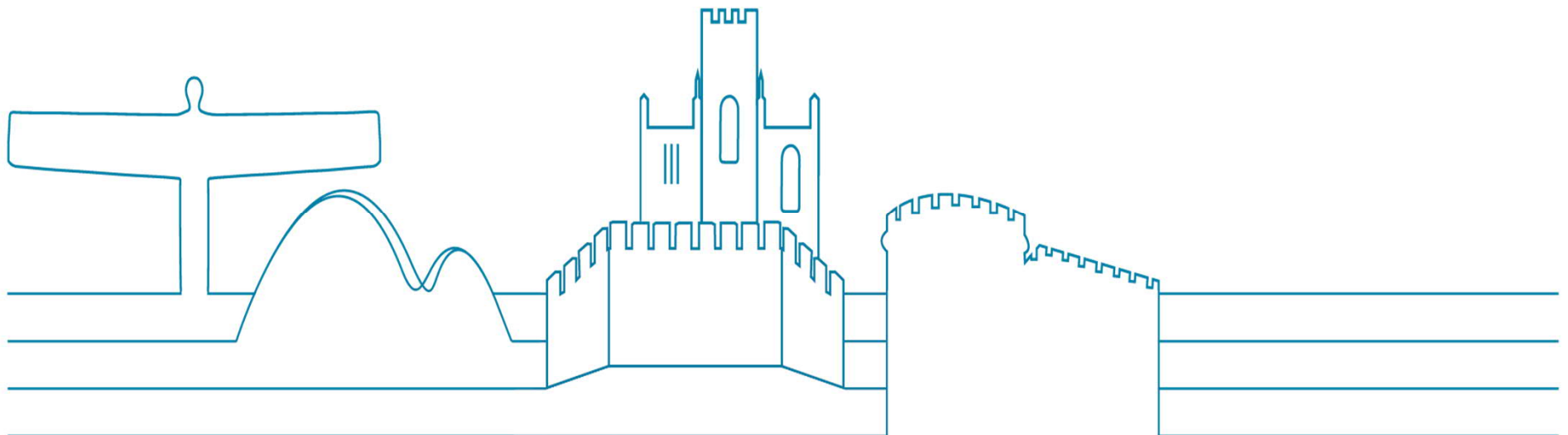




North East and North Cumbria Integrated Care System

Cumbria Health and Wellbeing Board

7th February 2020





Some guiding principles

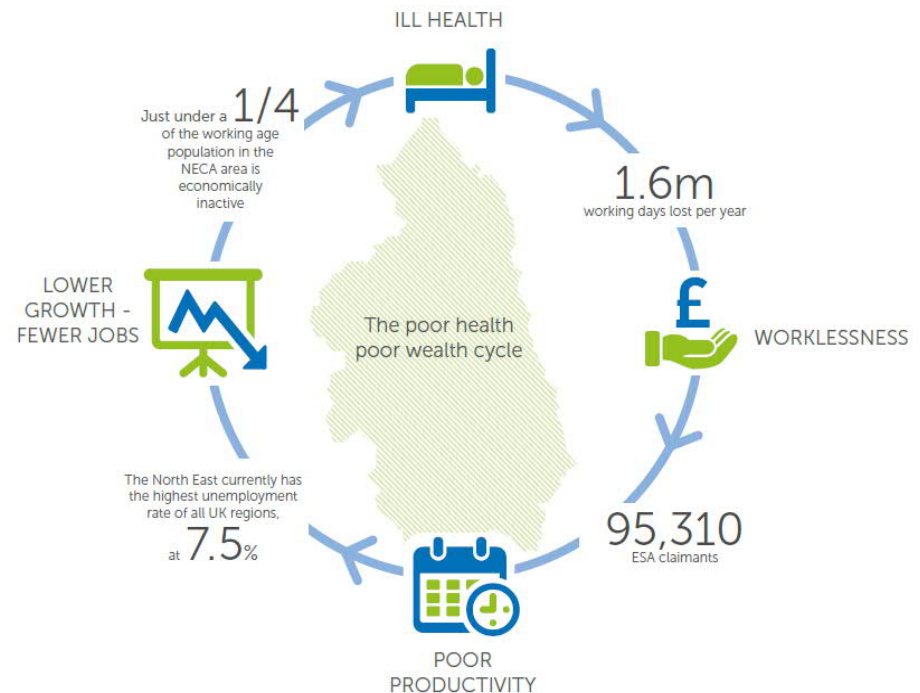
- Putting People and Communities at the centre of integrated health , care and wellbeing
- Inviting Partners from various Sectors to work together (great examples being the 8 ICCs in North Cumbria)
- No hierarchy; rather to promote subsidiarity within ICPs to build services around local communities
- Support Health and Wellbeing Boards with their Strategies and local Partnerships through their place based working
- Co-production with Local Government and other in Partners in developing governance of the Integrated Care System
- Openness and transparently
- Respecting the financial and many other pressures on Local Government and other Partners and supporting the case for reform to the provision and funding of Social Care and Public Health

