GATESHEAD HEALTH AND WELLBEING BOARD
2nd December 2022

TITLE OF REPORT: **Place Based Governance and Working Arrangements**

Purpose of the Report

1. The report seeks the views of the Health and Wellbeing Board on the next steps in taking forward place-based governance and working arrangements for the Gateshead Health & Care System (Gateshead Cares).

How does the report support Gateshead's Health & Wellbeing Strategy?

2. The Gateshead Cares Alliance Agreement and its programme areas support the six policy objectives of Gateshead's Health and Wellbeing Strategy *"Good jobs, homes, health and friends"*. Gateshead Cares partners also wish to see decision making as close to communities as possible, consistent with the primacy of place principle. This is reflected within the response to the questions set out in this report.

Introduction and Background

3. Gateshead Cares (Gateshead's Health and Care System Board) brings together local health and care commissioners and providers across the system to work together so that the health and care needs of local people and communities can best be met. It includes representatives of the ICB at Gateshead Place (formerly the CCG), the Council, local Foundation Trusts, Primary Care and the VCS.

4. Initially the Gateshead Health & Care System Group had been operating under a framework provided by a Memorandum of Understanding (MoU) from 2019. Whilst the MoU served the System well in its formative years, it was felt that it was timely to develop those arrangements further so that they matched our future ambitions for the Gateshead system whilst also enabling us to prepare for and respond to changes in the health and care landscape.

5. To this end, the Boards of partner organisations of Gateshead Cares agreed to enter into an Alliance Agreement with effect from the 1st April 2021. The Alliance Agreement formalised governance arrangements (see Appendix 1) and ways of working to support the delivery of key work programmes across the local system that are updated on an annual basis.

6. It was recognised that the Alliance Agreement would evolve and develop further over time and that it would provide a framework to build upon as changes to the health

landscape arising from the Health and Care Act 2022 were embedded. The North East and North Cumbria Integrated Care Board (NENC ICB) was formally established on the 1st July 2022.

7. NENC ICB is responsible for ensuring that high quality and safe health services are accessible to our communities within its patch. It has a wide range of functions including promoting integration of health and care services, improving people's health and wellbeing, and reducing health inequalities.

8. As well as strategic functions, ICB staff also work at place level with local health and wellbeing boards in each local authority area. These teams work alongside primary care networks (groups of local GP practices), social care teams and other community-based area providers. The ICB also works with a Provider Collaborative, which includes NHS foundation trusts in the region, to deliver shared priorities.

9. In light of these changes to the health landscape, there is now a need to re-visit how we can develop our joint working arrangements with the new ICB, make the most of opportunities to progress Gateshead's Health and Wellbeing Strategy and our work programmes, whilst also enabling us to better respond collectively to the significant challenges that are impacting upon our system and ultimately the health and wellbeing of people and communities within Gateshead.

Integrated Care System (ICS) Workshop – 24th June 2022

10. An Integrated Care System (ICS) Workshop attended by over 180 representatives from Local Authorities, NHS, Voluntary and Community Sector, Healthwatch and Universities, system partners was held on the 24th June, immediately prior to the ICB being established under the Health and Care Act 2022. The purpose of the workshop was to discuss key questions, including what should be included in the strategic priorities of the ICS, through to what does 'place-based working' mean and what principles should drive the development of our joint working arrangements.

11. System Partners agreed that the vision for the ICS remained relevant and aligned to their ambitions for the system and emphasis on[1]:
    - Collective use of resources;
    - Better use of technology;
    - Sustainability of services;
    - Transforming population health.

12. It was also agreed by partners that consideration should be given to tackling health inequalities, the wider determinants of health and the importance of data and intelligence in decision making. Stakeholders agreed that system working unlocks opportunities at scale whilst emphasising the importance of delivery at Place.

