

item 6

Join our journey...

**Developing Integrated
Health and Care**

North East and North Cumbria
Working for people from North Yorkshire
to the Scottish Borders

Friday 22rd February
Regional Health Scrutiny Committee

**“Towards an Integrated Care System in the North East and
North Cumbria”**

Amanda Hume, Executive Lead – System Transformation

Our ambition is to radically improve the health outcomes for our population, reduce health inequalities and ensure sustainable high quality services, with a core focus on prevention, working with and through local people and communities

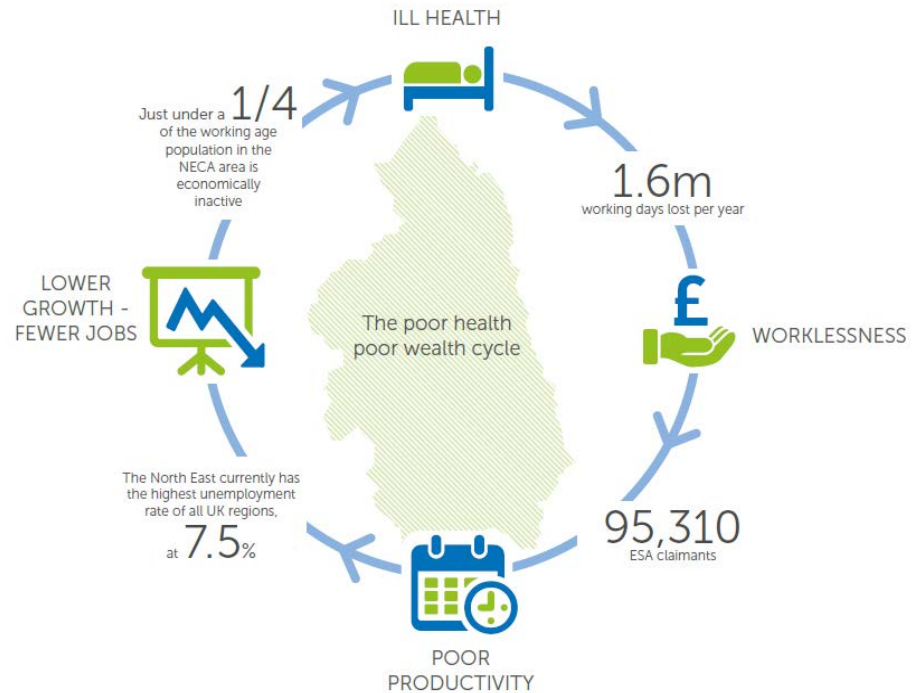


The context for NHS in NENC



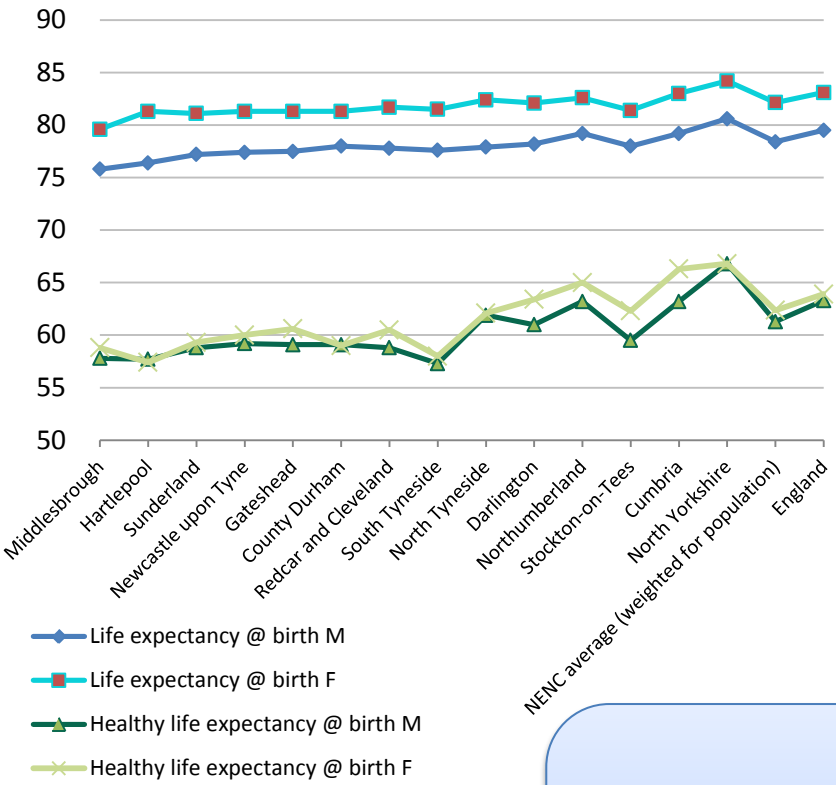
- There is a gearing effect applied to the NHS cycle of missed opportunity caused by the “health and wealth cycle”
- Ill health contributes to worklessness, poorer productivity and lower economic growth which impacts onto the health of the population

