



Independent review of ICP arrangements

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Our Integrated Care Partnership (ICP)

- A committee of the NHS Integrated Care Board and the local authorities from across the North East and North Cumbria.
- The partnership is responsible for setting key priorities and developing a strategy for health and care to meet the needs of people in our region.
- The partnership brings together local authorities, hospitals, community services, primary care, hospices, and voluntary, community and social enterprise organisations (VCSEs) and Healthwatch across the region.
- Because of our size and scale, we agreed to set up four area ICPs. However, as a result of the changing Combined Authority boundaries, we have already agreed that there will now be three area ICPs aligned to the CA boundaries.



NHS Confederation analysis of three types of ICPs



Convenor

“Convenor” partnerships bring a broad group of partners together to set and pursue shared objectives and take collective action.

- They often have an ‘engine room’ which drives action, and an ‘assembly’ aimed at establishing a broad coalition of partners.
- There is a focus on consensus-finding and the pursuit of shared priorities
- The work is strategic, with delivery led by each partner.



Change

“Change” partnerships identify cross-system priorities, to immerse itself in their detail, and to drive transformative change

- The focus is on bringing together the right cast of actors to make change happen.
- These may vary depending on the issues but there will be a consistent core group, including the ICB and local authorities
- They draw on a broad range of expertise to maximise impact, often thinking in non-traditional terms



Challenge

“Challenge” partnerships provide a counterweight – or challenge – to the perceived focus on short term priorities, such as forthcoming winters, elective backlogs, acute performance, and GP waiting times.

- They focus on the wider determinants of health (e.g. housing, climate change, education, worklessness).
- Leaders focus on the strategic direction of the system in its broadest sense, and its long-term ambitions, rather than delivery in the here and now.



Emerging national policy thinking on ICPs

NHS Confederation analysis of emerging possibilities:

- ICPs having a crucial role in the devolution agenda
- ICPs having greater resources at their disposal
- Establishing a National ICP Forum (as recommended in the Hewitt Review)

Possible direction of travel

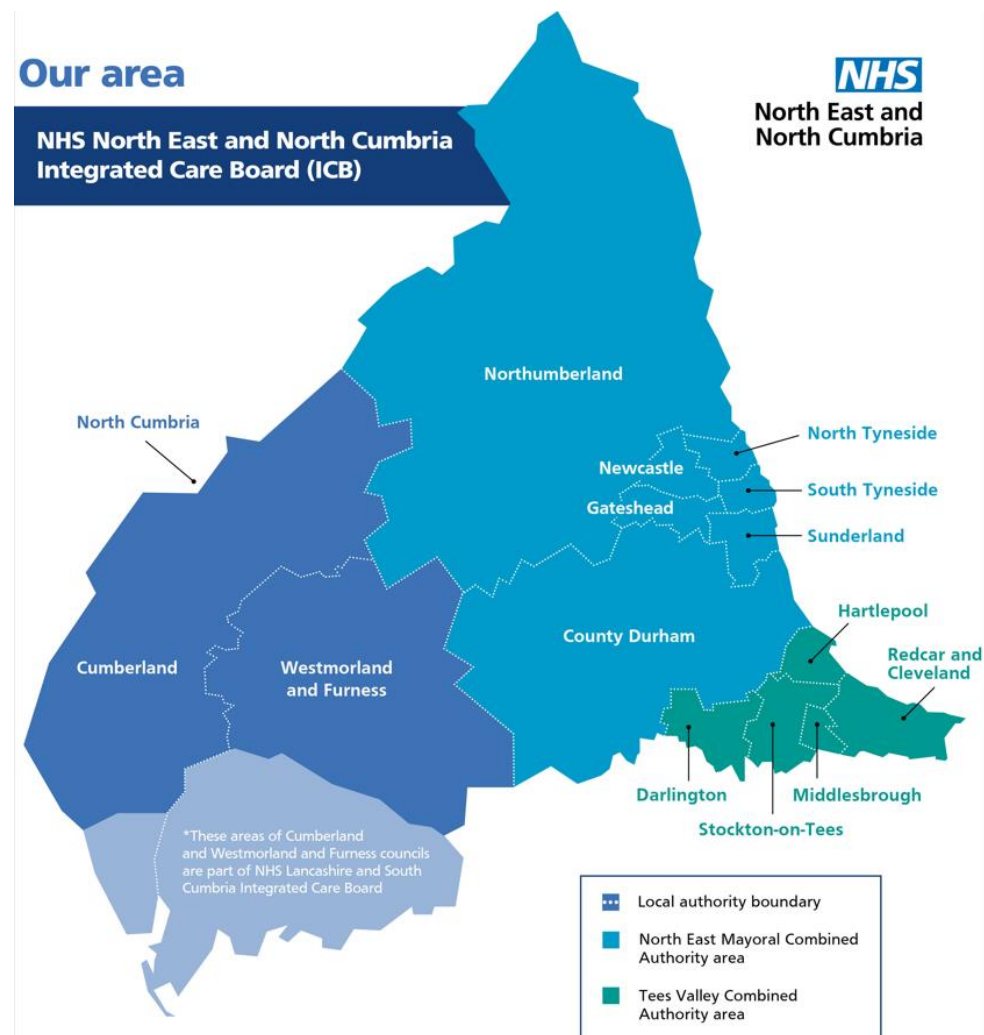
- Feature more prominently in government policy, specifically with regards to steering system partners to deliver national government priorities
- Have stronger levers and more resource to influence system decision-making (beyond strategy development)
- More often be seen as the 'neutral ground' between NHS and local government for decision-making
- Be the mechanism for interaction between the NHS/health agenda and wider political priorities: creating thriving local economies, employment, inequalities, early intervention/prevention etc.



