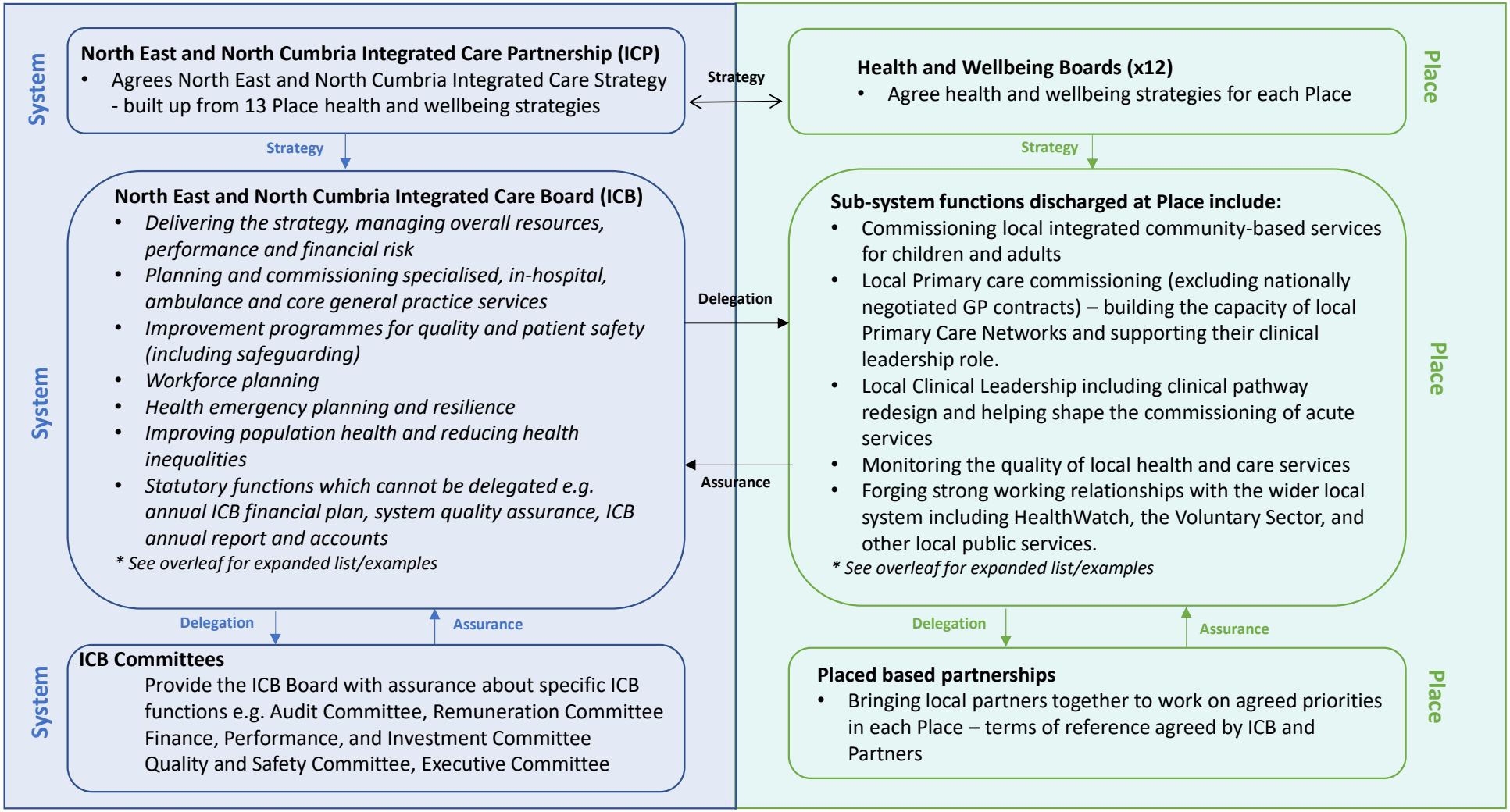
NHS
North East &
North Cumbria

A requirement of each ICS in the country was to develop a functions and decisions map as part of it's process towards transitioning from CCG's to an Integrated Care Board.

The schematic describes:

- the relationship between system and place in terms of strategy development and its delivery
- how responsibility for delivery is delegated and how good governance is assured.

ICB functions and decisions map



ICB functions & decisions map

NHS
North East & North Cumbria

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
- 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).
- Local Primary care commissioning (excluding nationally negotiated GP contracts) – 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 Voluntary Sector, and other local public services.

ICB functions & decisions map

NHS
North East &
North Cumbria

In addition, there are formal place-based joint working arrangements between the NHS and Local Authorities which will also be part of the Integrated Care Board 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 through, e.g. the Better Care Fund 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.

* *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*

ICB system and at scale working

NHS
North East & North Cumbria

- Strategic partnership with NECS
- Emergency Planning, Resilience & Response
- Collaboratives
- What will be delivered at scale
- Functions at scale

NHS
North East &
North Cumbria

ICB and NECS strategic partnership

The strategic partnership

Our shared purpose is the deliver the triple aim of improved population health, improved experience of care and at a reduced cost.

The ICB and NECS will work collaboratively to:

- Build new partnerships to better meet the health and care needs
- Improve the coordination and quality of these for patients
- Provide the insight that will underpin the plan for improving population health and reducing inequalities
- Share the risks that might prevent us from achieving our strategic objectives together.

ICB and NECS strategic partnership

NHS
North East &
North Cumbria

The role of NECS in the transition year for the NENC ICS will be to:

- Provide stability and reliability in critical service areas
- Offer a reference point for what might best be delivered at scale and at place
- Make available agile and flexible people resource to help the ICB manage unpredictable demands through the year, e.g. elective care restoration and delayed discharge
- Accelerate the development and implementation of Population Health Management
- Collaborate and co-design the future NECS service offer aligned to the needs of the ICB reviewing opportunities to harmonise the offer and consider where activity can be streamlined for the ICB as a single organisation. Ensure the ICB gains maximum benefit from digital innovations both generated from within NECS and through its commercial partnerships
- Present learning, best practice and privileged insight gained from the work of NECS for Regional, National and International customers

ICB – category one responder under EPRR

NHS
North East & North Cumbria

The ICB is a category one responder for Emergency Preparedness Resilience and Response (EPRR) under the Civil Contingencies Act (2004).

This means the ICB has a very different and more significant set of statutory responsibilities for EPRR than CCGs has which were Category 2 responders. This role could be anything from dealing with extreme weather conditions to an infectious disease outbreak, a major transport accident or a terrorist act - scenarios which all NHS organisations must be ready to respond to.

Reporting to the Accountable Emergency Officer who is the Executive Director of System, Strategy and Oversight an ICB 'Corporate EPRR and System Resilience Team' will:

ICS Strategic Role:

- Provide strategic direction, oversight and coordination to ensure appropriate systems and processes are in place to enable the implementation of the EPRR strategy and support local systems in order to ensure integration, collaborative working and infrastructure (such as linking with NHSE regional EPRR team and coordinating LHRP).
- Coordinate the EPRR annual self-assessment across the ICB and developing an annual exercise/testing programme (which also includes strategic and tactical responder training to develop competencies and confidence) to ensure support systems, organisations and individuals are able to effectively discharge their EPRR functions and duties.
- Provide a role that works to each Executive Director of Place Based delivery to ensure EPRR functions are embedded and supported at place and across places.
- Develop regional policies and plans in line with the CCA, 2004 which would be difficult for single Area/Place based' systems to address in isolation. e.g. Mass Casualty Plan. They will also be responsible for providing support to the system during surge/escalation and incidents.
- Responsible for coordinating the second on call (Strategic ICB) and ensuring each Area has an up-to-date first on call rota (Tactical).

ICB – EPRR System Governance

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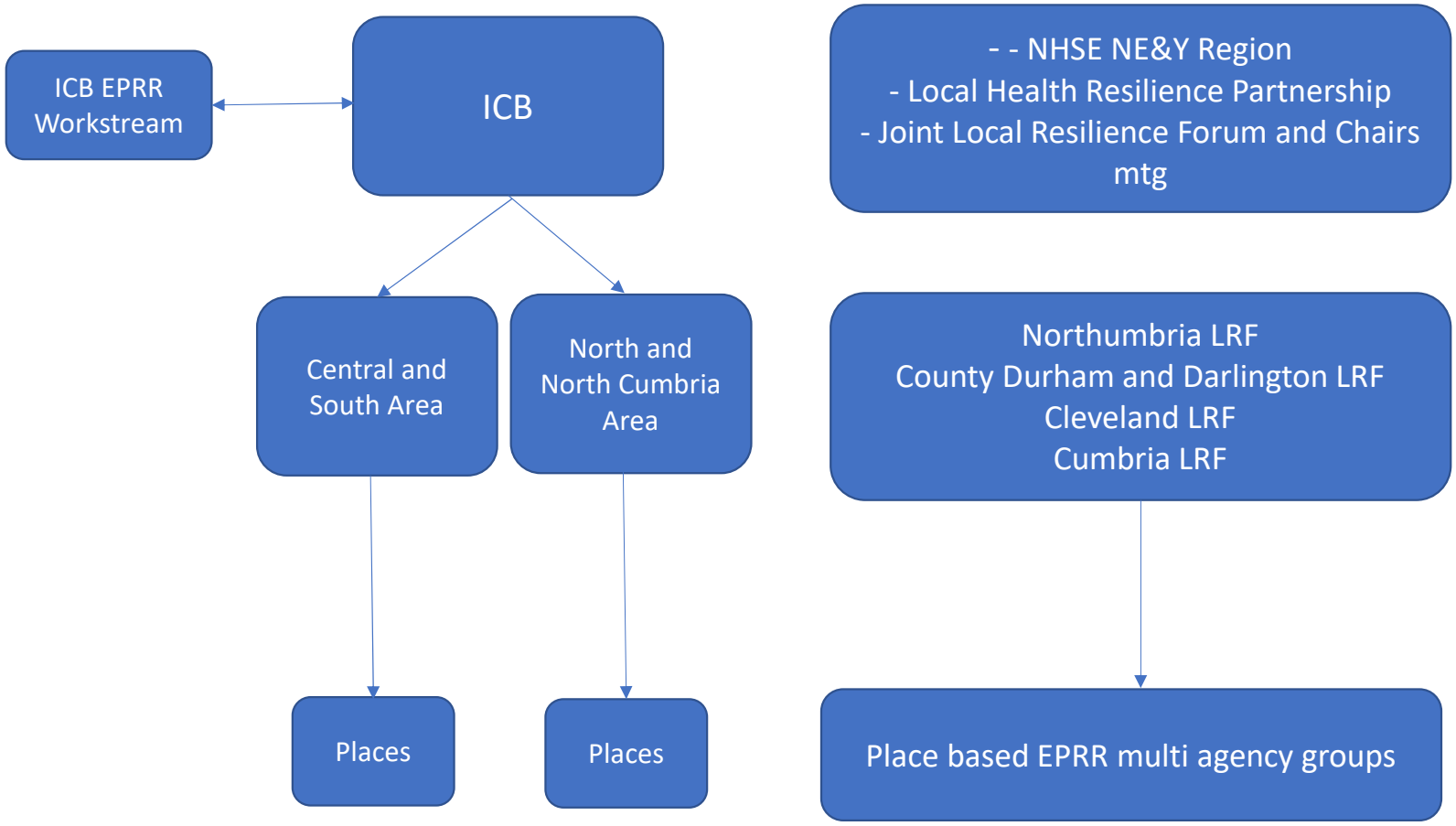
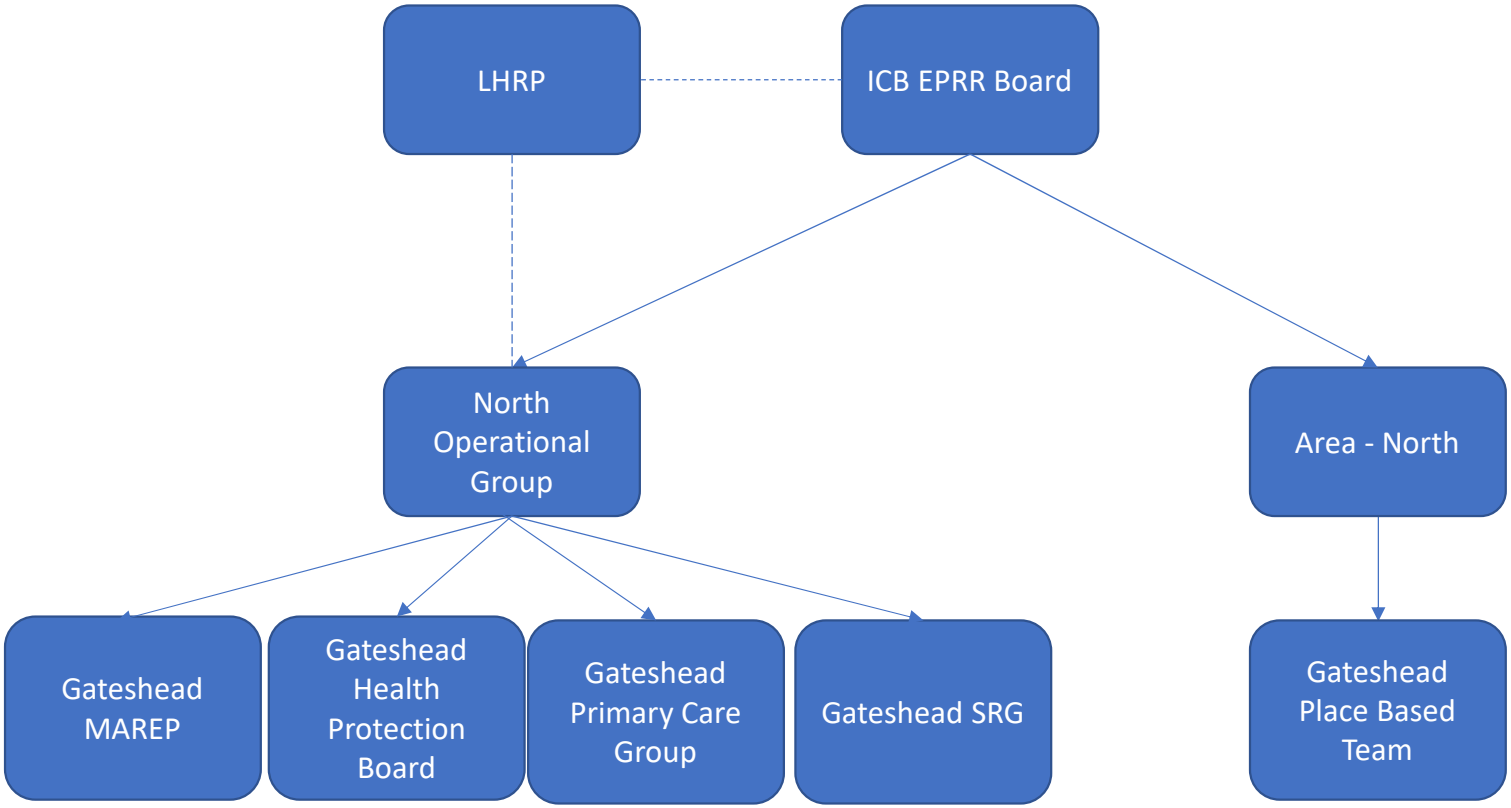
North East &
North Cumbria



ICB – EPRR Local Governance Example

NHS
North East &
North Cumbria



ICB EPRR Functions

NHS
North East &
North Cumbria

The ICB will:

- ensure it has oversight of all parts of the system (including Primary Care) to ensure the prioritisation of EPRR, Business Continuity and System Resilience.
- take a consistent approach when planning for and responding to a wide range of incidents and emergencies that could affect health or patient care.
- proactively manage provider relationships across and outside of the ICB to facilitate system working (e.g., with LRF's on cross boundary plans and responses or with out of area Ambulance Services);
- assess the risk of significant emergencies occurring within the ICB which would require mutual aid or patient conveyance to out of area providers and develop cross boundary plans to respond to these critical/major incidents.
- gain assurance (as part of the annual EPRR assurance process) that local systems and their organisations have prioritised EPRR and have plans in place to respond to identified risks which includes the support of capable and competent staff
- ensure that a co-ordinated and consistent approach to incident response is in in place within each local health and care system which can manage local incidents.

