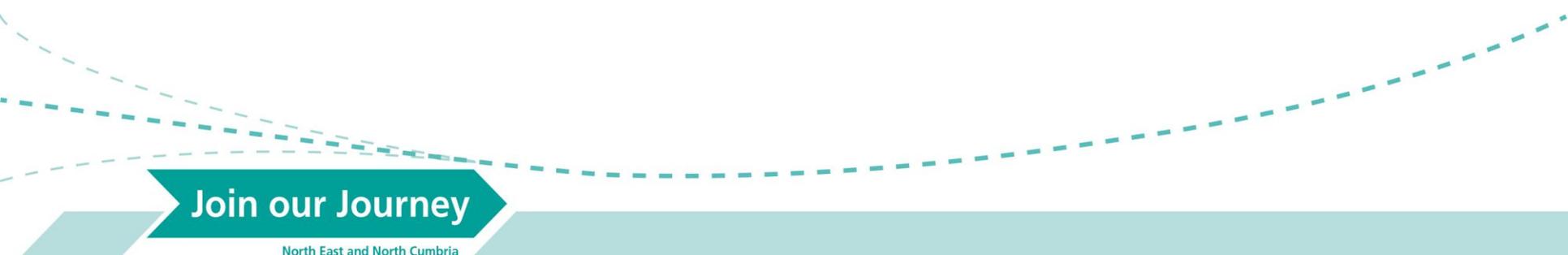


An Integrated Care System (ICS) for the North East and North Cumbria

**The North East and North Cumbria ICS was
formally launched in June 2019**



Join our Journey

North East and North Cumbria

Definitions

What is an Integrated Care System?

An ICS is not a statutory organisation; it's made up of individual organisations working together in partnership to improve health and care based on:

- Developing a shared vision and high-level plan across NHS organisations
- Reaching a formal agreement with NHS England/NHS Improvement to implement faster improvements in population health outcomes
- Taking devolved responsibility for key NHS resources
- Collaborating across boundaries, e.g clinical staff from different organisations working in networks 'horizontally' across hospitals but also integrating 'vertically' with GP and community services.

What are Integrated Care Partnerships?

- ICPs are alliances of NHS providers that work together with local commissioners to deliver care by agreeing to collaborate rather than compete.
- Providers can include hospitals, community and mental health services and GPs. Social care, independent and third sector providers may also be involved.

ICS framework for place and at-scale working

Place-based and Neighbourhood

- Place-based clinical leadership
- Accountability and quality of local health services
- **Joint working with local authorities**
- Relationships with local public and third sector
- Improved access to primary care
- Development and commissioning of
 - Community Services
 - Health and Social Care integration
 - Local pharmacy services
- Effective engagement with local communities
- Public & political engagement and consultation
 - Health and Wellbeing Boards
 - Overview and Scrutiny committees
 - GP representative bodies

Integrated Care Partnerships

Based on patient flows

- Ensuring enough critical mass for vulnerable non-specialist acute services - including horizontal integration/clinical networking any the management of any reconfiguration as required
- Commissioning, contracting and performance management of non-specialist acute hospital services

