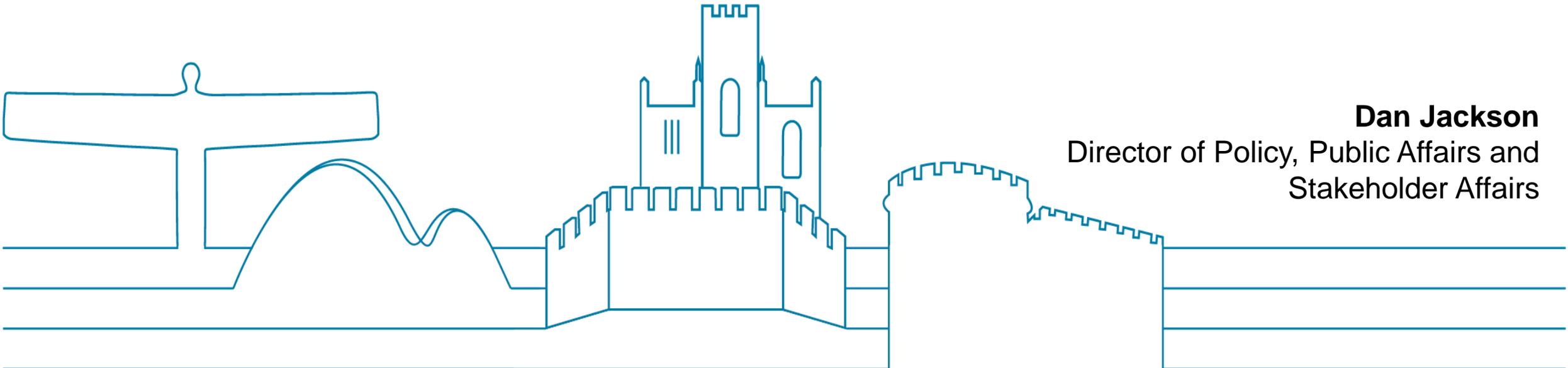




Guidance on the formation of Integrated Care Partnerships



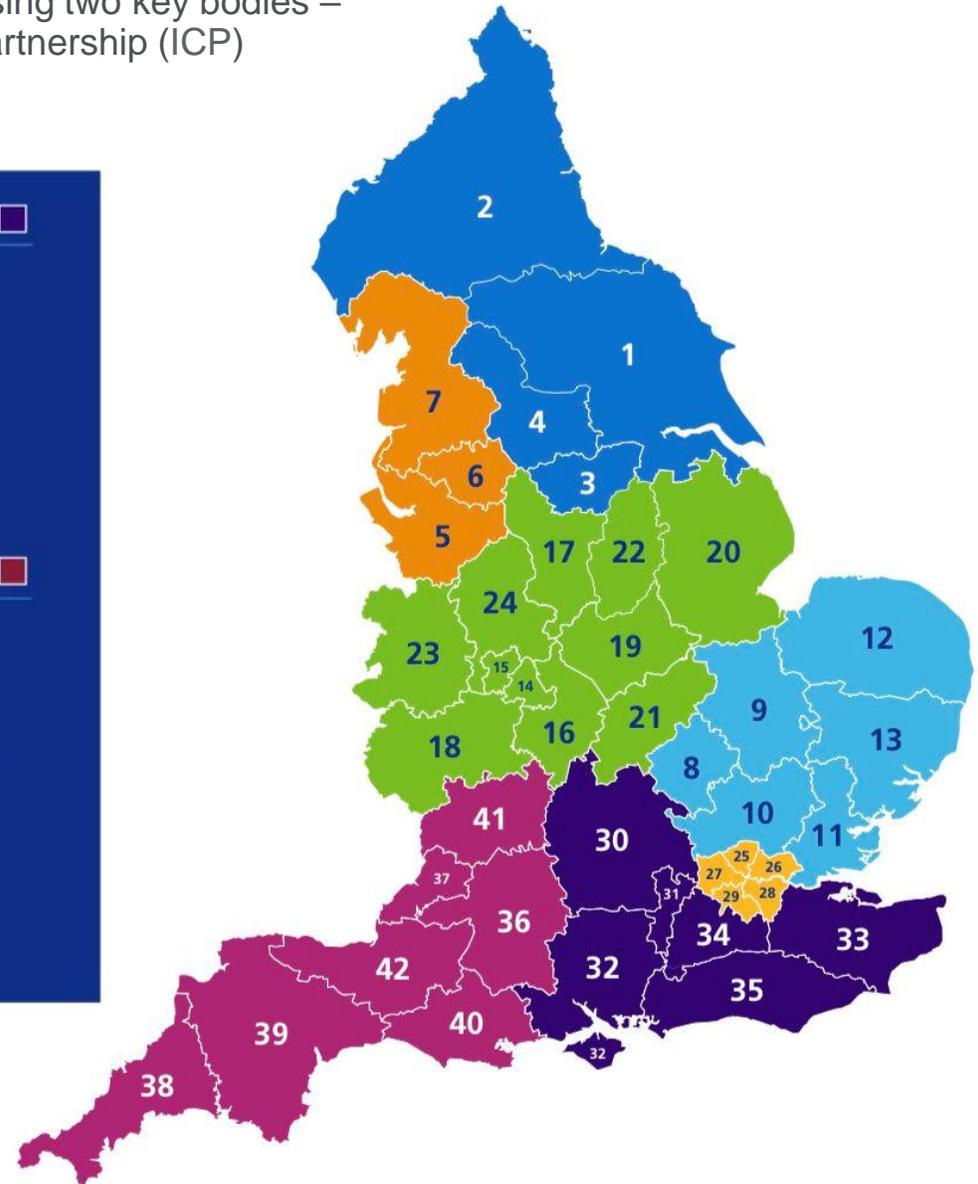
Dan Jackson
Director of Policy, Public Affairs and
Stakeholder Affairs



