

ICB Functions notes for consideration

*'Place' for North Cumbria is North Cumbria CCG. However, in some instances when working at 'Place' with the Local Authority then 'Place' is Cumbria wide and involves a place based strategic partnership with Morecambe Bay CCG. This is different to the Strategic Partnership definition for CCGs/Places within the NENC ICB footprint in the table above.

**North Cumbria CCG has collaborative working practices with Lancashire, Merseyside and Greater Manchester CCGs / ICBs in respect of Ambulance Commissioning including 999, PTS and 111. There are also similar collaborative working practices for FT and IS provider commissioning and contracting arrangements, including joint procurement exercises (e.g. Tier 4 weight management). This will necessitate ICB collaboration for North Cumbria only between NENC ICB and North West ICBs.

***Additional note – Wider Collaborative working relating to Public Health Commissioning / Planning on behalf of North Cumbria is undertaken by the Local Authority and NHSE and is co-ordinated via the North West Public Health network for Cumbria and Lancashire and will necessitate ICB collaboration for North Cumbria only between NENC ICB and Lancashire ICB.

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ICB FUNCTION 1

Developing a plan to meet the health and healthcare needs of the population (all ages) within their area, having regard to the Partnership's strategy.

Strategic Planning	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Strategic Planning with LA and wider Place Partners 	X			
<p>Strategic Partnership functions provided within the NENC ICS</p> <ul style="list-style-type: none"> Integrated Planning across the Strategic Partnerships – strategic planning, PMO functions, PHM strategy, Outcomes Frameworks - defining outcomes and resources for Places/Neighbourhoods to design and deliver according to population needs. Triangulation of Workforce, Activity and Financial Planning PHM expertise drawing together Place-level intelligence (health economics and behavioural insights) Strategic Financial Planning, Resource Allocation & Delegation Management of Strategic Capital Developments and Strategic Change Programmes - Service Re-organisation 'at scale' and socio-economic strategies that add value at Strategic Partnership level Oversee the development of Place-Based Arrangements Oversee the transition of CCG functional alignment and Place delegations Oversee the transition of Direct Commissioned Service functional alignment with PCNs, Place-Based Partnerships and strategic-change programmes <p>Align system cultures and behaviours to support people function to develop and implement effective OD strategies</p>		X	X	

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<p>NENC ICS functions, where items are best provided once at ICS level</p> <ul style="list-style-type: none"> • System strategic planning – development of the ICS Plan • ICS overview of Population Health needs assessment and priorities • Strategic Commissioning and Finance – defined resources for defined population outcomes, including services delivered to 1-2.5m populations e.g. 18 specialised services <p>ICS Wide strategic workforce planning</p>			X	
<p>Provider Collaborative</p> <p>Includes:</p> <ul style="list-style-type: none"> • Acute, community, mental health and primary care collaboratives and place based integrated provider collaboratives (includes both horizontal and vertical collaboratives) • Acute strategic planning 			X	

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ICB Function 2

Allocating resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). Financial rules will apply to ensure delivery of key national commitments, such as the Mental Health Investment Standard and the primary medical and community health services funding guarantee

Finance	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none">• Financial Service<ul style="list-style-type: none">○ Single ledger and bank account, ledger management and budget management with budget holders○ Annual accounts and annual reporting processes including external audit○ Balance sheet arrangements and cash management○ Financial Services○ Audit			X	
<ul style="list-style-type: none">• Overarching consolidated financial planning & overall financial risk management across the ICS			X	
<ul style="list-style-type: none">• Strategic Finance - allocations to place and strategic partnership, scheme of delegation & accountability agreements with Place			X	

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<p>Financial Planning and co-ordination function, finance expertise to develop and agree financial plans linked to triangulated operational plans</p> <ul style="list-style-type: none"> • Resource allocation function across partnership, including SDF • Financial risk management arrangements across geography • Co-ordination of system wide 'at scale' transformative savings programmes • Resources to support agreed programmes and budgets • Transformational financial savings programme management – support to Places 		X	X	
<ul style="list-style-type: none"> • Delegated authority to plan for, manage and report against specific and relevant place-based budgets (e.g. all out of hospital services) for the relevant geography, including savings plans • Accountability for delegated budgets to ICS leadership • Section 75 with CYC arrangements to formalise arrangements for integration and holding of these budgets • Integrated CHC finance functions with adult social care • Financial support and resource to develop and support primary care response • Financial support and resource to develop wider out of hospital provision and embed population health management principles, including SDF. Place based financial planning 	X			

ICB Function 3

Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
Also see areas under Function 5

Partnership and Collaborative Development	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none">Provider Collaborative Development				

ICB Function 4

Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.

