

ICB Board - 3rd June 2025

ICB High Level Operating Model

Built on engagement findings from the design sprint events

Strategic Commissioning Transition Programme

Overview and Purpose...

To provide an update on the progress regarding the proposed high-level operating model which has been built on engagement and intelligence from the Design Sprint Sessions held across the organisation through May 2025.

- Design sprint
- High level operating model
- Stakeholder engagement plans
- Risks
- Next steps

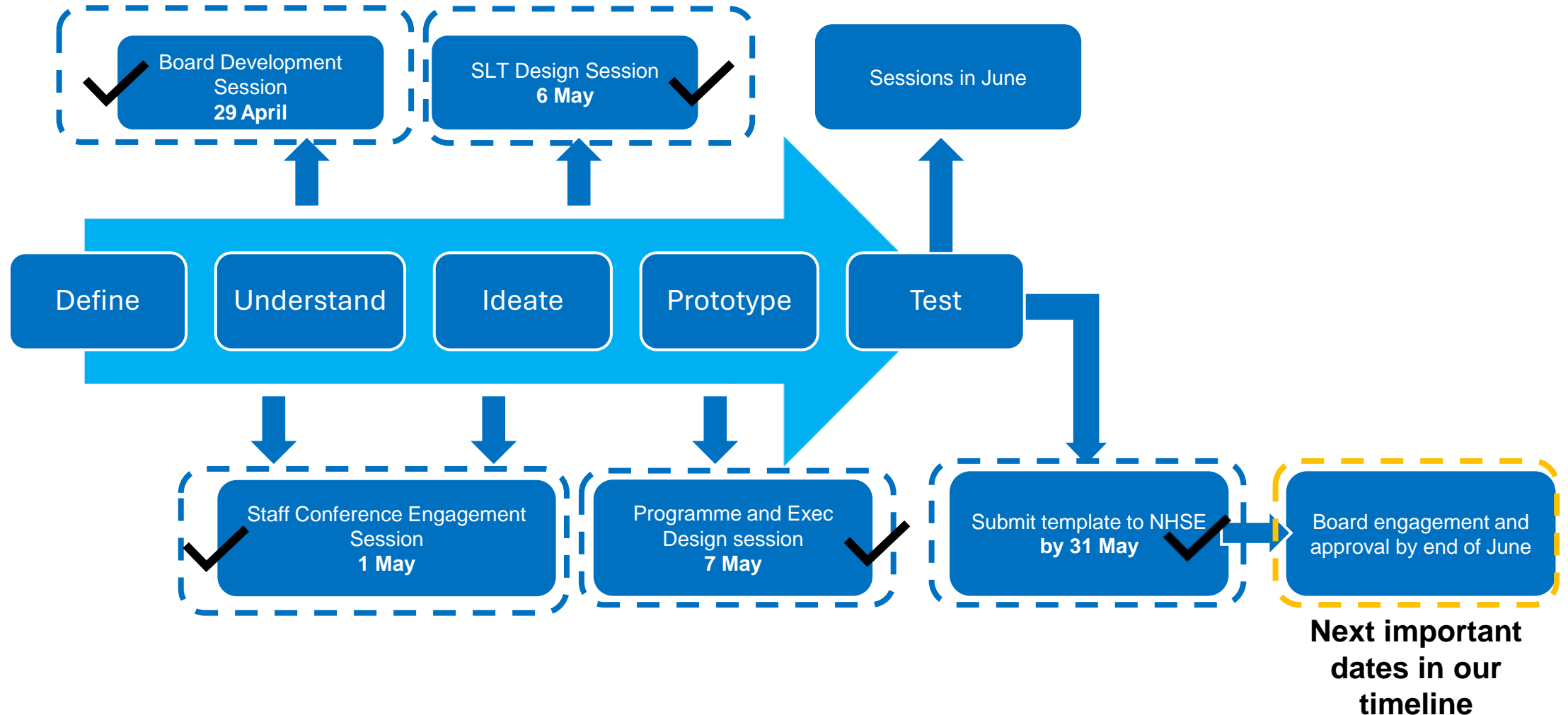
Design principles for our future state

Design sprint principles are overarching, key points that should guide how you develop an approach at a headline level. The principles should provide a helpful test, or enable check and challenge as the approach develops and through to implementation.