[1] NENC ICS North East and North Cumbria joint NHS and LA workshop event Working together for healthier and happier lives: Feedback and Next Steps. 24 June 2022

Ambitions to Support Delivery of the ICS Vision

13. Several ambitions have been identified across eight key areas that support a collective health and care strategy with a focus on prevention and reducing health inequalities. It is envisaged that they will enable locally-led integrated services to flourish, support collaborative working, a system-wide approach to finance and will drive the maximum benefit from the system economy. The eight key areas are:

    - Population health
    - Commissioning for integrated care
    - Provider collaborative
    - Workforce
    - Finance
    - Data and digital
    - Sustainability / net zero
    - Learning, innovation and research

Key Deliverables for the ICS

14. Senior leaders from across the NHS and local authorities have had oversight of the formation of the Integrated Care Board (ICB) as a statutory body – including the ICB's constitution, the composition of the board and delegation of key ICB's functions to each of the thirteen local authority 'places'. The ICB are now focused on working with partners on the next set of key deliverables for the ICS. These include:

    - The formation and membership of the strategic Integrated Care Partnership (ICP), and its relationships with the four locally-focussed Integrated Care Partnerships (ICPs);
    - The joint development of an Integrated Care Strategy through the ICP, which the ICB and all of the local authorities in the ICS area must have regard to in making decisions;
    - The development of formal place-based governance arrangements between the ICB and local authorities.

Place Based Governance

15. The government's Integration White Paper 'Joining Up Care for People, Places and Populations' has set out further expectations for place-based working by 2023[2]. This includes strengthening local joint governance arrangements between ICBs and local authorities, and the accountability for delivering of local shared plans. Formal place-based governance structures will need to enable how we agree shared outcomes, manage risk and resolve disagreements – and how we make use of existing structures and processes, including Health & Wellbeing Boards, the Better Care Fund and pooled budgets.

[2] Dept for Health & Social Care Joining Up Care for People, Places and Populations. 9th February 2022

16. Elected members, as democratically elected representatives, will hold a key role in setting local and region-wide priorities and leading how health and care will work together going forward, through their role on both the Integrated Care Board and the Integrated Care Partnerships, alongside their ongoing role on Health and Wellbeing Boards and local scrutiny committees.

17. Formalising the governance of our place-based working arrangements is a key task for the ICB to work on with local Place partners during this important transition year. The ICB has delegated responsibility for the delivery of its place-based functions and relevant budgets through two Executive Directors of Place Based Delivery.

18. The two Executive Directors and their place-based ICB teams will manage the operational delivery of the ICB's functions, and the ongoing joint work to be carried on in each local authority area. Business continuity during this transition period is vital and the teams are working closely with partners to avoid disruption and maintain business as usual.

19. Appendix 3 sets out a functions and decisions map for the ICB which distinguishes between those functions and decisions that will discharged at NENC 'system' level and those that will be discharged at 'Place' level.

20. It will be for system partners to determine the footprint for each place-based partnership going forward, the leadership arrangements and what functions it will carry out. Models to consider are[3]:

Consultative forum *Helpful for engaging the widest range of members to discuss and agree shared strategic direction together.*	**A collaborative forum** which would act in an advisory capacity to the Executive Directors of Place-Based Delivery but could not make binding decisions. The Forum could inform decisions by relevant statutory bodies, such as the ICS NHS body or local authorities, in an advisory role.
Committee of the ICS NHS body *Helpful for making decisions of the ICS NHS body based on a range of views.*	**A formal Place Committee of the ICB**, coterminous with the local authority with formal delegation of NHS resources and a direct line of reporting and assurance to the ICB. The chair and members of such a committee could include ICB staff and a range of partners but they would be accountable to the ICB. However, the decisions reached would be the decisions of the ICS NHS body. Such a committee could not make decisions on behalf of other bodies.
Joint committee *Helpful for making joint decisions between relevant partners.*	**A Joint Committee** coterminous with the local authority allowing collective decisions to be made within its scope of authority on behalf of a number of organisations – for example, the ICB and local authority.

[3] NHSE/I & LGA Thriving places: Guidance on the development of placebased partnerships as part of statutory integrated care systems. Version 1, September 2021

	The relevant statutory bodies can agree to delegate defined decision-making functions (and resources) to the joint committee in accordance with their respective schemes of delegation. Such a Joint Committee would have a direct line of reporting and assurance to both the ICB and the other constituent statutory bodies, requiring agreement by all parties to the level of delegated authority or statutory decisions set out in a formally approved MOU. It would also allow for multi-agency decision-making and delegation of resources, which could more effectively address the wider determinants of health and wellbeing.

21. The Executive Directors of Place-Based Delivery have been tasked to work with each Place to explore these governance options for place-based working, then develop a mutually agreed governance roadmap to include the powers and resources delegated from the ICB (and local authority in the case of a joint committee).