Corporate & Governance – Governance*	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Development of governance structures at Place level • Named risk leads • Secretariat Function • Contributors to Annual Report / Annual Governance Statement • Implementation of Risk Management Strategy • Implement Governance and IG policies / procedures Implementation of COI/SBC policies and procedures plus named senior lead to support ICS	X			
<ul style="list-style-type: none"> • Some governance input to support joint/subcommittee structure 	X	X	X	

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<ul style="list-style-type: none">• Named Director Lead• Development and maintenance of:<ul style="list-style-type: none">• Constitution & governance handbook• ICS level governance structures• Terms of reference• ICS level SoRD and OSoD• Risk Management Strategy• ICS level GBAF and Risk Register• Governance and Information Governance policies and procedures, incl COI and Standards of BC• Development of GBAF and Risk Register templates for SP level implantation• ICS level Board Secretary / Secretariat Function Management• Annual Report and Annual Governance Statement• Development of a governance network• Legal review			X	
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*Governance and performance is dependent on legislation and the constitution governance will need to be reviewed for levels of delegation and where responsibility sits

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ICB Function 5

Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities including:

- a) putting contracts and agreements in place to secure delivery of its plan by providers
- b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes
- c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, including through investment in PCN management support, data and digital capabilities, workforce development and estates
- d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care.

Acute	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Clinician to clinician Outpatient referral interface and local pathways • Clinician to clinician diagnostic interface and local pathways • Clinician to clinician emergency and urgent care interface • Specific local acute pathways for local health improvement • Urgent care commissioning (working across acute and primary care) including Urgent Treatment Centres and integration with GP Out of Hours • Acute elements of complex care pathways (such as Frailty, complex Mental Health etc) • Intermediate care and rehabilitation (acute, step-down, and home-based) • Palliative Care including Hospices 	X			

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<ul style="list-style-type: none"> Acute hosted community services including District Nursing, Community Therapy, Community Hospitals <p>? pc contracting interface with providers</p>				
<ul style="list-style-type: none"> Coordination of acute planning and contract management outcomes with Place Urgent and Emergency care operational planning and response (inc. AEDBs) Referral Support Services Coordination of local Clinical Assessment Service within NHS 111 	X	X X		
<ul style="list-style-type: none"> Main acute contracting (inc Independent Sector) Performance monitoring against compliance with constitutional and national standards Improving access for planned care Strategic capital development planning Acute commissioning statements and treatment thresholds Network level pathways delegated to care networks (e.g. Cancer, Stroke) 999 Emergency Ambulance commissioning NHS 111 commissioning 		X		
<ul style="list-style-type: none"> Strategic planning of acute configuration Strategic planning of improving access Strategic development of workforce models and ICS level workforce planning 			X	X

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Integrated Delivery & Development -Deliver an Integrated Community Service Model	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Establish leadership and operational working arrangements across health, social care and voluntary sector organisations that facilitates teams to work together in a multi-disciplinary way to build care around the person <p>Design and deliver integrated solutions to respond to key local and national requirements, including:</p> <ul style="list-style-type: none"> Ageing Well – including Enhanced Health in Care Homes and anticipatory care 2 hour crisis response service, receiving referrals from GPs, 111, YAS, hospital SDEC services (e.g. frailty) Integrated frailty model including patient stratification, assessment, care planning and signposting Discharge to assess services to expedite earlier discharge through Discharge Command Centres, effective reablement, rehabilitation and support services Respiratory – Develop and deliver pulmonary rehabilitation and long Covid services utilising transformation funding <p>Home First delivery models</p>	X	X	X	
<p>Lead and support the development of place-based organisational relationships/partnerships focussed on:</p> <ul style="list-style-type: none"> Defined population/ Equity of outcomes/ Agreed priorities/Identified resources Shared principles and standards for developing integrated models Establish appropriate planning and delegation processes to facilitate the development and approval of place-based plans to delegate funding Single Discharge Co-ordinator across health and care <p>Commission services and infrastructure best undertaken at a a number of levels form place to NENC:</p> <ul style="list-style-type: none"> overseeing care market development with LA designated beds for the covid response CHC care homes / domiciliary care other agreed system-wide community services (e.g. Medequip, wheelchair service, podiatry) appropriate voluntary sector services Identifying system level workforce trends and requirements 	X X X X	X X	X	