It is important to note that the coordination, leadership and strategy of the ICB will vary dependent on the location, type and level of any incident.

Collaborative Development

NHS
North East &
North Cumbria

FT Collaborative

Mental Health, Learning Disability and Autism

Primary Care

Collaborative development

NHS
North East &
North Cumbria

The ICS Design Framework defines provider collaboratives as a key component of effective integrated care systems.

In NENC ICS

- our 11 NHS providers are working together as an FT Provider Collaborative, working with clinical networks and alliances and other partners, to secure the benefits of working at scale
- we are developing a broad ranging MH, LD and Autism collaborative between the NHS, local government and other key stakeholders and partners including citizens who use our services.
- we are working with our Primary Care Networks and will be supporting them to develop a primary care collaborative working together at scale where appropriate.

This approach gives the a formal mechanism for collective decision making, coordinating action and taking forward programmes to improve health and care through collaboration without the Collaboratives being separate formal entities.

The Collaboratives will very much be an engaged and active partners of the ICB, helping deliver ICS requirements.

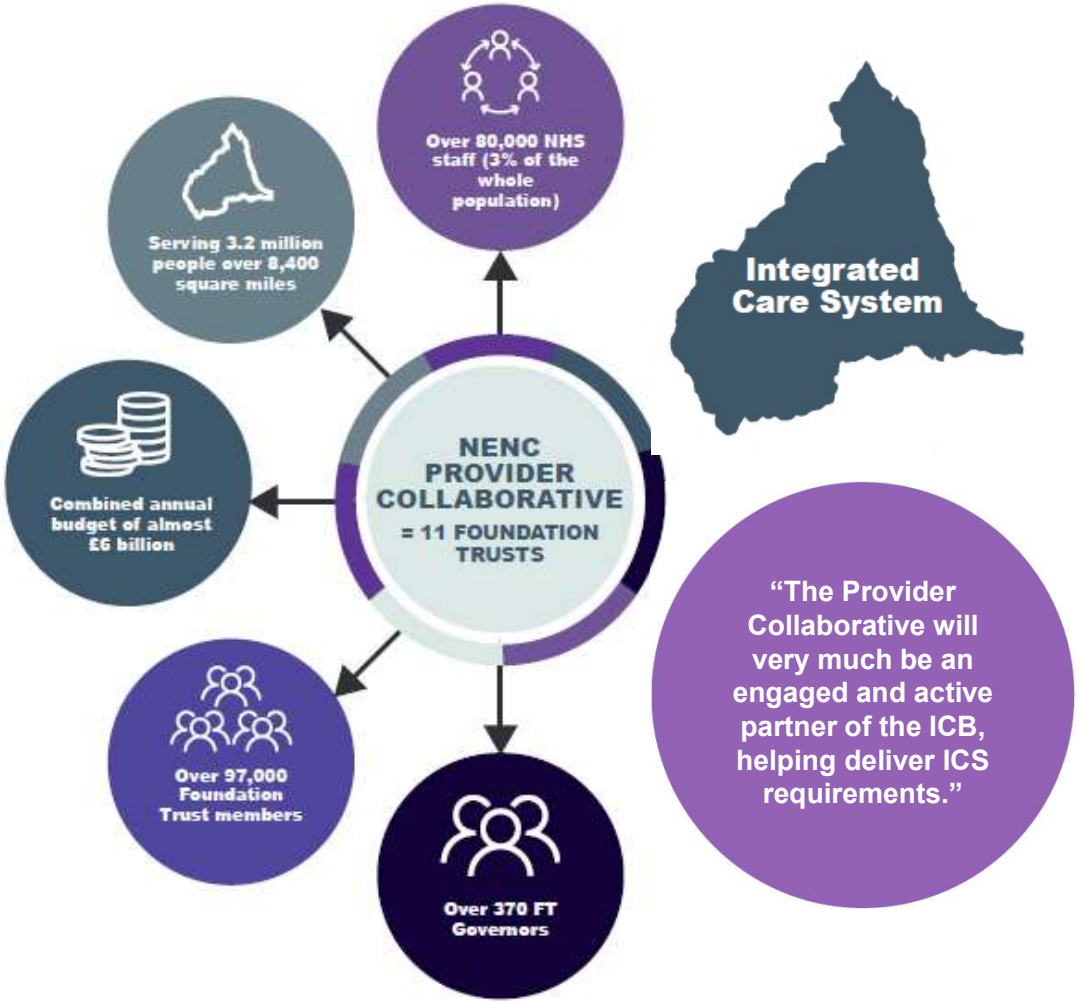
To work effectively together the ICB and the Collaboratives will agree responsibilities as to how we can best contribute together to the overall success of the ICS and meet the strategic objectives we all share.

NENC Provider Collaborative

NHS
North East &
North Cumbria

The North East and North Cumbria (NENC) FT Provider Collaborative is a formal partnership of all 11 NHS Foundation Trusts (FTs) in the region.

- It shares the same 4 strategic aims as the ICB.
- It provides a formal mechanism for collective decision making across all FTs on important 'whole system' issues. It will act on behalf of and take decisions representing the collective view of our 11 FTs, rather than being a separate formal entity.
- Specific areas of focus, work programmes and resourcing for 2022/23 will be jointly agreed and set out by the ICB and Provider Collaborative, documented in a Responsibility Agreement by the end of July 2022.
- The Responsibility Agreement between the ICB and Provider Collaborative will be reviewed at least annually.



NENC Provider Collaborative

NHS
North East & North Cumbria

Priority areas identified by the Provider Collaborative:

- action to deliver recovery, tackle long waits in elective care and develop longer term transformation solutions.
- action to bring the urgent care system back to pre-pandemic levels of performance and above.
- action to develop a strategic approach to clinical service development across the region including agreement around Clinical Networks and formal hosting and/or leadership arrangements.
- action for at-scale solutions to unwarranted variation / inefficiencies across FTs.

- Individual FTs will continue to play full roles within their relevant place-based partnerships, working closely with local communities and partner organisations

- Individual FTs will continue to work with each other in collaborative arrangements on a geographical or sectoral basis

The NENC Provider Collaborative will operate as a whole system collaborative when a response is best done once, at scale across multiple FTs.

The NENC Provider Collaborative will take collective responsibility for the delivery of agreed service improvements and standards across FTs. These will be agreed with the ICB

Mental health, learning disabilities and autism collaborative

NHS North East & North Cumbria

ICB and partners aim to develop a broad inclusive Mental Health, Learning Disability and Autism (MHLDA) Collaborative. We already have a strong track record of working together under the North East and North Cumbria Mental Health, Learning Disabilities and Autism Programmes and the Specialist Services Partnership. We want to take this further by developing a broad inclusive collaborative with the involvement of all stakeholder, ensuring experts by experience and their families are equal partners.

The Collaborative will be a vehicle for:

- Delivering Integrated planning and service provision on behalf of the ICS
- Promoting family and individual leadership
- Integrating the planning and commissioning of specialised and local services to reduce fragmentation across pathways
- Delivering transformation at scale on behalf of the ICS and importantly through place based partnerships and delivery
- Delivering the Long Term Plan for Mental health
- Driving up quality and improving experience

The MHLDA Collaborative will:

- Have a firm relationship with inclusive place based partnerships, who will determine the needs of the local population
- Strengthen the role of the citizens who use services and their families, the local authority and VCSE in at scale and place based transformation
- Ensure deep involvement , listen and learn at all levels from citizens who use services, families, carers
- Drive collaboration of MHLDA expertise to enable workforce development
- Be accountable for delivery to the statutory organisations we plan and deliver on behalf of

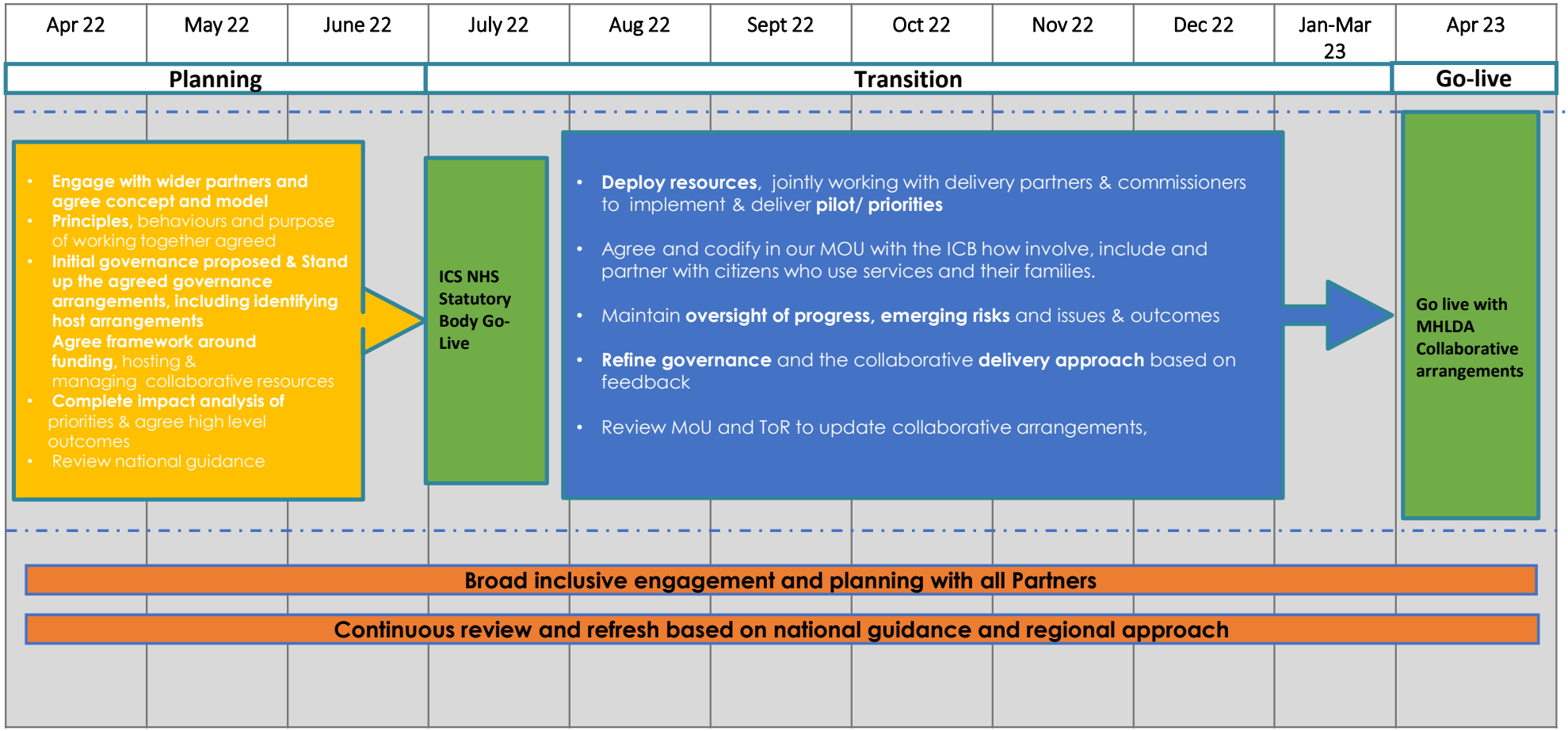
The MHLDA Collaborative will engage and form part of both place and system development by:

- Working with our Partners at Place across health and care, commissioning and provision
- Being active members of the ICS, where we work with our wider system partners to achieve our vision
- Focussing on delivering improved outcomes, reduction in health inequalities and the provision of sustainable service
- Reducing bureaucracy and ensuring enabling faster decision making

We are committed to the provision and delivery of high quality services across Mental Health, Learning Disabilities and Autism – working with citizens who use services, health and care colleagues to deliver holistic services to best support our 3.1m population

Mental health, learning disabilities and autism collaborative
High level development timeline

NHS
North East & North Cumbria



Primary Care Networks (PCNs)

NHS
North East & North Cumbria

The ICB will ensure there is a:

- Collective voice and representation for primary care at place as well as system level
- Process and structure for primary care at place
- System that prioritises and reflects local neighbourhood needs
- System that promotes collaboration with primary care being a key partner
- Focus on investment in primary care leadership capacity and capability
- Will support PCNs to work together and to develop a Primary Care Provider collaborative