22. Samantha Allen, Chief Executive of NENC ICB wrote to local authority and NHS Foundation Trust Chief Executives on the 12th October regarding the next steps towards formalising place-based joint governance and decision-making within the ICS. To further assist in this process, a series of detailed questions have been set out in an appendix to the letter, which Executive Directors of Place-Based Delivery will work with areas to complete. These questions have been incorporated into this report. The Chief Executive of NENC ICB has sought proposals for consideration and approval at the Integrated Care Board meeting in November, with shadow running of these arrangements to follow from January onwards. This would allow for the completion of any local government approval processes (where any Joint Committees needed to be established) ahead of formal adoption by the ICB and local authorities from April 2023.

Aspirations for Gateshead Place

23. As there is not a formal committee arrangement in place between the ICB and Gateshead Cares, the Gateshead system is currently working with the ICB at level 1 above (a consultative forum). However, Gateshead Cares also has a formal Alliance Agreement in place with its partners which has enabled the identification of priorities and work programmes as well as supporting decision-making based on a range of views - see Gateshead's priorities submitted to the ICB (Appendix 2). These priorities support the Gateshead "Thrive" approach which, in turn, is underpinned by the six policy objectives of Gateshead's Health and Wellbeing Strategy[4] *"Good jobs, homes, health and friends"*:

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;

[4] Gateshead Health & Wellbeing Strategy: Good jobs, homes, health and friends "why treat people and send them back to conditions that made them sick?" 2020

- Create the conditions for fair employment and good work for all;
- Ensure a healthy standard of living for all, in accordance with internal law on economic and social rights;
- Create and develop sustainable places and communities;
- Strengthen the role and impact of ill health prevention.

Issues for Consideration

24. It is understood that a Joint Committee is about the NHS and LA delegating functions and decisions to be made by a joint committee. In this way, the delegation would be to the joint committee, not separately to the individual organisational representatives who sit on the committee. The governance model would therefore need to be clear on the remit of the joint committee. Whilst partners may wish to work towards the pooling of resources, there is no requirement to pool in establishing a joint committee in the first instance.

25. A Joint Committee would represent a new way of working together by the NHS and LA. It could also secure more combined influence over the Gateshead health and care system, facilitate joint responses to key challenges and provide a framework to make the most of opportunities that arise from the new joint working arrangements.

26. It seems therefore that there is scope for a phased approach to be taken. A joint committee could be established with a view to delegating certain functions and decisions to be made by the committee – phase one. Discussions could continue on the scope for pooled budget arrangements and what those arrangements might look like as part of phase 2 e.g. a review of priorities and programmes of work, how they are funded and a consideration of what added value could be secured through the introduction of new pooled budget arrangements i.e. in addition to existing arrangements such as the Better Care Fund.

27. It also needs to be borne in mind that a mapping exercise is currently being undertaken by NHS Finance colleagues across the ICB to identify and clarify what resources will be managed at ICB system level and what resources will be managed at Place level. The outputs from this exercise will help inform discussions on the delegation of functions, decisions and resources to a Joint Committee arrangement from the NHS (with reference to the functions and decisions map at Place level set out under Appendix 3) and how that could be complemented by delegations from the LA over time.

28. As mentioned, the system partners (Gateshead Cares Board) currently have an Alliance Agreement and propose to support the transformation at Place through a Joint Committee with the Director of Place (joint appointment). They would include updating the current agreement, having a jointly elected chair and a review of its membership and priorities. This would also require agreement through each organisational decision-making process such as Executive Boards, Governing Bodies and Cabinet/Council.

Questions to consider:

- *Of the governance models set out at paragraph 20 above, and building on what is already in place, which is the preferred option for Gateshead's place-based partnership - do you agree we should seek to become a Joint Committee?*

  The Gateshead Cares System Board is of the view that we should seek to become a Joint Committee as it would represent the next step towards health and care integration at Gateshead Place, consistent with the principles and the direction of travel set out in our Alliance Agreement. It is understood that clarity will be needed on the decision making and governance arrangements for the Joint Committee, as well as its priorities going forward. Clarity will also be needed on the implications for individual partner organisations, in particular for ICB Place and the local authority, in reaching a decision on this issue.

  An alternative option (a Place Committee of the ICB) would effectively mean becoming a sub-committee of one Partner organisation of Gateshead Cares. This would not be consistent with the direction of travel set out in our Alliance Agreement. Whilst such a committee could include a range of partners, it would not be a true partnership and members of the committee would be accountable to the ICB.