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

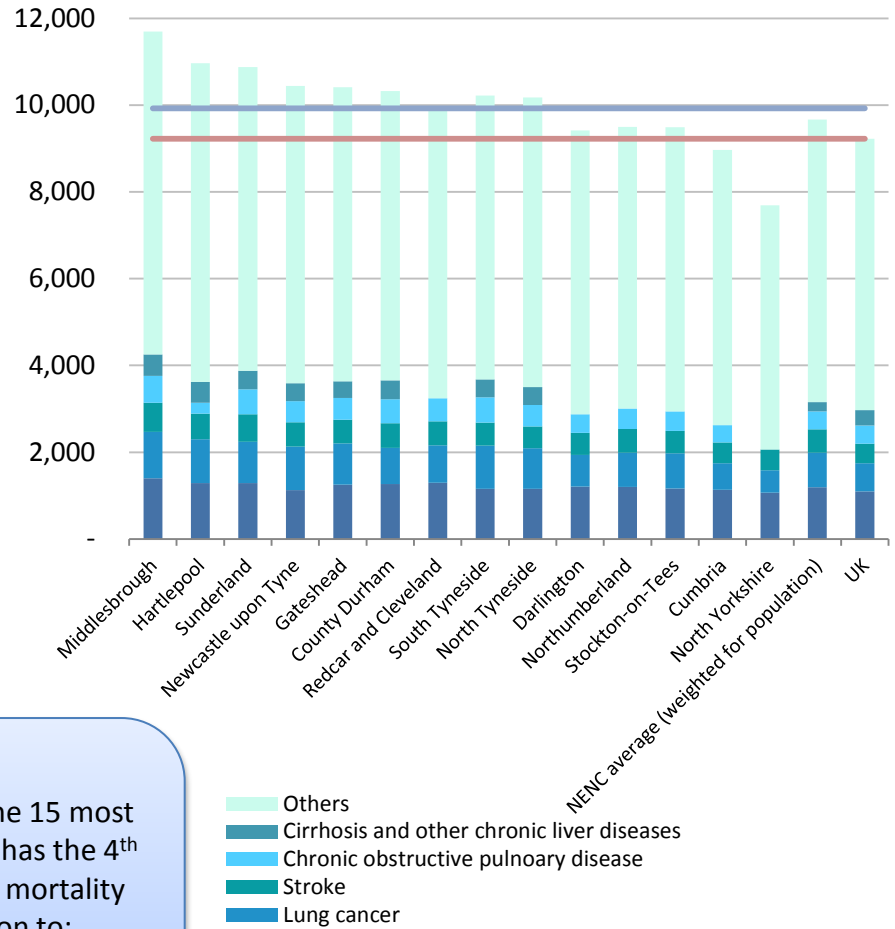


The population of NENC have lower life and healthy life expectancy and more YLL compared to the rest of the UK

Life expectancy and healthy life expectancy



Years of life lost per 100k population



Middlesbrough is one of the 15 most deprived parts of England, has the 4th highest rate of premature mortality and most YLL in relation to: 2nd colon cancer, 2nd stroke, 4th pneumonia and 4th lung cancer

Source: Public Health England

Source: University of East Anglia

Our key principles

- **NHS partners have agreed to both work together at scale where it makes most sense to do so and to protect and emphasize the importance of 'place' - local accountability to local populations and the ability to respond to local needs.**
- **We can't do this alone; we need to develop meaningful and real partnerships with our local communities, working hand in hand with local authorities at a place level and to understand how best to do this.**



Context for the health and care system in NENC

Where are we now as a system?

- Relatively highly performing patch but with some performance and finance challenges.
- A long-established geography with a strong history of joint working.
- Highly interdependent clinical services with the vast majority of patient flows staying within the patch.
- Some service sustainability and configuration issues remain unresolved.
- Fragmentation following the 2012 Act has made system-wide decision-making difficult.

