Our Ref CR/DJ/JF

4 December 2023

Response via email: konpnortheast@gmail.com

Dear Jude Letham, Dr Helen Groom, Roger Nettleship, Laura Murrell, Dr Pam Wortley, John Whalley,

Thank you for your letter of 24 November on behalf of the membership of *Keep Our NHS Public North East*, *Save South Tyneside Hospital Campaign* and *Keep Our NHS Public Sunderland and District*. I am grateful that you have brought your concerns to our attention, and my response will try to address all of the numbered points you have raised. Our detailed responses are set out below.

First of all, can I take this opportunity to clarify a misapprehension in your letter. The North East and North Cumbria Integrated Care System (ICS) is a collective term for all the health and care organisations that work together across our region, but it is not an organisation, nor does it have a chair and directors, it is in fact a term that articulates an ambition to create an integrated care system. To do this there are two key bodies created as a result of the new Health and Social Care Act.

- NHS North East and North Cumbria Integrated Care Board (ICB) – a statutory organisation responsible for meeting the health needs of the population, managing the NHS budget and commissioning health services that meet the needs of our population; and
- The North East and North Cumbria Strategic Integrated Care Partnership (the Strategic ICP) – a joint committee of the ICB and the thirteen local authorities in our region (note Westmoreland and Furness Council do not formally align to this ICP). The ICP is responsible for setting the priorities for our ICS through an Integrated Care Strategy. Given the size of our geography, the ICP has four sub-groups known as 'Area ICPs'.

1: Integrated Care Board

1(a) – elected member representation

Before addressing the question of elected member representation, it is worth setting out some key points about ICB governance. The ICB is an NHS statutory organisation and as such, a non-political body with a decision-making unitary board that meets in public. It comprises executive and non-executive directors as well as co-opted partner members from local authorities, NHS primary care providers, and NHS Foundation Trusts, as well as formally designated non-voting 'participants' from Voluntary Organisations Network North East (VONNE), and Healthwatch. ICBs are accountable to NHS England for the performance of local services and how we spend the public funding they have allocated to us; NHS England is accountable both to parliament and to government via the Department of Health and Social Care.

The national requirement on ICBs was to include a minimum of three 'partner members' drawn from local authorities, NHS foundation trusts and primary care providers. However, given our size and scale we pushed for eight partner members: four from local authorities and four from primary care providers and NHS trusts, and this was accepted by NHS England.

By law, partner members are included on ICBs to bring a *perspective* from their sector, but not to act as a delegate of their sector or organisation. In consultation with the Association of North East Councils (ANEC), council leaders- in our region decided that the four local authority partner member positions on the ICB should be filled by an elected member, alongside senior officers from adults' social care, children's social care, and public health. We did have an elected member on the Board who stepped down from this role earlier this year and we are currently working with local authorities to identify an appropriate replacement.

Although your view is that elected member representation on the board is 'minimal', it is important to note the following points. Firstly, ICBs are formally accountable to NHS England, and through NHS England to Government – and not to elected members of local authorities (although elected members do play a vital role in scrutinising local health services, and by setting joint local health and wellbeing strategies through their Health and Wellbeing Boards). Secondly, local authority representation on the ICB was agreed by the council leaders in ANEC who wanted to ensure appropriate representation from both elected members and the expert professional networks in social care and public health in our region. Thirdly, the formation of Integrated Care Partnerships alongside ICBs was based on a recommendation from the Local Government Association to government to ensure the appropriate representation of elected members in the structures designed to influence decisions regarding integration of care. Our Strategic ICP therefore comprises elected members (including council leaders and Health and Wellbeing Board chairs) from thirteen of the local authorities in the North East and North Cumbria, as well as representation from the voluntary sector and Healthwatch.

As you know, our ICB chair is Professor Sir Liam Donaldson, who has worked in clinical and managerial leadership roles in the NHS, at both a regional and national level, for almost five decades. Sir Liam has therefore seen numerous NHS structures throughout his career, and, when considering the role of councillors on the ICB, ICPs, Health and Wellbeing Boards, and local scrutiny committees, it is his view that the overall involvement of elected members in local health and care governance is at its highest level since the early 1970s.