How the ICB will work with PCN's

GP Practices working together at neighbourhood level in partnership with community healthcare, mental health, social care and the voluntary sector

Process and structure for primary care in place and at scale

System that promotes collaboration with primary care being key partner

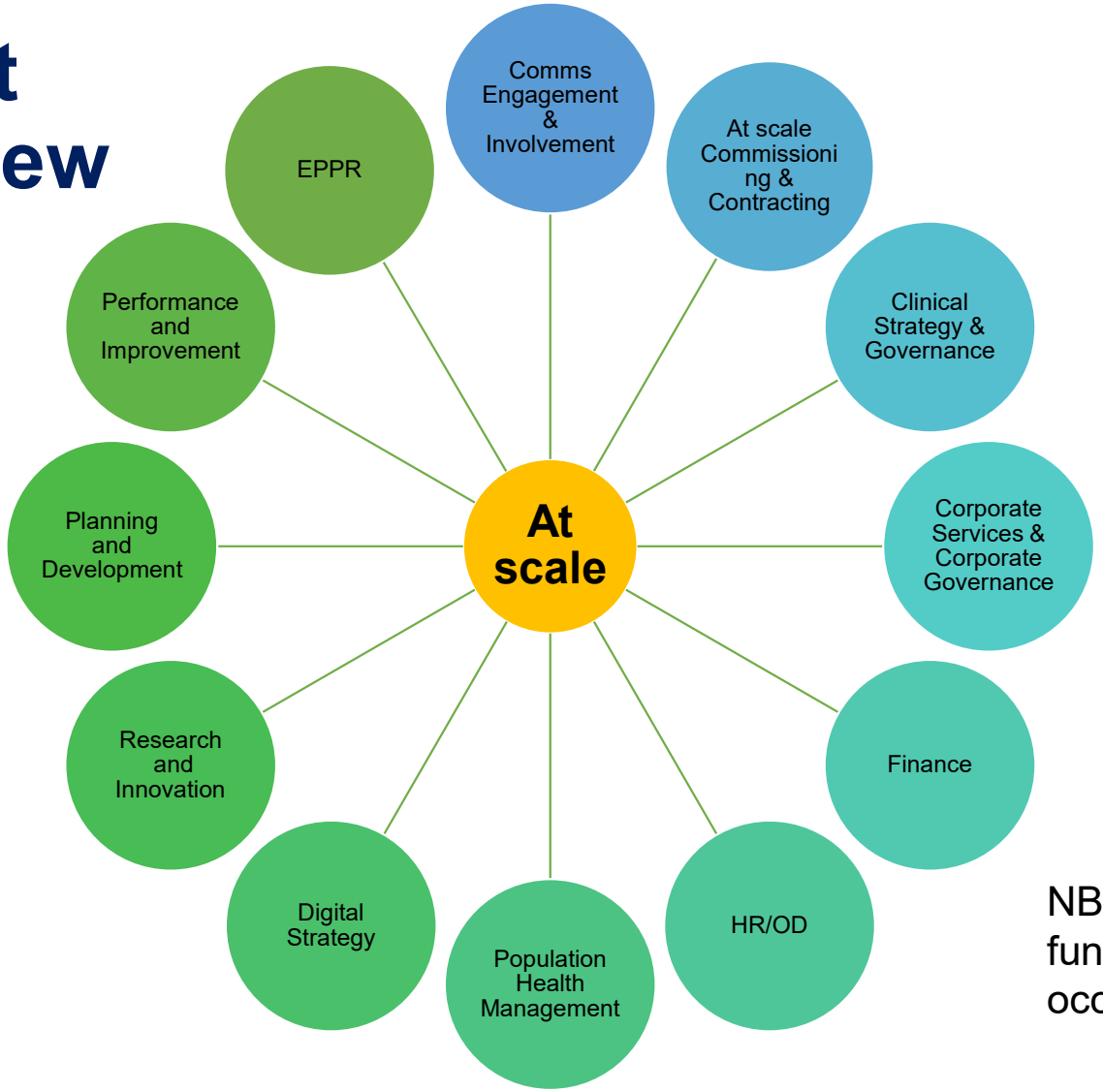
Focus on investment in primary care leadership capacity and capability

Placing greater focus on population health management with the aim of tackling health inequalities

Ensuring primary care has a collective voice and representation at system level

Addressing system priorities that reflect local neighbourhood needs

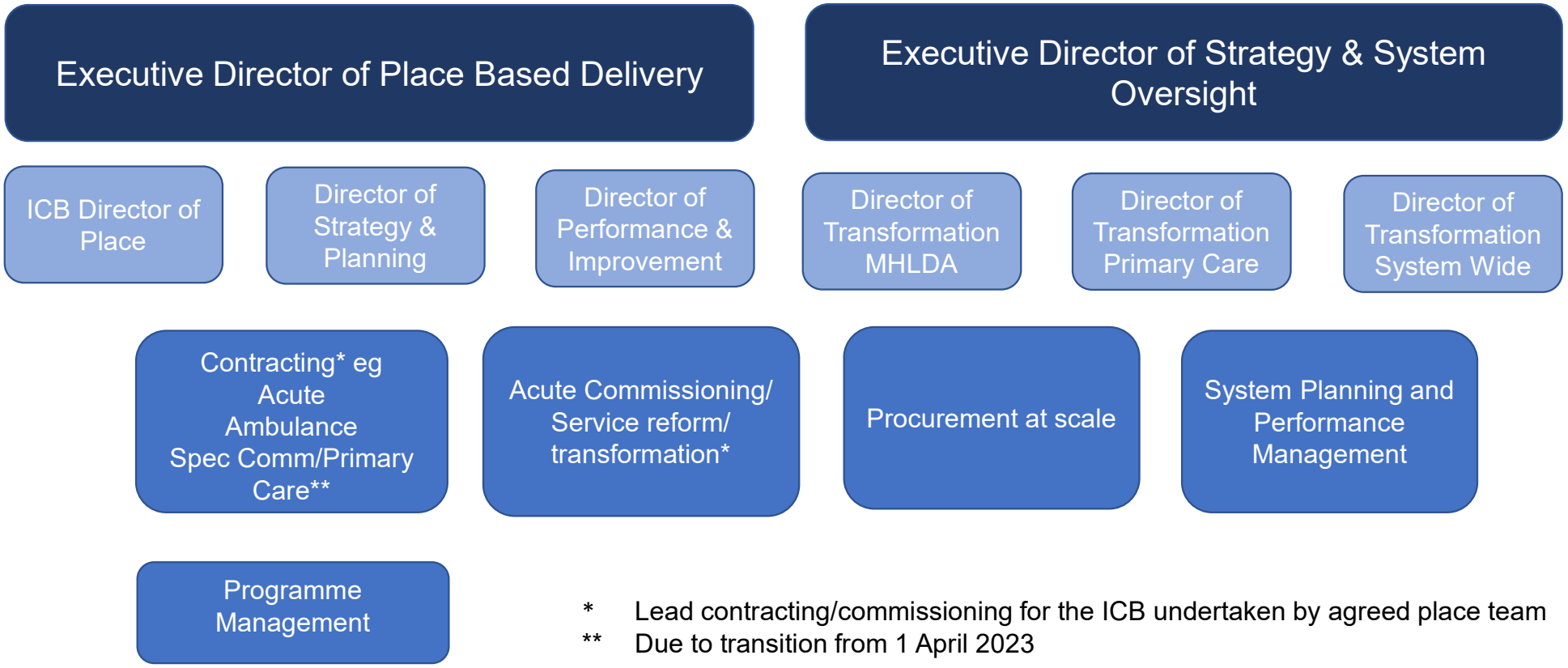
Functions at scale overview



NB some of these functions may also occur at place

Commissioning, contracting & procurement functions at scale

NHS North East & North Cumbria



* Lead contracting/commissioning for the ICB undertaken by agreed place team

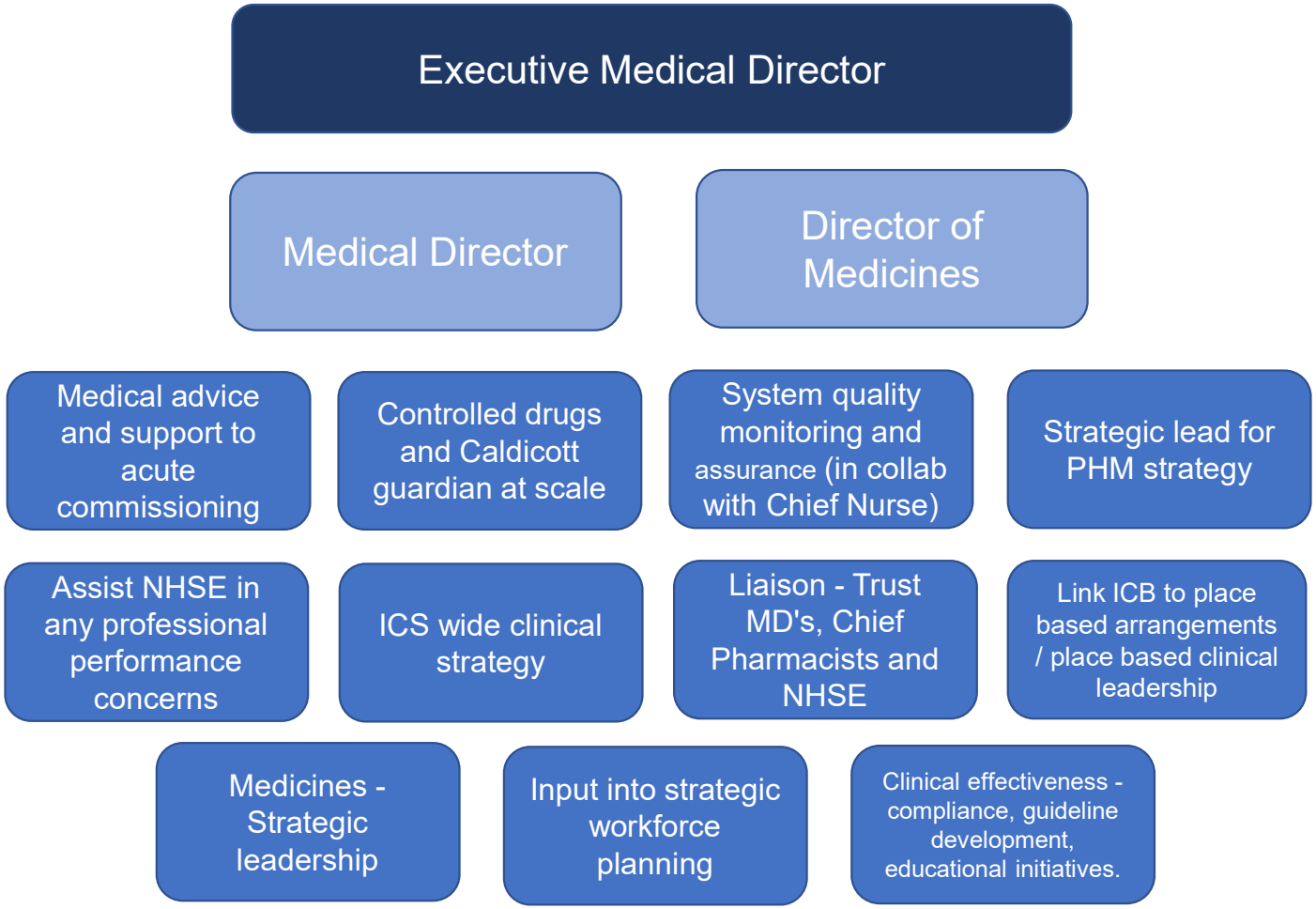
** Due to transition from 1 April 2023

Corporate services and governance at scale

NHS North East & North Cumbria

Medical directorate at scale

NHS North East & North Cumbria



Population health management at scale

NHS
North East & North Cumbria

Medical Director

Head of Population Health Management

Ensure PHM is at the heart of the ICB's plan and approach - 4 strategic aims, business as usual, national imperatives, and strategies

Ensure a systematic, consistent and evidence based support to the ICS system across all the geographical levels – ICS, Place, PCN, provider collaboratives

Ensure PHM informs decision making, prioritization, innovation, research, service transformation, financial allocations, models of care

Develop key PHM infrastructure: including partnerships, collaborations, capacity and capability

Develop Data and digital strategy for the ICS with a clear plan for digital platforms, system-wide information sharing and governance, analytical capacity and capability

Work towards achieving 'Thriving ICS status for all PHM capabilities (See appendix slide)

Quality & safety functions at scale

NHS
North East &
North Cumbria

Executive Chief Nurse

Executive Director of Place Based Delivery

Nurse Director

Host Commissioner (MH,LD&A)

Quality Assurance / Improvement
Set strategic Direction
Thematic learning
Tackle Unwarranted Variation and 'Wicked' issues
CQRG's for providers which span Places(e.g. NEAS) or where system quality concerns exist

Patient Safety
Thematic analysis and learning to inform improvement actions

Safeguarding Thematic learning CDOP, workforce development

Infection Prevention and Control
AMR Board

CHC
Standardise policy, commissioning at scale

Learning and action from LeDeR reviews

SEND
Partnership working to standardize the Health Offer

Strategy development, executive oversight and scrutiny, regional interface, consistent policy development, lead on themes and improvement priorities