- *If option 3 (Joint Committee) is pursued, what authority and budgets would you propose be delegated to this joint committee from the local authority and ICB? Do you agree to a phased approach being taken to developing those arrangements, including the delegation of budgets and future pooling of resources?*

  Each Place will need to work through the details of the governance arrangements that works best for their locality, there is no one size fits all. The System Board is of the view that it would be sensible to take a phased and incremental approach to the authority and budgets that would be delegated to a Joint Committee arrangement that builds momentum over time.

  As the Joint Committee option would require changes to organisational delegation arrangements and their constitutions, in particular the ICB and local authority, a phased approach would also mean a more measured approach, with the scope to build-in review and further development of those arrangements.

  This would also be consistent with the approach that partners have taken to the development and evolution of Gateshead Cares to-date, moving as it did from an MoU to an Alliance Agreement to provide a framework for future governance arrangements.

  Whilst there does not seem to be a specified 'threshold' that needs to be met for a Joint Committee arrangement, there would need to be:
  - *an agreement by all parties on the level of delegated authority or statutory decisions to be delegated to the Joint Committee initially;*

- *agreement on its terms of reference;*
- *an indicative timetable for potential future delegations to the Joint Committee and a joint commitment to work towards that timetable.*

Agreement will be needed on each of these points as, without such an agreement, it would not be a Joint Committee as envisaged by national guidance. In relation to the first of these requirements, the following would need to be agreed:

Authority and Budgets Proposed for Delegation to a Joint Committee	
ICB Authority to be delegated to Joint Committee initially	LA Authority to be delegated to Joint Committee initially
ICB Budgets to be delegated to Joint Committee initially	LA Budgets to be delegated to Joint Committee initially

- *Is there a local consensus on chairing arrangements for the partnership, recognising the accountabilities to the ICB (and, in the case of a Joint Committee, the local authority's Cabinet)?*

The terms of reference of the existing Gateshead Cares System Board states that 'The Chair of the System Board will be as agreed by the Full Members' which are:

- *ICB Gateshead Place (formerly NHS Newcastle Gateshead CCG)*
- *Gateshead Council*
- *Gateshead Health NHS FT*
- *The Newcastle upon Tyne Hospitals NHS FT*
- *Cumbria, Northumberland, Tyne & Wear NHS FT*
- *Community Based Care Health Ltd*

In considering the governance arrangements for a Joint Committee, the opportunity would need to be taken to review and secure consensus on the chairing arrangements going forward.

- *How would you ensure effective coordination between your place-based partnership and your local Health and Wellbeing Boards and other relevant local multi-agency forums?*

The documents attached to the letter of the CX of NENC ICB reiterates that HWBs will remain in place and will retain their responsibility for setting local priorities going forward. The System Board is currently accountable to Gateshead's Health and Wellbeing Board (as well as its individual member organisations). Whilst it is clear that responsibility for decision making in relation to functions and budgets formally delegated to a Joint Committee (i.e. within its scope of authority) would rest with the Joint Committee, the joint committee would be accountable to the ICB and the local authority as it would be a committee of their organisations. There

could continue to be a line of accountability to the HWB given its strategic role in setting local priorities in response to the needs of local communities.

There are close working relationships between the existing System Board and the HWB and the Chair of the HWB has recently become a member of the System Board. We would want those working relationships to be embedded further in our future governance arrangements. Similarly, it would be important that relevant local multi-agency forums form part of / link with those overarching governance arrangements as required.

- *Have you agreed a proposed membership of the local partnership, based on the following minimum required categories?*
  - *Senior ICB officers*
  - *Local Authority senior officers, covering the professional disciplines of public health and adults' and children's social care*
  - *Local clinicians, covering primary, community and secondary care*
  - *Senior officers from local Foundation Trusts*
  - *The voluntary sector, especially local infrastructure bodies*
  - *Patient, service user and public voice*

  The current membership of the Gateshead Cares System Board reflects these categories (as 'full members' or 'associate members') and it is envisaged that they would continue to be represented as part of future place governance arrangements. The opportunity would be taken to revisit the types of membership to ensure that they are consistent with the functions and budgets formally delegated as part of those new governance arrangements.

