



# Working better together as a system







Thank you for making time to read this at-a-glance guide to our Integrated Care System Operating Framework and our governance structures: Its deliberately brief, its deliberately straightforward. Its purpose is to provide an insight into how our integrated care system seeks to bring together all partners and stakeholders in the joint ambition of improving the health, care and wellbeing of our population. At the end, we provide you with 10 simple ways of checking that our ICS is delivering its operating model and governance framework effectively.

Sue Symington

Chair

## Our partnership

By working as a system, we mean bringing together all of the resources in Humber and North Yorkshire, together, to best serve our population. This is a complex challenge, because ours is a large system.





6 local authorities



550 care homes



Population of 1.7 million people



c. 4000 square miles 185 miles of coast



7 NHS Trusts



42 Primary Care Networks



1,000's of volunteers



50,000 staff



A budget of £3.5 million

### Our complex challenges

The challenges our system faces are significant.



**20%** of children live in low-income families



**16%** of adults have high blood pressure





**27,160** GP appointments every week

**76.6%** of adults are

employed



**8 children in 1,000** in our system live in care



**48,655** people receiving mental health services\*

\*February 2023



**185,507** people waiting for hospital appointments\*\*

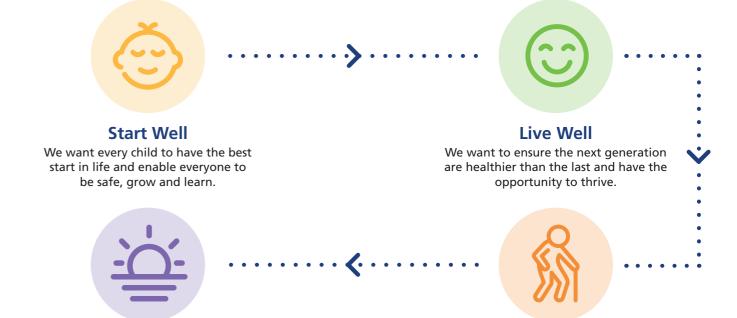


**31%** of people over 65 live alone

\*May 2023

Our ambition is for everyone in our population to live longer, healthier lives by narrowing the gap in healthy life expectancy between the highest and the lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

To reach that ambition our vision is to ensure that all of our people:



#### Die Well

We want to create an environment in which people can have positive conversations about death and dying.

#### Age Well

We want to ensure people live healthy and independent lives as long as possible by understanding what matters most to them.

# Our operating arrangements

To work together effectively, to seek solutions to the challenges we face and to meet our ambitions for our population, it is important that we organise our partnership, its governance and its accountabilities in a way which is accessible, easy to understand and that reduces bureaucracy. The following describes the four core elements of an Integrated Care System.



### **Places**

Our places connect local authorities, the NHS and providers of health and care. We have six places: North Yorkshire, York, Hull, the East Riding, North Lincolnshire and North East Lincolnshire. ICB teams work with partners at place to support the integration of services and improved outcomes, working alongside the six Health and Wellbeing Boards. NHS provider organisations remain separate statutory bodies and retain their current structures and governance and work collaboratively with partners at place. As part of these local place arrangements, groups of GP practices, known as Primary Care Networks, work together as well as with the other providers to focus on planning and delivering services to meet local patient health and care needs.

### **Integrated Care Board**

The Integrated Care Board is directly accountable for NHS expenditure and performance within the system, as it relates to the Integrated Care Strategy and delivery plans. As a minimum, the ICB board must include a chair and two non-executives, the ICB chief executive and clinical and professional leaders, and representatives from NHS trusts, primary care and local authorities. The ICB board includes two statutory committees; Audit and Remuneration. Other committees focus on oversight and assurance and provide the board with assurance on the delivery of key priorities including system quality and finance.

### **Integrated Care Partnership**

The Integrated Care Partnership is a statutory committee which connects the ICB and Local Government. It has developed an Integrated Care Strategy which addresses the health, social care and public health needs of our system. The membership and detailed functions of the ICP is decided by its partner members. The ICP focuses on the connections between health and the wider determinants of health, including socio-economic development, employment and environment. Partners adopt a collective approach to decision-making and support mutual accountability across the ICS.

### **Sector Collaboratives**

Our five Sector Collaboratives ensure each health and care provider is part of a larger grouping which seeks to deliver the strategic priorities for their sector together and includes primary care, acute care, mental health, community care and voluntary and third sector activity. Members of the collaborative agree together how this contribution will be achieved in line with the overall Integrated Care Strategy and delivery plans.

## **Functions and decisions** map

#### **Integrated Care Partnership (ICP)**

#### Key role and responsibilities are to:

- Develop and agree an integrated care strategy across Humber and North Yorkshire
- Make recommendations to the ICB on delivery of integrated care strategy
- Have oversight of delivery of the integrated care strategy
- Work effectively, collaboratively with partners and to have shared accountability.
- Membership: ICB Independent Chair, representatives from the ICB, local authorities, Healthwatch, and other partner organisations.



#### Integrated Care Board (ICB)

#### Key role and responsibilities are to:

- Develop and agree a 5 year delivery plan that reflect the integrated care strategy
- Discharge the functions of an ICB including the accountability for **NHS spend and performance**
- Hold the executive to account for financial and operational objectives delivery
- Create an environment and conditions for effective partnership working

**Membership:** Independent chair, chief executive, executive directors, non-executive directors, and members selected from nominations made by trusts, local authorities and general practice, VCSE and HealthWatch.



#### Sector Collaboratives

Sector Collaboratives will deliver key responsibilities agreed with the ICB where it makes sense to work together across Humber and North Yorkshire to meet the needs of the population.

#### **Health and Wellbeing Boards (HWBB)**

#### Key role and responsibilities are to:

- Agree the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy for their Place
- Encourage the organisations that are responsible for commissioning health or social care services to work together and to work closely with the Board

A partnership between each local authority and Place: York, East Riding, Hull, North Lincs, North East Lincs and North Yorkshire.



#### **Place Arrangements**

#### Key Role and Responsibilities are to:

- Deliver integration and service transformation in line with Place priorities and as required to deliver outcomes for the population
- Address health inequalities at a Place level

Membership: Place chief executive lead, NHS Place based directors, NHS, public health, social care, local health and care providers, VCSE and HealthWatch.



Delegation

Strategy

# Delegation Assurance

#### Place committees (as required)

Provide the Place Committee with assurance about place delegated functions e.g. quality, finance if required.

#### **Provider Partnerships**

Provider Partnerships will collaborate to deliver plans that transform services to meet the needs of the population in a specific place.

# A strong system working well

The ultimate success of our Integrated Care System will be our population starting life well, living life well, ageing well and dying well.

To achieve this, we must have a system that works well. This document has sought to capture the ways in which we will formally arrange our governance to best serve our population and their care.

# Here are 10 ways you can check that we have strong system which is working well

3	ICB and ICP performance is reviewed annually and shared openly
<u>~</u>	ICS progress in achieving strategy ambitions is measurable and shared openly
<u>.))</u>	The voice of lived experience is listened to and taken into account
<b>\$</b>	Joint working between all partners is evident and demonstrable
@	Partnerships with business and organisations outside of health and social care, thrive and seek to improve the health of the population
	Learning and research is shared widely – both nationally and locally
•	Activities are managed and delivered within the budgets allocated
8	Decisions are made at the appropriate level – including across the whole system and specifically at place.
<u>:</u>	A diary of governance meetings planned 18 months in advance
=	Papers and minutes of public meetings are available on the website in a timely way and public meetings are also live streamed

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