People and workforce at scale

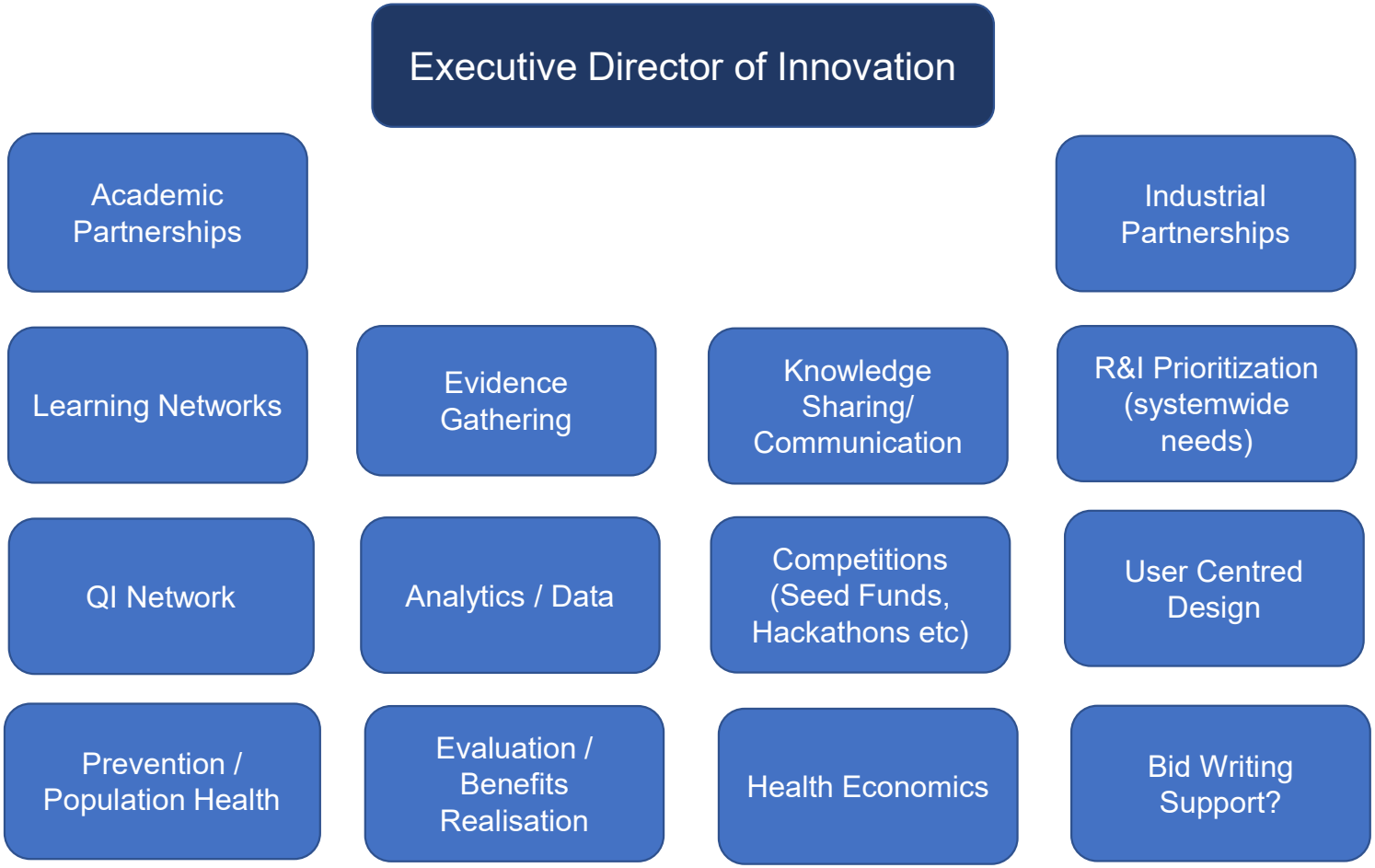
NHS
North East &
North Cumbria

Financial management at scale

NHS
North East &
North Cumbria

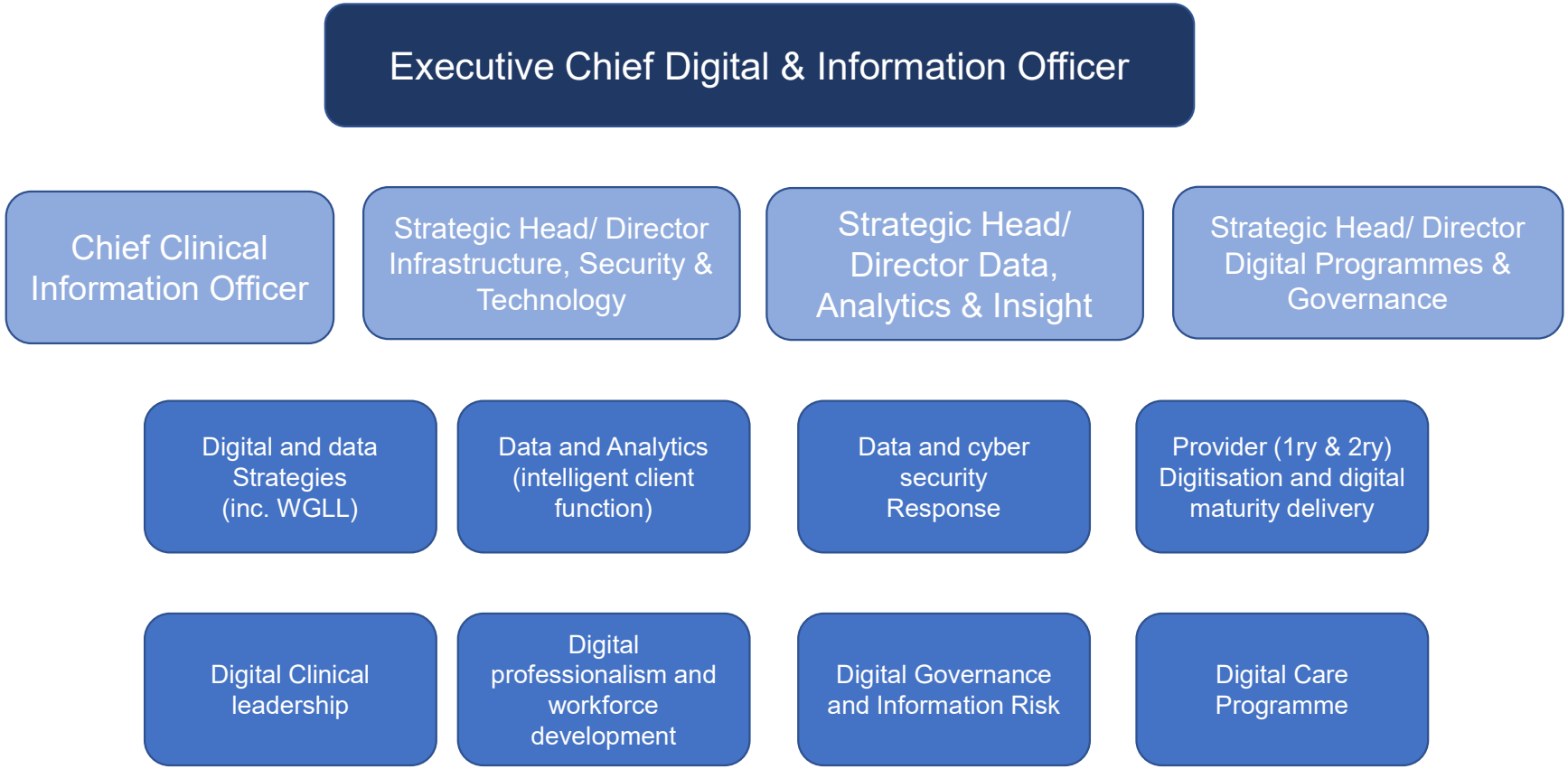
Research and innovation at scale

NHS
North East &
North Cumbria



Digital and information at scale

NHS
North East & North Cumbria



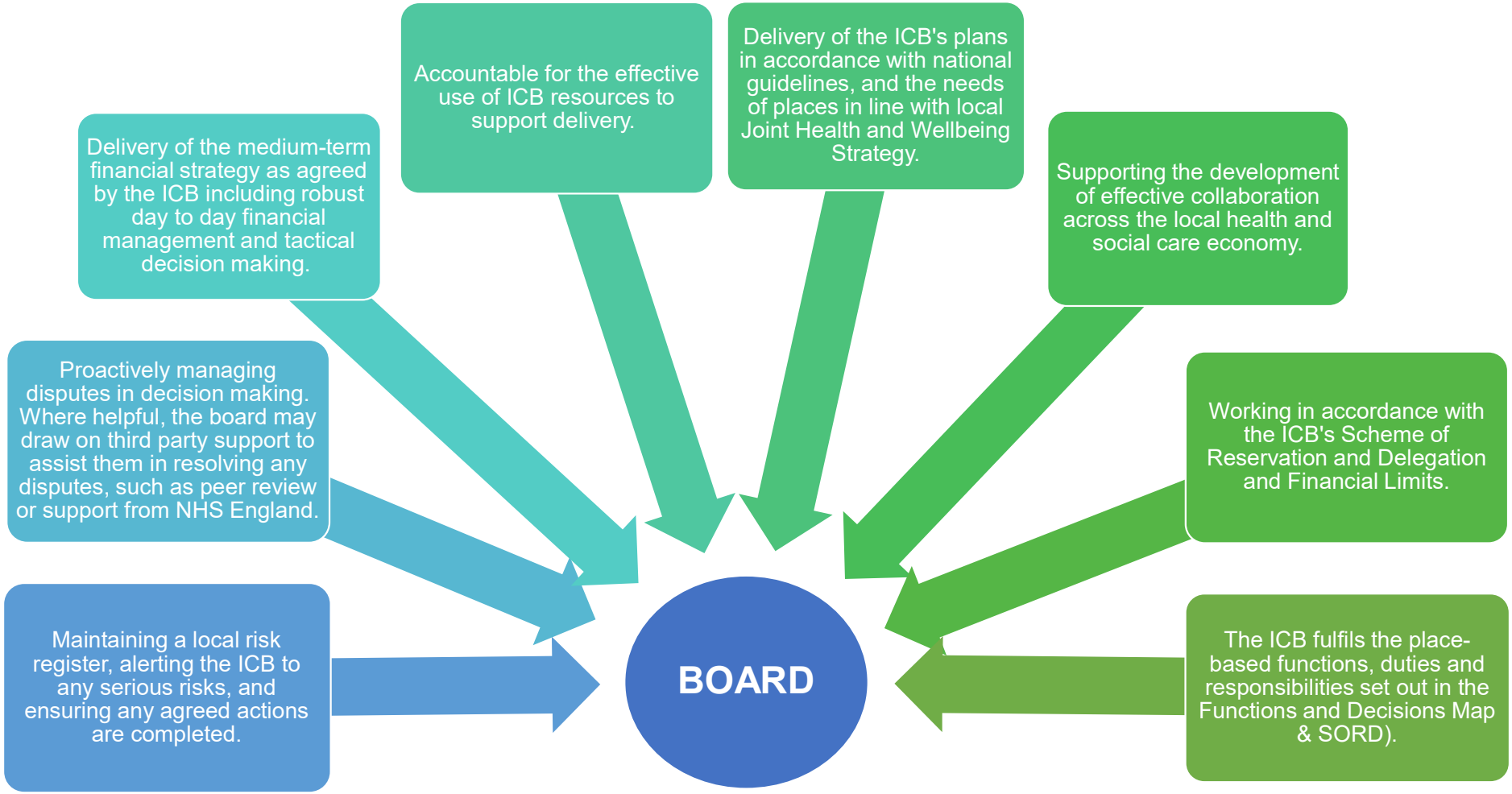
Place Based Working

NHS
North East & North Cumbria

- Relationship between System and place
- Place based Governance
- What will be delivered at place
- Decisions and accountability
- Functions at place

Relationship between system and place

NHS
North East &
North Cumbria



Place based governance

NHS
North East & North Cumbria

The ICB will be delegating responsibility for the delivery of its place-based functions, including relevant budgets, through two Executive Directors of Place Based Delivery. Those two Directors will agree appropriate delegated authority to other senior leaders and place-based staff, in line with agreed financial limits, to manage operational delivery of the functions.

The two Executive Directors of Place Based Delivery will be accountable to the ICB for the discharge of this delegated authority.

Those individuals are then accountable to the ICB for the discharge of this delegated authority.

While NENC strategic planning is carried out at ICS level, places will be the engine room for local planning delivery and transformation.

Governance and escalation to 'bed in' .

The government's Integration White Paper 'Joining Up Care for People, Places and Populations' has set out a number of expectations for place-based working.

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.

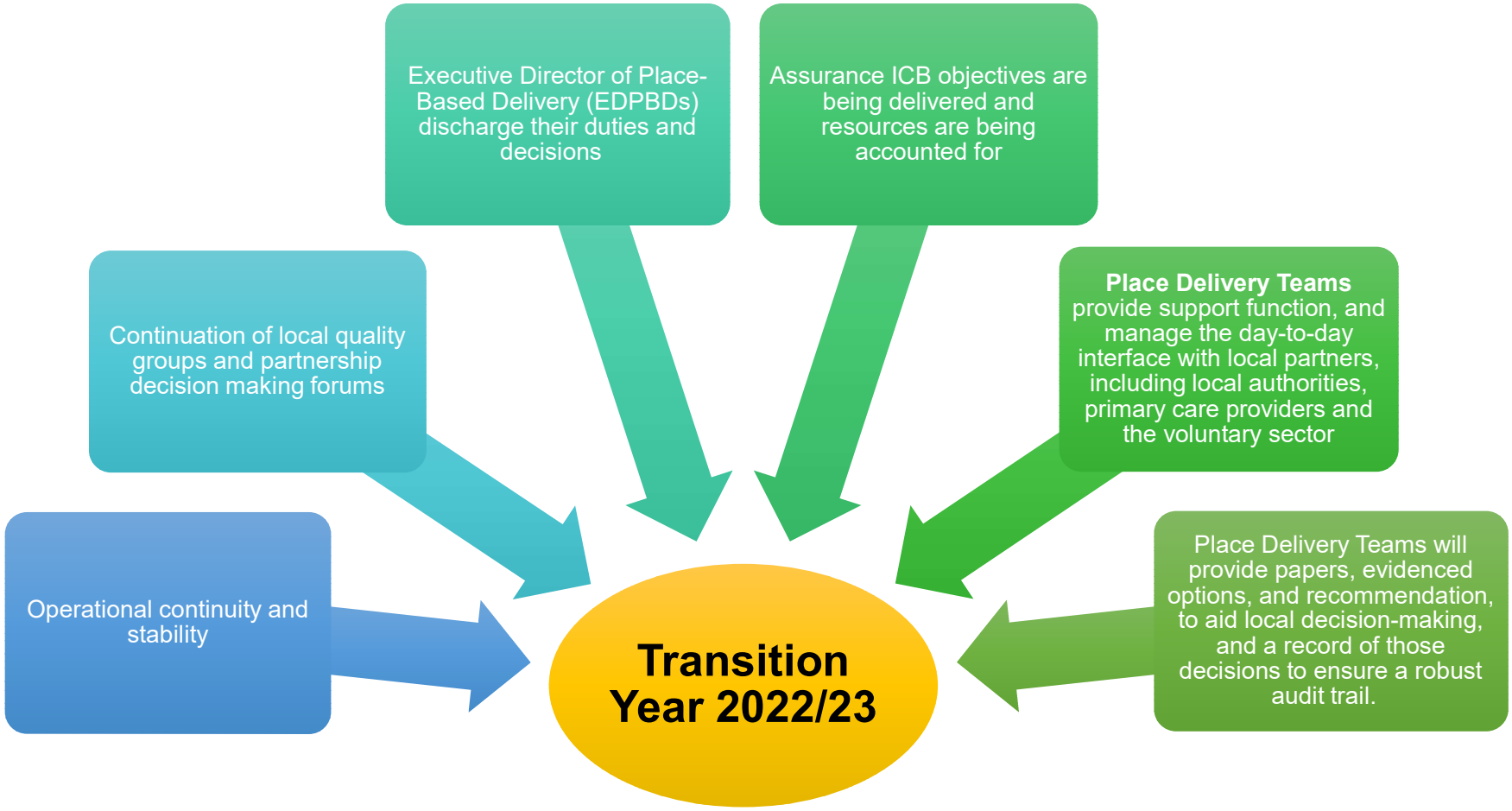
Place governance should provide clear decision-making, agreeing shared outcomes, managing risk and resolving disagreements – and these should make use of existing structures e.g. Health & Wellbeing Boards and the Better Care Fund.