Integrated Care Systems (ICSs)

42 statutory ICSs have established across England comprising two key bodies – an integrated care board (ICB) and integrated care partnership (ICP)

<p>North East & Yorkshire ■</p> <ul style="list-style-type: none"> 1 NHS Humber and North Yorkshire 2 NHS North East and North Cumbria 3 NHS South Yorkshire 4 NHS West Yorkshire 	<p>Midlands ■</p> <ul style="list-style-type: none"> 14 NHS Birmingham and Solihull 15 NHS Black Country 16 NHS Coventry and Warwickshire 17 NHS Derby and Derbyshire 18 NHS Herefordshire and Worcestershire 19 NHS Leicester, Leicestershire and Rutland 20 NHS Lincolnshire 21 NHS Northamptonshire 22 NHS Nottingham and Nottinghamshire 23 NHS Shropshire, Telford and Wrekin 24 NHS Staffordshire and Stoke-on-Trent 	<p>South East ■</p> <ul style="list-style-type: none"> 30 NHS Buckinghamshire, Oxfordshire and Berkshire West 31 NHS Frimley 32 NHS Hampshire and Isle of Wight 33 NHS Kent and Medway 34 NHS Surrey Heartlands 35 NHS Sussex
<p>North West ■</p> <ul style="list-style-type: none"> 5 NHS Cheshire and Merseyside 6 NHS Greater Manchester 7 NHS Lancashire and South Cumbria 	<p>London ■</p> <ul style="list-style-type: none"> 25 NHS North Central London 26 NHS North East London 27 NHS North West London 28 NHS South East London 29 NHS South West London 	<p>South West ■</p> <ul style="list-style-type: none"> 36 NHS Bath and North East Somerset, Swindon and Wiltshire 37 NHS Bristol, North Somerset and South Gloucestershire 38 NHS Cornwall and The Isles Of Scilly 39 NHS Devon 40 NHS Dorset 41 NHS Gloucestershire 42 NHS Somerset
<p>East of England ■</p> <ul style="list-style-type: none"> 8 NHS Bedfordshire, Luton and Milton Keynes 9 NHS Cambridgeshire and Peterborough 10 NHS Hertfordshire and West Essex 11 NHS Mid and South Essex 12 NHS Norfolk and Waveney 13 NHS Suffolk and North East Essex 		





Key expectations for ICPs

The Department for Health and Social Care, NHS England and the Local Government Association have jointly developed five key expectations for Integrated Care Partnerships. They are intended to help local authorities and ICBs maximise the value that ICPs can bring to their local communities.