For the ICB Operating Model, a set of design principles were shared and reviewed by senior leaders on the 6 May 2025 at an ICB Design Sprint Event. Below sets out the 10 design sprint principles that have been implemented following this event:

1. Keep it **simple** – clarity of operating model/visibility /broad responsibilities
2. Embed **multi-profession leadership**
3. Ensure **ambitious** outcome/long term goal orientation – e.g. healthier and fairer
4. Consider carefully what does/doesn't need to be done by the ICB – **build in statutory duties and responsibilities**
5. Build in a **learning and improvement approach**
6. Build in **patient and public involvement**
7. Build in **stakeholder collaboration** and integration
8. Use **technology** to aid the work
9. **Innovate and learn** from the best performing organisations and systems (around the world)
10. Ensure the ICB is a **great place to work**

Overview of design sprint process...



Design sprint / engagement summary

Design sprint day 1

- **Whole staff conference – 80 tables and approx. 700 people** – good mix across all directorates attended.
- Workshop asked 3 questions – Essential functions, areas of duplication and how to balance commissioning at scale while meeting local needs.
- Functions linked to the commissioning cycle were prominent, great suggests re duplication and new ways of working such as AI and a need to balance both at scale and local working in a new model.

Design sprint day 2

- **Senior Leaders session – 140 people** attended and reviewed the conference data as well as understood the ICB Blueprint document.
- Workshop asked leaders to build on day 1, to describe further how the functions highlighted at the conference could work linked with the Blueprint, in a new model focussing on strategic commissioning.

Design sprint day 3

- **Chief officers and Transition team** reviewed all the outputs from day 2 and themed the work.
- The themes enabled the development of a high-level operating model, across three key groups working in multiprofessional teams
- *Strategic Commissioning*
- *Insights strategy and policy*
- *Corporate services*

High level operating model...

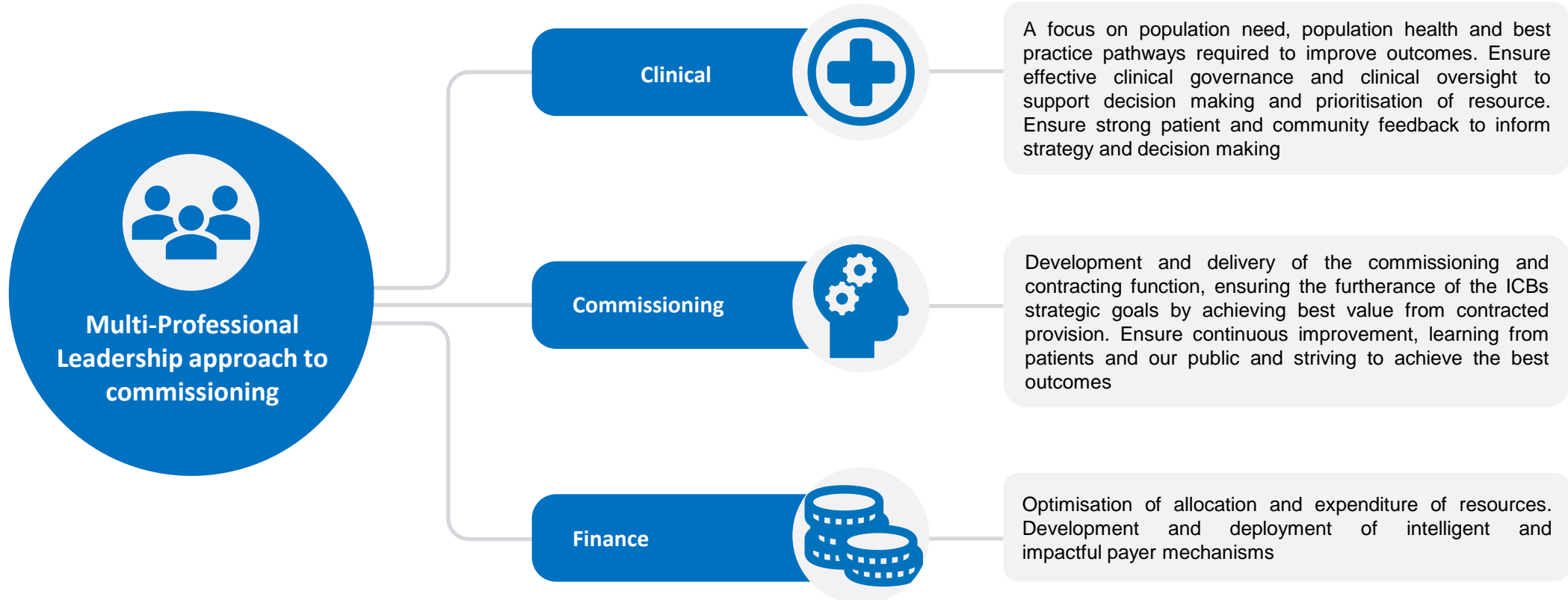
The following slides set out the output from the ICB Operating Model design sprint process so far

