

# Working better together as a system





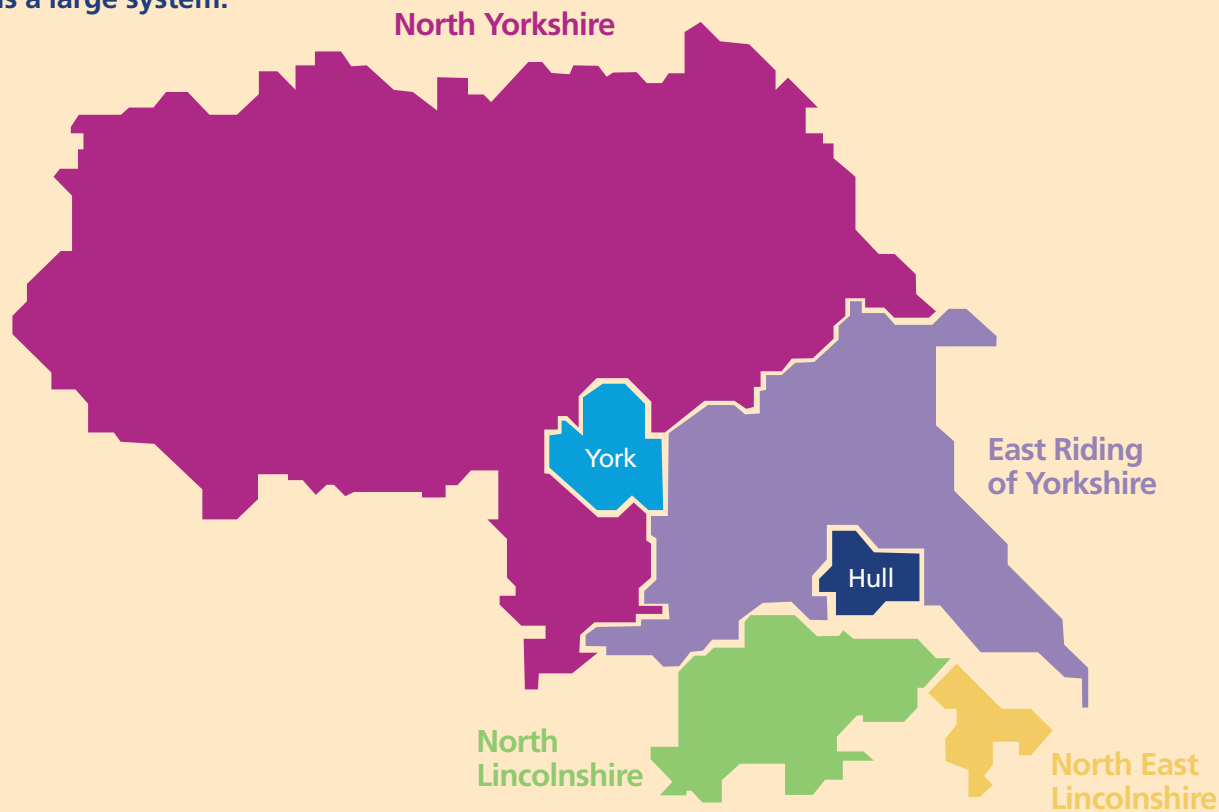


Thank you for making time to read this at-a-glance guide to our Integrated Care System Operating Framework and our governance structures: Its deliberately brief, its deliberately straightforward. Its purpose is to provide an insight into how our integrated care system seeks to bring together all partners 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

