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Memorandum of Understanding Lancashire & South Cumbria Integrated Care Board and NHS England (NW Region)

NHS Lancashire & South Cumbria
1st July 2022

Contents

Introduction

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

The four key aims of an ICS are to:
- improve quality of services and outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:
- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

Following several years of locally led development and based on the recommendations of NHS England, the government has set out plans to put ICSs on a statutory footing.

ICSs and NHS England are working together to support this transition, by sharing Guidance, resources and drawing on learning from all over the country.

Our mutual aim is to enable local health and care leaders to build a strong and effective ICS, and support those in every part of England.

Purpose of this agreement

ICSs are led by both an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB). The ICP is a statutory committee bringing together all system partners to produce the ICSs integrated care strategy. The focus of this MOU is with the ICB as the statutory body with responsibility for NHS functions and budgets.

As ICBs become statutory bodies from July 2022, ICBs and the NHSE regions will be required to refresh the arrangements supporting their relationships, developing how they will underpin their working arrangements in the first year. Existing agreements are expected to continue through the first quarter of 2022/23, with this Memorandum of Understanding (MOU) taking effect from 1 July 2022.

This MOU sets out the arrangements between NHSE and the system in respect of the **System Oversight Framework**. It provides clarity on the expected oversight arrangements; support offers and escalations processes in respect of the four segmentations of the framework. In addition, the MOU describes the relationship between systems and NHSE regional team. It is expected that this relationship will differ according to the System, levels of delegation and maturity. It is anticipated that whilst this document begins to set out these arrangements, a more detailed Operating Model will further develop these relationships and ways of working for the future.

This MOU is between the Lancashire & South Cumbria Integrated Care Board, and NHS North West region, on behalf of NHS England. It is effective as of 1st July 2022.

- The MOU sets out the principles, describes the relationships and the key interfaces between the ICB and NHSE that underpin **how** the ICB and NHSE will work together to discharge their duties.

- Designing the MOU will be a collaborative exercise that will help to facilitate a discussion and provide clarity on how duties will be discharged.

- It will help with outlining the key agreed ways of working together to ensure that people across the system have access to high quality, equitable health, and care services.

- The detailed arrangements will be kept under regular review and the Agreement will be updated periodically to show those developments.

- The MOU is intended to align and be supported by the NHSE System Oversight Framework, the Operating Model, the ICB Constitution and other published guidance (without duplicating content).

This MOU is intended to act as a template, recognising NHSE regions/systems will need to tailor locally and have flexibility in operational oversight arrangements which may change over time to reflect where the system is in their development.

It is acknowledged that this MOU is not a legally binding agreement, and it does not change the statutory roles and responsibilities or functions of either party. NHSE will continue to exercise its statutory role and powers in relation to provider regulatory action under legislation and where necessary to address organisational issues and support system

delivery in line with the principles set out in the MOU. The accountabilities of individual NHS organisations also remain unchanged

Key aspirations

The following suggestions are based on stated aspirations for how the ICB and NHSE will work together

1. **Improve partnership working at both local and regional level**. The success of oversight, delivery and ultimately outcomes, is dependent on effective partnerships, meaningful relationships and an open and learning culture across local and regional level. This requires compassionate leadership, commitment, transparency and collaboration between ICBs and NHSE regions, and effective engagement and co-operation between local partners to ensure people across the System have access to high quality health and care services

2. **Have clarity on the division of roles** and responsibilities between the ICB and NHSE regional teams, taking into consideration system maturity, risks and support needs.

3. **Build on what works** - taking into consideration the current way of working, recognising effective bilateral arrangements, learning lessons, and acknowledging the positive experiences to date to feed into future way of working.

4. **Emphasise 'system first'** – encouraging actions and decisions to be made by, with and through an ICB and not by the regional NHSE team directly with local organisations

5. **Focus on continually improving the quality of care and reducing inequalities**. In accordance with the National Quality Board Guidance on System Quality Groups, this requires taking a Quality Management System approach and responding to quality concerns / risks in a timely and proactive way. Where additional monitoring or intervention is required for sustained improvement and outcomes (including formal regulatory action with providers), the ICB and NHSE will work together to ensure such action is informed by the perspective of system stakeholders, and that any recovery plans agreed align with system objectives and plans. The approach taken will be proportionate to risk, performance, and any identified system issues.