- The information being shared is **based on feedback from the design sprint / engagement** and will help inform further development of the Operating Model and our new ways of working.
- The model is high level, so detailed/specific functions are not all shown, just the overarching themes
- Note that what is costed will need to be within the £18.76 cost envelope. Whilst the reduction equates to 32.3% overall, this will not necessarily be a consistent cut across all budgets. Some budgets will be reduced more than others depending on needs of the organisation
- The Estates and Hybrid Working plan is in development and will enable the delivery of the operating model.

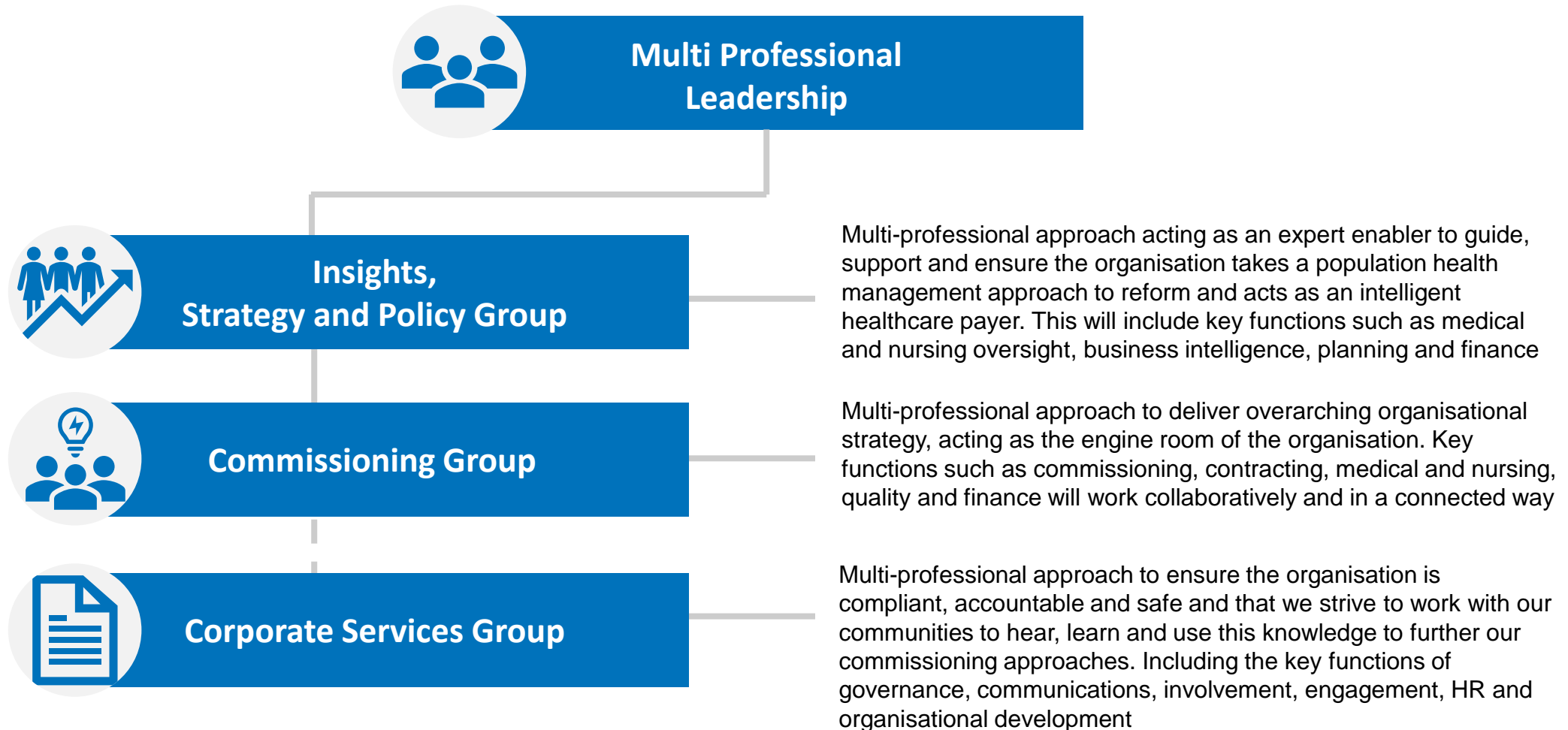
Multi-Professional Leadership Approach

The ICB will provide system leadership for population health, set evidence based and long-term population health strategy and work as an intelligent healthcare payer to maximise the value that can be created from its available resource. This involves investing in, purchasing and evaluating a range of services and pathways required to ensure access to high quality care, and in order to improve outcomes and reduce inequalities within its footprint.

To achieve this, the ICB will implement a Multiprofessional Leadership approach to commissioning. This will involve the collaborative efforts of leaders from clinical (medical, nursing and AHP), commissioning, and finance at all levels including at an Executive Director level, working together to lead a multi professional commissioning approach to ensure delivery of the aims and objectives of the organisation.



High level organisational approach



Strategic Commissioning Group