The context for Integrating Health, Wealth and Wellbeing



- Health and Care cycle of missed opportunity
- Ill health contributes to worklessness, poorer productivity and lower economic growth which impacts the health, wealth and wellbeing of the population

- The Health and Care cycle is driven by poorer population health as a starting point
- This leads to an over-dependence and over utilisation of the hospital sector
- Funding is drawn away from investment in prevention which stops the causes of poor health being addressed





Longstanding and effective clinical networking between the North East and Cumbria

- Specialist hospital services in the North East have been accessed by Cumbrian patients since the NHS was founded, with patients traveling to Newcastle for cardiology, stroke (thrombectomy), specialist renal, paediatrics, vascular surgery, endocrinology (transgender services).
- Visiting consultants and specialist nurses (eg in oncology) have helped develop the local staff in Cumbria, and are supporting the new Cancer Centre in Carlisle
- Great North Children's Hospital in Newcastle is an ICS-wide resource for complex cases and the neonatal specialist care unit takes very premature babies (less than 27 weeks).
- Haematology: Northumbria and Newcastle consultants support the haematology on-call rota – in Cumbria, supported by digital sharing of blood films
- Radiology: we are in the final stages of digitising radiology images which will enable North East NHS radiologists to support Cumbria avoiding the need to rely on private providers



Longstanding and effective clinical networking between the North East and Cumbria cont...

- Newcastle University arrange placements for undergraduate medical students in Cumbria (important for subsequent recruitment); and all of the speciality postgraduate medical training programmes rotate through Cumbria (vital to sustain on-call rotas).
- General Practice: the Northern Deanery hosts two GP training programme in Cumbria (East and West respectively), without the link to the Northern Deanery it would be difficult to fill the programmes and this year the GP trainee fill rate is the highest ever.
- Pressures on elective care in Cumbria have been supported from Newcastle and Northumbria, with patients having some surgery in Newcastle and some Cumbria surgeons operating at Hexham to reduce travel for Cumbria residents

All of these initiatives improve access for Cumbrian patients and enable medical staff to work in a wider network, providing peer support and maintaining proficiency.