Emerging collaboration with Combined Authorities

- Two Mayoral Combined Authorities now in place, with a potential devolution deal for Cumbria
- Emerging collaboration on issues such as work and health which cut across place and sector
- North East MCA Public Service Reform programme
 - Health in every policy
 - Future public service workforce
 - Universal Support roll out
 - Career paths for unpaid carers
 - Housing and Health
 - Child poverty and prevention
 - Radical prevention fund
- Tees Valley MCA
 - New hospital developments as the catalyst for health care transformation
 - Work and health – building on the Patient Advisory Service pilot in Tees Valley

**North East North Cumbria
Health & Care Partnership**

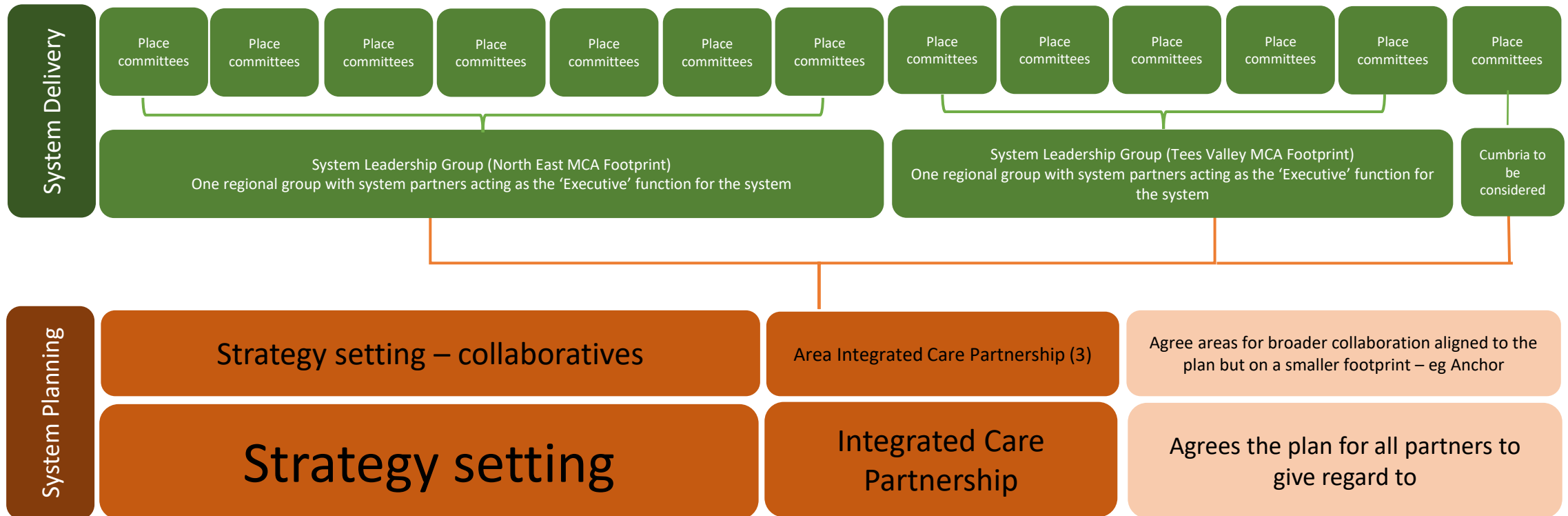


System Leadership Group (SLG)

- Technically the 'Collaborative Executive' function of the ICP
- Focused on the collaborative working needed to deliver our strategy
- Membership from across all sectors (but not all partners) and areas
- Assesses proposals from each of our workstreams and networks
- Manages shared performance challenges, co-dependencies and risks
- Current areas of focus:
 - ✓ System Leadership
 - ✓ Digital/Data
 - ✓ Workforce
 - ✓ Children and young people
 - ✓ Child poverty
 - ✓ Promoting best practice regionally and nationally
 - ✓ Developing our Learning and Improvement System



Potential future position: aligning SLG to MCA footprints



External lead reviewer



Professor John Tomaney

- Pro-Provost and Professor of Urban and Regional Planning at University College London.
- Previously Professor of Regional Development and Director of the Centre for Urban and Regional Development Studies (CURDS) at Newcastle University.
- Published over 100 books and articles on local and regional development, including the recent study of Sacriston, in County Durham ‘Social infrastructure and left behind places’
- Chair of Redhills Miners’ Hall, in the City of Durham



Proposed Lines of Enquiry

1. What have the NENC ICP and Area ICPs achieved so far (this include relational and activity)?
2. How does these arrangements compare to other ICPs or ICP-type arrangements?
3. How can our ICP arrangements best add value to our partnership working and the impact it creates for our communities?
4. What would ICP partners like to do more of (or less of) or differently in the future?
5. How should the ICP evolve to support delivery of the Integrated Care Strategy?

Next steps and timeline

- Confirm key lines of enquiry following today's meeting
- Interviews with key partners to commence in November
- Findings to be reported at the next Strategic ICP meeting in early 2025 (date TBC)
- Review ICP chairing arrangements and TORs after the report has been considered