29. The timetable proposed by the ICB for new governance arrangements includes the shadow-running of new arrangements from January onwards, followed by a review in March ahead of formal adoption of the local governance arrangements by April 2023. The option of a Joint Committee would therefore enable joint decision making between relevant partners from April 2023. NHS and/or local government functions can be integrated using S.75 (of the NHS Act 2006) arrangements, creating a Joint Committee to manage the arrangements. Equally, section 65Z5 of the 2006 Act, inserted the Health and Care Act, allows the setting up of joint committees between a LA and an ICB.

Question to consider: *Do you feel that the timescale is achievable i.e. can the preferred model of governance be established formally from April 2023 with all necessary approvals?*

It is recognised by the System Board that the timescales are challenging, particularly in relation to the formal adoption of new governance arrangements by April 2023. As a Joint Committee will require changes to organisational schemes of delegation and constitutions, a phased approach, as suggested above, would help to facilitate the changes that would be required.

Question to consider: *How can we improve on building-in the voice of our communities to those our governance arrangements?*

The System Board recognises the importance of building in the voice of our communities in a way that is meaningful. In addition to the democratic mandate provided through local authority involvement and the role of the VCS (including Healthwatch) as champions of local communities, new ways of working are being developed which will seek to better harness the voice of communities e.g. through Primary Care Networks (groups of GP practices) working with integrated neighbourhood teams across their patch.

Individual programmes of work that are developed through Gateshead Cares are also seeking to incorporate the voice of communities as part of their ongoing work in a way that is meaningful, working with the VCS and other partners to make the most of available capacity across the system.

Recommendations

30. The views of the Health and Wellbeing Board are sought on the next steps set out in this report to take forward Place based governance and working arrangements for the Gateshead Health & Care System (Gateshead Cares).

31. The views of the Board are also sought on the questions set out within the report.

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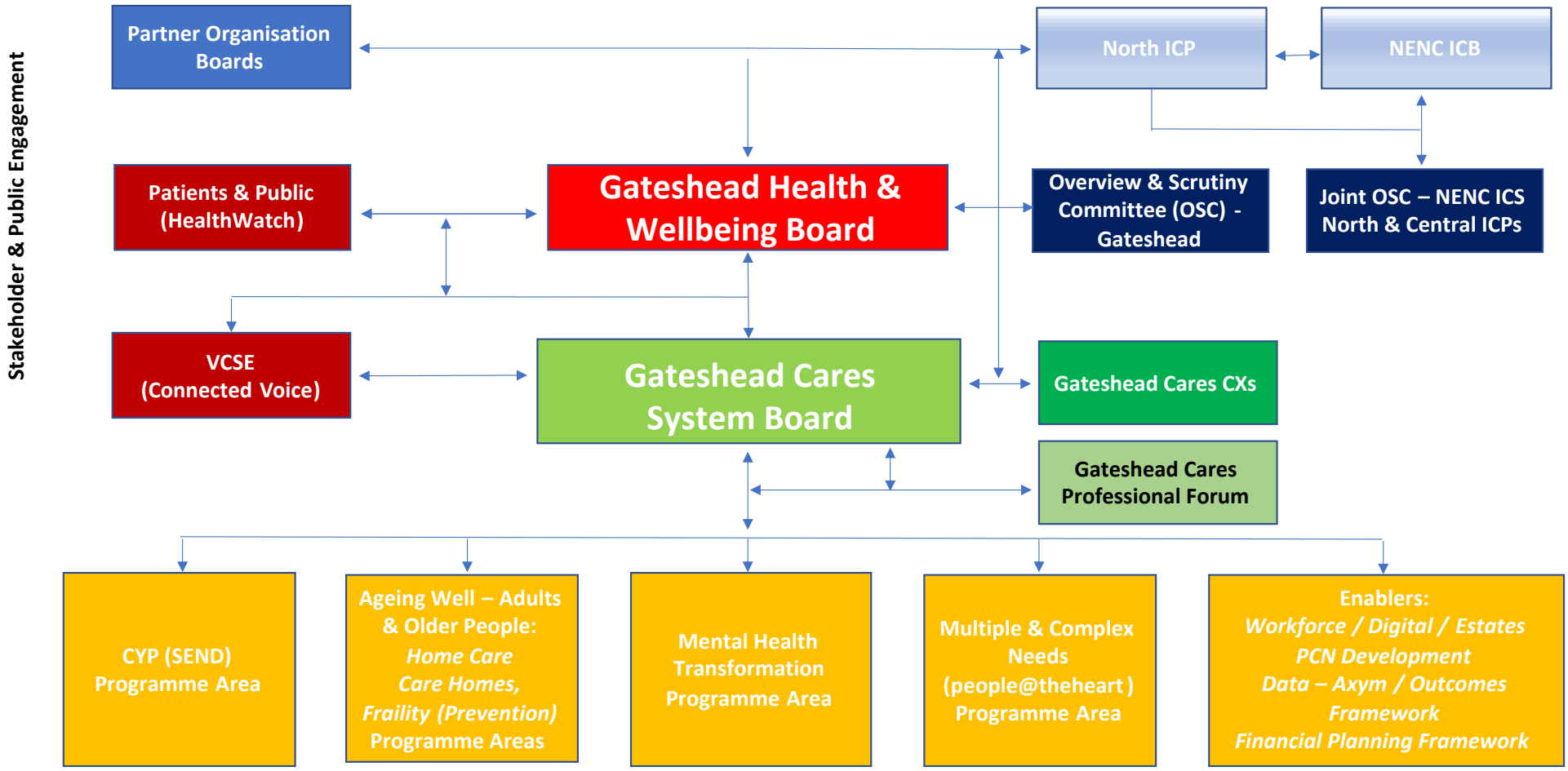
Appendix 1