6. **Improve performance and provide tailored support** by considering how best NHSE and the ICB and its stakeholders can use and respond to System Development Plans and the System Oversight Framework to ensure each ICB has the tools to improve performance of challenged organisations and the wider system.

7. **Refocus regulatory oversight activity** by ensuring that, where possible, oversight and monitoring are proportionate to risk. Oversight will be strategic and targeted based on comprehensive and dynamic risk assessments.

8. **Support and enable innovation** by working to ensure that arrangements do not restrict innovation, but rather identifies it and incentivises the ICB to take risk in a controlled way in line with the system's risk appetite and share any evidenced effective practice more widely.

MOU Template

Key priorities and deliverables

National

National priorities of the NHS are set out in the Long Term Plan and on the publications section of the NHS England website. Key pieces of operational planning guidance for ICBs include elective recovery, people planning, oversight framework, and the quality framework. Further guidance relevant to the establishment and system development of Integrated Care Systems can be found on the ICS Guidance section of the FutureNHS platform[1].

System and place level

In the early part of this transition year, whilst the ICB will be held to account for progress against the priorities and deliverables set out within the System Oversight Framework, it is recognised that the system focus will be upon setting out how the partners within the ICB and the wider Partnership will work together at system and place to:

- Invest in and integrate community health and care services
- Strengthen community resilience & tackle wider determinants of health
- Changing how we do things around here:
    - fit for purpose policy and planning approach
    - focus on execution – including delivering elective targets & financial balance
- Reap the benefits of wider partnership and collaboration, including reduction in back-office costs and the cost of competition via expensive staffing models

Whilst some of these priorities have no associated metric or deliverable, their inclusion in this MOU is intended to provide assurance to NHSEI on the early actions of the ICB in gaining ownership across partners to system working.

Oversight framework

The NHS Oversight Framework details the NHS oversight arrangements for 2022/23, which reflect the legislative changes enabled by the Health and Care Act 2022, including the formal establishment of ICBs.

The legislative changes do not provide additional regulatory powers to ICBs and these will not be delegated by NHSE. ICBs will, however, lead oversight and support in their systems, as supported by NHSE, should regulatory intervention be required. This MOU reflects how NHSE, ICBs and system partners will work together to implement the requirements set out in the Oversight Framework.

Separate oversight and assurance arrangements are being developed for primary care commissioning functions that have been delegated to ICBs. These arrangements are designed to ensure that ICBs are exercising these functions consistently within national regulations, rules and guidelines, and serve to complement the approach to ICB oversight as

[1] FutureNHS is a collaboration platform that empowers everyone working in health and social care to safely connect, share and learn across boundaries. New users can register for an account for access to the ICS Guidance workspace.

outlined in the System Oversight Framework. Regional teams will work with ICBs and service providers to ensure there are appropriate oversight arrangements for the delegated functions.

NHSE will only engage with organisations with the knowledge and participation of the ICB through a single identified lead (other than in exceptional circumstances).

The ICB will conduct oversight and drive improved performance for place-based systems and individual organisations within the ICB with support from regional teams

The ICB will participate in any organisational support and intervention carried out by NHSE, other than in exceptional circumstances.

It is recognised that, as an overarching principle during 2022/23, flexibility will be required, and NHSE and the ICB will seek to agree any additional oversight and interaction required to manage key risks and fulfil regulatory requirements. In some cases, this may involve adjusting the specifics of the approach, for example:

- as the NHS continues to rise to the challenge of restoring and transforming services, both tackling backlogs and meeting new care demands, in the wider context of the COVID-19 pandemic
- where there is a need to respond quickly and proactively to unexpected issues in individual organisations, regulatory interventions e.g. from the CQC or OFSTED, to national policy changes, the introduction of new service planning or delivery models, or new sector pressures.