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.

The CQC will consider outcomes agreed at place level as part of its assessment of ICSs..

What will happen at place

NHS
North East &
North Cumbria



ICB principle - subsidiarity

NHS
North East &
North Cumbria

- The ICB supports the principle of subsidiarity.
- This mean that ICB functions (or elements of those functions) and decisions will be devolved where they can more effectively be performed at a local level, whilst ensuring the appropriate governance arrangements are in place to support Board assurance of delivery.
- To support this process policies and procedures will be harmonised
- There will therefore be similarities to the current ways of working

- The ICB will be delegating responsibility for the delivery of its place-based functions, including relevant budgets, through two Executive Directors of Place Based Delivery. Those two Directors will agree appropriate delegated authority to other senior leaders and place-based staff, in line with agreed financial limits, to manage operational delivery of the functions.
- The two Executive Directors of Place Based Delivery will be accountable to the Board for the discharge of this delegated authority

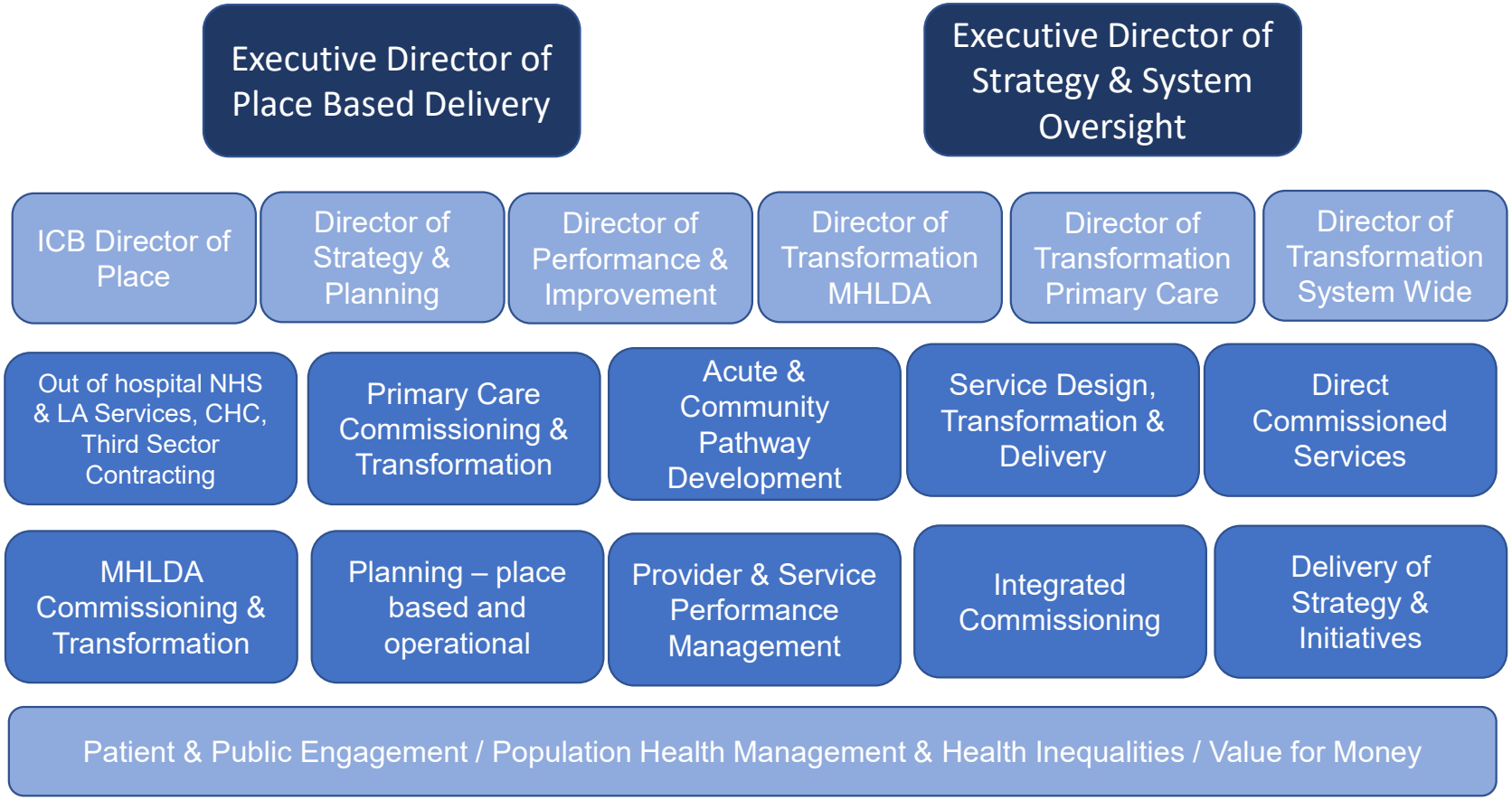
NHS
North East &
North Cumbria

Functions at place overview

Some of these functions may also occur at scale. Each place will have allocated resource to manage its functions. Resource may be utilised across places where appropriate

Commissioning, contracting & procurement functions at place

NHS North East & North Cumbria

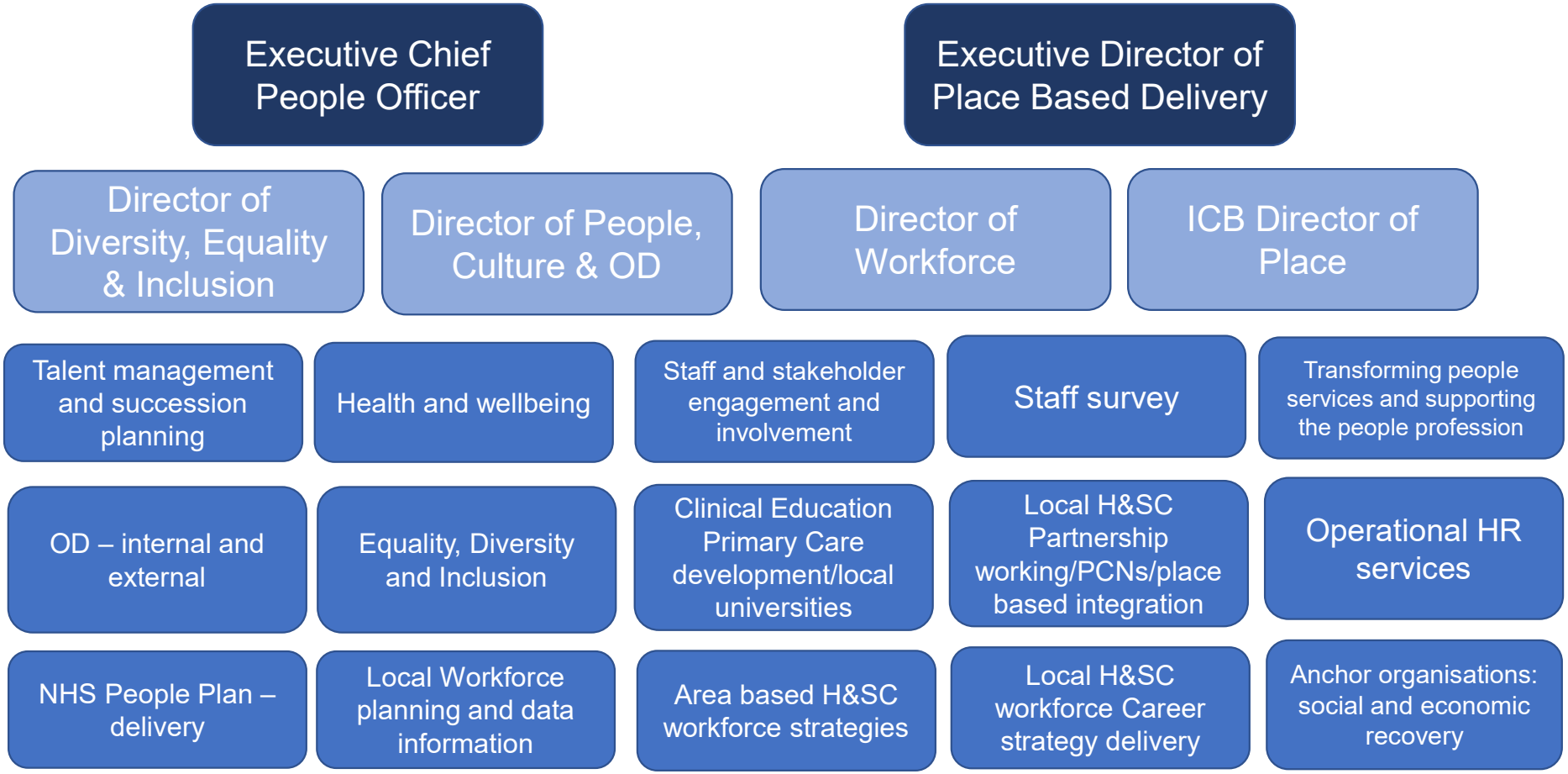


Corporate services and governance at place

NHS North East & North Cumbria

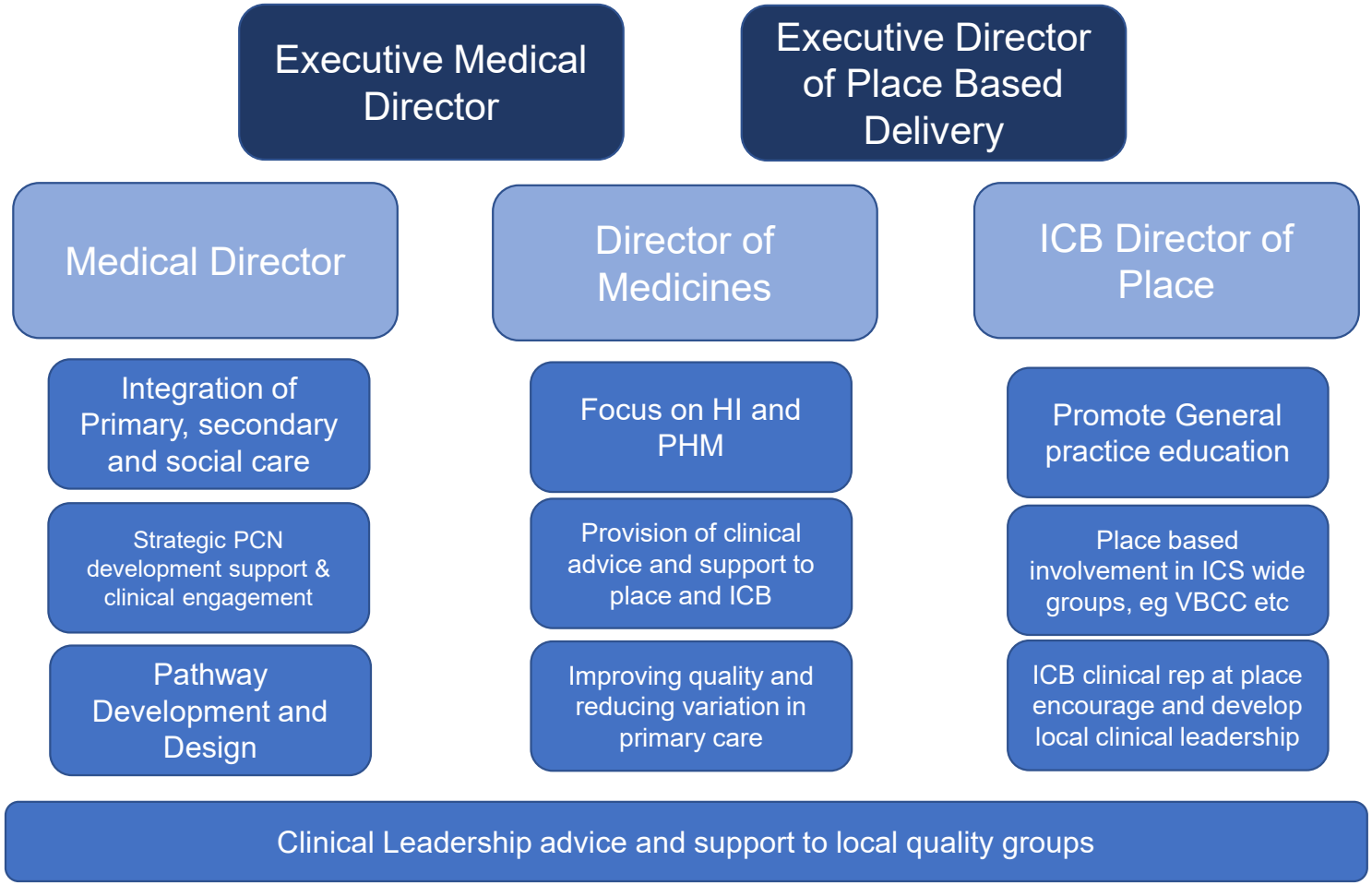
People and workforce at place

NHS
North East &
North Cumbria



Medical directorate at place

NHS North East & North Cumbria



Quality & safety functions at place

NHS
North East &
North Cumbria

Executive Director of Place Based Delivery

Executive Chief Nurse

ICB Director of Place

Director of Nursing

Quality Assurance of all Commissioned Services
Lead Quality Review Groups
(Patient safety, outcome & experience)

