

**Join our Journey**

North East and North Cumbria

# **North of England Critical Care Network Annual Conference**

**Tuesday 15<sup>th</sup> October 2019**

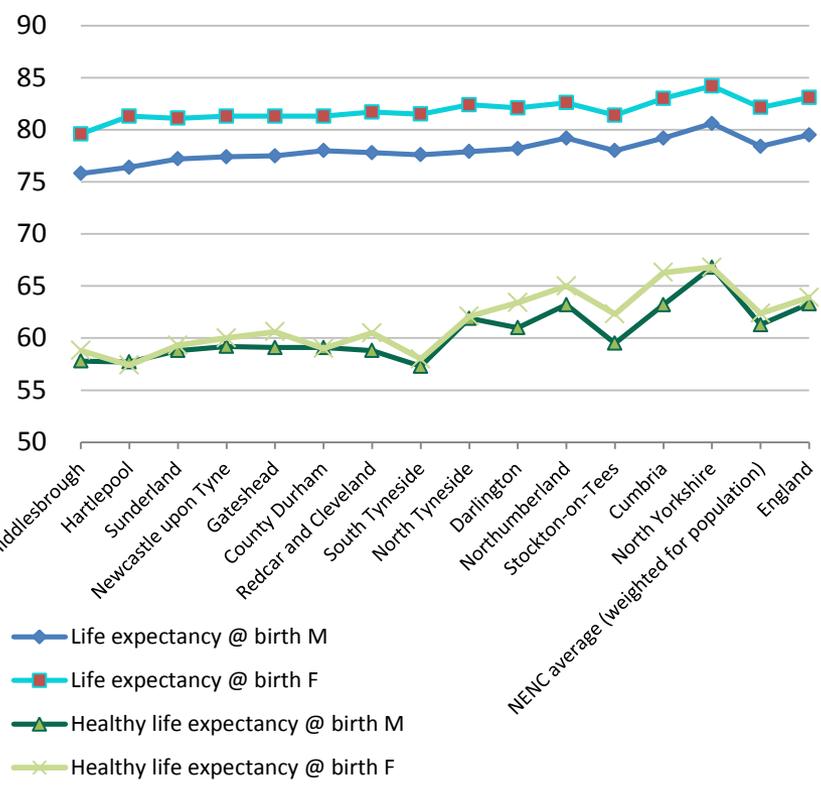
**Alan Foster  
ICS Executive Lead  
North East and North Cumbria Integrated Care  
System**