The multi-professional commissioning group will bring together people with the right skills and attributes to deliver the range of key functions as set out below. People will be aligned together, with clear, complimentary roles and responsibilities, to deliver a shared set of goals. They will be guided by the organisation's strategic enabling and corporate groups and will commission services across North East and North Cumbria to ensure maximum value based on evidence and deliver against the organisation's strategy: Better Health and Wellbeing for All. The group will manage service oversight, evaluate impact and use feedback to support evaluation and ongoing service reform. The groups will be supported by the broader ICB functions to ensure effective working.

Partnerships

Ensuring emphasis on partnership working to meet the objectives of the ICB, navigating complexity to bring organisations and people together to improve overall population health. Take a geographical lead for places where required within the ICB to ensure statutory functions are met and to support maximising health outcomes



Commissioning

Lead service reform and productivity and maximise best value of health services across the ICB. Understand the health and care needs of populations to develop strategies to improve the provision of high quality and efficient care in line with best practice



Integration

Act as the organisation's lead to support the health and social care integration agenda across the ICB geography, ensuring improved quality and productivity of services. Drive change and influence via strategic partnerships



Contracting

Ensure that strategy is executed through high quality contractual arrangements, performance is robustly monitored, unwarranted variation highlighted and clear feedback loops in place to support commissioning adjustments