Experience of Care (including complaints management)

Host Commissioner Responsibilities

Infection Prevention and Control

Patient Safety (SI review and sign off)

Delivery of the Learning Disability Mortality Review Programme (LeDeR)

Safeguarding (adults, children, Looked after Children)

Special Education Needs and Disability (SEND)

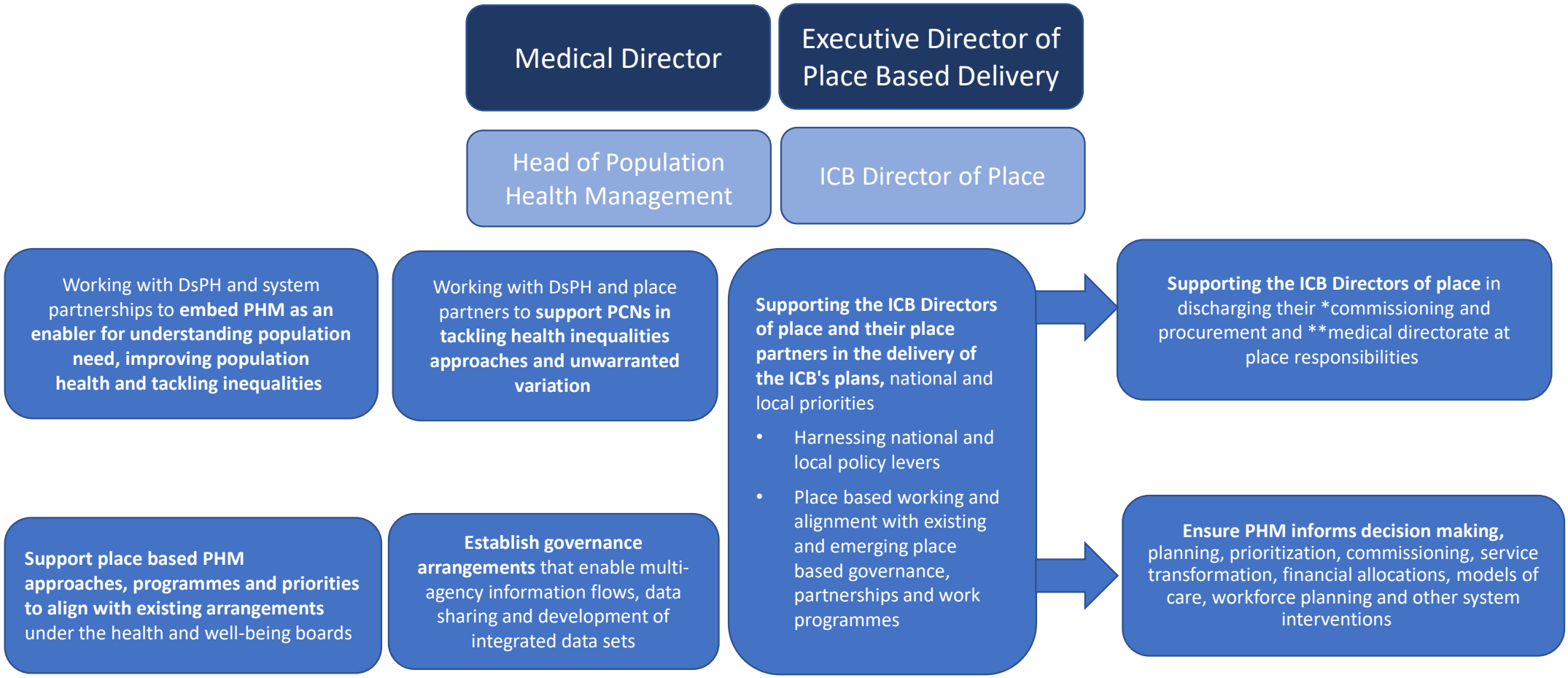
Continuing Healthcare (CHC)
Local assessment, plan, appeals process

Financial management at place

NHS
North East &
North Cumbria

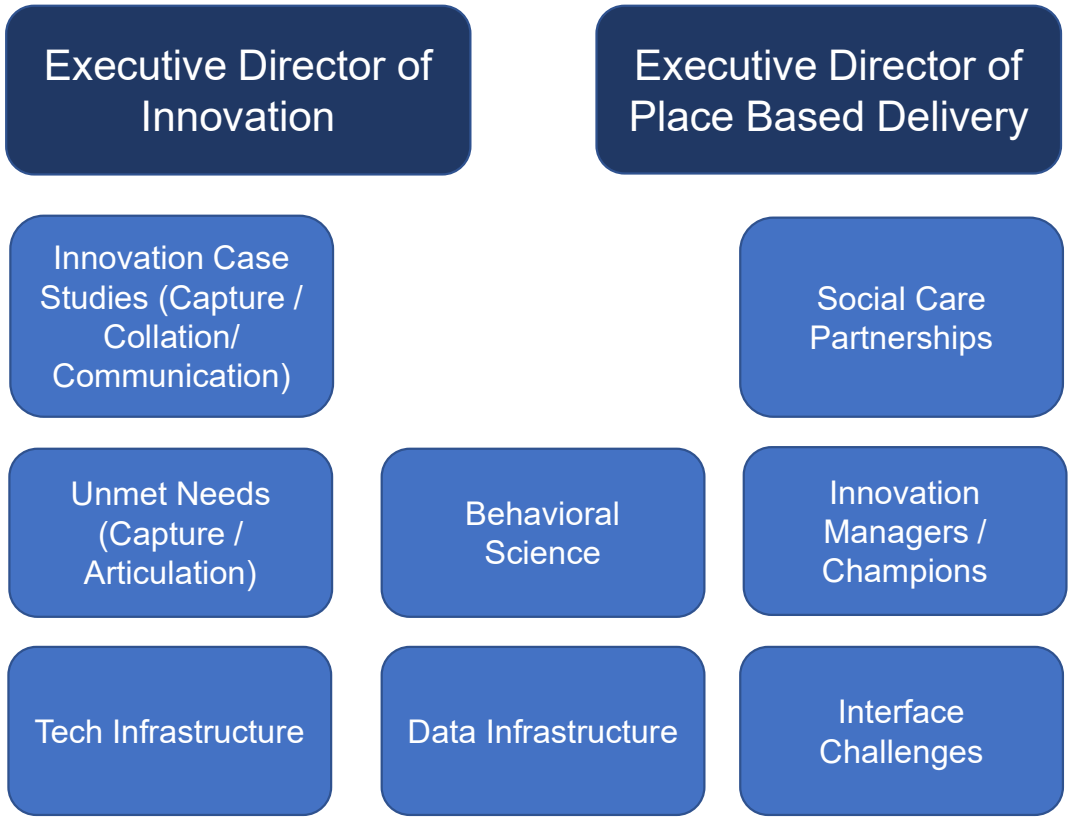
Population health management at place

NHS North East & North Cumbria



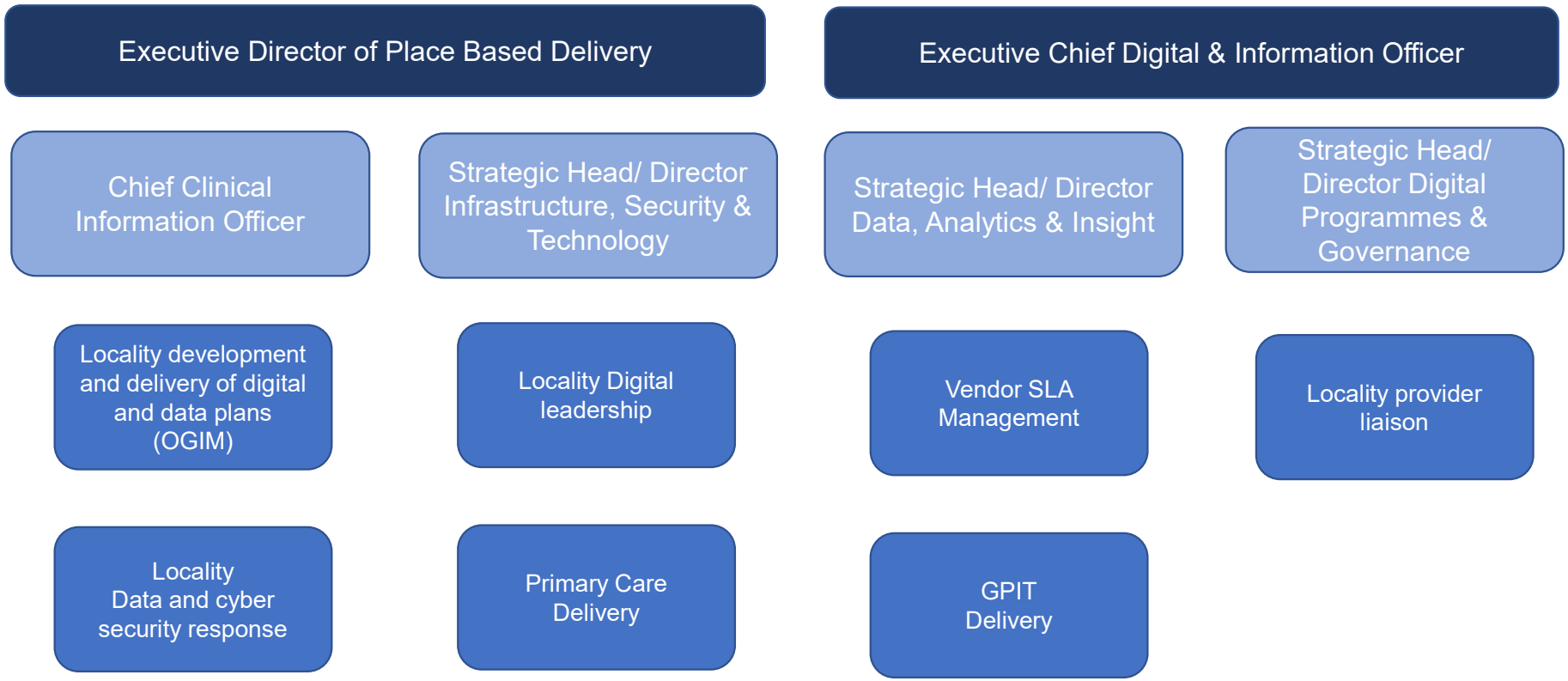
NHS
North East &
North Cumbria

Research and innovation at place



Digital and information at place

NHS
North East &
North Cumbria



How will the operating model function

NHS
North East &
North Cumbria

What will be different

Relationship with NHSE

What happens next

What does the ICS look like?

NHS
North East &
North Cumbria

Greater collaboration between NHS providers, working together in formal arrangements that enables them to work at scale and agree strategic priorities and shared goals	Strategic Commissioning through system-based approaches.	Focus on population health management that cuts across traditional organisational and geographical boundaries	Citizen driven and personalised services shaped by the communities we serve
A planned, prepared, joined up and responsive incident coordination system (EPRR)	A productive system that invests wisely, strengthens resilience and avoids unnecessary duplication to achieve greatest value	Open, transparent and compassionate leadership that cultivates those behaviors that underpin oversight interactions	Strong Place-based partnerships between the NHS, Local Councils, Voluntary organisations and stakeholders leading to the design, commissioning and delivery of integrated local services
Integrated workforce planning and workforce development that optimises learning, experience and shared insights creating a cycle of continuous improvement	Transformative digital and data capabilities that drives system working, connects health and care providers and supports whole system delivery and performance	Flexible and rewarding career pathways for those working in the system	A wide and diverse multi-professional range of clinicians and care professionals integrated into system decision making.

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Decision making scenarios

The following slides provide an overview of how a range of scenarios will be managed from day one of the ICB in operation. Areas covered include:

- Decision making on a high cost CHC case
- A child safeguarding issue
- A GP branch closure
- Contract negotiations with a main acute provider
- A live procurement that requires a decision to proceed towards tender
- MP complaint letter comes in to a local ICB office

Scenario

CHC high-cost case approval

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High Cost CHC Case Approval

applies to:-
Individual Continuing Health Care (CHC) packages
Funded Healthcare (FNC)
Section 177 health care
Children's packages
Joint funded packages

Any packages above £1m p.a. would follow financial limits, e.g. approval via ICB Chief Executive and Executive Director of Place Based Delivery, or via Executive Committee etc

Scenario

Significant quality related issue with a provider

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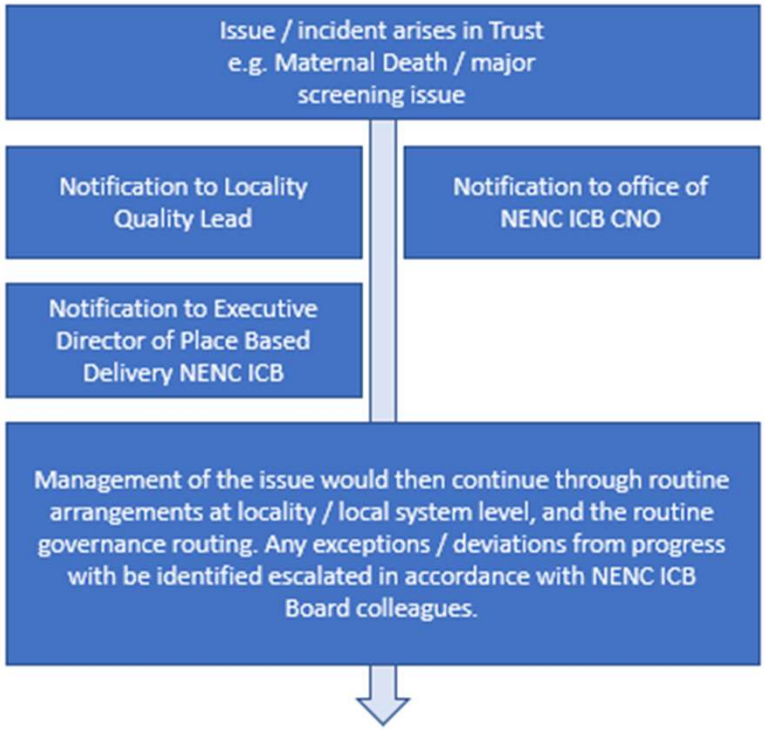
Newly identified issue
Significant actual or potential risk to immediate patient safety, or media interest.



