CUMBRIA HEALTH AND WELLBEING BOARD	
Meeting date:	**7 February 2020**
From:	**Integrated Care System North East and North Cumbria**

NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE SYSTEM (NENC ICS)

INTRODUCTION

I am most grateful to the Chair and Members of Cumbria Health and Wellbeing Board for the opportunity to attend your Meeting.

My role as ICS Convenor working in a Non-Executive capacity, with Jon Rush Chair of the Joint CCG Committees, is to support the ICS Executive Lead Alan Foster, and his colleague Dan Jackson, Director of Governance and Partnerships in seeking a consensus on the form, structure and governance of the Integrated Care System for North East and North Cumbria (ICS for NENC).

The ICS for NENC was approved as part of the ICS third wave in June 2019 and, although it is geographically the largest in England, its population size – 3.1 million – is similar to other ICSs in the North of England. There are now 42 Partnerships including 14 ICS areas with the remainder expected to be in place by next year.

The aim of our ICS and the four Integrated Care Partnerships (ICPs) shown on Annex 1 the attached plan, is to work as part of a broad regional partnership to realise a shared vision to improve the health and wellbeing of the 3.1 million people who live in our area, substantially reduce health inequalities and improve the quality of their health and care services. In working together as a system, the ICS will always place the people we serve, and the communities in which they live, at the centre of decision-making.

The ICS is not a new statutory organisation, rather a new way of working to meet the diverse needs of citizens and communities in North Cumbria and the North East. Nor is it a hierarchical model; its main aim is to provide a framework of mutual support across health and care organisations, to tackle shared priorities, that respects the principles of subsidiarity and provides a vehicle for the collective ownership and delivery of those shared priorities.

It is fully recognised that the circumstances in each part of the region vary, and, in North Cumbria in particular, a great deal has already been achieved in developing partnership working within your local health and care system. Moreover, the Cumbria County Council area, and its Health and Wellbeing Board, spans two Integrated Care Systems.

The ICS respects the strong place-based arrangements you have established , overseen by your Health and Wellbeing Board, for it is in 'places' where the vast majority of services will continue to be commissioned, planned and delivered.

The emerging vision for the North East and North Cumbria, and the potential benefits for our population

To provide the best health and care outcomes for the people of the North East and North Cumbria

Based on the benefits of: -

- A strong and trusted relationships between partners with a willingness to work together; placing people and communities at the centre of decision making
- Health and Wellbeing Boards engaged and strongly supported by the wider ICS, delivering shared strategic objectives
- A shared understanding of inequalities, challenges and opportunities with the critical mass to lobby for change and the collective strength to offer solutions to our greatest challenges
- The ability to manage risks and pressures better together as a system
- As the largest ICS, to act with one voice to influence policy and the allocation of resources, and greater autonomy to shape the future of health and care
- Promote clinical networking and develop shared functions where that adds value.
- The critical mass to promote region-wide health and wellbeing campaigns
- An open culture of sharing and adopting best practise

The approach to collaboration

The collaborative approach within the ICS for NENC is grounded in the fourteen local authority areas, which make up the North East and North Cumbria. "Places" are the primary centres for partnerships between Local authorities, NHS services, charities and community groups and other services including Police, Fire and Rescue and housing. This approach offers the opportunity to bring together partners where appropriate on a regional basis to consider how to improve people's health and wellbeing and to improve the quality of their health and care services.

Supporting Place-based working, overseen by Health and Wellbeing Boards, is key to achieving the ambitious improvements in health and care outcomes that we all want to see. In that context, subsidiarity is vitally important and should operate whenever and wherever appropriate. In seeking to work together we recognize very clearly, the operational and financial pressures of Local Government and other Partners, and aim through the ICS to work with them to optimise the use of resources in the interests of the people we all serve.

It is also intended to establish an ICS Partnership body during 2020/21 with an openly appointed Independent Chair, comprising representation from the partners within our four ICP areas. It will provide a strategic view on issues where working at scale makes sense and adds value, shaping and endorsing strategic priorities so that local plans are complemented by a common vision and a shared plan for the North East and North Cumbria as a whole.

Working at scale as an Integrated Care System

NENC is the largest ICS geographically and because each system has a different configuration of needs and services our operating model will vary to other areas.

The ICS works across three broad levels of scale:

- **Neighbourhood and Place** – this is the main focus for partnership working between the NHS and Local Authorities in our cities, boroughs and counties, where Primary Care Networks (serving populations of 30,000-50,000) operate within local authority/CCG areas of between 150,000 to 500,000 people.

- **Integrated care partnerships** –These four partnerships of North Cumbria, North, Central and South are made up of of neighbouring NHS providers and commissioners, Local Authorities and other Partners, to deliver safe and sustainable health and care services for the people in their area.

- **Integrated care system** – covering a population of circa 3.1 million people, focussed on key strategic priorities for ‘at scale’.