Integrated Care Partnerships will:

- Be a core part of the Integrated Care System, driving direction and priorities;
- 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;
- Support integrated approaches and subsidiarity;
- Take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights



Guiding principles agreed by the Joint Management Executive Group (JMEG)

A joint NHS and Local Authority group was convened by Sir Liam Donaldson to consider national guidance on establishing Integrated Care Systems and the priorities of key stakeholders, and to agree principles that would guide this work. These included:

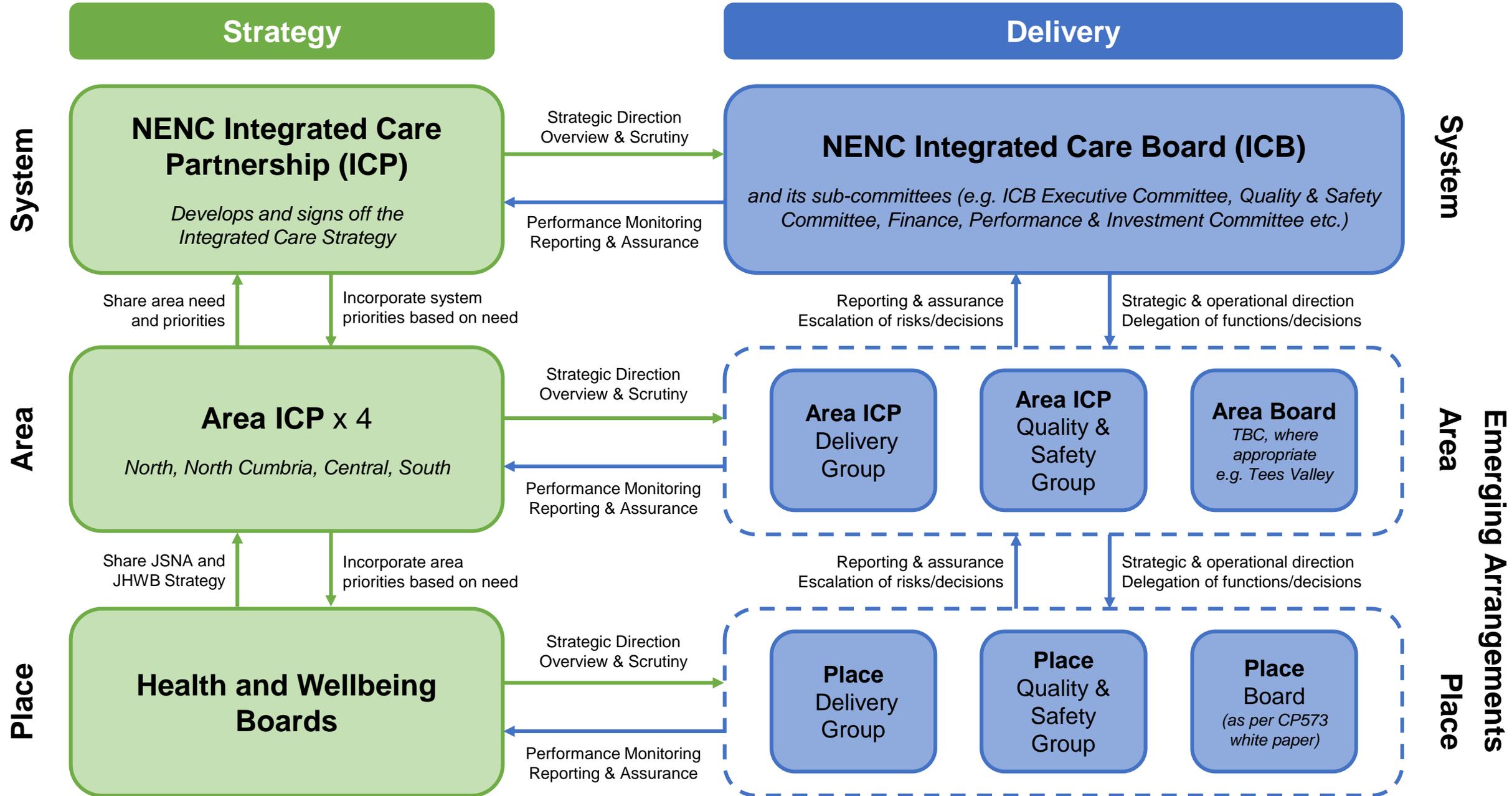
- Create high quality planning arrangements to address population health needs, reduce health inequalities, and improve care, while ensuring accountability and effective stewardship of our resources
- Agree the constitution and appropriate composition of the Integrated Care Board – reflecting the size and scale of our ICS area
- Ensure continuity of effective place-based working between the NHS, local authorities and other partners sensitive to local needs
- Design the right mechanisms to drive innovation and improvement in geographical areas larger than place-level;
- Develop a model of effective inter-relationship between the Integrated Care Board and the Integrated Care Partnership - **building on existing partnerships in our four ICP Areas**