Routine reporting will continue through:
Local Quality arrangements

- Routine submissions to ICB CNO in accordance with Governance schedule for Quality Board
- reporting.
- Quality System Group

Any provider in escalation would already be reporting through a Quality Escalation Board
Incident arising from Independent Sector in the first instance this would likely go to the Locality Quality Lead, then depending upon the nature
and risk, then from here to NENC ICB CNO

Scenario

Child safeguarding issue

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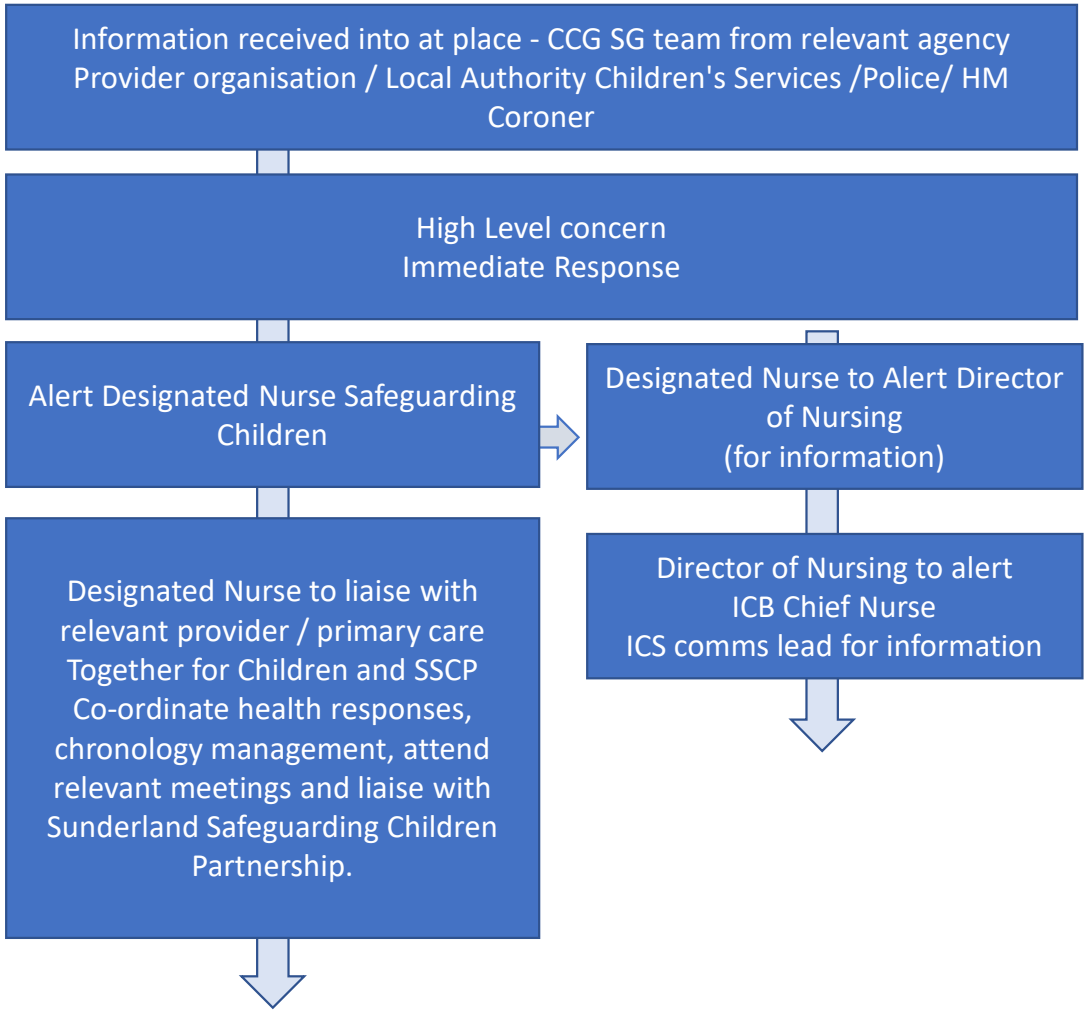
Major child safeguarding issue – escalation process



Scenario

GP branch closure

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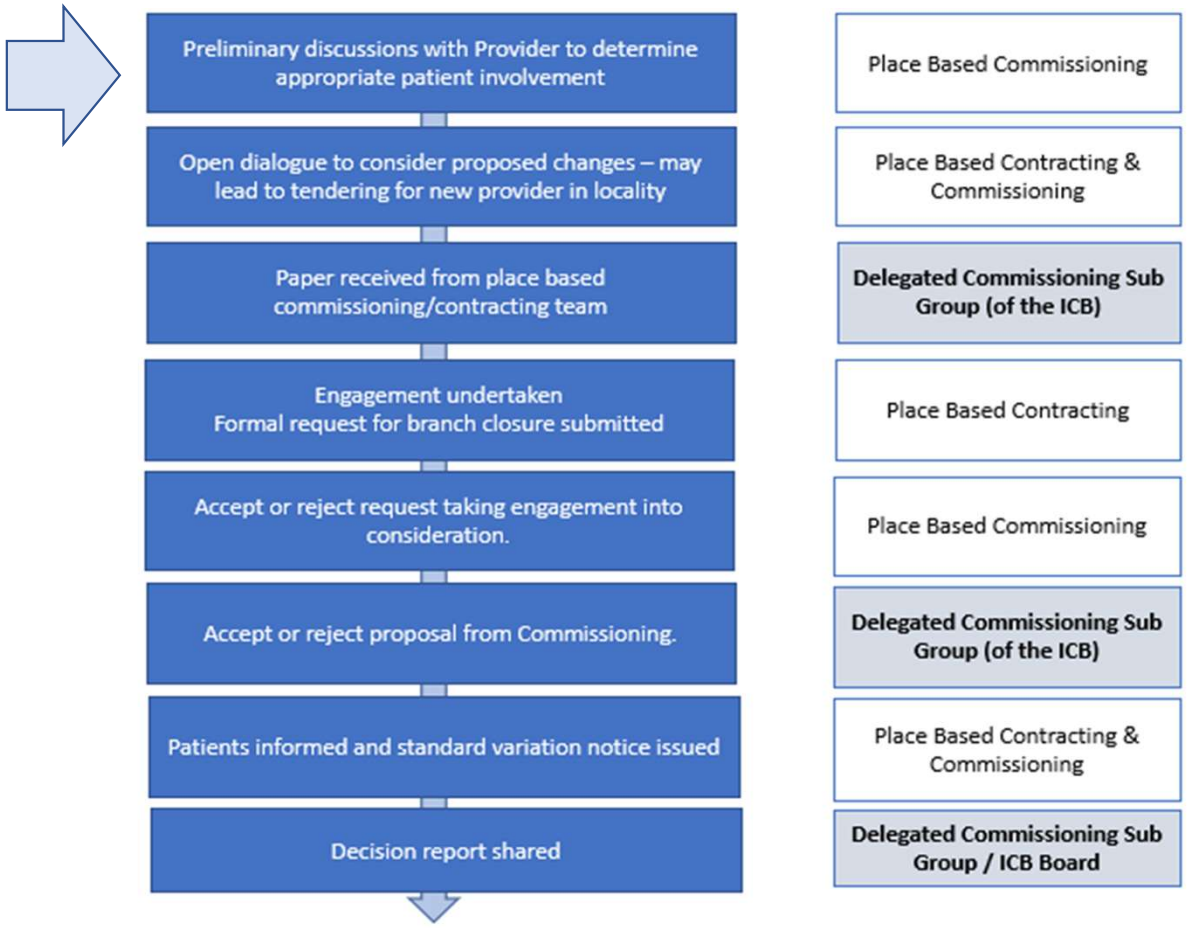
Receive GP branch closure request



Scenario

Contract management

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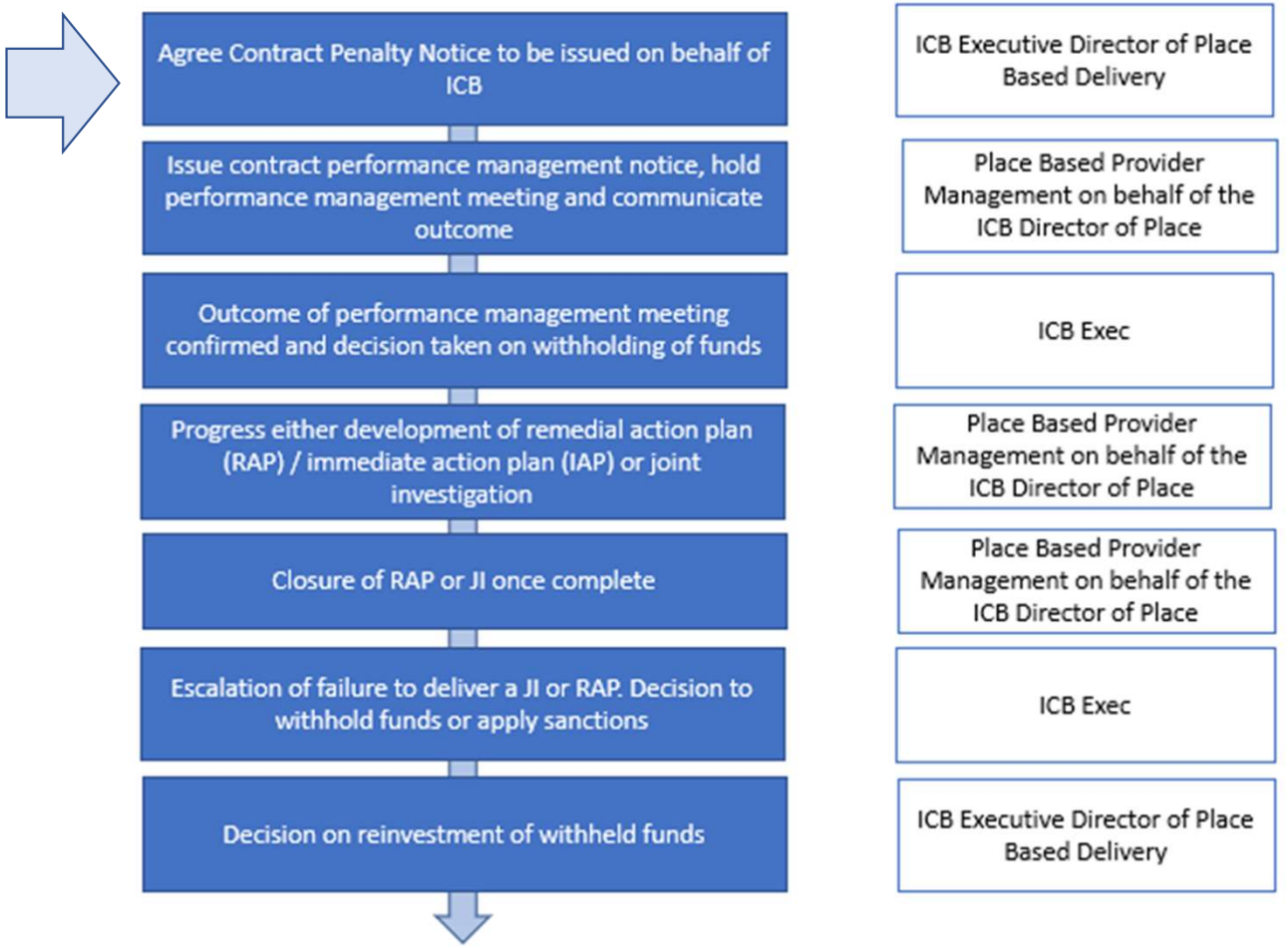
Contract Breach Identified



Scenario

Acute contract negotiation

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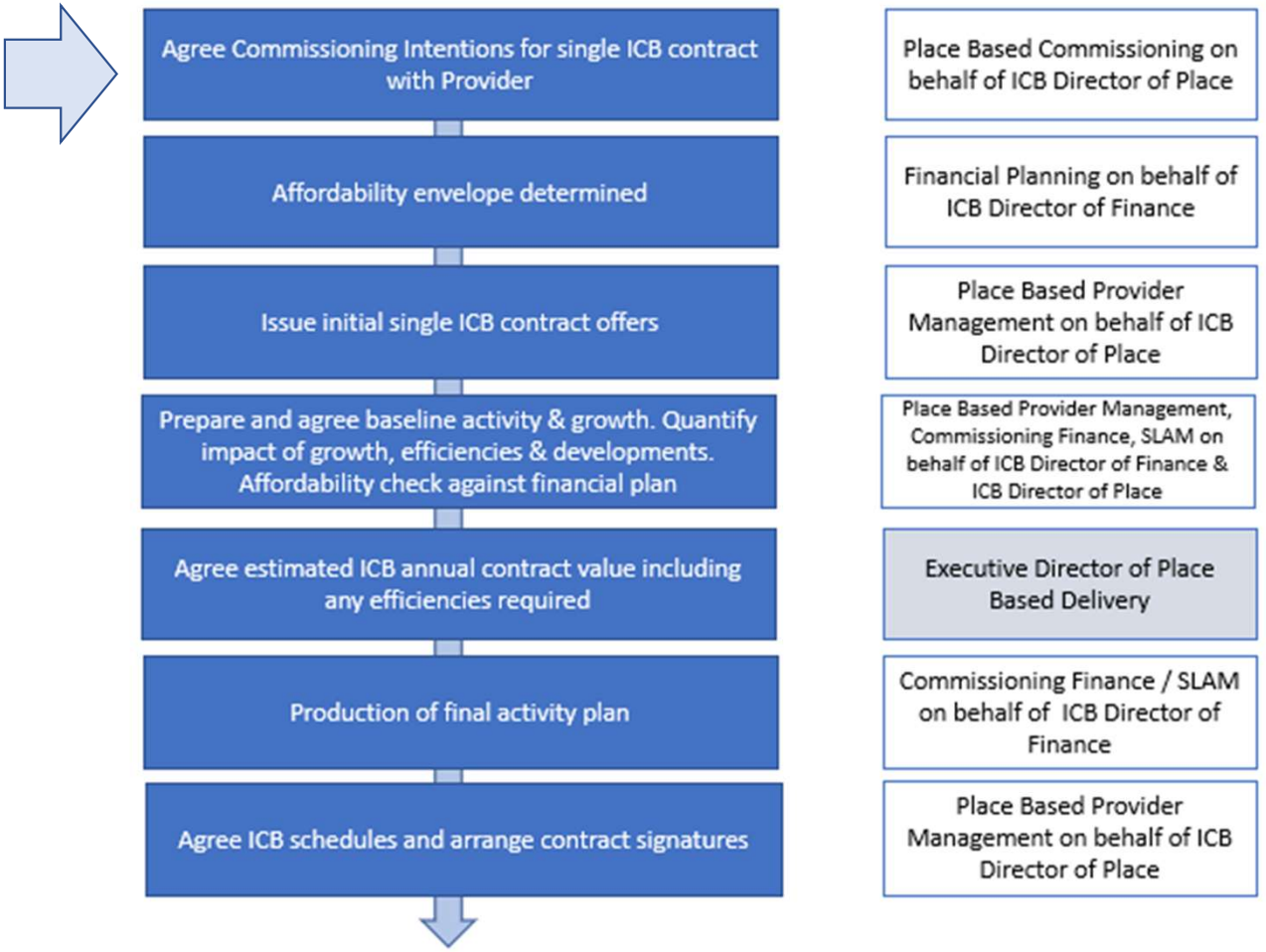
Receive ICB Place Based Needs i.e. Population Mandates



