

ICB 2.0 Organisational Restructure : A new way of working

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Significant change

- Merging 8 organisations into one – restructure at the time of formation
- Taking on additional responsibilities at the start (we didn't just create a large CCG)
- Further delegations – Pharmacy/Optometry and Dental – April 2023
- 30% running cost reductions
- All came within the first year....
- More delegations expected

Executive team

- Directorate structure consulted on
- Outcome as follows;
 - Dr Neil O'Brien – Chief Medical Officer
 - David Purdue – Chief Nurse, AHP & People Officer
 - Jacqueline Myers – Chief Strategy Officer
 - Levi Buckley - Chief Delivery Officer
 - Claire Riley - Chief Corporate Services Officer
 - David Chandler - Chief Finance Officer
 - David Gallagher - Chief Procurement and Contracting Officer
 - Graham Evans - Chief Digital and Infrastructure Officer

The NENC way

- We will be clinically led (multi disciplinary) and managerially enabled
- We will operate across 8 directorates with 8 executive directors
- We will have enabling and delivery teams – focused on delivery the vision and constitutional standards
- We will have 6 delivery teams mapped to 14 LA partners
 - North Cumbria (2 LAs)
 - Northumberland and North Tyneside (2 LAs)
 - Newcastle and Gateshead (2 LAs)
 - South Tyneside and Sunderland (2 LAs)
 - Co Durham (1 LA)
 - Tees Valley (5 LAs)
- Local committees mapped to each LA area to continue



Local Delivery Team Comparison

	Tees Valley	Durham	Northumberland / N Tyneside	Newcastle / Gateshead	Sunderland / S Tyneside	Cumbria
Population	723,084	563,640	560,347	522,899	448,563	331,470
PCN's	14	13	11	12	9	8
Practices	79	60	58	47	59	34
Local Authorities	5	1	2	2	2	2
Total Delivery team posts	29	22	21	21	21	16

No one directorate can deliver our strategy in isolation – the Strategy, Contracting and Delivery Directorates have been developed together to ensure they connect as this is key to our success.

- Strategy Directorate = 96 posts
- Contracting and Procurement Directorate = 81 posts
- Delivery Directorate = 130 posts

Contracting and devolution of Budgets

- FT contracting to be handled centrally and not through the Local Delivery Teams
- Budgets for primary care and community will be devolved to local place committees

Networks and Workstreams

- Inherited a mix of general networks and clinical networks, all at different levels of maturity and aligned management resource
- System networks are developing – some built from historical arrangements and some more informal
 - DASS, DPHs
 - Care Provider
 - Healthier and fairer sub group work (eg Anchor)
 - Work and Health (linked to Combined Authority)
- Clinical networks are managed by either NHSE or are transitioning to the ICB
- Operational Delivery Network's managed within acute provider organisations but accountable to NHSE, with specific terms of reference and mandates
- NHSE structure has changed with more focus on assurance (rather than transformation) leaves NENC with a risk around resource
- Mix of paid roles and non paid roles but a significant amount of volunteer time goes into all networks from clinicians

Example - Clinical Networks and ODNs

ODNs	NENC Clinical Networks	NEY Clinical Networks	Regional and Supra-Regional Clinical Networks
Adult Critical Care	Frailty	Children's cancer services	Blood and Marrow Transplantation
Burns (Hosted via North West)	Learning and Disability	Congenital Heart Disease	Cardiac
Major Trauma	Lipids	Coronary Heart Disease	Haemoglobinopathies
Neonatal Critical Care	LMNS	Major Trauma	HIV
Paediatric critical care/surgery in children (joint network)	Maternal Medicine	Paediatric Critical Care and Surgery	Neurosurgery
Congenital Heart Disease	Palliative and EOL Care	Paediatric Neuroscience	Northern Burns
CYP/TYA Cancer	Pathology	Radiotherapy	
Radiotherapy	Radiology	Spinal	
Spinal Cord Injury	UEC	Vaginal Mesh	
Spinal Surgery	Cancer Alliance	Severe Asthma	
Renal	Child Health		
Neurosurgery	Diabetes		
Fetal Medicine	Cardiac – funded 50% by Spec comm and 50% by region		
Intestinal Failure	Stroke		
Vascular	Maternity		
Endoscopy	MH and Dementia		
Hepatitis C	Perinatal		
	Respiratory		

Initial work - Networks and Alliances

Urgent & Emergency Care <ul style="list-style-type: none">•UEC Network	Long Term Conditions Alliance <ul style="list-style-type: none">•Cardiac•Respiratory•Stroke•Diabetes•Lipids	Diagnostics Alliance <ul style="list-style-type: none">•Radiology•Pathology	Mental Health, LD and Dementia Alliance <ul style="list-style-type: none">•Mental health and dementia•Learning and disability
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Local Maternity and Neonatal System <ul style="list-style-type: none">•Maternal medicine•Maternity•Neonatal•Perinatal	Cancer Alliance <ul style="list-style-type: none">•Palliative•End of life•Cancer programme	Children and Young People <ul style="list-style-type: none">•Child health	Community Care Alliance <ul style="list-style-type: none">•Primary care•Frailty/Ageing well•Dental•Community pharmacy•Eye health	Women's Health <ul style="list-style-type: none">•menstrual health and gynaecological conditions•fertility, pregnancy, pregnancy loss and postnatal support•menopause•mental health and wellbeing•cancers•the health impacts of violence against women and girls•healthy ageing and long-term conditions
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Still work to do....

- Map out all of the System, Clinical, Corporate and Operational Delivery networks and workstreams
- Create a set of recommendations that;
 - Streamline and reduce duplication - building on work with ADASS and expand to DCS and any other networks eg VCSE
 - Ensure work aligned to the Better Health and Well Being for all strategy
 - Groups convened deliver in accordance with a clear TOR
 - Making clear the funding arrangements....or not...
 - Ensure reporting mechanisms are clear – cycle of business
 - SLG/ICP
 - ICB
 - Ensure effective communication across the system



Questions