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Integrated Delivery & Development - Deliver an Integrated Community Service Model (continued)	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Define system-level requirements and priorities for community & voluntary sector Facilitate whole system planning and ultimate sign-off for community plans and assure delivery to NHSE Clarify and delegate funding envelopes / framework for places to draw down transformational funding, e.g. Ageing Well, Diabetes, Long Covid and Pulmonary Rehabilitation funding, and cash-limited national discharge funding Commission services and infrastructure best undertaken at ICS level, e.g. YAS /111 / CAS Effective interface with NHSE commissioning teams / influence national policy frameworks System level clinical and professional leadership: <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;">Needs additional narrative to define</div> Ageing Well Urgent and Emergency Care Discharge Respiratory Clinical Network NENC level workforce initiatives to support recruitment/retention in places 			X	
<ul style="list-style-type: none"> Patient and stakeholder engagement Service design and problem-solving to address strategic priorities Service transformation and delivery Relationship building and co-production between partners Shared budget management/shifting resources between organisations Develop integrated workforce solutions, including shared roles and innovative workforce models Monitoring delivery/KPIs/activity/outcomes 	X	X		

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Mental Health – MH, LD and Autism Contracting	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Input into discussion around placed based delivery models which informs contract requirements with other organisations including the voluntary sector 	X			
<ul style="list-style-type: none"> Contract Negotiation, Contract Monitoring, Input into procurements 	X	X	X	
<ul style="list-style-type: none"> Contract Register, Contract Documentation, Contract payments 			X	
Mental Health – MH, LD & Autism Individual Funding Requests				
<ul style="list-style-type: none"> Local clinical and commissioning/provider input to support access to local services 	X			
<ul style="list-style-type: none"> Policy, and ongoing panel administration and equity of access 			X	
Mental Health – MH, LD & Autism Partnership Support				
<ul style="list-style-type: none"> Oversight / Coordination/ Management / Administration Finance Support/ Agreement of Priorities and use of funding (MHIS) Working with TEWV/CNTW as Lead Provider 		X		
<ul style="list-style-type: none"> Feeds into wider Partnership process to update / escalate / inform 			X	

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Mental Health – MH, LD & Autism Planning				
<ul style="list-style-type: none"> trajectories and priorities narrative 	X		X	
<ul style="list-style-type: none"> Coordination / Completion 			X	
Mental Health – MH, LD & Autism Quality Assurance				
<ul style="list-style-type: none"> Coordinate and feeds in local issues 		X		
<ul style="list-style-type: none"> Oversight and assurance processes 			X	

Mental Health – Adult and Older People Transformation and Delivery	Place	Area	NENC	Provider Collaborative
Commissioning and Transformation support provided to place to deliver: <ul style="list-style-type: none"> Integration with LA/ Community MH Transformation (at LCP level x 5)/ SMI Health checks/ MH Workers in primary care/ Dementia 	X			
Commissioning and Transformation support to deliver: <ul style="list-style-type: none"> Children’s Eating Disorders/ EIP/ ASD/ADHD (Adults and Children)/ Crisis (can link to Community Transformation) Engagement with the Voluntary Sector 		X	X	
<ul style="list-style-type: none"> Perinatal/ Chronic Fatigue/ IPS/ ICS Crisis Care Concordat 		X	X	
<ul style="list-style-type: none"> Adult Eating Disorders/ CAHMS Tier 4 				X

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Mental Health – Transforming Care Programme				
<ul style="list-style-type: none"> Annual health checks including flu & covid vaccination programmes 	X			
Delivery of all Long-Term Plan commitments including: <ul style="list-style-type: none"> Reducing reliance in inpatients (adults and children & young people) CETR/CTRs including dynamic support systems (DSS/DSR) Developing community services including market development & housing LeDeR (current) – completion of reviews, learning into action and production/publication of annual report Autism diagnostic / pre & post diagnostic support Children & Young People Keyworker Feeding into PC pathway to frame future strategic needs across NENC 		X	X	
Oversight of delivery of quality <ul style="list-style-type: none"> LeDeR – completion of reviews and learning into actions should also include 3-year strategy, workforce model and governance as part of new LeDeR policy Assurance of transformational funding (per capita basis), adhoc and EOI funding bids Oversight & escalation of host commissioner & commissioner oversight visits (quality of inpatient services) Planning & Oversight of community infrastructure, inpatient and diagnostic provisions/support to achieve single, joined up pathways include Workforce strategy and plan linked to these requirements Regional Interface Developing community services including market development & housing Co-production in the development and implementation of changes 			X	
<ul style="list-style-type: none"> Adult Secure Strategic use of funding released from spec com bed reduction 				X