Places and neighbourhoods		• Partnership working between NHS and local authorities via **Health & Wellbeing Boards** • Ensuring the quality, safety and accountability of local health services • Primary Care Network development • Health and Social Care Integration initiatives • Joint-working with the local voluntary sector (eg social prescribing) • Embedding population health management • Public and political engagement and consultation
Integrated Care Partnerships		• Focus on acute services sustainability: clinical networking between neighbouring FTs and coordination of service development proposals • One streamlined commissioning hub per ICP • Working towards a single, shared approach to finances, and risk-sharing. • Joint capital planning and sharing premises • Identify and share best practice, reducing unwarranted variation in care and outcomes
Integrated Care System		• Strategic Commissioning (e.g. ambulance) • A shared clinical strategy and coordination of our clinical networks (eg Cancer, Urgent Care, Maternity) • Shared policy development • Emerging ICS-level priorities: 1. Population Health & Prevention 2. Optimising Health Services 3. Workforce Transformation 4. Digital Care 5. Mental Health 6. Learning Disabilities & Autism

The right principles, values and behaviors:

To operate as an effective ICS means working beyond organisational boundaries. The generally accepted view -demonstrated in other more established ICS areas - is that the collective capacity of the ICS will better equip partners to improve population health and care, to improve prevention, keep our people healthier for longer and reduce health inequalities and thereby reduce avoidable demand for health and care services.

To achieve those benefits of scale the approach is to: -

- Act collectively, demonstrating what can be achieved with strong system leadership
- Maintain a shared focus with our partners on measurably improving health and care outcomes, based on the principle of prioritising people first, then system and organisation
- Recognise the continued strengths of each organisation and treat each other with respect, openness and trust, whilst also working as part of an ICS to identify shared priorities and where possible to collectively manage risk.
- Place innovation and best practice at the heart collaboration, ensuring that our learning benefits the whole population,
- Maximise opportunities for system-wide efficiencies
- Consider opportunities with partners to manage where appropriate resources within a shared approach.

ICS Current Progress

To tackle the challenges of continuous improvement and to ensure the sustainability of our services, Local Government, NHS and other Partners are already developing six priority work streams:-

- **Population Health and Prevention** – making fast and tangible progress on improving population health through more effective screening and public awareness to better prevent, detect and manage the biggest causes of premature death in the North East and North Cumbria: cardiovascular disease, respiratory disease and cancer.

- **Optimising Health Services** – setting clinical standards and coordinating initiatives across the ICS to find sustainability solutions for those of our health services under the greatest pressure. This work stream will coordinate the work of our Clinical Networks, including the Cancer Alliance, as well as the developing Primary Care Networks, and manage the dependencies between the service improvement and reconfiguration proposals as they are developed by each ICP, and maintaining an oversight on quality across our patch.

- **Digital Care** – Use digital technology to drive change, ensure our systems are inter-operable, and improving how we use information technology to meet the needs of care providers, patients and the public, helping clinicians to share information and our patients to manage their healthcare.

- **Workforce Development** – building a future workforce for our ICS, with the right skills and flexible support arrangements to enable them to work across multiple settings whilst working collectively to ensure we can recruit and retain staff in priority areas.

- **Mental Health -** improving outcomes for people who experience periods of poor mental health, particularly those with severe and enduring mental illness, and doing more improve the emotional wellbeing and mental health of children and young people, and breaking down the barriers between physical and mental health services.

- **Learning Disabilities** – transforming care for people with learning disabilities and autism and improving the health and care services they receive so that more people can live in the community, with the right support, and close to home.

The approach to ICS governance

The principle of subsidiarity will always be respected with a clear relationship between the ICS's strategic role and the delivery responsibilities of our four ICPs. The ICS will not replace or override the authority of ICS members' councils, boards, and governing bodies. Instead, the ICS has been designed to provide a strategic mechanism for collaborative action and common decision-making for issues, which are best, tackled on a wider scale.

- Always respect the on-going responsibilities and accountabilities of statutory Local Authorities, CCGs and NHS Foundation Trusts for the services they commission and deliver.
- Adopt a person-centred, whole-of-system approach and make evidence-based decisions on a 'best for system' basis.
- Develop health and care services based on a strong clinical evidence base across primary, secondary and social care.
- Ensure impact assessments and co-dependencies are fully understood at a system level when changes to health and care are being developed and implemented.
- Ensure all our decisions are based on delivering good value for money
- Strive to resolve disagreements co-operatively, and build consensus for collective action.
- Follow the Nolan Principles of Public Life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership) in everything.

Mutual Accountability and the relationship between ICPs and the ICS

If and when the ICS identifies strategic priorities - and secures the approval of the partners and statutory decision-makers – then ICPs working with HWBBs and other partners will aim to implement these locally.
Where ICPs identify challenges that they feel could be best addressed via collective working at ICS level then they will be able to escalate these issues for collective consideration and joint action where that makes sense.

The ICS Management Group, which, it is proposed, will comprise representation from NHS and Local Authority Chief Executives, will ensure mutual accountability by focusing on both the delivery of key actions that have been agreed across the ICS, and support for those ICPs – and the 'places' within them – which require support from the wider system, to ensure the effective management of financial and operational risks.