Vision and benefits of an Integrated Care System

Vision :-

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

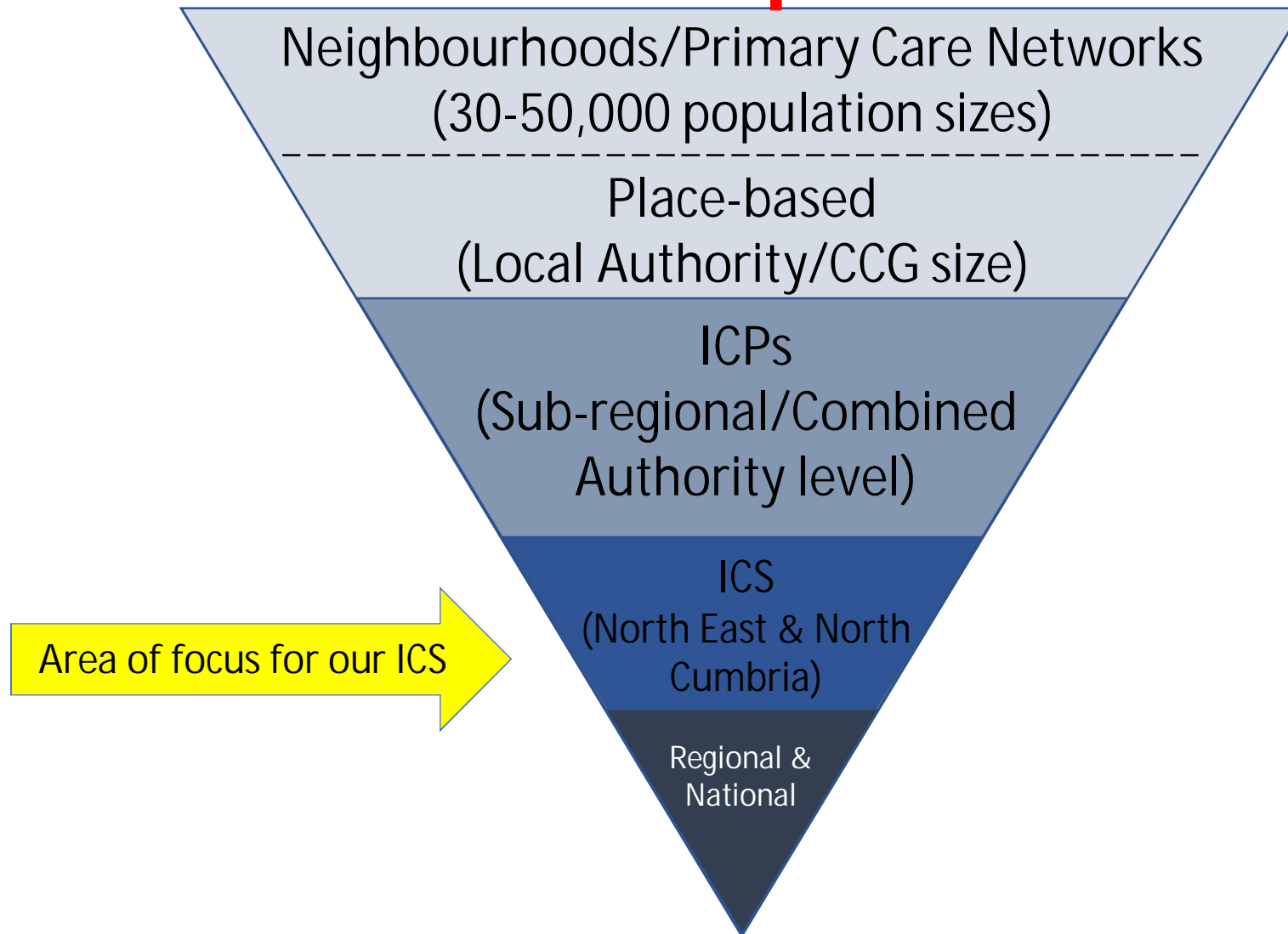
The benefits :-

- A shared understanding of inequalities, challenges and opportunities and the critical mass and ability to develop solutions.
- As the largest ICS geographically , speak with one voice to be an influence nationally and achieve greater autonomy to shape the future of health and care
- Health and Wellbeing Boards supported by the wider ICS , delivering shared objectives in Health , Wealth and Wellbeing
- The ability to access new resources as a large collaborative ICS
- Manage risks and pressures better as a System
- An open culture to share and adopt best practice and avoid duplication
- A strong and trusted relationship within the Partnership

Key principle: subsidiarity

“Doing the right things at the right level with the right partners.”