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Integrated Delivery and Development – Primary Care	Place	Area	NENC	Provider Collaborative
Primary Care Strategy				
<ul style="list-style-type: none"> • Co-produce through providing local knowledge and expertise to strategy development • Support delivery in line with agreed plans and priorities 	X			
<ul style="list-style-type: none"> • To support development of a collective plan that recognises where places need to level up to impact on health outcomes 		X	X	
<ul style="list-style-type: none"> • Developed through the ICS primary care collaborative 			X	
<ul style="list-style-type: none"> • To act as reference/delivery group for strategy development 	X	X		
Practice and PCN Development and Delivering Primary Care at Scale				
<ul style="list-style-type: none"> • Design and delivery of at scale projects • Effective use of population health information • Clinician to clinician interface across pathways • Develop clinical director leadership capability 	X			
<ul style="list-style-type: none"> • Coordinated approach working with federations and PCNs to support consistent and joined up PCN development • Develop consistent approach to PCN engagement in place 	X	X		
<ul style="list-style-type: none"> • Developed through the ICS primary care collaborative 			X	
<ul style="list-style-type: none"> • Shared learning, support delivery co-production at scale and interface with place development 	X	X	X	X

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Primary Care Workforce	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Development of additional roles and consistency in terms and conditions 	X			
<ul style="list-style-type: none"> • Clear understanding of workforce pressures and impact on system and place delivery 		X		
<ul style="list-style-type: none"> • Workforce strategy developed through primary care collaborative 			X	
<ul style="list-style-type: none"> • Develop innovative employment models 	X		X	

Primary Care Digital Transformation	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Place based management and delivery of national digital initiatives • Place based development of digital schemes to support service transformation • Empower patients to take more control over their own health and care 	X			
<ul style="list-style-type: none"> • Partnership digital delivery coordination group to ensure join up, shared learning and shared resources linked to HWB digital strategies 		X		
<ul style="list-style-type: none"> • Development of digital strategy and deliverables through NENC Digital Workstream 			X	
<ul style="list-style-type: none"> • Rapid development of digital service models 			X	X

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Primary Care and PCN interface with key priorities				
<ul style="list-style-type: none"> • Urgent care transformation • Community diagnostic service development and implantation • Enhanced health in care homes 	X			
<ul style="list-style-type: none"> • Coordination to support collective development of integrated service models 	X	X		
<ul style="list-style-type: none"> • Links to UECN, Diagnostic Board, Ageing Well Programme 			X	
<ul style="list-style-type: none"> • Alignment with work of acute and community providers collaboratives 	X	X		X
Population Health Management in Primary Care				
<ul style="list-style-type: none"> • Development of effective business intelligence and risk stratification to allocate and manage resources • Embed and accelerate learning from PHM development programme • Population Health Hubs to support delivery models 	X			
<ul style="list-style-type: none"> • Sharing of best practice and tools on PHM • Development of joint population health hub including shared analytics and toolkits to support PCN's • Assurance of progress against the PHM maturity matrix in 'each place' 		X		
<ul style="list-style-type: none"> • Build on system-wide tools (RAIDR) to support resilience in primary care • Links to PHM Strategy including levelling-up population outcomes and tackling inequalities 			X	
<ul style="list-style-type: none"> • Support system transformation through agreed priorities 			X	

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Integration of Complex Care / CHC	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Integration of CHC and ASC provision with core community offer supporting community services and voluntary sector. Implementation of strategy and plans Alignment of complex care and Adult Social Care budgets Integration of teams and shared workforce which will work towards a shared purpose and shared efficiencies Delivery of commissioned care provision at best value with associated outcomes focussing on strength-based approaches More joined up assessment and care planning based on optimisation of needs and shared management of risk Delivery of personalisation and joint PHB / integrated budget offers • Monitoring performance 	X			
<p>Having a Single Conversation Once:</p> <ul style="list-style-type: none"> Development of strategy and plans bringing together place based integrated services where makes sense to do once ° Strategic oversight with LAs to develop an integrated delivery model Quality and safety Local review meetings Legal support – Court of Protection DoLs / LPS Contracts Training and development strategies Specialist equipment Market Management and development QIPP Efficiencies / VfM 	X	X		

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<ul style="list-style-type: none"> • Patient and Public involvement • Governance support • Modelling and planning • S117? 				
<ul style="list-style-type: none"> • Named Director Lead • Strategy and assurance plans • Compliance standards for returns • Coordination of performance and assurance of CHC and hospital discharges at ICS level Personalisation agenda <ul style="list-style-type: none"> • Policies, including Lifestyle policy CHC Network			X	
Nursing and Quality – Children and Young People				
<ul style="list-style-type: none"> • Key deliverables from Long Term Plan • Restoration and recover in CYP services post Covid • Improvement in Quality of CYP services • Integration with Local Authority functions 	X			
<ul style="list-style-type: none"> • Assurance and deliver through partnership governance • Potential for service delivery models across wider footprint 		X		
<ul style="list-style-type: none"> • Distribute leadership model portfolio holder • Responsible for CYP programme of work and running of the ICS Delivery Group • System Leadership Oversight & Improvement • System wide support to restoration and recover of VYP services post Covid 			X	