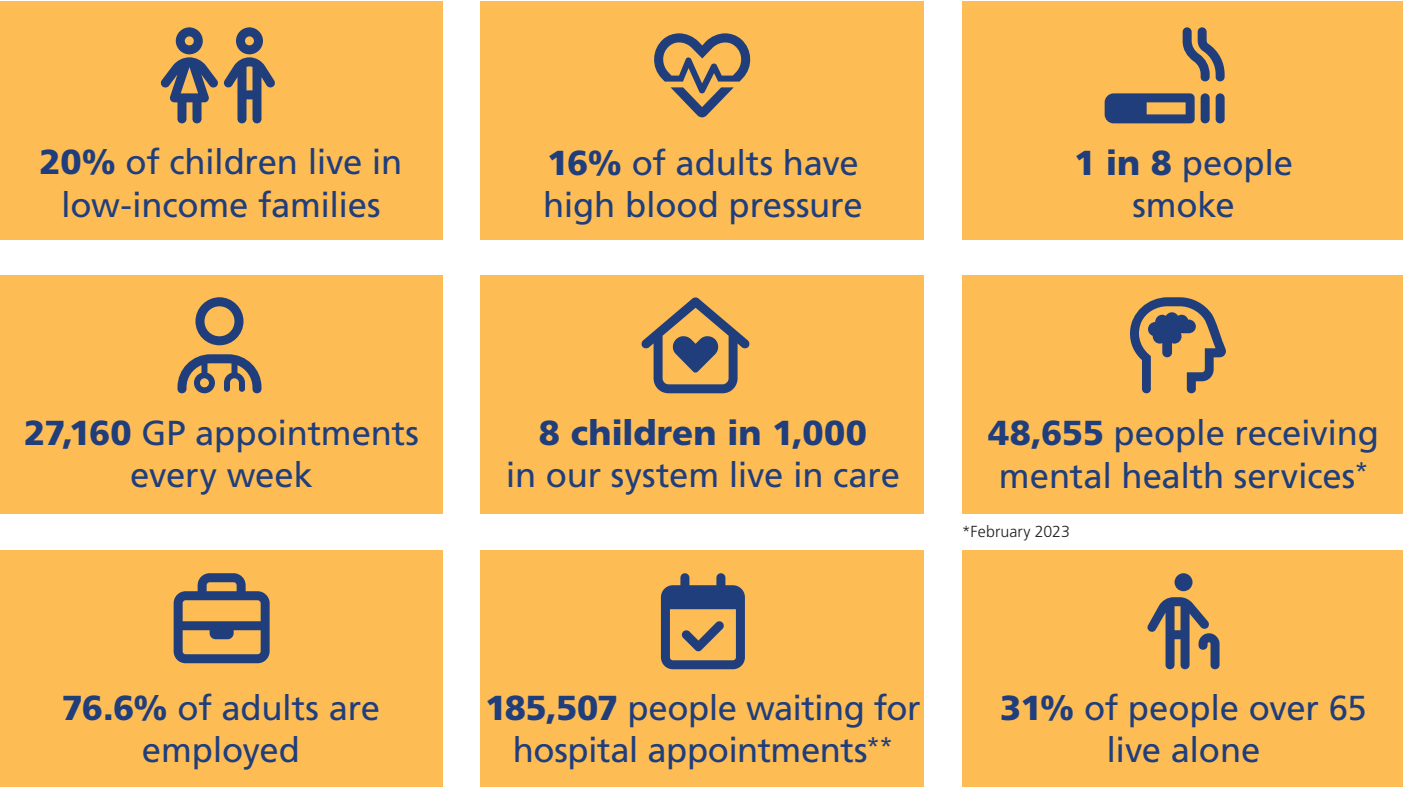
  
1,000's of volunteers

  
50,000 staff

  
A budget of £3.5 million

# Our complex challenges

The challenges our system faces are significant.