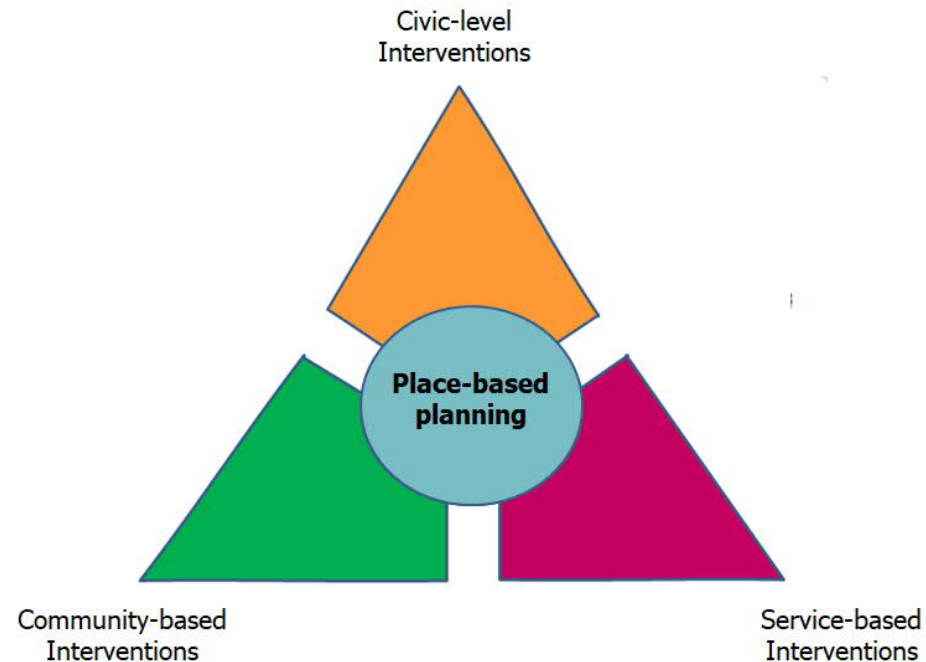
People



A Partnership approach to Integration and in addressing Health Inequalities

Place Based Approach

- Local Authorities
- NHS Services
- Voluntary Sector
- Wider partnership





The Partnerships

Integrated Care System (ICS)

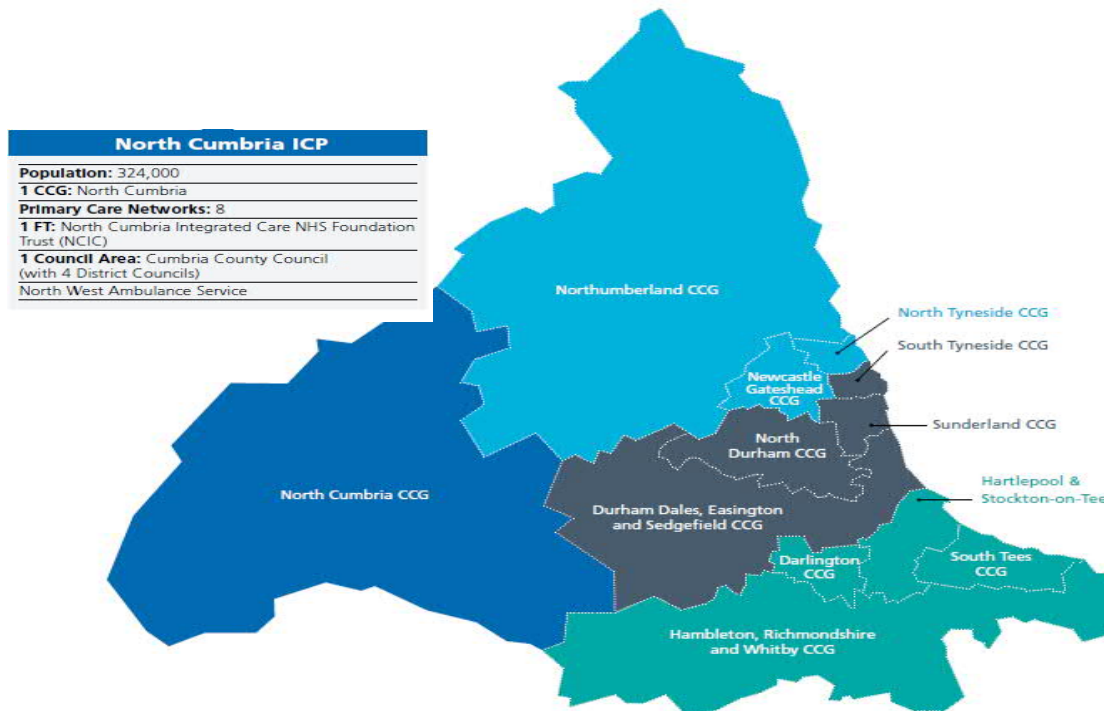
- a Regional partnership (not a statutory organisation) between the NHS, Local Authorities, and Others Partners , and to build consensus on shared strategic objectives and to take collective responsibility for resources to improve the Health , Wellbeing and Care of the people they serve.

Integrated Care Partnership (ICP)

- a Local partnership, within the ICS, of neighbouring NHS providers and commissioners, Local authorities and Other Partners , to deliver sustainable Health, Wellbeing and Care services for the people in their area.