Long track record of working at scale across the North East and North Cumbria

- Highly interdependent clinical services with the vast majority of patient flows staying within the patch
 - NENC Cancer Alliance leading on service sustainability
 - Specialised services commissioned at NENC level
 - Vascular services review coordinated at NENC level
 - Shared Pathology and Radiology services
 - Standardised commissioning policies
- Urgent and Emergency Care (UEC) coordination leading to some of the best performance in England
- Development of the Great North Care Record with £22million of national funding secured
- Workforce planning and coordination – including the ‘Find Your Place’ recruitment campaigns
- £1million NHS investment agreed to expand prevention activity
- Alcohol and tobacco control (FRESH and Balance)

What is an Integrated Care System?

An ICS brings together local organisations to redesign care and improve population health, creating shared leadership and action. They are a pragmatic way of integrating primary and specialist care, physical and mental health services, and health with social care

Through ICSs, commissioners will make shared decisions with providers on how to use resources, design services and improve population health

Integrated Care Partnerships (ICPs) are also being established within the ICS to encourage clinical networking between neighbouring FTs.

There is no ICS blueprint and we need the views and input of non-NHS colleagues on what an ICS strategy and priorities should be, and how they are delivered.

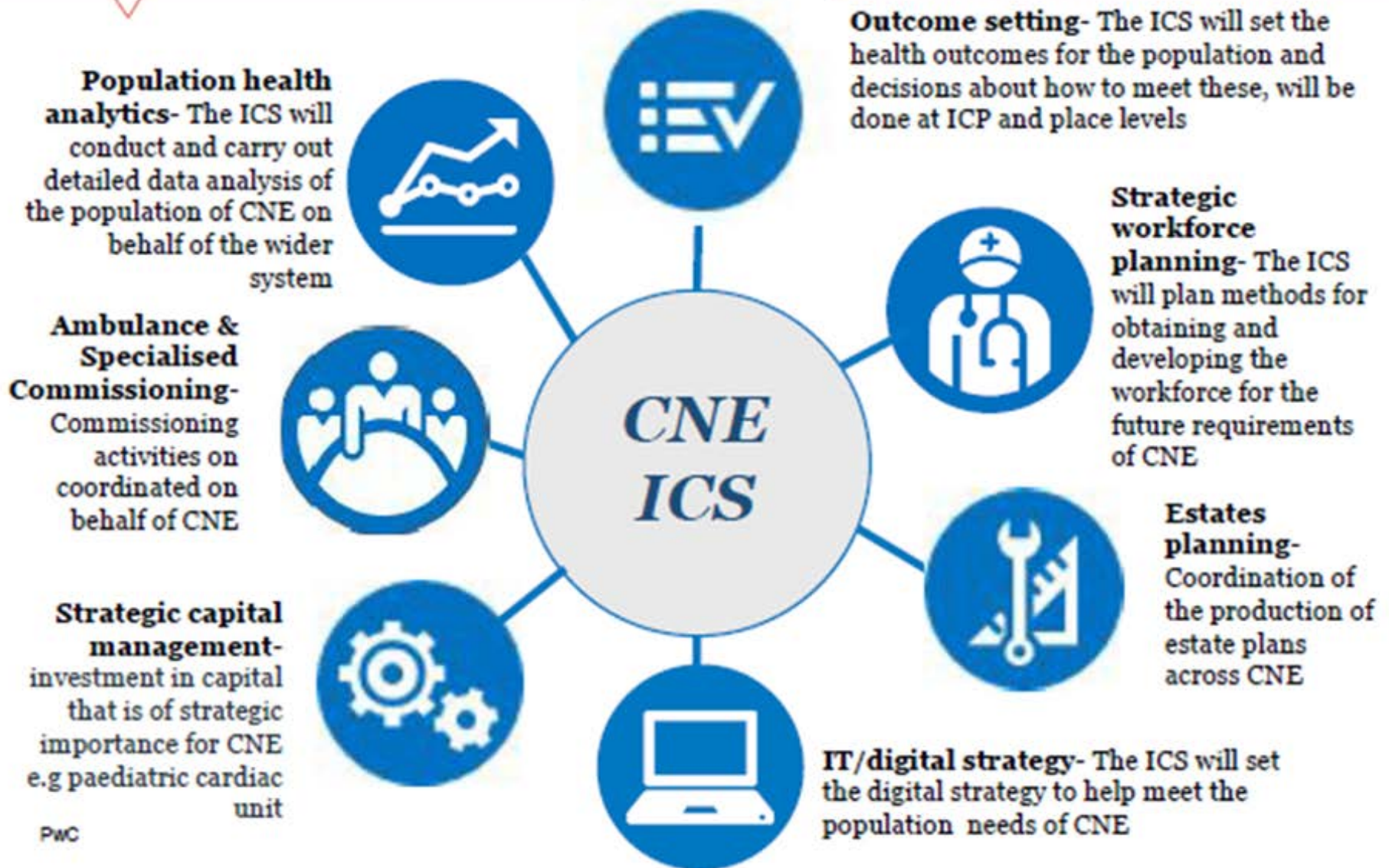


What will our Integrated Care System do?

- Coordinate the common issues from the 4 Integrated Care Partnerships
- Create a single leadership, decision-making and self-governing assurance framework for work that needs to be done at scale in the North East and North Cumbria
- Establish joint financial management arrangements with aspirations to devolve control of key financial and staffing resources
- Coordinate clinical strategies that need to be regional including standards, pathways and enabling workstreams to improve quality, reduce variation and best use resources