**Join our Journey**

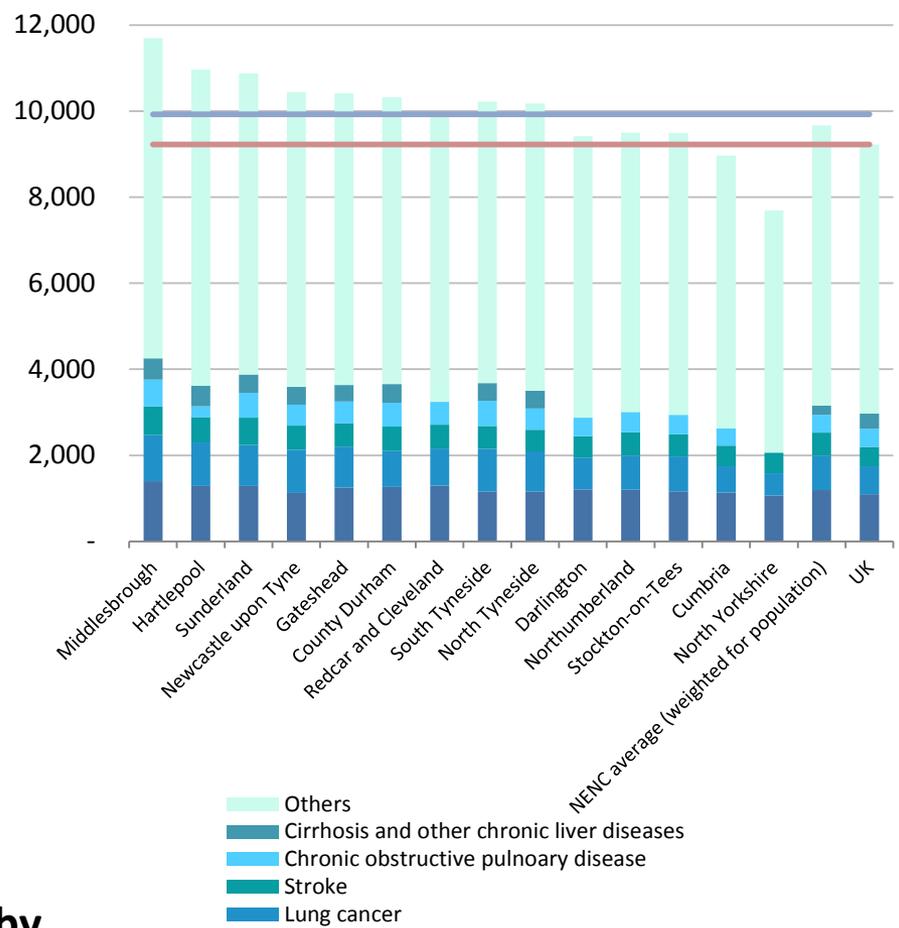
North East and North Cumbria

# The population of NENC have lower life and healthy life expectancy and more years of life lost compared to the rest of the UK

Life expectancy and healthy life expectancy



Years of life lost per 100k population



**Much of these health challenges are driven by our higher than average levels of deprivation**

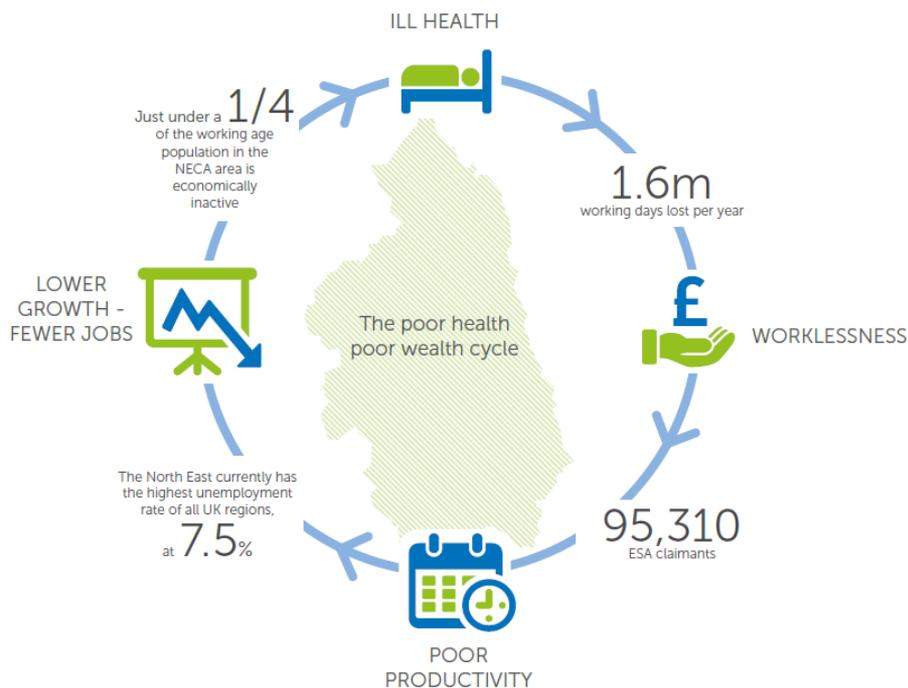
Source: University of East Anglia

# The context for health and care in the North East and North Cumbria



- The NHS cycle is driven by poorer population health as a starting point
- This leads to an over-dependence and over utilisation of the hospital sector
- NHS funding is drawn away from investment in prevention and preventative services which stops the causes of poor health being addressed