I would also add that when considered alongside our commitment to public involvement (as set out in our involvement strategy which you cite in your letter), and our regular correspondence, meetings, and briefing sessions with all 33 members of parliament in the North East and North Cumbria, we do not accept your contention that local voices will not be heard at the ICB. In fact, we have placed the views of our residents and service users at the heart of our planning approach, and this has led to the formation of a Patient Voice Sub-group by our ICB Quality and Safety Committee, which allows us to analyse all the sources of public and stakeholder feedback we receive to shape the priorities of our ICB. In addition, all stakeholders were engaged in the development of our Health and Wellbeing for all Strategy, and this included feedback from Healthwatch and the public. We also fulfil all of our statutory responsibility in this area and are seen as leading the way nationally in our activity with partners such as Healthwatch.

1(b) Location of meetings

The Durham Centre has been chosen as the venue for our Board meetings as it is both centrally located within the North East and North Cumbria region, and good value for money as hiring city centre venues can incur significant costs.

1(c): Clarity on who is speaking at meetings.

As chair, Sir Liam introduces each Board member before they speak, but we will take on board your helpful suggestions as to how we can improve this further.

1(d): Timescales for submitting questions to the Board in advance.

We are unclear how you have calculated the number of days in your table, as our Board papers are always published five working days in advance of the meeting – which is seven days in total including weekends. This is a standard practice across NHS organisations. We ask for questions in advance to enable us to respond to questions as fully as possible as they are often complex and contain more than one question per submission.

1(e): Requirement for questions from the public to relate to agenda items.

It is very important to note that the ICB holds its meetings in public to ensure openness and transparency – but is not a public meeting. Questions therefore need be based on the agenda only. However, we have a facility through which any member of the public can submit a question at any time to the ICB via our general enquiries inbox on our website.

1(f): Questions from the public at the end of meetings.

As set out in the standing orders of the Health and Care Act, the ICB is subject to different governance requirements compared to council meetings of a local authority. Questions are left until the end of the meeting to allow members of public to hear the discussions at the Board in relation to the agenda items, so as to provide clarity and assurance on any questions that may have been submitted in advance.

1(g): Asking questions in person, and the right to reply.

As set out above, our Board meetings are held in public to ensure openness and transparency in decision-making, but they are not a public meeting held for the purpose of discussion and debate with members of the public.

1(h): Receipt of petitions at ICB meetings.

There is currently no clear, legally binding guidance to the NHS on receiving petitions, and the ICB is not required to create a space on its meeting agendas for the receipt of petitions. However, our policy for handling petitions is set out on our website here: https://northeastnorthcumbria.nhs.uk/media/t4mp3w5h/icbp035-receipt-acceptance-and-management-of-petitions-2.pdf

2: Integrated Care Partnerships

2(a): Area ICP meetings being held in public.

Before considering their meeting arrangements, it is worth reiterating the purpose of our Strategic and Area ICPs. The main duties of ICPs are to develop an Integrated Care Strategy which the ICB and local authorities must, by law, 'have regard to' when planning and commissioning services. Our first Integrated Care Strategy 'Better Health and Wellbeing For All' was developed by a multi-agency steering group and approved by our Strategic ICP in December 2022.

As national guidance allowed for considerable flexibility in the design of Integrated Care Partnerships, this allowed us to develop a 'Strategic ICP and Area ICP' structure which reflected

our four main centres of population and pre-existing partnership arrangements between NHS commissioners, NHS trusts and local authorities. These areas, and the local authorities they cover, are as follows:

- North – Gateshead, Newcastle upon Tyne, North Tyneside, Northumberland
- Central – County Durham, South Tyneside, Sunderland
- Tees Valley – Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, Stockton-on-Tees
- North Cumbria – Cumberland and part of Westmorland & Furness

In our model, our Strategic ICP will:

- Oversee and approve the ICS-wide Integrated Care Strategy, built up from an analysis of need from the four Area ICPs.
- Promote a multi-agency approach to population health and wellbeing and the wider social and economic determinants of health for our whole population of over 3 million people.
- Consider and suggest ways forward to tackle health inequalities, and improve access to health services at this same population level.
- Champion initiatives involving the contribution of the NHS and wider health and care organisations to large scale social and economic development.