NHSE and the ICB recognise the duties in terms of conflicts of interest and have agreed to:

- Avoid situations in which they have, or can have, interests which conflict, or possibly conflict, with the interests of the ICSICB or the relevant CCG and provider organisations.
- Declare the nature and extent of any direct or indirect interests in transactions or arrangements within the ICSICB or the relevant CCG or provider organisations.

Bespoke oversight arrangements will be required in cases where ICBs commission services under a delegated agreement, providers operate across multiple ICBs or where a nominated ICB acts as a lead commissioner on behalf of the region. It is recognise that:

- Lancashire & South Cumbria ICB hosts on behalf of all three NW ICBs the contracts with North West Ambulance Service for PES, PTS and 111 services
- The ICB also hosts the NWAS commissioning team who manage these contracts on behalf of NW ICBs

NHSE and the ICB agree that robust governance and oversight arrangements will need to remain to manage key risks during 2022/23. In line with the scope of the MOU set out above, governance arrangements will be put in place and enacted as described in the sections below for the following key functions/themes:

- Quality
- Performance improvement
- Finance

- Workforce
- Delegation of direct commissioning functions
- Delegation within the ICB
- Partnership and place arrangements
- Reporting and escalation
- ICS Development

Quality

Principles and Responsibilities:

The quality of care delivered to patients is at the heart of everything we do. All parts of the NHS, including ICBs, have a statutory duty to ensure that the quality of NHS services is maintained and improved.

The National Quality Board (NQB) has designed a framework around three core elements of quality planning, quality improvement, and quality assurance/ control. All systems are expected to design their approach in line with the following NCB guidance:

- Shared Commitment to Quality
- National Guidance on System Quality Groups
- Guidance on Quality Risk Response and Escalation

In order to support the proactive identification, monitoring and escalation of quality issues and concerns the NW region and Lancashire & South Cumbria ICB will adopt the National Quality Board's (NQB) national definition of quality.

Quality care is understood in the guidance according to the NQB Shared Commitment's definition, as care that is safe, effective, provides a personalised experience, is well-led and sustainably resourced. The NQB is also clear that quality care must be equitable, focused on reducing inequalities and addressing wider determinants.

As per the NQB Guidance on System Quality Groups, the ICB will be accountable for the effective oversight and management of healthcare risks (where they do not fall under local authority assurance, e.g. safeguarding), including risks within independent healthcare providers.

Systems across the NW region and their constituent partnerships and organisations will have two overarching quality responsibilities:

- To ensure the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation.
- To continually improve the quality of services, in a way that makes a real difference to the people using them.

Governance

The NQB Guidance on System Quality Groups defines the quality governance arrangements required in systems, including a mandatory System Quality Group for intelligence-sharing and improvement, and a recommended ICB Quality Committee for quality assurance.

All ICSs are expected to have an SQG in place to enable quality improvement across the ICS. This should be chaired by the ICB executive quality lead (e.g. director of nursing, medical director). The group will bring together partners from across health, social care, public health and wider. Consideration should be given to whether equivalent groups at place level are needed.

The SQG will not perform the statutory quality assurance function for the ICB. This will be delivered through the ICB itself or a committee with designated responsibility (e.g. quality committee)

The LSC ICB governance structure – including the system quality committee – is shown at Appendix C. Quality improvement and quality assurance are joint responsibilities of the Chief Medical Officer and Chief Nursing Officer of the ICB – see Appendix D for a summary of intended ICB Executive portfolios.

Managing Risk & Escalation

In terms of managing risk, as stated above the ICB will be accountable for the effective oversight and management of healthcare risks (where they do not fall under local authority assurance, e.g. safeguarding), including risks within independent healthcare providers. The ICB will need to work closely with regional NHS England and NHS Improvement teams and wider partners (e.g. CQC, HEE, NMC, GMC) as part of this.

In line with the NQB Guidance on Quality Risk Response and Escalation, it is envisaged that NHSE regional and national teams will adopt a system-first approach wherever possible when managing risks.

Risks should be managed as close to the point of care as possible, where successful mitigation is not possible then escalation and management at the next level occurs as linked to the designated risk framework and overseen by the ICB.