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Nursing and Quality – Personalisation and Commitment to Carers				
<ul style="list-style-type: none"> • Provider oversight via quality monitoring and assurance of action and learning from complaints • Interface with regional team for complaints they are responsible for • System Leadership, oversight and assurance of personalisation, carers, patient experience feedback • Compliance with duty to consult and involve patients 		X	X	
Nursing and Quality – Maternity				
<ul style="list-style-type: none"> • Maternity LTP transformation deliverables (transferred from Better Births) by providers • Ockenden Immediate & Essential Actions (Ockenden Report dec 2020) 	X			
<ul style="list-style-type: none"> • Distributive leadership model portfolio holders • LMS oversight of maternity transformation, supporting and ensuring implantation by providers, supported by the ICS • Specialist midwifery leadership in LMS's, supported by perinatal leaders in Clinical networks and Neonatal networks • Perinatal Safety & Quality Oversight, reporting into local System Quality Group of ICS 			X	
Nursing and Quality – Learning Disability and Autism				
<ul style="list-style-type: none"> • Delivery of all Long-Term Plan commitments including: • Reducing reliance in inpatients (adults and children & young people) • Annual health checks including flu & covid vaccination programmes • CETR/CTRs including dynamic support systems (DSS/DSR) • Developing community services including market development & housing • LeDeR (current) – completion of reviews, learning into action and production/publication of annual report ◦ Autism diagnostic / pre & post diagnostic support • Children & Young People Keyworker • Co-production in the development and implementation of changes 	X	X		

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<ul style="list-style-type: none"> • Oversight and assurance of all LTP commitments and see links to complex care functions above • Host Commissioner / Commissioner Oversight visits using shared resource 	X	X	X	
<ul style="list-style-type: none"> • Oversight of delivery of quality • LeDeR – completion of reviews and learning into actions should also include 3-year strategy, workforce model and governance as part of new LeDeR policy • Assurance of transformational funding (per capita basis), adhoc and EOI funding bids • Oversight & escalation of host commissioner & commissioner oversight visits (quality of inpatient services) • Planning & Oversight of community infrastructure, inpatient and diagnostic provisions/support to achieve single, joined up pathways include Workforce strategy and plan linked to these requirements • Regional Interface 	X	X		

Medicines Management	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Leadership and implementation of MO priorities (quality improvement, innovation, productivity and prevention) and opportunities across PCNs. • Leadership and management of prescribing budget. • Local engagement of PCN Prescribing Leads with ICS agenda via prescribing forums. • PCN professional leadership, facilitating networking and workforce development. • Analysis and interpretation of prescribing data and intelligence. • PCN and prescriber engagement in prescribing quality e.g. antimicrobial resistance and opioids. • Expert input into pathway and guideline development. • Medication queries and advice relating to formulary. 	X			

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<ul style="list-style-type: none">• Medicines related freedom of information requests (although responsibility for this may have to sit at ICS level).• Ongoing support for the Covid vaccination campaign.• Care home medicines related issues and education e.g. MOCH & proxy ordering.• Linking with public health e.g. reducing health inequalities.• Sustainable medicines/green agenda: Supporting delivery of local actions (although this is in PCN DES).• Patient, carer and public communications and engagement in relation to medicines. • Provider medicines management responsibilities including prescribing advice, monitoring of prescribing and implementation of guidelines /strategy • Place based senior pharmacist leadership for independent support and assurance• Development of local network of medicines management staff supporting primary care• Place based learning when things go wrong not just organisational• Placed based prescribing training not just organisational• Place based learning to develop / strengthen services / pathways • Supporting innovation in practice				
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Medicines Management	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Financial oversight, planning (quality improvement, innovation, productivity, and prevention), sharing of best practice, and identifying and remedying unwarranted variance, utilising tools such as the Model Health System. • Leadership of prescribing budget management and delivery of at-scale quality improvement, innovation, productivity, and prevention. • Prescribing quality and guidance: involvement in the design and scrutiny of pathways and formulary via Area Prescribing Committee and Formulary Subgroup. • Management of high-cost hospital drugs, linking with the level at which contract management is done, moving from a "who pays what" approach to variance analysis from a cost and quality perspective and putting plans in place to address variation, sharing learning across the ICS. • Management of e-prescribing decision support systems (e.g. OptimiseRx). • Advice on community pharmacy enhanced and locally commissioned services. • Sustainable medicines/green agenda: influence on formularies and pathways. • Identifying and addressing prescribing impact on health inequalities. • Population Health Management and prevention. • Shared resource for geographical specialist teams supporting the antimicrobial strategy • Using learning to develop /standardise and strengthen prescribing • Monitoring of place metrics for prescribing against national targets 	X	X		