ICP footprints agreed by JMEG



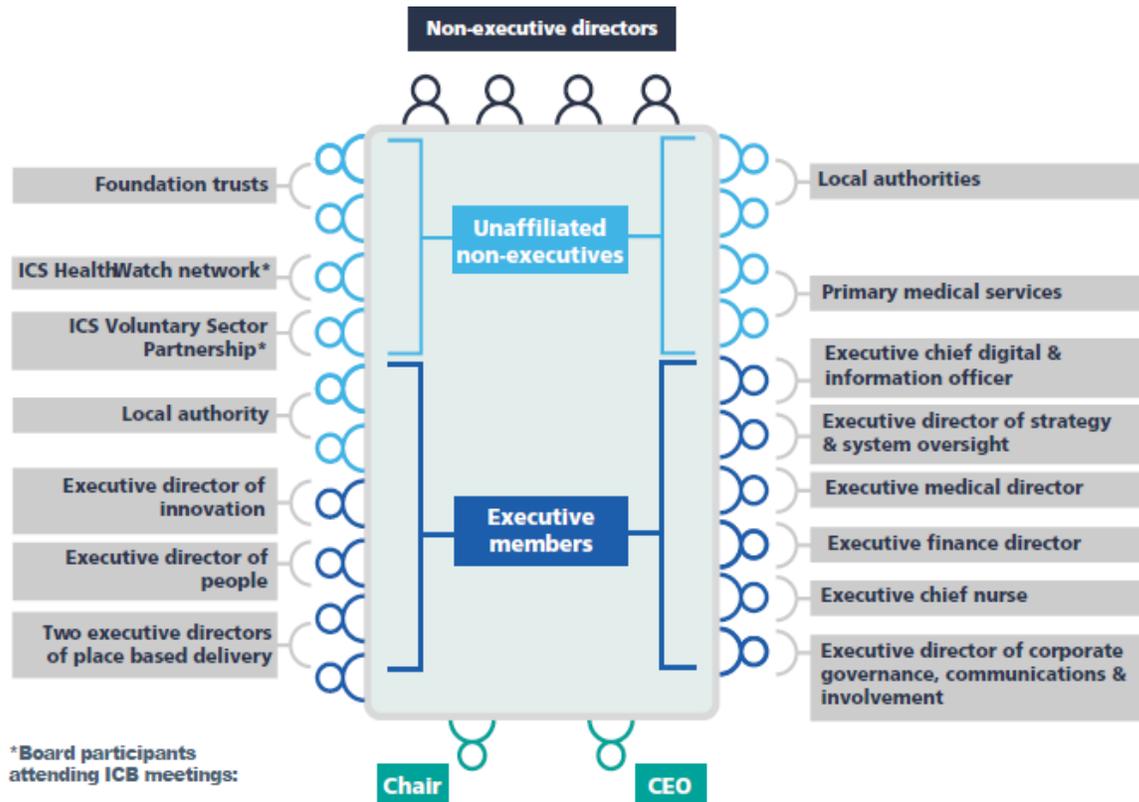
Following feedback from our local authority partners, our system will include one Strategic ICP built up from four 'Area ICPs', recognising our existing partnerships