\*February 2023

\*\*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:





# 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.

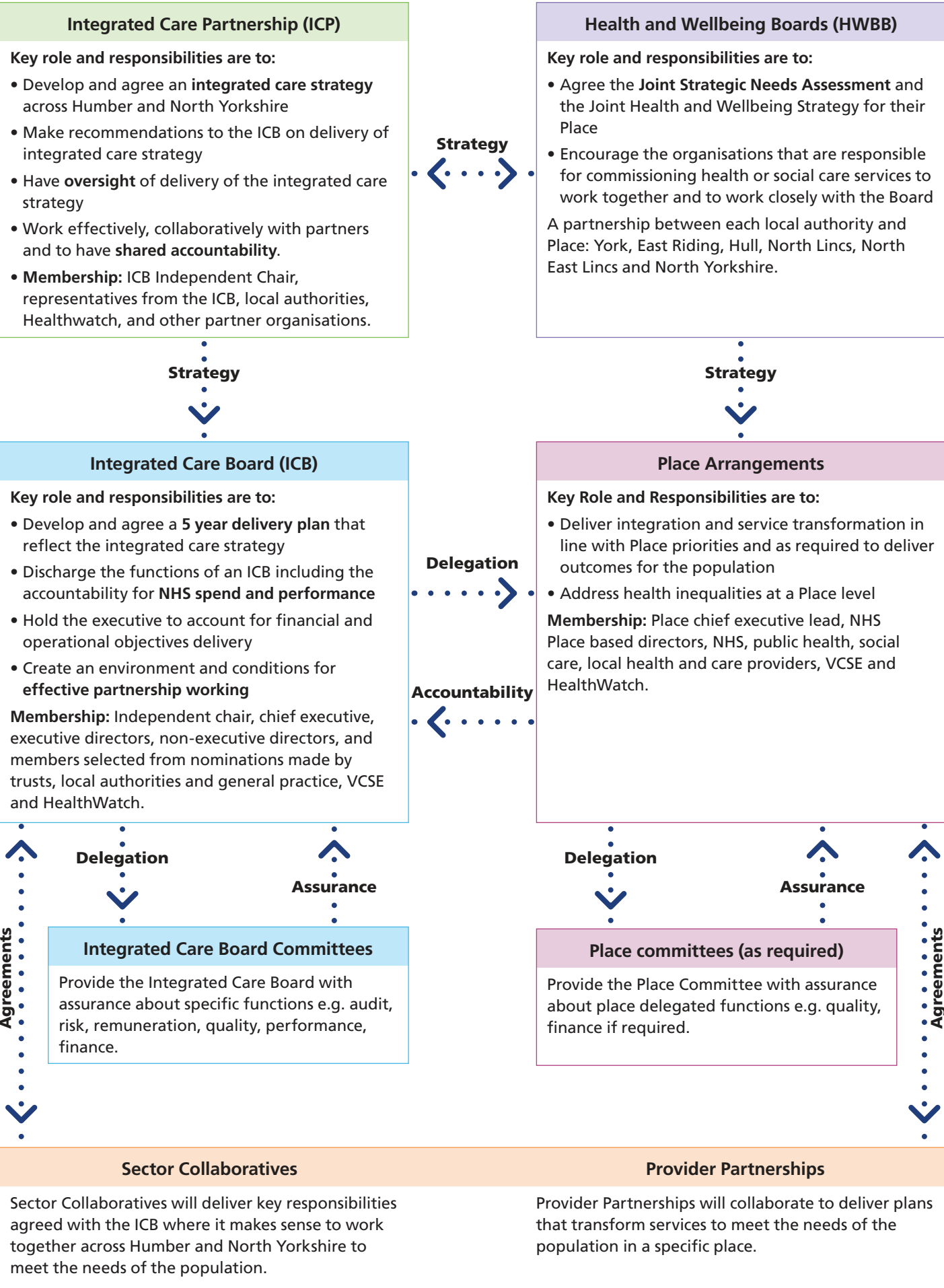
## Integrated Care Partnership

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



# 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



ICB and ICP performance is reviewed annually and shared openly



ICS progress in achieving strategy ambitions is measurable and shared openly



The voice of lived experience is listened to and taken into account



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



Decisions are made at the appropriate level – including across the whole system and specifically at place.



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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