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Medicines Management	Place	Area	NENC	Provider Collaborative
<p>Statutory functions, including safeguarding and oversight of controlled drug issues, potential for delegation to place</p> <ul style="list-style-type: none"> • Pharmacy workforce planning and strategy, along with education and training. • Provision of pharmacy expertise to other clinical networks and workstreams operating at ICS level, encouraging pharmaceutical input and scrutiny into other workstreams. • Quality & medicines safety, including Medicines Safety Officer role, thematic analysis of incidents, and responding to safety alerts e.g. sodium valproate, and responding to national priorities e.g. antimicrobial resistance, opioids. • Digital medicines strategy relating to medicines and pharmacy. • Production of a sustainable medicines/green agenda strategy. • Link with regional procurement groups. • Pharmaceutical membership of Regional Medicines Optimisation Committee (RMOC) <ul style="list-style-type: none"> • Development of Antimicrobial strategy linked to Clinical Strategy for ICS including mapping of current resources • Refocus Antimicrobial stewardship in line with 5 year Antimicrobial Resistance plan • Oversight and assurance • Delivery of medicines optimisation linked to antimicrobial strategy • System wide learning to improve services / pathways • Review of NICE guidelines and translation into practice 			X	

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ICB Function 6

Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers

Corporate & Governance – HR and OD	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Named Officer to support managers and staff • Implementation of strategy & policies 	X	X	X	
<ul style="list-style-type: none"> • Named Director Lead • Strategy and assurance plans • Compliance standards for returns • Corporate standard and templates to distribute to SP/Place level • People's Plan • Recruitment and retention • Management support and development • Equality, diversity and inclusion 			X	

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People Plan Strategy	Place	Area	NENC	Provider Collaborative
			X	

Nursing and Quality - Nursing Workforce	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Key deliverables from The People Plan Delivery of the 50k Manifesto trajectories for individual organisations Delivery of Inclusion commitments and improvements in WRES data Support for workforce planning for future workforce in particular primary care (professional nursing responsibility for practice nurses) 	X			
<ul style="list-style-type: none"> Quality & Nursing Interface with: ICS Workforce Boards responsible for system delivery, leadership and oversight of key nursing midwifery and AHP workforce developments Support for delivery of inclusion commitments and improvements in WRES data Support for system workforce planning for future workforce 			X	

ICB Function 7

Leading system-wide action on data and digital:

working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care

Digital Strategy and Delivery	Place	Area	NENC	Provider Collaborative
			X	

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ICB Function 8

Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes

BI & Performance Information & Intelligence	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Joint BI functions with LA? Enhanced support to Partnership on population health management, in particular into PCNs 	X			
<ul style="list-style-type: none"> BI function supporting Strategic Partnership and Places - Providing support to PCNs, PHM etc Management of NECs contract for BI 		X		
Performance				
<ul style="list-style-type: none"> Performance management for Place 	X			
<ul style="list-style-type: none"> Strategic Performance management Performance reporting for Place, Partnership & ICS 			X	

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ICB Function 9

Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.

Nursing and Quality – Safeguarding adults and children	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Statutory responsibilities at provider and commissioner level for safeguarding children and adults with Police, Health and Local Authority Place senior nurse leadership & membership of safeguarding boards providing independence and specialist expertise via Designated Professionals Specialist safeguarding support to places	X			
<ul style="list-style-type: none"> There may be models of operational delivery over more than one place, coterminous with local authorities especially as workforce is sparse and fragile Shared specialist support across geographical partnerships 		X		
<ul style="list-style-type: none"> Distributive leadership model portfolio holder Oversight and escalation Mutual aid and improvement support Strategic development of blueprint Interface with regional expertise 			X	

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Primary Care Estate	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Place based planning and delivery with local partners to develop health and care estate to support service transformation 	X			
<ul style="list-style-type: none"> Develop and agree pipeline for strategic estates programme and priority for submission for capital investment 		X		
<ul style="list-style-type: none"> Budget holder for ICS estates/capital programmes ICS-wide estates strategy and planning 			X	
Corporate & Governance - Sustainability				
<ul style="list-style-type: none"> Local knowledge and delivery Sustainability champions locally Planning and delivery of the Sustainability Development Management Plan (SDMP) Management of returns 	X			
<ul style="list-style-type: none"> Named Director Lead Strategy and assurance plans Compliance standards for returns 			X	
Corporate & Governance - Facilities Management and Corporate IT				
<ul style="list-style-type: none"> Named Office Manager role to manage office and IT locally Implementation of policies and procedures 	X			
<ul style="list-style-type: none"> Named Director Lead Compliance standards Development and maintenance of policies and procedures 			X	

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ICB Function 10

Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.