North East and North Cumbria (NENC) Integrated Care System



Confirmed ICB leadership team

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



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)

Non Executive Directors

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

Participants

- ICS HealthWatch Network: **David Thompson** (Northumberland HealthWatch)
- ICS Voluntary Sector Partnership: **Jane Hartley**

Executive Directors

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

National guidance on the formation of ICPs

Expectations for ICPs are laid out in two key documents: [ICS design framework](#) (June 2021) and the [Integrated care partnership engagement document](#) (September 2021), which were developed by the Department for Health and Social Care (DHSC), NHS England and Improvement, and the Local Government Association (LGA).

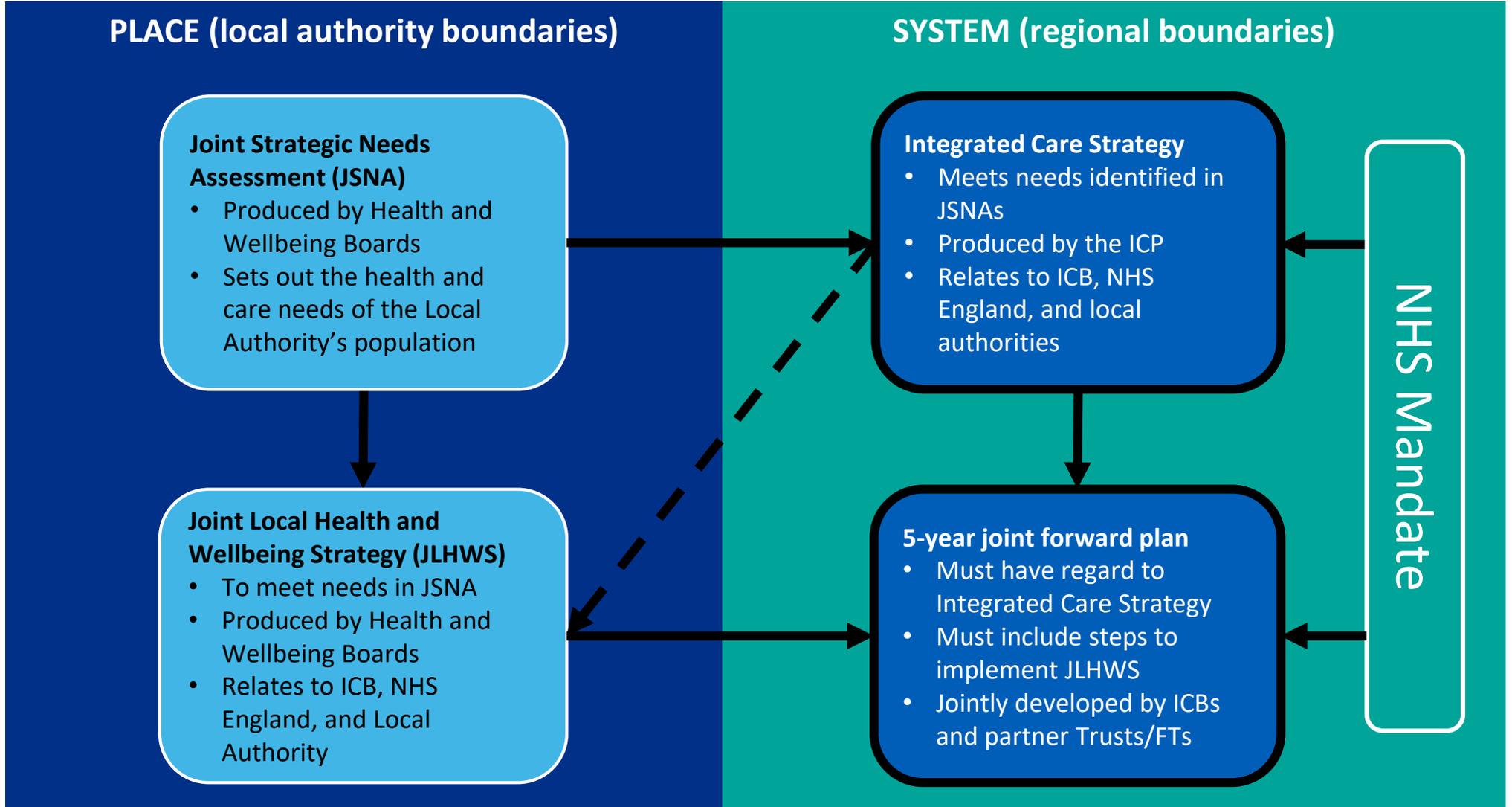
- **Purpose:** to align the ambition, purpose and strategies of partners across the system to integrated care and improve the health and wellbeing outcomes for their population
- **Structure:** a statutory committee, established by the NHS and local government as equal partners (NB the ICP is not a statutory body and does not take on functions from other parts of the system)
- **Governance:** local agreement is required on its terms of reference, membership, and administration
- **Operating model:** this is not prescribed. ICPs can develop the arrangements that work best for them, based on equal partnership across health and local government, subsidiarity, collaboration and flexibility.
- **Public Engagement:** expectation that use mechanisms to ensure our strategy is developed with those with lived experience of health and care services; and a multi agency Communications and Involvement Group is overseeing supported by colleagues in Healthwatch and the VCSE