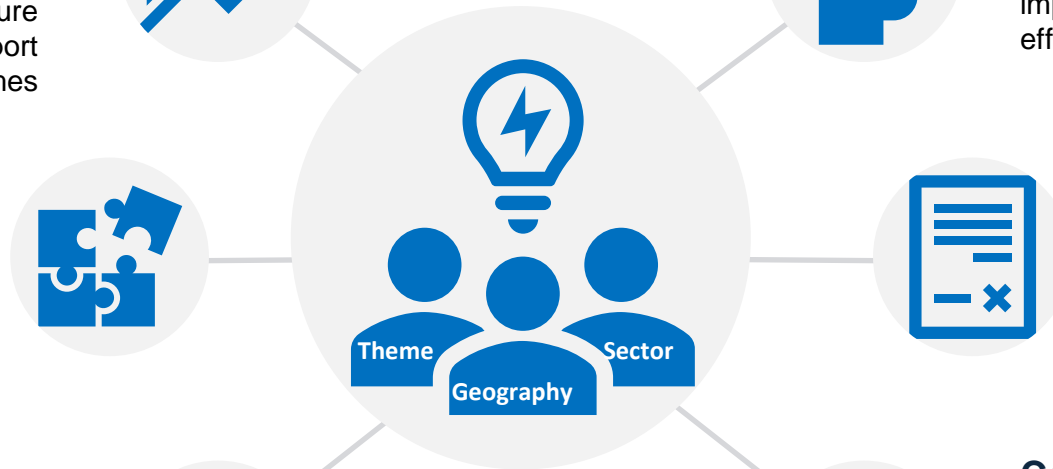
Quality

Ensure high quality service provision across commissioned services and continually strive for quality improvement to maximise best outcomes across commissioned services



Commissioning Finance

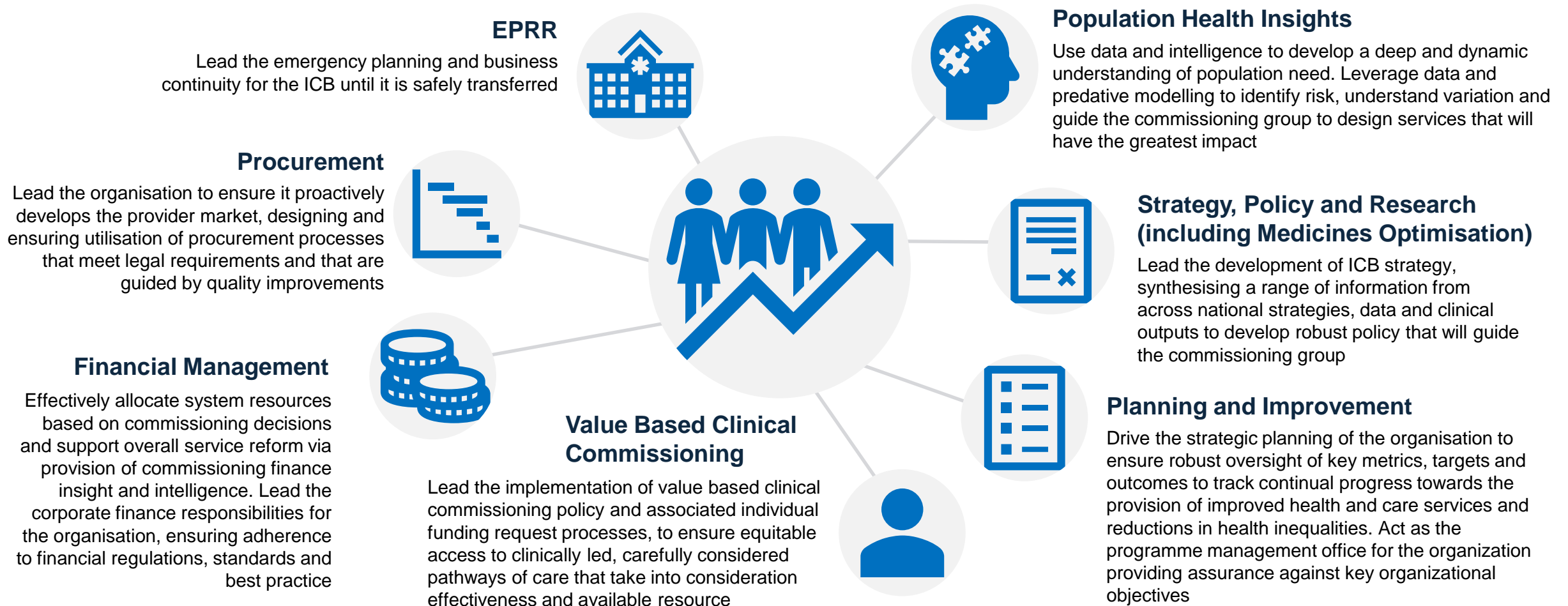
Effectively allocate system resources based on commissioning decisions and support overall service reform via provision of commissioning finance insight and intelligence. Deliver strategy through payer functions