Gateshead Health & Care System (Gateshead Cares)



Appendix 2

NHS
North East &
North Cumbria

	Place: Gateshead **Current Placed Based Priorities (top 10)**		
1.	**Children & Young People – Best Start in Life /SEND** • SEND Health Partner and Expert Clinician • Oversight and Assurance for health services for 0–25-year-olds • Assurance and Coordination around panel and EHCP process • SEND System Board • SEND Strategy • Needs assessment and forward planning • Workforce engagement and development in SEND • Coproduction • Provider audit – including developing provider policy for SEND • Learning Disability Annual Health Checks (14+) • Ensure Code of Practice and statutory duty for CCG is upheld • SEND Joint Commissioning strategy • Transformation, CYP/System engagement, Review of Services • Voice of the child /co-production • Maternity and Primary Care, Sick and Injured Child/Best start in Life • Prevention/Promotion • Reduction of children who have child protection plans • Reduction of children who come into our care • Ensuring that children leave our care in a timely and robust way • Stability of homes for children in our care • Pathway planning and supporting care experienced children post 18 • Business support stability • Narrative practice drive across partner agencies • FDAC continuation • Foster care reviews – QA standards of care provided to our children and promoting trauma informed practice for carer • Stability of the LADO post and improved LADO data collation	6.	**System Leadership** • Review and Update to Alliance Agreement • Implementation of Agreement Programme Areas • Establishment of Professional Forum • Preparation for / responding to changes in health and care landscape (ICS/ Place) • System Updates to Health & Wellbeing Board and CHW OSC • Joint OSC for NENC ICS & North & Central ICPs - scrutiny of arrangements • Better Care Fund Submission 2022/23 • MP and elected members forum • System CEX forum

2.	**Ageing Well** • New Care Home Model and Contracts • Pilot of Community Model to support Home Care Market • Home Care Market – Potential Future Tender • Development of 2 additional Extra Care Developments • System Quality Assurance Team – Support both a prevention and reactive approach to support Care Providers • Intermediate Care Model • Transfer of CHC Contracting and Payments to Local Authority • Frailty: Prevention	7.	**Primary Care / Contracting** • Gateshead Outer West procurement • Practice Engagement Programme (PEP) • PCN DES requirements • Local Enhanced Services • IIF/DES PCN support plans • Primary Care access • Estates strategy and survey • Implement weight management service • Reprocure home oxygen assessment service • Complete winter access funding claims • Support practice visits with team • Support quality & performance clinics • Active Travel funding bid on behalf of primary care • Support extended access work • PCN development/Develop and manage PCN support plan • Chair community and primary care multi-disciplinary meetings • Practice support visits to improve quality and CQC visits • Primary Care representation in MH Transformation Plans
3.	**Mental Health Transformation** • Peer Support and Peer Network • MH hub • Urgent and Emergency Crisis • PD Hub • IPS • Peri natal/maternal/post partum • Eating Disorder	8.	**Hospital Discharge** • Home Care procurement • Coordinator and Exec Director roles • Daily sit-rep