Integrated Care System

CNE-wide

Strategic Commissioning

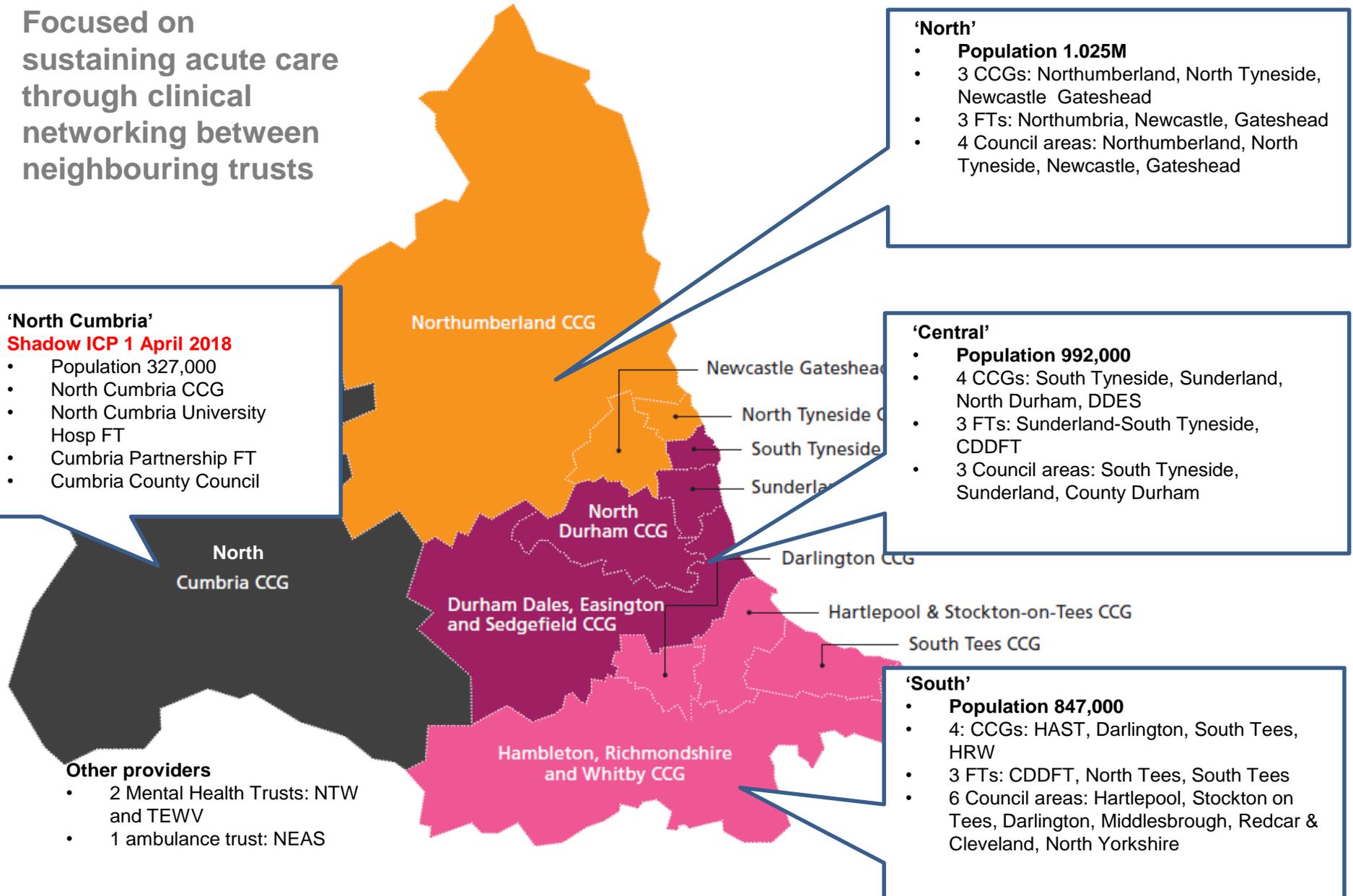
- Specialised acute services
- 111 and ambulance

System-wide coordination

- Setting an overarching clinical strategy and clinical standards – arbitrating if required
- Urgent & Emergency Care coordination
- ICT, data management and digital care
- Workforce planning, e.g. recruitment and harmonised training
- Strategic Comms, e.g. key public health messages re prevention
- Shared policy development (VBC/IFRs/Avastin)
- Joint financial planning (TBC as part of the AspirantrProgramme)

Integrated Care Partnership geographies ...

Focused on sustaining acute care through clinical networking between neighbouring trusts



'North'

- **Population 1.025M**
- 3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
- 3 FTs: Northumbria, Newcastle, Gateshead
- 4 Council areas: Northumberland, North Tyneside, Newcastle, Gateshead

'North Cumbria'
Shadow ICP 1 April 2018

- Population 327,000
- North Cumbria CCG
- North Cumbria University Hosp FT
- Cumbria Partnership FT
- Cumbria County Council

'Central'

- **Population 992,000**
- 4 CCGs: South Tyneside, Sunderland, North Durham, DDES
- 3 FTs: Sunderland-South Tyneside, CDDFT
- 3 Council areas: South Tyneside, Sunderland, County Durham

Other providers

- 2 Mental Health Trusts: NTW and TEWV
- 1 ambulance trust: NEAS

'South'