Insights, Strategy and Policy Group

The insights, strategy and policy group will guide the organisation by utilisation of rich data and intelligence to develop an understanding of population need, both now and in the future, to support the fundamental shaping of health and care services. The group will undertake a range of forecasting, analytics and risk stratification activities, guided by strategic clinical oversight, to inform and support directing resources to where they will have the greatest impact. They will ensure that the ICB is an intelligent healthcare payer, leading the understanding of cost analysis and wider financial functions and developing and sharing intelligence in relation to utilisation management and resource allocation.

The group will lead the overall planning process for the organisation, ensuring high quality, informed plans are developed that enable the organisation to track overall progress and evaluate impact. In order to support effective planning processes, the group will also lead a project management office to support central tracking and central oversight of key plans and organisational priority areas. It will also ensure that the ICB proactively manages and develops the provide market, using procurement to incentivise quality improvement and innovation. The group will be supported by the broader ICB functions to ensure effective working.



Corporate Services Group

The Corporate group will ensure that the ICB is a compliant, accountable and safe organisation. It will lead a range of key functions including governance and corporate governance, communications and engagement, HR and Organisational Development, complaints, enquiries and legal responsibilities. The group will be a multi-professional leadership model, to ensure statutory duties are met and that the ICB remains accountable to ensure it makes best use of the population budget it holds to improve health and healthcare services. The group will be supported by the broader ICB functions to ensure effective working



Stakeholder engagement overview ...

- Engagement with Combined Authorities:
 - LA7 – 8th May
 - Cumberland – 9th May
 - LA5 -14th May (virtual) 25th May (in person)
- Workshop in a box – process of engagement at local place committees throughout June with local partners, asking for feedback and consideration for functions highlighted to transfer.
- Specific briefing sessions with VCSE and other key stakeholders with support from Senior Leaders within the organisation, will also be included.

Managing risk...

- **Voluntary Redundancy scheme** – awaiting clarity regarding the scheme
- **Areas for Transfer** –Due to differing timelines for organisational transformation and the need to agree with receiving organisations it has not yet been possible to commit to a timescale for transfer of services
- **Statutory Responsibilities** - ICBs remain statutorily responsible for functions that are proposed to be delivered elsewhere, e.g. Safeguarding, Emergency Planning, Resilience and Response (EPRR)
- **Pace of change** - Risk that pace of change impacts on 'business as usual', ability to retain staff, capacity to deliver transition with due diligence to ensure 'safe landing' of functions, ability to deliver all functions within the affordability envelope ahead of 'transfer out'
- **Clarity on £18.76** - ICBs have differing understanding of the inclusion or otherwise of POD commissioning teams and GPIT within the envelope.
- **Loss of talent, skills and corporate memory** - Risk that the scale of staffing reduction will leave the future ICB with deficits in key skills and knowledge, that particularly talented and promising staff may choose to take voluntary redundancy.
- **Winter pressures and business continuity** - risk that the plan to transfer EPRR including Strategic Co-ordination Centres to Regions at a point in the future may compromise the ability to respond to peaks in emergency activity or untoward incidents.
- **New NHS Ten Year Plan** – risk the ICB will not be optimally configured to deliver the plan given it is yet to be published and ICBs are being scaled back.
- **Impact of winning additional allocations** - risk that we will not be able to accommodate new allocations for key initiatives such as the Health and Growth Accelerator as they will count against the £18.76

Next Steps - Transition Critical Timeline

| Action | By when | |
|---|----------------------|---|
| Board sign off today for our approach and completion of the NHS England template | 29 th May | ✓ |
| Template submission to NHS England – high level plan to deliver the ICB Blueprint | 30 th May | ✓ |
| Structure Design Phase – Execs to work in 3 groups: Insights, Strategy & Policy Group Strategic Commissioning Group Corporate Office Group | Now – Middle of June | |
| Exec and transition team to continue to collaborate with subject matter experts and use scenarios as provided by staff | Middle – End of June | |
| Board sign off and Consultation launch | Early July | |



Questions...