Roles and accountabilities of ICPs

Having regard to the NHS England Mandate and any guidance issued by the DHSC, ICPs must:

- Facilitate joint action to improve health and care services, reduce health inequalities and influence the wider determinants of health and broader social and economic development
- Develop an '**integrated care strategy**' for its whole population, which the ICB and local authorities must '**have regard to**' when making decisions, and commissioning or delivering services
- This strategy must use the best evidence and data, building up from local assessments of needs (JSNAs), and enable integration and innovation, including multi-agency workforce planning
- Champion inclusion and transparency
- Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes
- Convene, influence and engage the public and communicate to stakeholders in clear and inclusive language, ensuring the system is connected to the needs of every community it includes,
- Promote service integration, through the use of Section 75 arrangements, including pooled funds

How the ICS strategies and plans link together



ICP membership

“A broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population.”

The following are required members:

- **Local authorities** who are responsible for social care services in the ICS area (with a duty to co-operate)
- **ICB representatives** (with a duty to co-operate)

Any other members should be agreed by the ICB, local government and other partners.

- Members are to act in the interests of the ICS population, not of the organisation to which they belong, and their sector knowledge should be used to inform decisions, not represent particular interests.
- Not all partners need be members of the ICP “and membership should be kept to a productive level” (sub-groups, networks and workshops can be used to draw in wider stakeholders)
- It is expected that membership may change as the priorities of the partnership evolve.



Proposed Membership of the Strategic ICP

Core Statutory members

Sector	Proposed member	members
ICB	All Executive directors, non-executive directors, partner members and participants	26
Local Authorities	Health and Wellbeing Board Chair (or appropriate Lead Member) Plus one lead officer	26/28
Total		52/54 (min)

Stakeholders who must be involved (not necessarily as full members)