However, as per the Guidance on System Quality Groups, there will be situations in which NHSE and other regulators have the right to intervene, particularly if there are complex, significant and/or recurrent risks.

The refreshed approach to quality risk management is based on three main levels of assurance and support from the NHSE regions with the ICS partners:

1. Routine quality assurance and improvement – Led by provider/ICB. Activity when there are no risks or minor risks which are being addressed effectively. Includes standard monitoring and reporting, due diligence and contract management.

2. Enhanced quality assurance and improvement – Led by provider/ ICB in most circumstances. Undertaken when there are quality risks that are complex, significant and/ or recurrent and require action/ improvement plans and support.

3. Intensive quality assurance and improvement – Intensive Quality Assurance and Improvement – Led by NHSE and other regulators. A last resort, when there are very

complex, significant or recurrent risks, which require mandated intensive support led by NHSE and regulators. For health services, this includes mandated support from NHSE for recovery and improvement (e.g. Intensive Support Team, maternity support).

Decisions on how to move through the escalation process should be taken as close to the point of care as possible, reflecting effective risk profiling and accountability arrangements.

Generally, it is expected that for health services the move into enhanced assurance will be authorised by the ICB, and the move into intensive assurance by NHSE. However, the decision will need to reflect the risk profile and regulatory and accountability arrangements.

In order for NHSE NW to discharge its responsibilities under the SOF, the NW Region will agree with each ICS how it will engage to ensure the appropriate and proportionate oversight of quality in line with the regional accountabilities and responsibilities framework.

Roles and responsibilities in performance improvement

The ICB will be responsible for monitoring and managing NHS performance across its system, including coordinating action between providers to secure service and quality improvement, both in response to specific performance issues and also in respect of systematic approaches to wider service improvement. For specialised services this will be done in conjunction with NHSE as commissioner.

NHS providers are expected to work effectively within systems, take mutual accountability for systems issues, engaging in joint-planning and helping support and address broader system challenges within ICBs.

NHS England has statutory powers of intervention and enforcement powers when a provider is in breach of its licence, but applying these powers will be done in discussion with ICBs – only in exceptional circumstances will NHSE intervene directly without consulting ICBs

The MOU itself is not a legally binding document, it does not change the statutory roles or responsibilities of any organisation and does not delegate functions to the ICB.

Key priorities and deliverables in relation to performance and improvement are as set out in the 2022/23 priorities and operational planning guidance {insert hyperlink}, and encompass both ICB commissioned and NHSE directly commissioned services, including specialised services, with a particular emphasis on:

- Elective care (tackling the elective backlog, including cancer and diagnostics)
- Improving the responsiveness of urgent and emergency care
- Improving timely access to primary care
- Improving mental health services and services for people with a learning disability and/or autistic people
- Population health management to prevent ill health and address health inequalities

Alongside the above, expected deliverables should include the priority clinical transformation programmes in the Long Term Plan (e.g. Cancer, Diabetes, Respiratory, Long Covid).

Finance

NHSE will use the powers in the Health and Care Act to require ICBs to spend within their allocations and to set an objective on ICBs and their partner FTs and trusts to ensure they are delivering a balanced financial system. There is also a duty on all NHS organisations to consider the wider impact of their decisions with reference to the NHS triple aim of improved population health, quality of care and cost-control.

NHSE will set the financial framework to support system collaboration with a focus on financial discipline and management of NHS resources.

ICBs are expected to operate in accordance with guidance that NHS England will produce to support ICBs including:

- Finance and contracting planning guidance
- Capital planning guidance
- National tariff payment system

ICBs and NHSE regions will work together closely as ICBs agree financial plans for their system that set out how they intend to manage resources within their allocation for the financial year, including plans to manage any financial risks identified.

ICBs will work closely with regional teams to deliver and report against their system plans and to address any issues that arise.

In order to support the effective management of resources within the system financial envelope the following arrangements will apply: appropriate financial governance/oversight arrangements will be in place to ensure financial risks and are mitigated and the ICB operates within the revenue and capital envelopes to deliver both a balanced and financial plan.

Workforce

NHS England will support the establishment and development of the integrated care board (ICB). NHS England will provide regional people strategy and workforce planning and offer HR oversight, leadership and support for the region.