Scenario

Procurement

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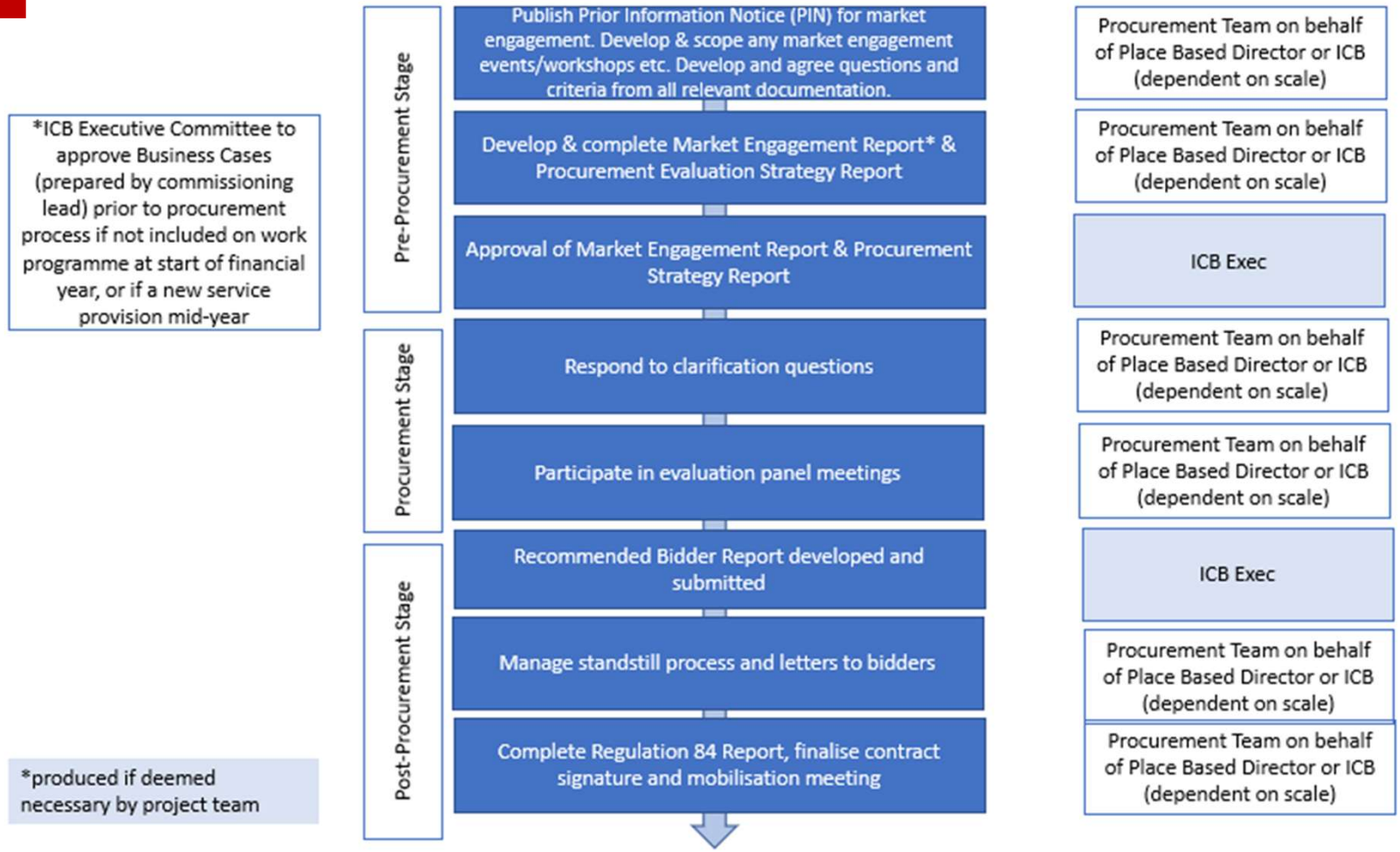

Scenario MP Letters

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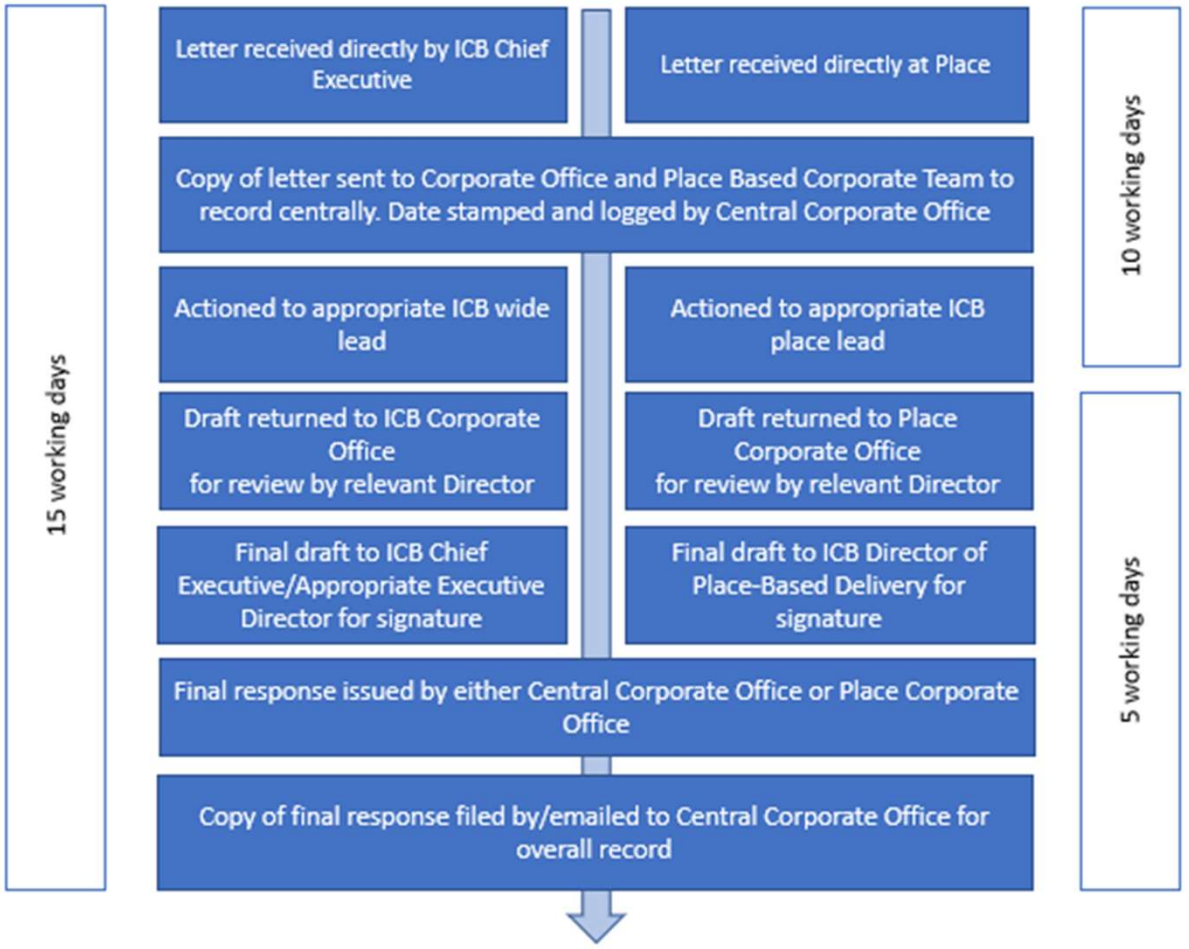
MP letter received



Scenario

Medicines optimisation

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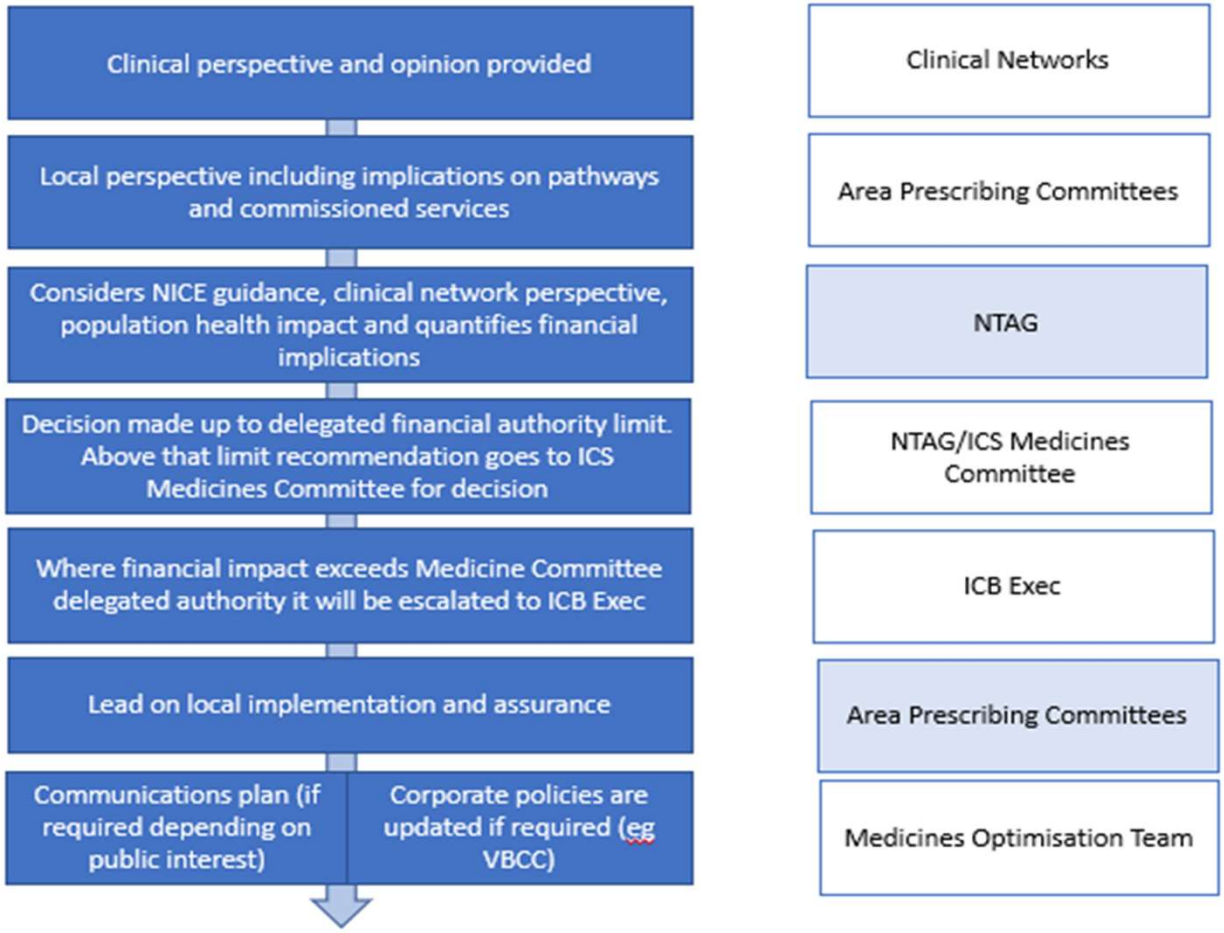
NICE guidance* on expanded use of an (ICB commissioned) class of drugs in a disease area, with significant impact on finance and outcomes



*NICE guidance is not mandatory, unlike a NICE technology appraisal

Relationship with NHSE

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An MOU between the ICB and NHSE will set out the principles, relationships and the key interfaces that underpin **how** the NHSE regional team and ICB will work together to :

Discharge	Improve	Embed
their respective roles and responsibilities to improve the quality of care and reduce inequalities, taking into consideration system maturity, risks and support needs	partnership working at both local and regional level to ensure access to high quality health and care services.	robust oversight mechanisms to assure the local delivery of local strategic priorities and how they align to the four key aims of an ICS.

What happens next

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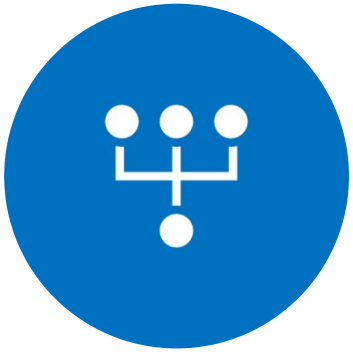
Business continuity is critical. 2022/23 will be a transitional year

For many people initial implementation and/or service co-creation may mean little or no change. For others there may be a change to what and how work is done



Any further changes will be incremental and determined by the ICB Executive Directors

After the leadership transition and initial implementation, Service Co-creation is when teams will design, improve and optimise their service/function/ skilled team and establish new ways of working applying user centred design thinking.

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