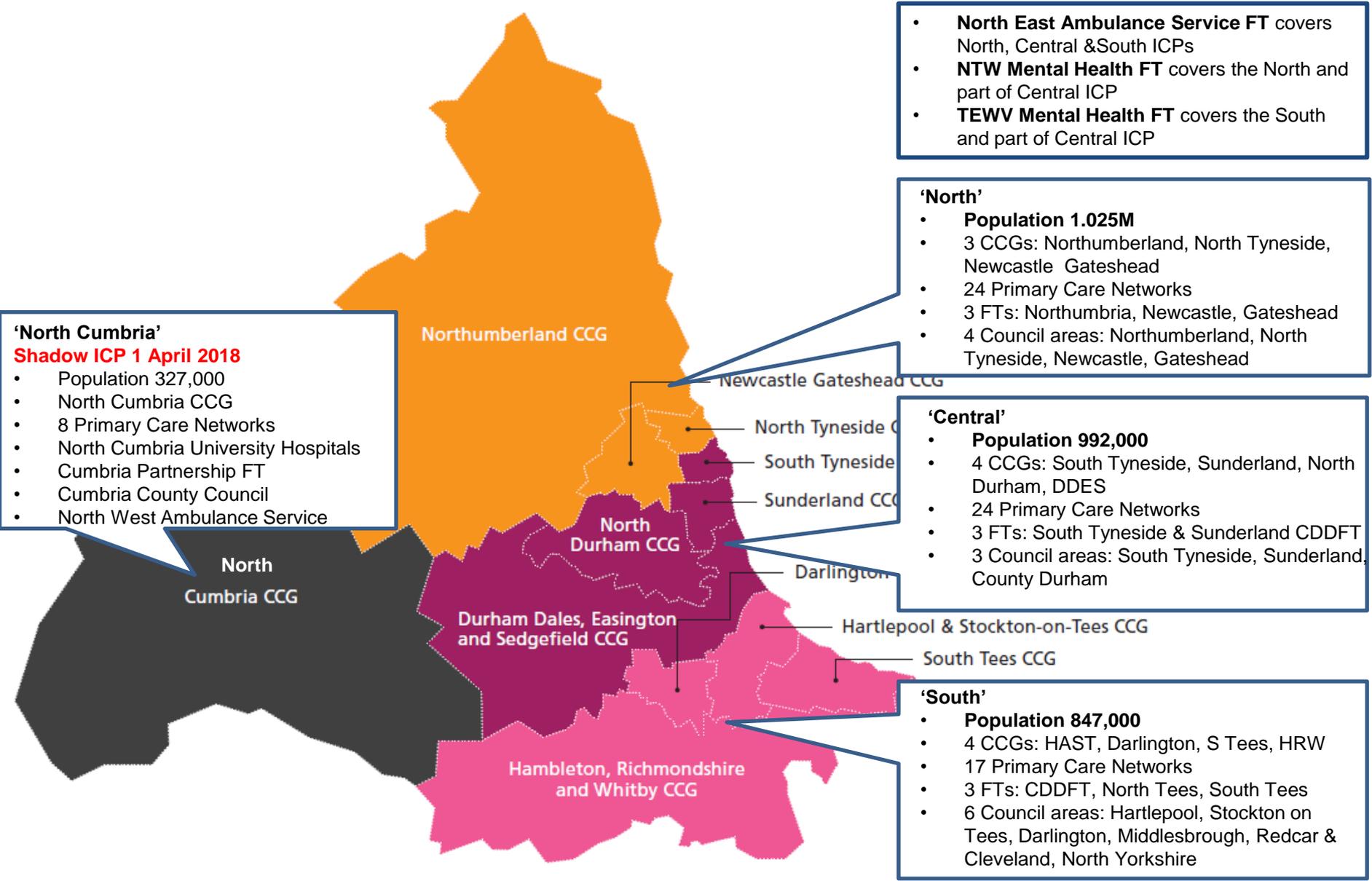
- There is a gearing effect applied to the NHS cycle of missed opportunity caused by the "health and wealth cycle"
- Ill health contributes to worklessness, poorer productivity and lower economic growth which impacts onto the health of the population



# Definitions

- **Integrated Care System (ICS)** – a regional partnership (and not a statutory organisation) between the NHS, local authorities, and others, to take collective responsibility for resources, and to build consensus on shared strategic objectives, to improve the health of the people they serve. (NHS England policy is for every part of the country to be part of an ICS by 2021.)
- **Integrated Care Partnership (ICP)** - a local partnership, within the ICS, of neighbouring NHS providers and commissioners, working with their local authorities, to deliver sustainable health and care services for the people in their area.