NHS England will:

- Set the Strategic People Agenda for the North West, embedding all aspects of inclusion and equity of opportunity throughout workforce planning, workforce intelligence and analytics , recruitment and retention, workforce transformation, leadership and talent, and staff experience, engagement and well-being. NHSE will also work closely with Health Education England across the education and training agenda, to provide a single joined up agenda to support ICBs.

- Support the development of a safe, open and Inclusive working culture
- Co-design and represent Regional Teams in the development of National Work Programmes
- Support the delivery and improvement of people performance across providers and organisations throughout the region.
- Support local systems to develop and adopt share best practice, working with individual organisations to target challenged performance
- Re-galvanise international recruitment
- Provide oversight and assurance of system workforce planning.
- Lead and provide expert support for ICBs with regard to equality and diversity agenda.
- Provide HRD & Employer support
- Build talent pipelines to drive retention and drive diverse talent supply in each region
- Support ICB formation and the effectiveness of new leadership teams
- Support the drive towards a culture of wellbeing
- Provide oversight and challenge in senior appointment and exit processes where National Guidelines deem this necessary

During this transition year, the ICB will pick up phased responsibilities for workforce plans across the system, working towards the development of the five-year Joint Forward Plan from September onwards. The ICB will lead delivery of the 10 outcome-based people functions set out in the JFP guidance, drawing on expertise and support from the NHSE&I People team who will collaborate with and support the ICB to:

- Support the health and wellbeing of all staff
- Grow their workforce for the future and enable adequate workforce supply
- Proactively ensure a inclusive and representative workforce with equity of promotion and progression
- Work towards establishing and maintaining a safe, open and inclusive workplace culture.
- Support inclusion and belonging for all and create a great experience for staff.
- Value and support leadership at all levels and enable lifelong learning.
- Lead workforce transformation and new ways of working
- Educate, train, and develop their people, allowing everyone to reach their full potential and lead fulfilled careers
- Drive and support broader social and economic development
- Transform people services and support the people profession
- Lead coordinated workforce planning using analysis and intelligence.
- Support system design and development: the ICB will use organisational and cultural system design and development principles to support the establishment and development of the integrated care board (ICB), and the integrated care partnership (ICP)

Delegation of direct commissioning functions

The Health and Care Bill set the ambition for NHSE's direct commissioning functions to move to ICBs, to enable them to have a broader range of responsibilities. This shift will empower them to design services and pathways of care that better meet local priorities and

enhance joined up health and care, ensuring continuity for patients, improved population health and reduced health inequalities.

From July 2022 all ICBs will assume delegated responsibility for primary medical services (continuing to exclude section 7A public health functions). Some ICBs will also take on delegated responsibility for one or more pharmaceutical services, general ophthalmic services, and dental services. The terms of the delegation between each ICB and NHS England are set out in a delegation agreement.

NHSE will also establish mechanisms to strengthen joint working with ICBs across all areas of direct commissioning, where functions have not already been delegated.

The functions are as identified in the national Delegation Agreement. NW Region delegation arrangements are as follows:

- Cheshire and Merseyside – Pharmacy Services
- Greater Manchester – Pharmacy, Dental, Optometry Services
- Lancashire and South Cumbria – Pharmacy Services

Delegation within the ICB

The Health and Care Bill proposes a new power that allows NHS bodies to delegate their functions to other NHS bodies, local authorities, or combined authorities.

NHSE is recommending that ICBs should not make use of these new powers to delegate their functions to NHS trusts/FT, local authorities, or combined authorities during 2022/23.

This is because ICBs will need sufficient time to consider the secondary legislation and NHSE statutory guidance relating to these new powers before local options can be worked-up and presented to the newly established ICB board for its examination and decision.

However ICBs and providers can and should continue to work together on system plans and collaboration arrangements, and can consider any plans and aspirations for how delegation can support the delivery of system objectives in future years and begin to put plans in place.

