



Wednesday 16 June 2021

## **Integrated Care System for the North East and North Cumbria**

**Answers to questions from the Joint Overview and Scrutiny Committee for the North East and North Cumbria ICS and North and Central Integrated Care Partnerships (ICPs)**

**1. Our Integrated Care System (ICS) is the biggest in the country. It is all the more important therefore that there is not a ‘one-size fits all’ approach that is imposed upon all areas within the ICS. Although the White Paper states that there will be sufficient flexibility to allow the bespoke shaping of arrangements at place level (consistent with the ‘primacy of place’ principle), how do you see this working in practice across our ICS?**

As at 7/6/2021 we are still awaiting guidance relating to this however we are acutely aware of the importance to maintain focus at a place level, and we are committed to retaining and building upon existing joint planning arrangements between the NHS and council partners in each of our thirteen local authority areas.

**2. The White Paper refers to the establishment of an ‘ICS Health and Care Partnership’ for each ICS (with local government involvement). How can we be sure that this will be a true partnership instead of an NHS controlled partnership? How do we ensure social care and public health agendas are fully recognised?**

The White Paper sets out statutory establishment in each ICS of a health and care partnership - bringing together NHS organisations and local councils in a partnership of equals, alongside the statutory NHS bodies. This will therefore ensure social care and public health agendas are fully recognised. This is not an NHS controlled partnership.

From a legislative point of view, we expect there to be a core mandatory membership requirement for the partnership and the NHS ICS Board. We also expect there to be flexibility to invite any other organisation or representatives to be involved in a way that best suits our region.

**3. The White Paper refers to local areas having autonomy and delegated budgets from the ICS. Is that the proposed direction for our ICS and how will it**

**work? Will there be an assessment of the ‘maturity’ of place based partnerships to be entrusted with delegated budgets etc? How does this sit with the proposed increase in powers for the Secretary of State?**

As at 07/06/2021 we are still awaiting further guidance regarding this.

#### **4. How do you see Provider Collaboratives working across our ICS?**

Provider collaboratives will be an essential part of future system working and NHS provider chief executives have formed a collaborative for the North East and North Cumbria Integrated Care System footprint. The collaborative includes ambulance, hospital/community and mental health trusts across the region who have come together to share their expertise and improve access to services.

The focus for provider collaboratives will be to operate at scale to deliver specialist care effectively, reduce variants in clinical practice and outcomes, support workforce planning and provide equal access to care and treatment. NHSE/I has set out minimum standards for collaboratives which include agreeing and implementing changes developed by clinical and operational networks, challenge and hold each other to account and enact mutual aid arrangements. More guidance is expected but we also expect there to be flexibility for us to develop our own collaborative arrangements to best suit the needs of our region.

The North East and North Cumbria Provider Collaborative is jointly chaired by chief executive of Newcastle upon Tyne Hospitals NHS Foundation Trust Dame Jackie Daniel and chief executive of North Cumbria Integrated Care NHS Foundation Trust, Lyn Simpson. You can read the first briefing from the provider collaborative which sets out their key areas of focus going forward [here](#).

Joint working across our provider organisations already exists and work well but the development of the Integrated Care System and the recent White Paper will enable us to build on this on a more formal footing. For example, we already have well established clinical networks which have, and continue to, support mutual aid arrangements when required and work together to ensure a joined up approach to ensuring equal access to specialist care.

The collaborative will not replace ‘place-based’ collaborations and system working (e.g. those already established such as for example Newcastle Collaborative and Northumberland System Transformation Board). The collaborative will not change the core duties and functions of NHS trusts and foundation trusts in their own right either.

A current focus within the North East and North Cumbria Collaborative is to all address the waiting list backlog as part of our overall pandemic recovery plans. You can read a recent [release](#) describing how we are part of a national ‘accelerator’ programme to address this and work in this area is ongoing. Due to strong relationships and collaborations in our region we maintained significant

amount of activity and care throughout the pandemic.