# One North East and North Cumbria ICS with four Integrated Care Partnerships (ICPs)



**'North Cumbria'**  
**Shadow ICP 1 April 2018**

- Population 327,000
- North Cumbria CCG
- 8 Primary Care Networks
- North Cumbria University Hospitals
- Cumbria Partnership FT
- Cumbria County Council
- North West Ambulance Service

- **North East Ambulance Service FT** covers North, Central & South ICPs
- **NTW Mental Health FT** covers the North and part of Central ICP
- **TEWV Mental Health FT** covers the South and part of Central ICP

**'North'**

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

**'Central'**

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

**'South'**

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

**Key principle: subsidiarity**

**“Doing the right things at the right level with the right partners.”**

# People

**Neighbourhoods/Primary Care Networks**  
(30-50,000 population sizes)

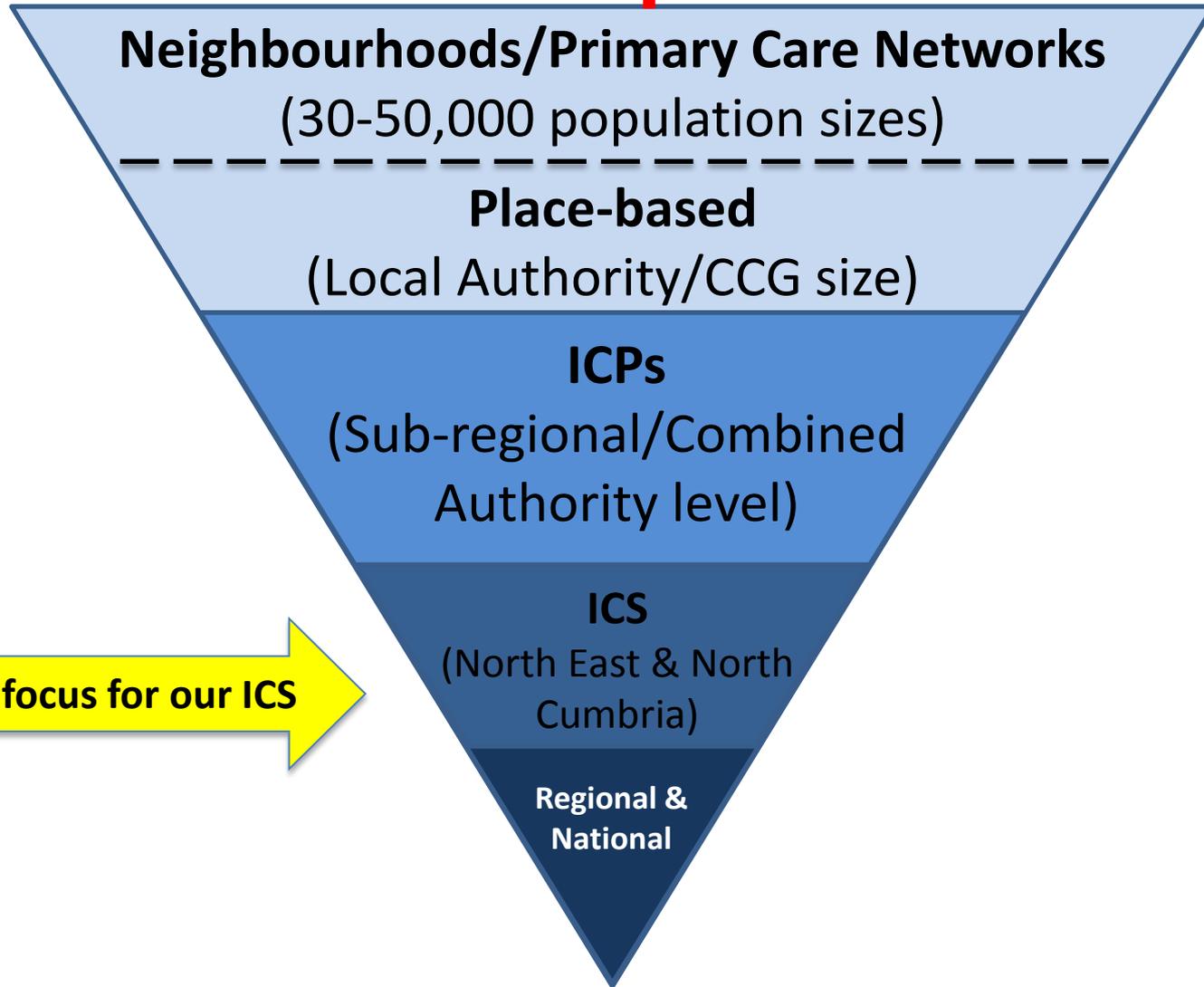
**Place-based**  
(Local Authority/CCG size)

