

**SUNDERLAND HEALTH AND WELLBEING BOARD**

**18 March 2022**

**THE NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE SYSTEM AND  
INTEGRATED PLACE-BASED PARTNERSHIP ARRANGEMENTS**

**Report of the Executive Director of Public Health & Integrated Commissioning  
and Chief Officer/Chief Finance Officer of Sunderland CCG**

**1.0 Purpose**

1.1 The purpose of this report is to:

- a) Provide an update on the development of new place-based arrangements for Sunderland.
- b) Seek the Health and Wellbeing Boards views on the Operating Model for NHS North East and North Cumbria Integrated Care System (ICS) as part of the engagement and consultation process.

**2.0 Background**

- 2.1 As previously reported Integrated Care Systems (ICSs) have been designed to bring together providers and commissioners of NHS services with local authority and other partners across larger geographical areas in order to collectively plan health and care services to meet the needs of their population.
- 2.2 If passed, the Health and Care Bill would introduce a major change to the organisation of the NHS. The proposed legislation would place ICSs on a statutory footing. Under this legislation each ICS would be a statutory body made up of two parts: an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). The Bill had been designed to enact these changes by 1<sup>st</sup> April 2022. However, this has now been delayed until July 2022.

**3.0 North East North Cumbria Integrated Care System**

- 3.1 The North East and North Cumbria ICS has developed a draft operating model which sets out proposed governance arrangements, including the functions it plans to reserve to discharge and which to confer to place. At the ICS Programme Board on 25 February, the process for the development of the operating model was agreed, including widescale engagement with CCG staff, ICS workstreams, Foundation Trusts, Local Authorities, Primary Care Networks, Healthwatch, the Voluntary Sector and other key partners and stakeholders.

- 3.2 The ICS Chief Executive has requested that the final draft of the Operating Model is considered at the next ICS Programme Board (25 March), which creates a deadline for engagement and responses by 18 March. In addition to discussion at the Health and Wellbeing Board, the senior executives across the CCG and the Council are leading the facilitation process at key platforms such as the Transition Steering group and the Integrated Care Executive.
- 3.3 A draft HWB response to the consultation will be provided to Board members prior to the meeting for discussion. A presentation on the proposed Operating Model is attached at Appendix 1.

#### **4.0 Joining Up care for people, places and populations and the implications for the partnership**

- 4.1 In February 2022 an integration White Paper – “Health and social care integration: joining up care for people, places and populations” was published. This retains a focus is at place level and highlights that that strategic, at-scale planning will be carried out at the ICS level, whilst places will be the engine for delivery and reform. The White Paper sets out an approach where place would be responsible for agreeing collective outcomes, some nationally agreed and others locally decided to place person-centred care, improving population health and reducing health disparities at the centre of delivery. It introduces an expectation for a single person, accountable at place level, across health and social care to be responsible for delivering these shared outcomes. It also sets out the key enablers of integration (workforce, digital and data and financial pooling and alignment) required to further join up services around people and populations.
- 4.2 Further work is required to understand the implications of this White Paper for ICS and place-based development.

#### **5.0 Sunderland place-based arrangements - progress to date**

- 5.1 Sunderland’s Integrated Care Executive (‘the Executive’) continues to meet monthly supported by the Transition Steering Group (TSG) to develop Sunderland’s place- based arrangements. Since the Health and Wellbeing Board last met the Executive has:
- Agreed to work towards shadow arrangements for May before 1 July 2022 implementation.
  - Agreed a work programme to develop the collaborative working arrangements that will feed into the governance arrangements.
  - Agreed a memorandum of understanding which is being signed by statutory bodies.

#### **5.2 Transition Steering Group Workstreams**

As reported previously, work has been initiated across five workstreams.

**a. Commissioning Development and Business Intelligence**

Work has progressed on each of the areas of focus mental health, learning disabilities and collaboration on public health primary care contracts. A proposal is being developed to take forward more integrated arrangements for these primary care contracts. Work is also underway to understand the totality of the commissioning spend under a number of themes. This will support the work to develop collaborative working arrangements.

**b. Finance**

Work is underway to map the emerging decision-making arrangements under a number of themes to determine where financial decisions would be made. This will feed into the shadow governance arrangements.

**c. Leadership (clinical and professional) and People**

The first draft of the organisational development and communications plans to support the new partnership working arrangements have been developed. Further scoping and an understanding of broader workforce planning is needed.

**d. Provider Partnerships**

The Provider Partnership is working with colleagues across the TSG to consider the developing collaborative arrangements as described above.

**e. Governance**

Work will continue to implement the governance arrangements agreed by the CCG Body and Council with shadow arrangements planned in the spring.

**6.0 Next steps**

- 6.1 Implementation of shadow governance arrangements in preparation for 1<sup>st</sup> July full implementation.
- 6.2 Further work is required on the collaborative working arrangements as outlined above.
- 6.3 Further consideration the implications of the White Paper: joining up care for people, places and populations.

**7.0 Recommendations**

- 7.1 The Health and Wellbeing Board is recommended to:
  - receive the report;
  - support the progress to date;
  - agree the Board's response to the ICS Operating Model consultation; and
  - receive an updated position at the next Board meeting.