Contracting	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Contracting for CHC & out of hospital NHS and LA services (S75), third sector. Contract management and reporting and associated staff resource (over time integration with LA function?). Primary Care contracting – PCN, LIS (anything not nationally negotiated). 	X		X	
<ul style="list-style-type: none"> Contracting function supporting Places 		X		
<ul style="list-style-type: none"> Primary Care contracting GMS Single contracts register IS Contracting? Procurement Advice and tendering function Contracting advice 			X	
<ul style="list-style-type: none"> Single Contracting function with Independent Sector across NENC? 			X	X

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ICB Function 11

Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.

Corporate & Governance – EPRR and Business Continuity	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Business continuity planning for delivery of services at place • Working with public health for the services required to deliver pandemic plans • Working to support the LRF with delivery of emergency and multi-agency responses • Providing staff for joint on call rota • Named senior lead 	X			
<ul style="list-style-type: none"> • On call rota 			X	
<ul style="list-style-type: none"> • Named Director Lead • Strategy and assurance plans • Compliance standards for returns • National and regional EPRR returns • Information sharing for national and regional guidance 			X	

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Nursing and Quality – Out of hospital, Covid response support, Immunisation and Hospital Discharges	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Providing quality and nursing leadership to primary care and community collaboratives X Implementation of pulse oximetry at home and other models SRO place leads for Covid vaccination program Support to place and public health teams for all other immunisation and vaccination programs Implementation of the discharge policy, reducing hospital length of stay and D2A Collaboration with Quality Assurance of Discharges Group and implementation of agreed standards SRO for covid vaccination program Shared resource for all immunisation and vaccination programs 	X			

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ICB Function 12

Primary Care Network DES – Contractual and Delivery	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Delivery and monitoring of PCN DES and Network Services • Building capability and capacity through additional roles 	X			
<ul style="list-style-type: none"> • Support alignment with place based integrated models and agreed priorities for recover and transformation 		X		
<ul style="list-style-type: none"> • PCN contact development Specialist support and advice 			X	
<ul style="list-style-type: none"> • Share learning support deliver through co-production of at scale services 				X
Primary Care Delegated Commissioning Functions				
<ul style="list-style-type: none"> • Implementation of PCCC decisions, business as usual activity and local performance monitoring 	X			
<ul style="list-style-type: none"> • Primary care Commissioning Committee as per the delegation of functions from HNSE/I (TBA) 			X	
<ul style="list-style-type: none"> • ICS with delegated commissioning responsibility for primary care from NHSE/I 			X	
<ul style="list-style-type: none"> • Support in planning and development 			X	
Local Enhanced Services				
<ul style="list-style-type: none"> • Enhanced services aligned to local need and providing added value through PCN Scale delivery 	X			
<ul style="list-style-type: none"> • Standardise where appropriate and demonstrate impact on health inequalities and deliver of plans 		X	X	
<ul style="list-style-type: none"> • Engaged in discussion re LES development 	X	X		

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Enablers

Corporate & Governance – Communications and Engagement	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Named Officer for Communications • Named Officer for engagement • Support to management • Implementation of strategy • Place based comms 	X			
<ul style="list-style-type: none"> • Named Director Lead • Strategy and assurance plans • Compliance standards for returns • Corporate standard and templates to distribute to SP/Place level • NHS Engagement Mandate • AGM • Internal and external communications • Web development and maintenance • Media and PR (including press releases) • Engagement with key partner organisations 			X	
Corporate & Governance – PALS, Complaints, MPs, FOIs				
<ul style="list-style-type: none"> • See mapping to Nursing & Quality function 			X	

Nursing and Quality

Statutory Functions

Nursing and Quality – Patient Safety	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Provider patient safety responsibilities including incident and serious incident management, duty of candour, implementation of SI framework • Place based senior quality leadership for independent support and assurance • Development of local network of patient safety specialists and establishment of same in primary care • Place based learning when things go wrong not just organisational • Placed based patient safety training not just organisational • Place based learning to develop / strengthen services / pathways • Utilising the proposed innovation, research and QI Hub 	X			
<ul style="list-style-type: none"> • Shared resource for serious incident management for oversight and assurance • Using learning to develop / strengthen services / pathways 		X		
<ul style="list-style-type: none"> • Potential for Distributive Leadership Model portfolio holder • Development of Patient Safety strategy linked to Clinical Strategy for ICS including mapping of current resources and support from Improvement Academy, Patient Safety Collaboratives and others, driven through quality governance arrangements • Oversight and assurance • System wide learning to improve services / pathways 			X	