**ICPs**  
(Sub-regional/Combined  
Authority level)

**ICS**  
(North East & North  
Cumbria)

**Regional &  
National**

**Area of focus for our ICS**



# Places and neighbourhoods



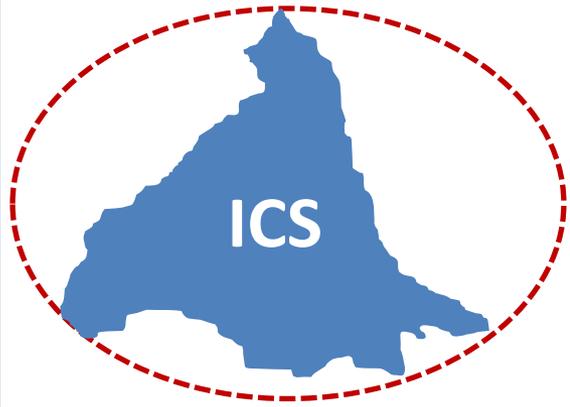
- Partnership working between NHS and local authorities via **Health & Wellbeing Boards**
- Ensuring the quality, safety and accountability of local health services
- Primary Care Network development
- Health and Social Care Integration initiatives
- Joint-working with the local voluntary sector (eg social prescribing)
- Embedding population health management
- Public and political engagement and consultation

# Integrated Care Partnerships



- Focus on acute services sustainability: clinical networking between neighbouring FTs and coordination of service development proposals
- One streamlined commissioning hub per ICP
- Working towards a single, shared approach to finances, and risk-sharing.
- Joint capital planning and sharing premises
- Identify and share best practice, reducing unwarranted variation in care and outcomes