NENC ICS Footprint with four Integrated Care Partnerships



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

TEVV 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



Emerging ICS priorities

(*LA & Wider Partnership involvement)

ICS Priority workstream	Expected impact
1. Population Health & Prevention*	We can make faster progress on tackling health inequalities when we work together at scale towards common goals - e.g. in preventing cardiovascular disease, or in working together on tobacco and alcohol control, weight management and physical activity pathways.
2. Optimising Health Services	Improved collaboration and clinical networking between neighbouring hospitals will allow us to sustain equitable access to high quality clinical care
3. Workforce Transformation*	Doing more to recruit and retain our staff in NENC, and equipping them with the right skills will improve the impact of our services – and help local people into employment.
4. Digital Care*	Improve how we use digital care and information technology to meet the needs of care providers, patients and the public, helping people to make appointments, manage prescriptions and view health records online.
5. Mental Health*	Improve outcomes for people who experience periods of poor mental health and break down the barriers between physical and mental health services.
6. Learning Disabilities & Autism*	Transform care for people with learning disabilities and autism, and improve the health and care services they receive so that more people can live in the community, with the right support, and close to home.



Features and key principles of established Partnership bodies

- Based on trusted relationships and a willingness to work together, always putting the interests of People and Communities first
- Subsidiarity remains a fundamental principle, and such Partnership Bodies cannot replace or override the authority of Councils, NHS Boards or Governing Bodies
- They should be trusted and effective forum for discussion and a mechanism for collaborative action on issues best addressed at scale
- Set a strategic direction on a small number of key issues in the interests of patients and communities
- They focus on developing a shared vision for health, wellbeing and care, sharing learning on what works and identifying the resources to meet our shared challenges
- They have inclusive representation from NHS, Local Authorities and Other Partner organisations.



The Proposed way forward in 2020

- Respect subsidiarity and support ICPs through regular engagement with Partners and the People in NENC to focus on understanding and meeting their needs. (Next Partnership event 30th March 2020)
- Encourage stronger participation by demonstrating more clearly the benefits and role of the ICS to Partners and how it will support HWBBs and Place based services
- Coproduction of ICS governance , policies and actions with Partners and develop a ICS Governance structure to include both Executive and Non Executive / Elected and Lay involvement
- Identify and progress opportunities in conjunction with ICPs for closer partnership working in priority areas of common interest – e.g. Influencing the national and local agenda in Social Care , Population Health and Prevention , Economic Development , Climate change



The Proposed way forward in 2020 cont...

- Access the LGA and NHS Confederation offer for ICSs to work with Local Authority Officers , Elected Members , HWBBs , Combined Authorities and Counties to satisfy their requirements of the ICS
- Work with Partners in VCSE , Housing , Police , Fire , Local Economic Partnerships, and other sectors to welcome their involvement and support
- Learn from other ICSs in similar circumstances who have started the journey before us
- Agree with ICPs and key Partners an achievable timescale to put in place an ICS Governance framework , MoU and programme to establish a ICS Partnership Body including an Independent Chair
- Allow sufficient time to develop trusted relationships through discussions with key Partners, seeking their views and recognizing and support them with their pressures and needs



Stages of ICS Partnership Governance Development

ACTIONS in conjunction with ICPs	STAGE 1 (Q3 2019) Establish Partner relationships	STAGE 2 (Q4 2020) Developing relationships	STAGE 3 (Q1/ 2 2020) ICS Governance plan and Appoint Board	STAGE 4 (Q3 2020) Establish ICS Partnership Body
Work with LGA , NHS Confed. & ICS Network	Joint working	Continuous	Continuous	Continuous
Meetings Leaders of Local Authorities, VCSE attending HWBBs	Combined Authorities & Counties	At every opportunity.	At every opportunity	At every opportunity
NHS / Partners MoU and Comms Plan in place	All NHS Boards approved MoU	Maintain & Review	Review & create wider Partnership MoU	Approve and implement by Partnership Body
1:1 Meetings with NHS/LAs & other Sector Partners	With Partners agreement	At every opportunity	At every opportunity	At every opportunity
Public / Partner Engagement	Road shows	Continuous	Continuous	Continuous
Non Exec & Lay members events and involvement	November meeting	30 th March Partnership Event	June meeting	September meeting
Work with LA CEOs	Agree representation	Co Production with LA CEO involvement	Joint working	Joint working
Full Partnership MoU & Governance Framework	Listen/ Consult	Co produce	Co produce and Agree	Joint undertaking
Jointly appoint Partnership Board and Chair & VC	Listen/Consult	Listen/Consult	Joint working	Joint working



Key questions

- What really matters to your Council and you the Health and Wellbeing Board?
- How can the ICS support you and other Health and Wellbeing Boards?
- What role do you see Local Authorities and Health and Wellbeing Boards taking in the ICS?
- How can the ICS work together with Cumbria County Council and other Partners , further to support local and regional needs and contribute more to economic growth and future policy?



THANK YOU