- Arbitrate where required and hold the organisations to account for the delivery of NHS Five Year Forward View outcomes



Emergent ICS Functions



Some emerging themes:

- Our Integrated Care System should be the 'servant' of place
- Commissioning is increasingly viewed as a partnership activity
- It is about doing the right things with the right partners on the right footprint
- Structures are less important than relationships
- Common challenges:
 - Poorer health outcomes, health inequalities and Years of Life Lost
 - Creating safe and sustainable services for the future in the acute setting and in our neighbourhoods and communities
 - Our children's outcomes and key performance indicators are some of the worst in the country
 - Workforce – across health : primary, secondary and social care

Existing workstreams (to be reviewed)

Delivery programmes:

1. Prevention
2. Care Closer To Home
3. Urgent & Emergency Care
4. Optimal Use of the Acute Sector
5. Cancer
6. Learning Disabilities
7. Mental Health
8. Continuing Health Care

Enabling strategies:

9. Demand Management
10. Digital Care
11. Workforce
12. Communication & Engagement
13. Estates
14. Transport
15. System Development

Emerging priorities from the Aspirant ICS Programme:

- Population health management
- Primary care
- Children's health

Approach to decision making

- Statutory decision-making will continue to sit with Clinical Commissioning Groups whose clinically-led Governing Bodies meet in public and are accountable to their local residents.
- The commissioning decisions of CCGs will continue to be shaped and scrutinised by their local Health and Wellbeing Boards, HealthWatch and Scrutiny Committees and this will not change.
- The twelve CCGs in the North East and North Cumbria have also established a Joint CCG Committee to make decisions on a small number of strategic services that are planned and delivered on that footprint (for example Ambulance and 111 services). This Joint Committee operates in the same way as a CCG Governing Body and holds its meetings in public.