Please note that this does not apply to delegation to committees of the ICB board or existing section 75 arrangements with local authorities which may be extended. It also does not apply to current lead provider arrangements in which NHS providers have responsibility for re-designing services, such as the NHS-led Mental Health, Learning Disability and Autism Provider Collaborative arrangements.

In line with these recommendations, LSC ICB:

- does not intend to make use of powers to delegate functions outside of the ICB itself
- remains committed to working with all partners on developing whole system plans and to supporting effective collaborative working across providers both across the system and at place
- will continue to support section 75 arrangements already in place with Local Authorities

Partnership and place arrangements

Place-based partnerships will remain as the foundations of integrated care, building on existing local arrangements and relationships.

NHSE and the Local Government Association coproduced the Thriving Places guidance which reflects learning to date from existing place-based partnerships and summarises the governance arrangements it is expected will be available for place-based partnerships.

It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.

Place based partnership arrangements in LSC ICS are currently under review. Further detail on partnerships, together with associated governance arrangements, will be included upon review of this MOU in October 2022.

Reporting and escalation

National published datasets will be used for formal reporting. NHSE will monitor and gather insights about performance across each of the themes of the System Oversight Framework, the Operational Planning Guidance, including the NHS Mandate, the aims of the NHS Long Term Plan and the NHS People Plan. The information reviewed and collected will include annual plans and reports, regular financial and operational information, quality performance information and risks to quality, and other exceptional or significant data, including relevant third-party material.

This information will be used to support ongoing monitoring at ICB, place and organisation level of:

- Current performance and service quality (based on the most recent data and insight available).
- The historical performance trend to identify patterns and changes, including evidence of improvement in reducing clinical variation.
- Predicted performance or challenges to anticipate issues and facilitate preparedness.

Reporting and escalation will be aligned with regional process for SOF and Undertakings review.

There may be a requirement to escalate issues with individual organisations, this could be triggered by a CQC inspection or other intelligence requiring immediate response. In such instances the region or ICB may wish to agree extraordinary meetings.

The ICB may also wish to call a meeting to escalate urgent issues or risks outside of routine assurance processes in a timely manner to inform regions and collaborate on supports.

All regional teams are developing Regional Operations Centres (ROC) – once established, all formal communications should go via a single point of contact. National teams should use the ROC to communicate with regions, systems, providers. In line with this it is expected that the ICB will in turn operate a system operations centre that the ROC will coordinate with.

It is expected that in the first year of operation of the ICB, NHSE will hold quarterly formal review meetings with the ICB regardless of SOF segment, chaired by the Regional Director or one of the Regional Executive Directors. and these will be held: (as an example)

The agenda and supporting information will be proportional to the SOF segment of the ICB and to the materiality of the issues that present themselves across the functions and themes described in this MoU and the six SOF oversight themes which are:

- Quality of care
- Access and outcomes
- Preventing ill health and reducing inequalities
- People
- Finance and use of resources
- Leadership and capability
- Local strategic priorities

Where the ICS is not delivering against these requirements at an aggregate level the ICB will set out for NHSE its proposal for improvement.

The ICB will ensure that oversight arrangements place (including primary care networks) and organisation level incorporate regular review meetings as appropriate.

NHS England and the ICB agree that a key outcome of the successful implementation of the System Oversight Framework will be the early identification of emerging issues and concerns so that they can be addressed before they have a material impact or performance deteriorates further.

The ICB is expected to engage with NHSE on actual or prospective changes in performance or quality risks that fall outside routine monitoring, where these are material to the delivery of safe and sustainable services.

It may be deemed necessary for an NHS organisation to receive formal escalation and or intervention from NHSE. NHSE and the ICS will work on a principle of ‘no surprises’ whereby either party can raise early concerns or increasing risks about an NHS organisation, service, place or function. Any concerns and the approach to management can and should be discussed before any formal intervention or escalation is invoked.

Intervention by NHSE with an NHS organisation will be in agreement with the ICB leadership team.