	• Workforce MHLDA • Dementia Pathway • MHC Review incl Residential Beds • Housing and Accommodation development MHLDA • IAPT Expansion • CYP IAPT • CYP Getting Help Getting More Help and SPA • Personalisation LD & S117 • ASD • ADHD • Rose Lodge Working Group CCG's • Pre & Post diagnostic Support and Autism Hub • Adult LDA 3 Yr Plan • CYP LDA 3 Year Plan • SMI Health checks (HR) • LEDER (CS) • STOMP/STAMP (CS) • CYP and Adults MHLDA contracts and monitoring		
4.	**Multiple & Complex Needs: People@theheart** • Appointment of Programme Manager (2 year post) • Set up Programme Board • Commence next phase of engagement • Set up high level programme plan	9.	**Adult Social Care Reform** • Fair Cost of Care Exercise for Care Homes and Home Care • Fairer Charging Reform – Care Cap • CQC Inspection for ASC – Commissioning Plan to ensure meeting requirements

5.	**Enablers, Safety and Quality**
	
	• Workforce
	  ○ Primary Care workforce hub – reccurring funding
	  ○ Recruitment and retention of GPs and Primary care staff
		10.	**Covid Response**
			
			• Planning and allocations for LVSs and CPs
			• SRO for Gateshead
			• Deliver for vaccine inequalities
			• Daily comms to LVSs

	○ Contract with CBC to deliver various elements to support workforce plans over next three years ○ Training and development plans for primary care and education, including Diabetes education, masterclasses for staff CPD, etc. ○ CYP MH workforce – identify priorities / needs in the system and gaps in delivery of current providers. ○ Pathways from UEC to CPCS – Two NHSE pilots to support system resilience • Digital development inc Axym data sharing • Finance ○ Balancing the budget but also attracting new funding opportunities and doing business differently ○ Devolved budgets to place ○ Joint work with colleagues across disciplines and organisations ○ Approval of a financial framework to support financial planning across health and social care in Gateshead and also link with the priority programme areas ○ Implementation of a pooled budget to support the continuation of discharge to assess processes after the cessation of national HDP funding • 'One Estate' approach as a system to estates solutions • Further developing the Gateshead outcomes framework • Safety and Quality place functions delivered • Public engagement		• SVOC interface • Surge planning

How these priorities support and inform the overarching objectives of the ICB *(please colour fill box)*	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
• Improve outcomes in population health and healthcare	x	x	x	x	x	x	x	x	x	x
• Tackle inequalities in outcomes, experiences and access	x	x	x	x	x	x	x	x	x	x
• Enhance productivity and value for money	x	x	x	x	x	x	x	x	x	x
• Help the NHS support broader social and economic development	x	x	x	x	x	x	x	x	x	x

Those things that are important to us with regards to the further development of place based working *(free text)*

In Gateshead we are working to ensure that we have processes that involve the Elected Member roles in order to satisfy both health and local government functions.

We have developed and invested in a robust integrated commissioning team from the local Authority, Public health and CCG including many joint appointments, and we are keen to continue to co-locate these teams and maximise the use of delegated budgets that they have access to for example the budget for prevention and reducing inequalities.

We ask for support with specific areas that are important to the further development of place based working including:

- Autonomy at place over place-based teams and working arrangements;
- The delegation of budgets to Place consistent with evolving governance arrangements e.g. through a Joint Committee. Also, vesting the Director of Place with responsibility for the full place based team - avoiding multiple reporting lines for place based teams;
- Place based input into the acute services contract;
- Input to provider collaboratives and mental health contracting at ICP/ICS;
- Support for prevention and reducing health inequalities;
- Support for enabling place to work with all sectors, providers and partners working for the public in Gateshead;
- Co-location of staff from across the teams'
- Health equity in all policies.

Our approach for Gateshead Cares builds on the Gateshead "Thrive" approach and its five pledges that we have agreed as a Gateshead system ~~and these are to~~:

- Put people and families at the heart of everything we do
- Tackle inequality so people have a fair chance
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for
- employment, innovation and growth across the borough
- Work together and fight for a better future for Gateshead

'Good jobs, homes, health and friends' is the underlying mantra for the Gateshead Health and Wellbeing Strategy and what drives the priorities for the Borough. Its six policy objectives are:

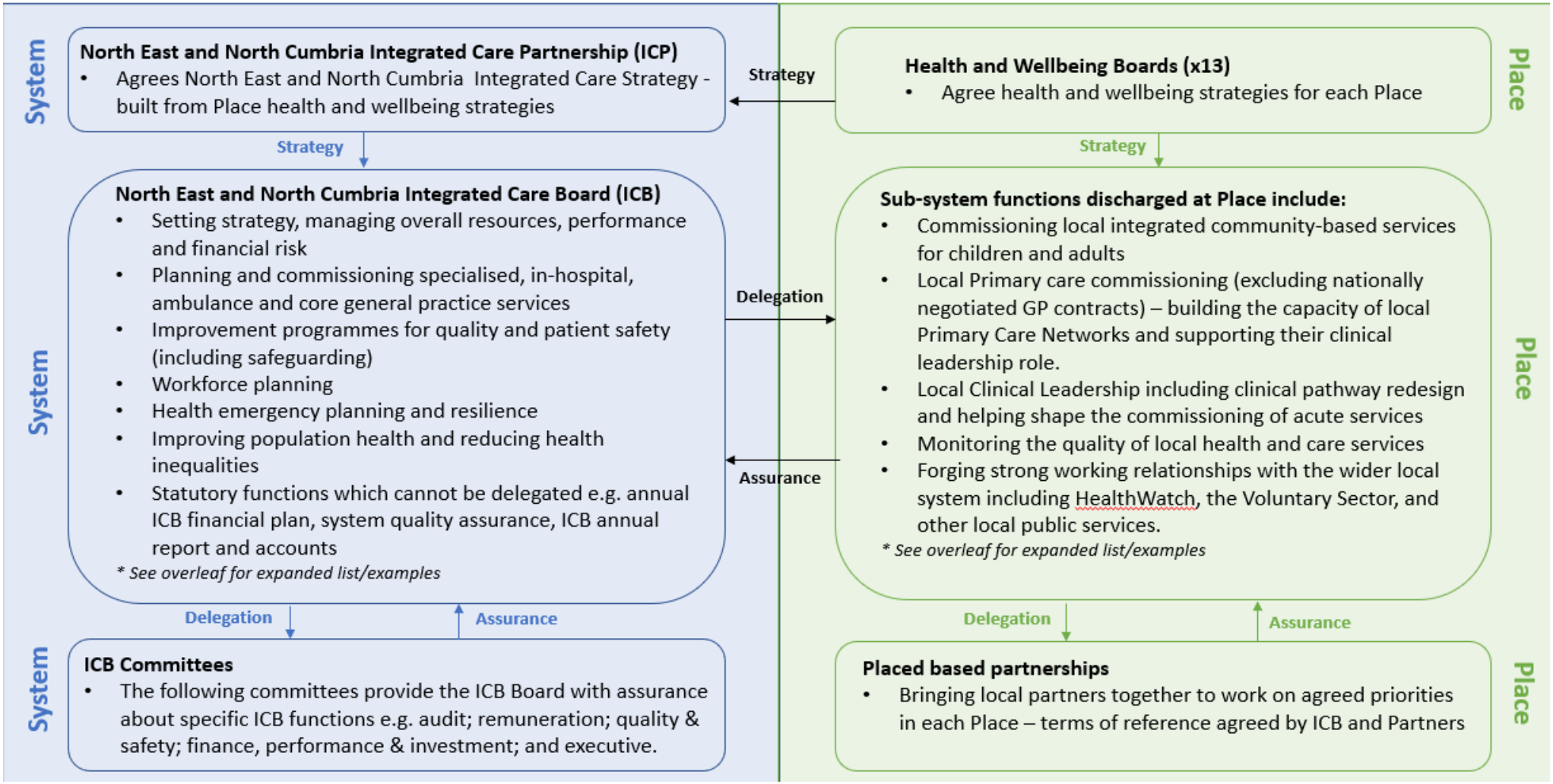
- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Further development of place-based working is being reviewed by the system partners. Further integration of health and care services for example with regard to the ageing well agenda is something that we are currently working on as well as 'Giving our children the best start in life', joining up health and care teams and ways of working to provide high quality, effective and resilient decision making.

We are very passionate about embedding prevention and reducing health inequalities as cross cutting themes in everything that we do at place and our ways of working are very much inclusive of the wider determinants of health and proportionate universalism.

Appendix 3 (page 1 of 2)

North East and North Cumbria Integrated Care Board - functions and decisions map



Appendix 3 (page 2 of 2)

North East and North Cumbria Integrated Care Board - functions and decisions map

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.
- Monitor Place based delivery of key enabling strategies.

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*