As the briefing mentioned above describes, the focus of our North East and North Cumbria Provider Collaborative will be to:

- Creating a wider clinical strategy which is sustainable for the future and helps us collectively recover from Covid-19
- Prioritising areas for capital investment ensuring all providers have the right environment and equipment to enable them to continue to provide the best possible care whilst enabling innovation;
- Efficiencies across the provider network driving productivity and maximising efficient practice;
- Developing principles and proposals for close integration of providers

**5. What will be the role of the ICS in the area of prevention and, particularly in tackling the social determinants of health and health inequality?**

This needs to be the cornerstone of our collective plans and all partners have a responsibility to focus on prevention and tackle the social determinant of health inequalities. Much has been written about the importance of anchor institutions and the need for large organisations to play their part in tackling the challenges of health inequalities. See [here](#) for an event from The King's Fund. Not one organisation can tackle this alone however and therefore the importance of partnership cannot be underestimated.

**6. Partnership working is about relationships and good relationships have been developed with clinical commissioning groups (CCGs) since 2013 across the North East and North Cumbria patch. What measures can be taken across our ICS to ensure that those relationships with professionals and clinicians are not lost as part of the new NHS landscape?**

We agree. Relationships are pivotal in ensuring we deliver what is right for our local communities which is why the emphasis must always be on place-based delivery. We are anticipating further guidance regarding this in the coming weeks.

**7. CCGs currently have particular statutory responsibilities, for example in safeguarding. How will those responsibilities transfer across to the ICS and how will they be fulfilled at a place level?**

National guidance is being developed on the future arrangements to ensure the safeguarding of vulnerable service users. Although the ICS will inherit the statutory responsibilities of our current CCGs, safeguarding, and the monitoring of service quality, will continue to be an important place-level function.

**8. Given the size of our ICS, we currently have a number of ICPs within our patch (such as the ICP North and ICP Central that fall within the remit of the**

**joint OSC). What does the future hold for these ICPs as part of the new NHS landscape?**

Taking into account the direction of travel set out in the White Paper, the most recent NHS Planning Guidance and the helpful conversations we have had with local authorities over the last two months, we will retain both the existing joint-working arrangements at place-level between the NHS and local authorities. We will continue to support the existing ICP planning arrangements and partnership meetings across our four ICP footprints.

**9. As the White Paper makes it clear that CCGs will no longer exist from 1st April 2022, where does that leave system agreements that are in place at that time e.g. the Collaborative Newcastle Agreement and the Alliance Agreement for the Gateshead System ('Gateshead Cares')? Will the ICS take on the obligations set out within those agreements from 1st April 2022?**

These are place based arrangements that will continue in their current form with local partners.

**10. How can this joint OSC committee be involved going forward in helping to shape the emerging arrangements for our ICS?**

It is for the joint OSC to consider what its scrutiny role is, as arrangements emerge. This will no doubt be influenced by the national guidance we are waiting to be released. Notwithstanding this, local organisations will need to continue to satisfy the requirements for local scrutiny especially given the importance of place-based activity.

**11. What arrangements will there be in place for public engagement within our ICS?**

It is important to note that the focus for engagement and communications has got to be driven locally at a place-based level. This also supports and builds local relationships. We are awaiting further guidance regarding the requirements at an ICS level however it is important to differentiate between the statutory NHS body requirements from the requirements for the partnership board – engagement requirements for the latter will need to cater for the objectives set out by the partners.

**12. The White Paper mentions that further national guidance will provide more detail on various aspects of the proposals. What is the latest timeline for the release of this guidance, the anticipated Bill etc?**

The Health and Care Bill was set out in the Queen's Speech on 11 May and we expect this to be set for a second reading in Parliament sometime in July 2021. We then expect a series of rolling guidance for the transition year (2021/22) and then implementation of legislative change from 2022.