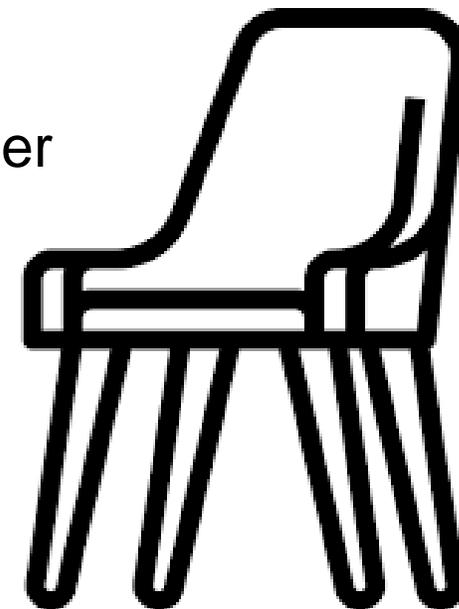
HealthWatch	Representatives from the ICS HealthWatch Network
VCSE Sector	Representative from the ICS VCSE Partnership or other VCSE providers
Clinical Leadership	Including primary, community and secondary care
Local Authority Social Care	Directors of Adult Social Services (ADASS) Directors of Children's Services (ADCS)
Local Authority Public Health	Directors of Public Health

Other optional members

Economic Regeneration	Combined Authorities or Local Authority Economic Regeneration Directors network
Combined Authorities	Managing Directors from Tees Valley and North of Tyne
Housing Sector	E.g. the North East Housing Consortium
Police	One or more reps from our four Police forces
Fire & Rescue	One or more reps from our five Fire and Rescue Services
Education sector	Representatives from the schools, FE and university sector

ICP chairing arrangements

- ICB and local authorities are to jointly select the ICP chair and define their role, term of office and accountabilities.
- The ICB and ICP chairs could be separate or the same –separate chairs may help democratic representation, while the same chair may help co-ordination
- Selection criteria for the ICP chair could include: able to build and foster strong relationships in the system, a collaborative leadership style, commitment to innovation and transformation, expertise in delivery of health and care outcomes, ability to influence and drive delivery and change.
- There is no prescribed appointment process or national policy on remuneration.





Proposed role of our Integrated Care Partnerships

1 Strategic ICP (North East and North Cumbria)	4 Area ICPs
<ul style="list-style-type: none"> • Would meet as an annual or biannual strategic forum • Membership comprising the ICB and all thirteen local authorities (plus other partners to be determined) 	<ul style="list-style-type: none"> • Based on existing geographical groupings • Would meet more frequently • Membership from ICB place teams, local authorities, foundation trusts, primary care networks
<ul style="list-style-type: none"> • Main role to sign off the ICS-wide Integrated Care Strategy • This strategy will build on the analysis of need from the four Area ICPs – and the Joint Strategy Development Group • Will promote a multi agency approach to improving population health and wellbeing and tackling the wider social and economic determinants of health for our 3M population • Will also consider health inequalities, experiences and access to health services at this same population level • Will champion initiatives involving the NHS’s contribution to large scale social and economic development 	<ul style="list-style-type: none"> • Key role in analysing & responding to need from each of its constituent places (using the HWBB-led JSNA process) • Developing relationships between professional, clinical, political and community leaders • A forum to agree shared objectives and joint challenges • Sharing intelligence & removing duplication to ensure the evolving needs of the local population are widely understood • Evaluating the effectiveness and accessibility of local care pathways • Translating local health and wellbeing strategies and the Integrated Care Strategy into activity at the ICS Area level

Possible membership of the 4 Area ICPs

Sector	Proposed member
Integrated Care Board	ICB Executive Director of Place-Based Delivery ICB Place directors, and Directors of Finance, Medical and Nursing
Local Authorities	Leaders/Lead Members from each LA Health and Wellbeing Board chairs Potentially one lead local authority chief executive
Foundation Trusts	Chairs and one or more Chief Executives from the Acute and Mental Health FTs in that Area.
Primary Care	Primary Care Network Clinical Leads
Voluntary Sector	Representatives from each local authority area (e.g., the local voluntary sector infrastructure organisation)

Questions and feedback

Key themes

- Clarity of the proposed operating model (roles for the Strategic ICP and 4 Area ICPs)

For those Strategic and Area ICPs:

- Views on any additional members from other key sectors
- Preferred chairing arrangements – e.g., an elected member