This is complemented by four sub-groups - the Area ICPs – which will:

- Develop and strengthen relationships between professional, clinical, political and community leaders.
- Provide a regular forum for partners to share intelligence, identify common challenges and objectives and share learning.
- Analyse the Joint Strategic Needs Assessments from each of the Health and Wellbeing Boards in their Area to feed into the Integrated Care Strategy setting process.
- Ensure the work of the Area ICP is focused on the priorities of local residents and service users to identify those 'supra-place' issues that cut across its constituent places.
- Ensure that the Area ICP is a forum that allows for the sharing of best practice and collaboration as part of our ‘Learning and Improvement System’ in the North East and North Cumbria.

As a joint committee of two or more public bodies – in this case the ICB and the thirteen local authorities in the North East and North Cumbria – the Strategic ICP is required to hold its meetings in public (although, as with the ICB, this is not a public meeting). To that end we have made provision for the public to attend the meetings of the Strategic ICP and its meetings are broadcast online.

You are correct that there is also an option for the Area ICP meetings to be held in public. You also rightly note that 'decision-making must be transparent' – but Area ICPs are not decision-making bodies, they are, instead, a mechanism to build relationships between stakeholders from multiple agencies across our ICS, identify common issues, and share best practice. Although there is no legal obligation for sub-groups such as our Area ICPs these to hold their meetings in public, this option is still being considered by their chairs as they begin to emerge from their initial developmental phase.

2(b): Publishing Area ICP meeting minutes.

As you note, a summary of issues discussed at Area ICP meetings is presented by their chairs and supporting senior officers at each Strategic ICP, whose meetings are also broadcasted online. We will ensure that Area ICP agendas and minutes are also published on our ICB website going forward.

2(c) and 2(d): Public involvement in Area ICPs and submitting questions to the Area ICPs

As Area ICP meetings are not held in public, they do not consider questions submitted from the public in advance. However, members of the public are able to contact the ICB via our general enquiries' inbox on our website, or they can participate in a range of involvement activities. These include listening to our local communities at place level to help shape local health services, working with voluntary community-based organisations and close partnership working with Healthwatch to help support these two-way conversations. People can join our mailing list at Keep Me Informed https://necs.onlinesurveys.ac.uk/keep-me-informed-form

3: Place-based Teams

3(a) clarity on the role of Place-Based Teams

Moving from eight former Clinical Commissioning Groups to one new Integrated Care Board on 1 July 2023 – while continuing to work at 'place' in each of the fourteen local authorities in the North East and North Cumbria – has been a very complex task. This transitional work remains ongoing, and one that has been made even more challenging by the government's requirement for ICBs to reduce their running costs by 30 per cent by the end of 2024/25.

We are clear that place-based working will remain a key feature of our ICB operating model, whilst also having the capacity to work at scale on cross-cutting strategic priorities. You stated in your letter that the specific activity of the ICB's local place-based teams 'remains unknown to the public'. However, the responsibilities of our place-based teams are set out on in a 'Functions And Decisions Map' which is included in our ICB Governance Handbook and this has always been available on our website: https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/ Furthermore, updates on our way of working at place and at system level has also been discussed in public on numerous occasions at our Strategic ICP and the ICB Board, and at Health and Wellbeing Boards and Overview and Scrutiny Committees.

As part of the development of our place-based working arrangements, we have needed to review our governance processes and the delegation of ICB responsibilities and resources to place-based sub-committees in all fourteen local authority areas. This will see place-based sub-committees working with their respective Health and Wellbeing Boards to deliver the priorities set out in their Joint Local Health and Wellbeing Strategies, as well as the national priorities which the ICB is required to deliver by NHS England. Again, this has been complex work, and the formation of these committees requires the involvement and approval of each our local authority partners.

The meetings of place-based sub-committees are not yet held in public; however, their minutes are submitted monthly to the ICB's Executive Committee for assurance purposes, including any decisions taken in line with the ICB's scheme of reservation and delegation. These minutes are publicly available as part of the ICB Executive Committee's papers which are published on our website. Alongside this, the meetings of Health and Wellbeing Boards are all held in public and their papers are made available via each council's website.

The ICB's place-based sub-committees remain in various stages of development and will continue to evolve over time. We will be considering next steps in the coming months, however our current governance arrangements, including our place-based functions and governance map, are set out within the ICB's Governance Handbook which is publicly available on our website.

I hope you have found this information helpful, and that you can recognise the work we have done to ensure our governance and partnership arrangements meet our statutory requirements and engage our stakeholders and the wider public. I would be more than happy to meet you in person to discuss any of these matters further.

Yours sincerely,

Claire Riley
Executive Director of Corporate Governance, Communications and Involvement