# Integrated Care System

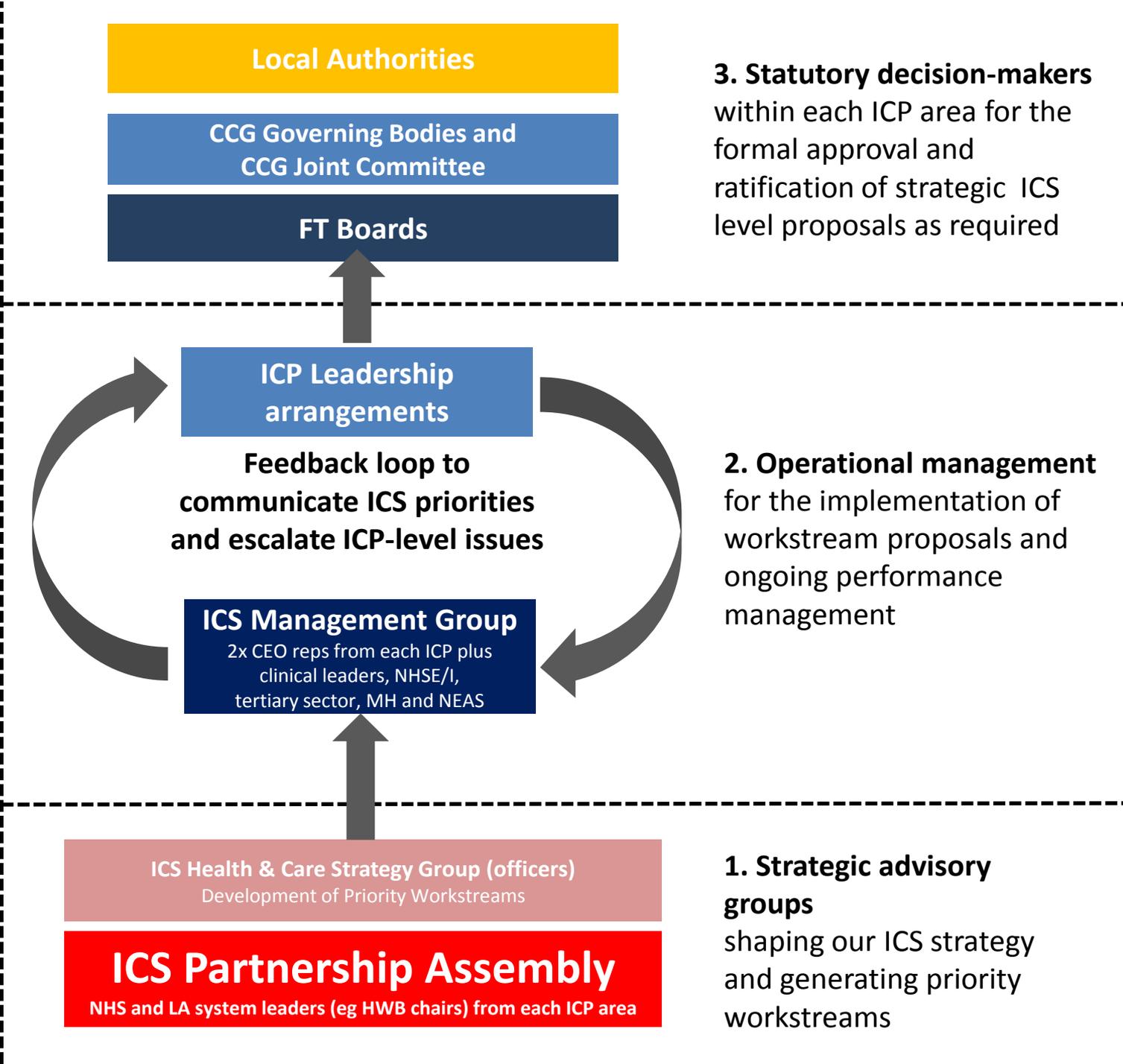


- Strategic Commissioning (e.g. ambulance)
- A shared clinical strategy and coordination of our clinical networks (eg Cancer, Urgent Care, Maternity)
- Shared policy development
- Emerging ICS-level priorities:
  1. Population Health & Prevention
  2. Optimising Health Services
  3. Workforce Transformation
  4. Digital Care
  5. Mental Health
  6. Learning Disabilities & Autism