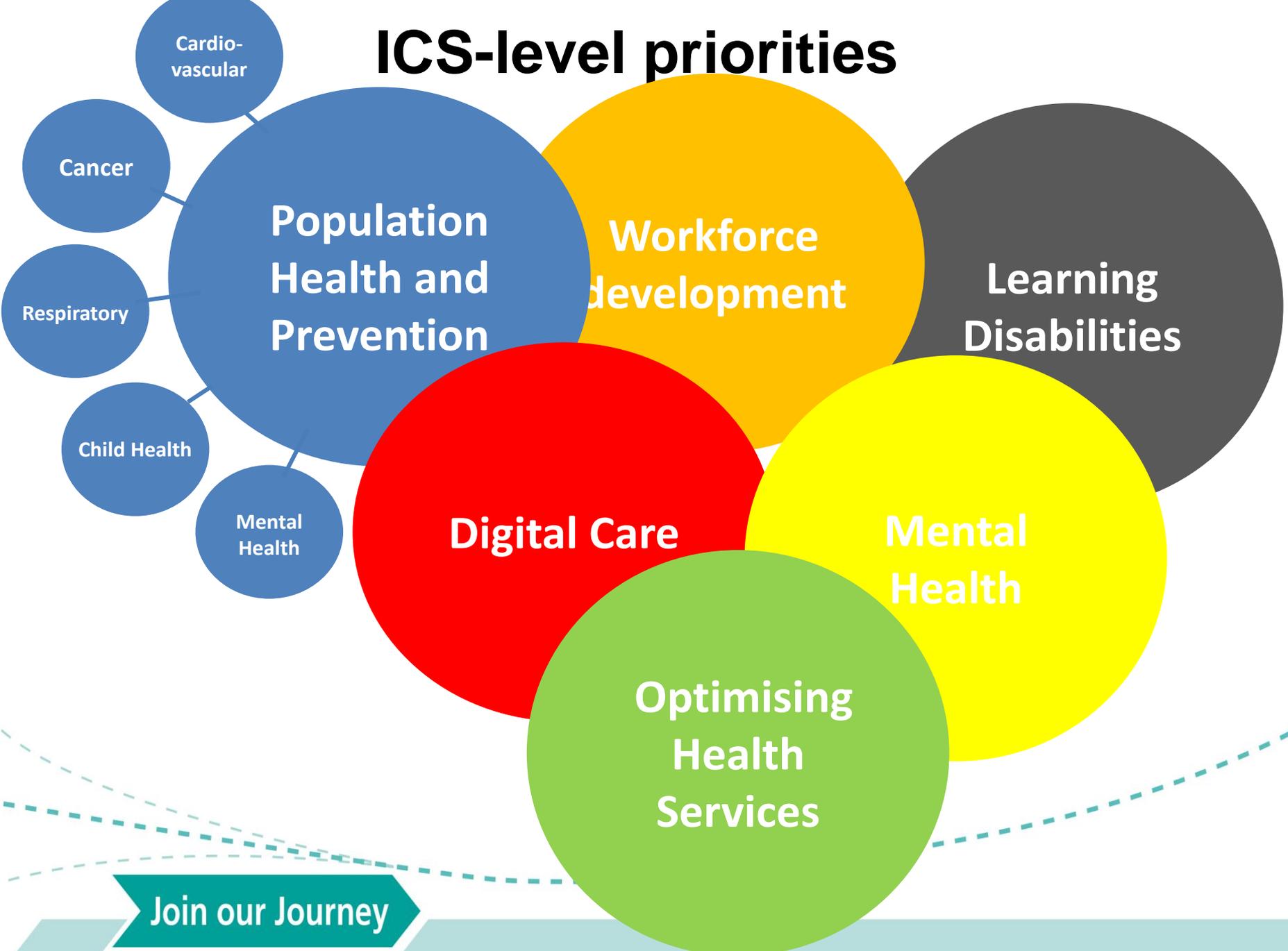
- **Population 847,000**
- 4: CCGs: HAST, Darlington, South Tees, HRW
- 3 FTs: CDDFT, North Tees, South Tees
- 6 Council areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland, North Yorkshire

Twin purpose of NENC ICS

**To improve
health
outcomes for
the people of
the North East
and North
Cumbria**

**To better
manage our
'here and now'
operational
challenges and
achieve
sustainability**

ICS-level priorities



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ICS Priorities

ICS priorities & Senior Responsible Officer (SRO)s:

1. **Population Health & Prevention** – *Stephen Childs & Peter Kelly*
2. **Optimising Health Services** (clinical standards & sustainability) – *Ken Bremner*
3. **Digital Transformation** – *Mark Dornan & Graham Evans*
4. **Workforce Transformation** – *Ken Bremner & Amanda Hume*
5. **Mental Health** – *John Lawlor*
6. **Learning Disabilities** – *Nicola Bailey & Julie Gillon*

Other existing work to carry on as ‘business as usual’, with escalations through the ICS governance framework only as & when required:

- *Urgent & Emergency Care Network*
- *Clinical Networks (including the Cancer Alliance, Child Health)*
- *Academic Health Science Network (AHSN) proposals*

Each ICS Priority will:

- be led by a CEO-level Senior Responsible Officer (SRO) and work to a ‘Programme Board’ (or equivalent)
- be adequately resourced to deliver, having first call on any available ICS funding
- provide regular progress reporting/risk escalations via the ICS Management Group

Previous STP Workstreams/Programmes

To be addressed at ICP level

- Primary Care/Care Closer To Home
- Working with local government
- Children's Health
- Continuing Health Care
- Demand Management
- Estates
- Transport

Workstreams that become ICS functions

- System Development
- Best use of resources
- Strategic commissioning
- Communications and Engagement

Examples of VCSE role at different levels

Neighbourhood

- Involved in designing and delivering neighbourhood models of care

Place

- VCSE involved along with other stakeholders in redesign of a diabetes prevention programme – linking closely with local authority public health work and commissioned to reach specific communities with targeted interventions

System

- Strategic partner in system-wide workstreams such as prevention, workforce, carers support, major service change
- VONNE currently represents the VCSE within the NENC Prevention & Workforce Transformation Workstream Boards