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Nursing and Quality – Quality Monitoring, Assurance and Oversight	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> Delivery of high-quality services Quality Assurance and Improvement Compliance with Regulatory standards Place based senior nursing leadership for independent oversight and support 	X			
<ul style="list-style-type: none"> Gather intelligence for assurance to ICS Collaboration with local authorities for QA of joint services Support for achievement of regulatory compliance Assessment of maturity in places for QA and improvement 	X	X		
<ul style="list-style-type: none"> Local System Quality Group (was QSG) responsibility Identification of unwarranted variation impacting on quality in the ICS Taking collaborative action to improve quality within the ICS Taking collaborative action to reduce inequalities and take a population health approach Regional interface and escalation 			X	

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Nursing and Quality – Infection Prevention & Control (IPC) – deep dive underway	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Provider / Place responsibilities and accountabilities (Director of IPC) • Support and quality improvement to care settings with local authorities • Covid response and recovery • Health and public health collaboration • One IPC Place Workforce • Place based collaborative learning from infections, not just organisational 	X			
<ul style="list-style-type: none"> • Assurance oversight of place via joint committees / groups • Potential for IPC models across a geography given IPC scarce resource 		X		
<ul style="list-style-type: none"> • Distributive leadership model portfolio holder • ICS IPC SROs – AMR 5-year plan delivery • Ongoing Covid-19 response 			X	
Nursing and Quality – Professional Clinical Nurse Leadership				
<ul style="list-style-type: none"> • Organisation clinical nurse leadership in organisations • Senior Place based nursing leadership to support workforce and upholding professional regulatory standards 	X			
<ul style="list-style-type: none"> • Professional clinical leadership via established multidisciplinary networks • Responsible for establishing and managing ICS wide Directors of Nursing Network • Professional advisory function to ICS system leadership • Developing next stage for Practice Nurse 10 point plan – develop priorities with places and regional team 			X	

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Nursing and Quality – Patient Experience, Complaints				
<ul style="list-style-type: none"> • Place support for delivery of robust complaint management • Provider responsibilities and accountabilities • Delivery of organisation / place targets and improvements for patient experience including FFT / National Patient Experience Surveys • Personalisation • Achievement of Commitments to carers at local place 	X			

Nursing and Quality – Care Homes / domiciliary care / supported living / independent living	Place	Area	NENC	Provider Collaborative
<ul style="list-style-type: none"> • Support and quality improvement to care settings with local authorities • Delivering programme of work to ensure resilient caring workforce and reducing hospital admissions: <ul style="list-style-type: none"> • React to Red • React to Falls • Care of the deteriorating resident • Safety strategies such as safe handover / safety huddles • IPC etc 	X			
<ul style="list-style-type: none"> • Potential for geographical models dependant on workforce availability but must not dilute place effectiveness 		X		

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<ul style="list-style-type: none"> Responsible for the setting up and management of the Quality Assurance of Discharges Group, setting system wide standards, improving processes and patient experience, sharing learning Oversight of progress and quality & performance in relation to implementation of the discharge policy Distributive Leadership Model portfolio holder Oversight and assurance <ul style="list-style-type: none"> Development of further programs with Improvement Academy and others 			X	
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	Place	Area	NENC	Provider Collaborative
Medical/Nursing and Quality – IFR				
<ul style="list-style-type: none"> Pathway transformation to inform 'commissioning policies' 	X			
<ul style="list-style-type: none"> Pathway transformation to inform 'commissioning policies' 		X		
<ul style="list-style-type: none"> Function can only happen at ICS or may promote further inequalities Model needs thinking though as 'commissioning policies' will need aligning and provider collaboratives will have a strong role in transformation of pathways Need to establish independent IFR service provision (different models currently in place – gap for mental health IFRs) 			X	
Medical/Nursing and Quality – Research				
<ul style="list-style-type: none"> Provider involvement in research 	X		X	
<ul style="list-style-type: none"> TBA (awaiting deep dive) 				

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Nursing and Quality – Caldicott Guardianship				
• Place provider responsibilities	X			
• Assurance and oversight		X		
• ICS Caldicott Guardian with associated responsibilities			X	
Nursing and Quality – Freedom to Speak Up Guardianship				
• Place provider responsibilities	X			
• Additional independent resource through place based nursing leadership				
• Potential for supportive models over wider footprint		X		
• ICS Freedom to Speak Up Guardian			X	
• Quality oversight and assurance				
• Interface with region				

Nursing and Quality – Mental Health Homicides/ Independent Investigations				
	Place	Area	NENC	Provider Collaborative
• Reporting incidents and associated internal investigations	X			
• Implementation of recommendations from independent investigations (Health Service Guidance 94/27)				
• Mental Health Homicides are commissioned by NHSE/I			X	
• Oversight of incident reporting and investigations				
• Learning through System Quality Groups (was QSG)				