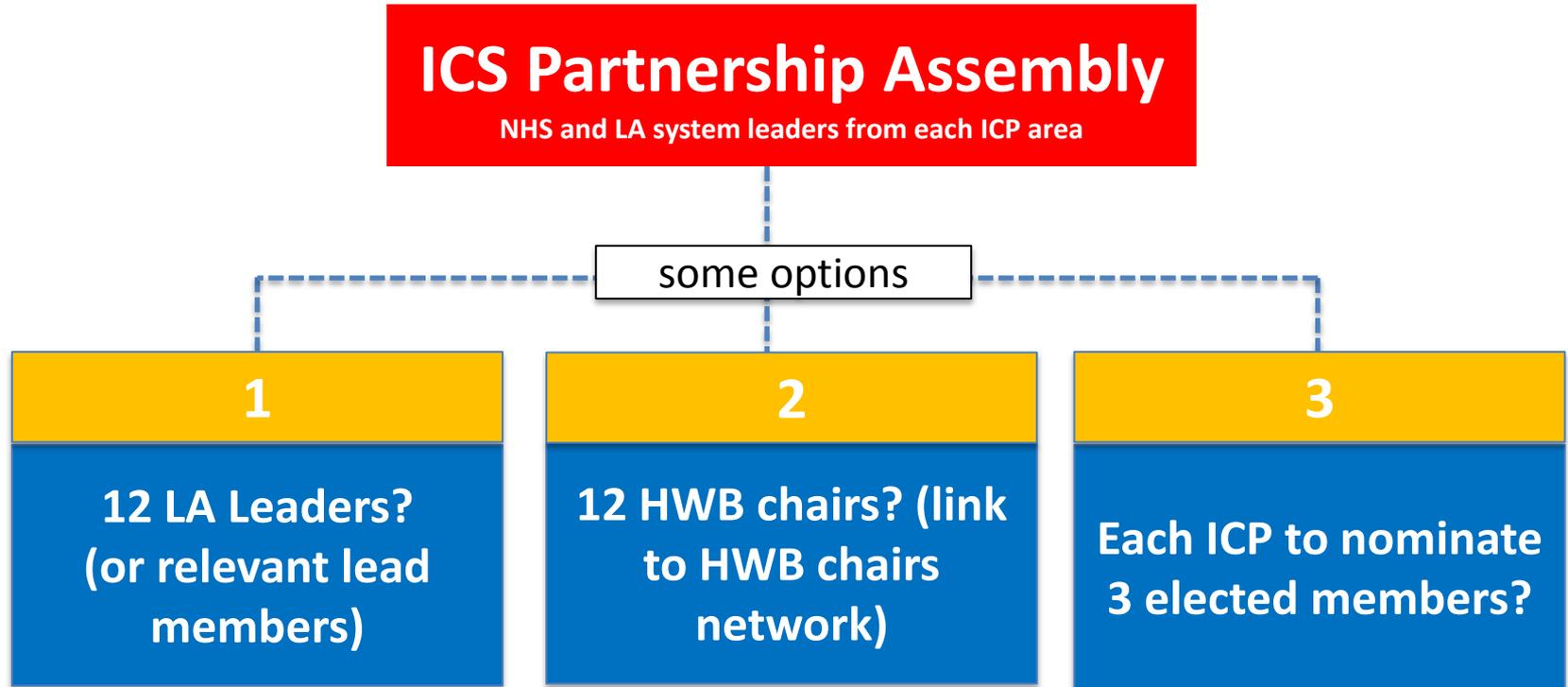
# Our emerging ICS priorities (\*indicates current LA involvement)

ICS Priority workstream	Expected impact
<b>1. Population Health &amp; Prevention*</b>	We can make faster progress on tackling health inequalities when we work together at scale towards common goals - e.g. in preventing cardio-vascular disease, or in working together on tobacco and alcohol control
<b>2. Optimising Health Services</b>	Improved collaboration and clinical networking between neighbouring hospitals will allow us to sustain equitable access to high quality clinical care
<b>3. Workforce Transformation*</b>	Doing more to recruit and retain our staff in NENC, and equipping them with the right skills will improve the impact of our services – and help local people into employment.
<b>4. Digital Care*</b>	Improve how we use digital care and information technology to meet the needs of care providers, patients and the public, helping people to make appointments, manage prescriptions and view health records online.
<b>5. Mental Health*</b>	Improve outcomes for people who experience periods of poor mental health and break down the barriers between physical and mental health services.
<b>6. Learning Disabilities &amp; Autism*</b>	Transform care for people with learning disabilities and autism, and improve the health and care services they receive so that more people can live in the community, with the right support, and close to home.

**Potential ICS Governance model and relationship with the ICPs**



Some potential options for local authority membership (not an exhaustive list):



**Key principles:**

- Any governance model would be co-produced with LAs
- ICS governance development needs to go at the pace and in the manner that LAs are comfortable with
- Opportunity to develop engagement on a Partnership Assembly via the LGA support offer