Conclusion and a proposed way forward

It is important as a Region to take full advantage of the current opportunity to shape our future Partnership arrangements to secure the benefits of collaboration. The following proposed way forward reflects the comments and views that we have received from our partners

- Respect subsidiarity and support ICPs and HWBBs through regular engagement and communications with Partners and the People in NENC to focus on understanding and meeting their needs. *The next ICS Partnership Event is on the 30th March 2020.*
- Work with Councils and Combined Authorities in a way, which reflect their preferences for officer and elected member involvement.
- Identify early opportunities to secure additional benefits of collaborative working
- Co-produce ICS governance, policies and actions with partners and develop an ICS Governance structure to include both executive and non-executive, elected and lay member involvement
- Identify and progress opportunities in conjunction with ICPs for closer partnership working in areas of common interest – e.g. influencing the national and local agenda in social care, population health and prevention, securing

additional funding, promoting economic and workforce development and tackling climate change.

- Access the support offer from the LGA and NHS Confederation to support working with Local Authority partners, HWBBs, Combined Authorities and County Councils
- Work closely with partners in the voluntary sector, Housing, Police, Fire, Local Economic Partnerships, and other sectors to secure their involvement and support as they are key to collaborative solutions
- Learn from other ICSs in similar circumstances who have started the journey before us.
- Discuss and agree with key partners an achievable timescale to put in place an ICS governance framework, and a programme to establish an ICS Partnership Body including representation through ICPs and recruiting and appointing an Independent Chair.

Neil Mundy

16 January 2020

North East and North Cumbria Integrated Care System (NENC ICS) Footprint

North Cumbria ICP

Population: 324,000

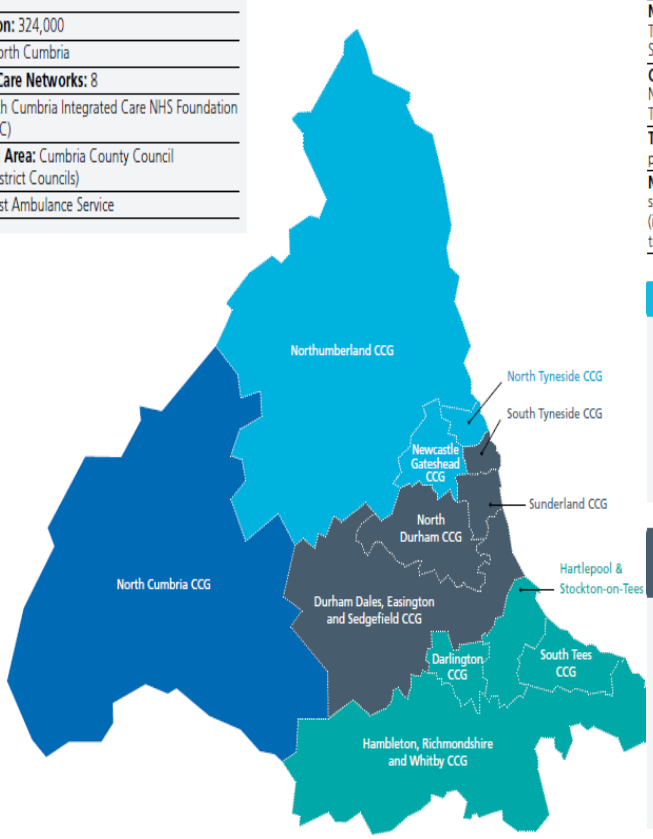
1 CCG: North Cumbria

Primary Care Networks: 8

1 FT: North Cumbria Integrated Care NHS Foundation Trust (NCIC)

1 Council Area: Cumbria County Council (with 4 District Councils)

North West Ambulance Service



NENC ICS-wide

North East Ambulance Service FT covers: North of Tyne and Gateshead ICP; Durham, South Tyneside and Sunderland ICP; Tees Valley South ICP

CNTW Mental Health FT covers: North Cumbria ICP; North of Tyne and Gateshead ICP; plus part of South Tyneside and Sunderland ICP

TEWV Mental Health FT covers: Tees Valley ICP; plus part of South Tyneside and Sunderland ICP

Newcastle upon Tyne Hospital FT: provider of highly specialised and specialised national and regional services (including transplant, paediatric specialisms and major trauma)

North of Tyne and Gateshead ICP

Population: 1.079M

3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead

Primary Care Networks: 24

3 FTs: Northumbria, Newcastle, Gateshead

4 Council Areas: Northumberland, North Tyneside, Newcastle, Gateshead

Durham, South Tyneside and Sunderland ICP

Population: 997,000

4 CCGs: South Tyneside, Sunderland, North Durham*, DDES*

Primary Care Networks: 24

2 FTs: South Tyneside & Sunderland, County Durham and Darlington

3 Council Areas: South Tyneside, Sunderland, County Durham

*County Durham CCG from 1st April 2020

Tees Valley ICP

Population: 852,000

4 CCGs: HAST*, Darlington*, South Tees*, HRW

Primary Care Networks: 17

3 FTs: County Durham and Darlington, North Tees & Hartlepool, South Tees

6 Council Areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland, North Yorkshire

* Tees Valley CCG from 1st April 2020

Yorkshire Ambulance Service