NHS England and the ICB agree the following principles and processes for escalation and intervention at challenged NHS organisations / and or the ICB itself where the issues have arisen or been identified post the date of the MOU:

- Either party may propose escalation and intervention at an individual organisation within the system

- A proposal for escalation and intervention should normally be raised at a scheduled meeting of the parties. Either party may call an extraordinary meeting to discuss an escalation matter with the consent of the other party
- Intervention by NHSE with an NHS organisation will be in agreement with the ICB leadership team.
- In the event of proposed intervention at an individual organisation, neither party will issue any communication to that organisation without the approval of the other party

ICS development

In 2022/23 Integrated Care Partnerships (ICPs) will develop their first integrated care strategy and the ICB and its partner trusts/FTs will develop the first 5 year-joint forward plan, both of which will build on the system's priorities outlined in the 2021/22 Q4 System Development Plan.

Building on the collaborative relationships between ICBs and NHSE in 2021/22, NHSE will continue to support ICBs with their system development priorities. ICBs and NHSE will engage in regular collaborative conversations to discuss system development priorities and long-term development needs.

The ICB and NHSE will work together to address development-specific needs in the ICS and across the region.

The latest system development plan agreed with the NHSEI regional team is attached at Appendix E.

Reviewing, amending, and monitoring of the MOU

This MOU relates to an ongoing relationship between the ICB and NHSE region and will run indefinitely. Once the ICB is fully established, the ICB and region will review the agreement every 12 months to assess whether the MoU is still accurate and fit for purpose.

However, given that 2022/23 is a transitional year, and that in particular the first quarter of ICB establishment will see significant development, it is agreed that this MOU will be reviewed in October 2022 and amended in line with that review.

Changes to the MOU required outside of the proposed review period can occur at any time, if agreed by both the ICB and the region. Such changes are particularly anticipated during the first year of ICB operations, given additional expected guidance and the ongoing development of systems and agreed relationships.

Signatures

The ICB and NHSE region, as represented by the below officers, agree to honour the aspirations and commitments made in this MOU.

Kevin Lavery, CEO Lancashire & South Cumbria ICB

05.09.2022

Richard Barker, NW Regional Director, NHS England

1st July 2022

Appendix A – System Segmentation Criteria

Segment 1

- Consistently high performing across the six oversight themes.
- Capability and capacity required to deliver the ICS four fundamental purposes is well developed

Segment 2

- On a development journey, but demonstrate many of the characteristics of an effective,
- self-standing ICS
- Plans that have the support of system partners in place to address areas of challenge

Segment 3

- Significant support needs against one or more of the six oversight themes
- Significant gaps in building the capability and capacity required to deliver on the ICS four fundamental purposes

Segment 4

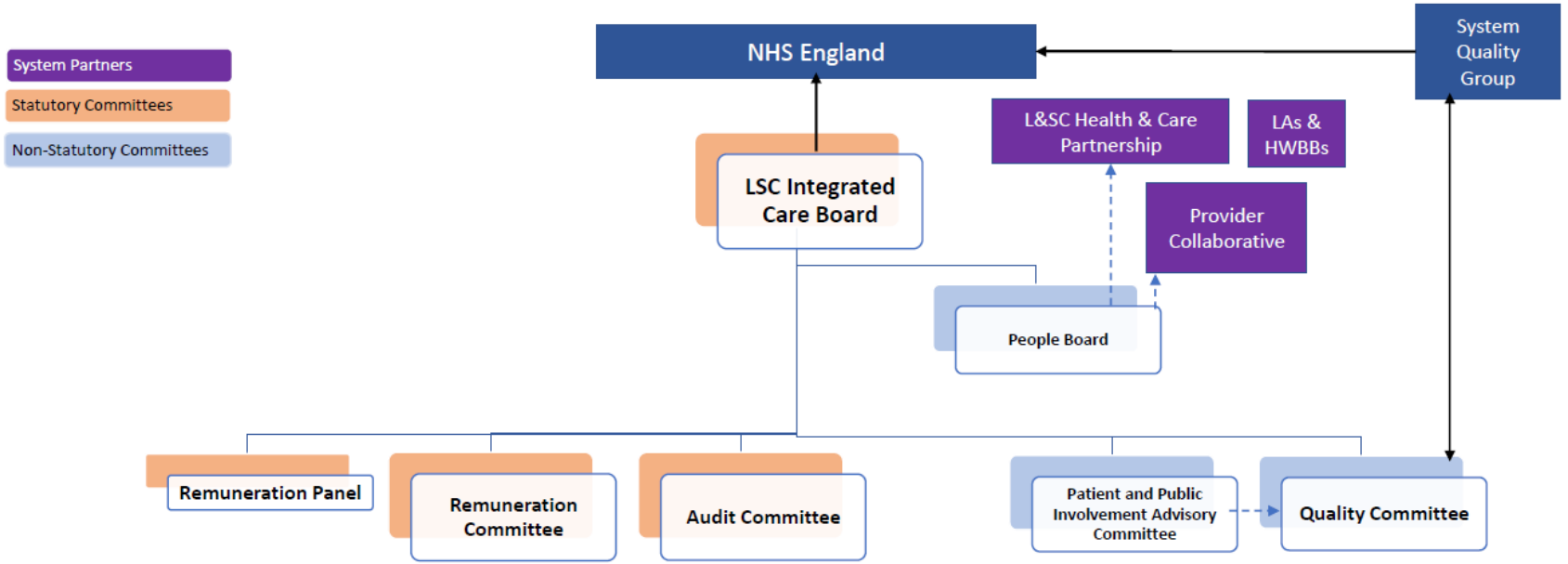
- Very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support