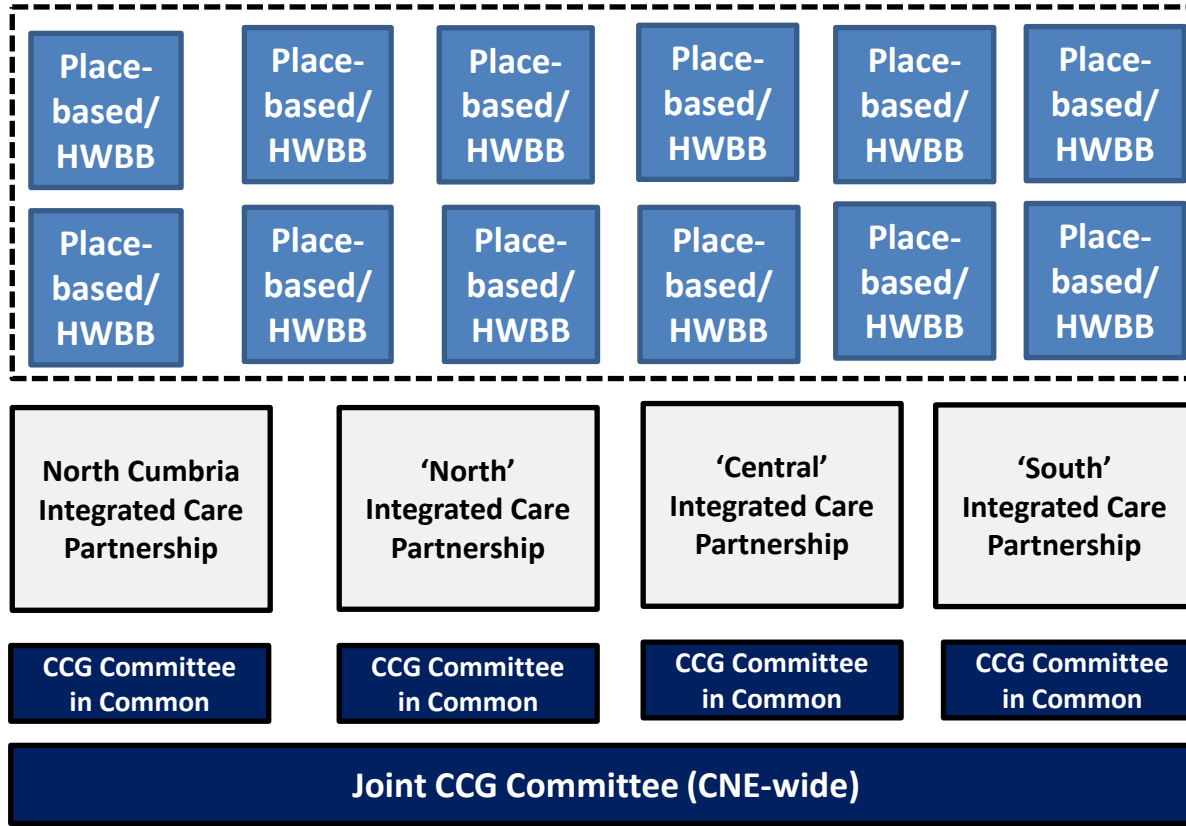


NHS Statutory Decision-making

CCG-level

Sub regional acute

CNE



System Leadership



NHS Long Term Plan: 'By April 2021 Integrated Care Systems will cover the whole country'

- **An ICS brings together local organisations to redesign care and improve population health, creating shared leadership and action.** They are a pragmatic way of integrating primary and specialist care, physical and mental health services, and health with social care.
- **Through ICSs, commissioners will make shared decisions with providers on how to use resources,** design services and improve population health. Every ICS will streamline its commissioning arrangements to enable decision-making at system level where appropriate.
- **All NHS providers will be required to contribute to ICS goals** including population health with a greater emphasis on collaboration rather than competition between trusts
- **Each ICS will have an independently chaired partnership board,** drawn from and representing CCGs, trusts, primary care networks, and – where they wish to participate - local authorities, the voluntary sector and other partners
- **ICSs will have a key role in working with Local Authorities** with the flexibility to support local approaches to blending health and social care budgets where councils and CCGs agree this makes sense, eg:
 - voluntary budget pooling between a council and CCG
 - the Salford model where the local authority tasked the NHS to oversee a pooled budget
 - LA chief exec or director of adult social care is designated as the CCG accountable officer.

Approach to planning

- Five year revenue budget settlement for the NHS from 2019/20 – 2023/24
- Provides certainty to develop NHS Long Term Plan
- New NHS planning approach – review of standards, new financial architecture and more effective workforce and physical capacity planning
- All ICSs to develop their strategic plan to deliver the Long Term Plan – how we will run our local NHS system using the resources available to us
- Planning for this year must be more aligned across commissioners and providers – all organisations will aggregate their plans for 2019/20 into single operating plan
- Whole system five year plan for NE&NC signed off by all organisations by summer 2019



Engagement update

NHS and Local Government in Partnership workshop

- Workshop with colleagues from health and local government to look at priority areas for collaboration and how we will work together.
- Discussion around prevention, workforce, adult services, children's services and social care, digital and working with the voluntary sector.

“Healthwatch” organisations

- Tell Us North appointed as partner to lead and facilitate the network of local Healthwatch organisations to support co-ordinated collaboration across local Healthwatch geographical boundaries in the North East and North Cumbria.
- This will include developing a framework to ensure a regular two-way flow of information and input between all local Healthwatch and individual Healthwatch representatives involved in the Integrated Care System governance and work programmes.



Next steps

- Ongoing discussion with clinical leaders (CLG and Senate)
- Further engagement with local government and other partners
- Engagement with frontline practitioners - January to March
- Further develop and co-produce the vision and narrative with partners – January to March
- Ambition to be considered as a shadow ICS from April 2019

Thank you and any further
questions?