Appendix B – NW regional principles from 2021/22 MoU

- The NW Region has adopted the following additional regional principles:
  - create a clarity of expectations (e.g. trajectories for improvement, consistency of priorities for delivery) coupled with transparency of judgement/assessments made by the regional team (e.g. over segmentation in line with SOF) should be integral to the approach
  - cover a wider range of areas/priorities than simply waiting times for physical health care problems i.e. select and monitor areas that tell a more comprehensive story of performance (e.g. staff well-being, contributions as anchor institutions, tackling health inequalities)
  - offer explicit recognition of achievement rather than focusing simply on areas for development. This creates a means to enable identify and share best practice
  - create a single trusted data source to allow an accurate and shared sense of the truth and ensure that the key metrics and performance questions relate back to the vision, mission and priorities for the region (e.g. collect sufficient data on health inequalities)
  - marry national and local priorities equally and ensure that national priorities are not seen to crowd out the local ones in terms of emphasis
  - build on what has worked well through the COVID-19 crisis but anticipate new structures and responsibilities e.g. Provider Collaboratives, Place Based Leadership groups, PCNs so as to recognise the new forms of collective accountability operating in the new system
  - keep it simple
- Taken together, these principles will govern not only the relationship between NHSEI – North West and the ICSs but also the relationship between ICSs and their constituent Trusts, Places and Collaboratives.

Appendix C – LSC ICB Governance Structure

LSC ICB Governance Structure



Governance Arrangements and operating model will evolve as the ICB and Integrated Care System develops and matures

Appendix D – LSC ICB Executive Portfolios

The New ICB

DRAFT

Functions

Chief Finance Officer	Chief Nursing Officer	Chief Medical Officer	Chief of Planning, Performance & Strategy	Chief People Officer	Chief Digital Officer	Chief Executive
• Finance • Estates • Investment / disinvestment programmes • Contracting & Procurement • Provider assurance and regulation • Corporate Governance	• Children's & Young People • SEND • CHC / IPA • Maternity • Safeguarding • Aging well	• Medicines Management • Regulation • Cancer • Covid / Long Covid • Mental Health / LD / Autism • Primary Care • Diagnostics	• Planning • Strategy • Performance & Performance Improvement • Population Health • Provider Collaboration Interface • Service Improvement • UEC/ Ambulance • EPRR	• Workforce/HR • Organisational Development • Equality, Diversity and Inclusion • Talent Management / Leadership Development • Transformation	• Information Governance • Digital Innovation • Business Intelligence • IT • Digital Strategy	• Place based Directors of Health and Care Integration • Communications & Engagement
	• Quality Improvement • Quality Assurance • Clinical and Care Professional Development • Long Term Conditions • IPC / AMR • Research and Innovation					

4

Appendix E – LSC ICS System Development Plan summary