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in health and care

From CCG to ICS

NCL ICS Development

Building on new ways of working across partners to improve outcomes for residents

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Context

- Over the last year, we have **continued to work closely with local authorities, our residents, our partners and with NHS** to respond to the pandemic and to strengthen our health and care system

- While the pandemic has **increased the strength of our relationships and ability to work as one system**, it has also **cast a spotlight on the health inequities within our sector**.

- As next steps, we are committed to working together as a system to **tackle these inequities and improve the outcomes and experience of our residents.**

- As part of the work to develop an integrated care system in North Central London we are developing a joint plan based on work already underway, building on good practice seen in the pandemic response and working to understand how the changes outlined in the NHS White Paper (slide 4) can accelerate joint working and the positive impact we can have for residents.

- This document outlines our progress to date in **visioning what this means for our residents (Slides 6-8)** , outlines **ongoing engagement (Slide 9)** and **recent progress (Slides 10-13)** and provides **an overview of some of the next steps (Slide 14-16)** in line with our ways of working since the Long Term Plan.

- Over the next 9 months, as we progress in this journey, **our development plan remains a work in progress**, continuing to develop in line with local partner ambitions and national guidance.

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Our journey towards an Integrated Care System

- We have a **track record of working closely with partners, NHS and LA**, through NCL programmes of work through the STP and other collaborative programmes of work.

- In April 2020 the five Clinical Commissioning Groups in North Central London (NCL CCGs) – Barnet, Camden, Enfield, Haringey and Islington – **merged to form one CCG** in line with the NHS Long Term Plan.

- Alongside this, **borough partnerships have been formed in each borough** to support working at a 'place' level and we have **32 thriving primary care networks** across the area.

- Over the last year system partners have **worked closely together, with the CCG, Councils, NHS providers, general practices, voluntary and community organisations**, working to respond to the pandemic.

- We have also continued to **progress towards a more strategic approach to health commissioning** and beginning a strategic reviews of services across NCL and **within our borough partnerships through continued work on population health, health inequalities.**

- **As part of the white paper, the next stage of this work is to transition to an integrated care system with the aims of:**
  - improving outcomes in population health and healthcare
  - tackling inequalities in outcomes, experience and access
  - enhancing productivity and value for money
  - helping the NHS to support broader social and economic development

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High Level Outline of Whitepaper Changes

- **Integrated Care Systems (ICSs) will become statutory organisations and will be responsible for strategic commissioning and an ICS will be set a financial allocation by NHS England.**
- **Services will continue to be coordinated and delivered at Place level.**
- **There will be a duty to collaborate**. NHS providers will work together in provider collaboratives and organisations across the health and care sector will have a duty to collaborate.
- **There will be reduced bureaucracy across the system to remove transactional barriers to collaborative working**. The NHS will be able to organise itself without the involvement of the Competition and Markets Authority.
- **Population health is at the heart of these proposals.** Changes to the National Tariff will enable it to work more flexibly with longer term population health contracts, rather than focussing on activity-led inputs.
- **The government will have the power to impose capital spending limits on Foundation Trusts, as it currently does on NHS Trusts**. The government will have the power to set legally-binding Capital Departmental Expenditure Limits (CDEL) for individual, named Foundation Trusts which are not working to prioritise capital expenditure within their ICS.
- **NHS England will formally merge with NHS Improvement and be designated NHS England**. The merged entity will be accountable to the Secretary of State, while maintaining operational independence.

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In some ways, we have been working like an ICS through the pandemic response

- Despite all of the challenges of the past 18 months, we have still managed to **build stronger partnerships, relationships**, and **new ways of working as a system** across social, primary and secondary care.

- 2020 informally brought partners together to **think and act more like system**, aiming to deliver the best and seamless care for our population through the pandemic. We have already started focusing work on a number of areas.

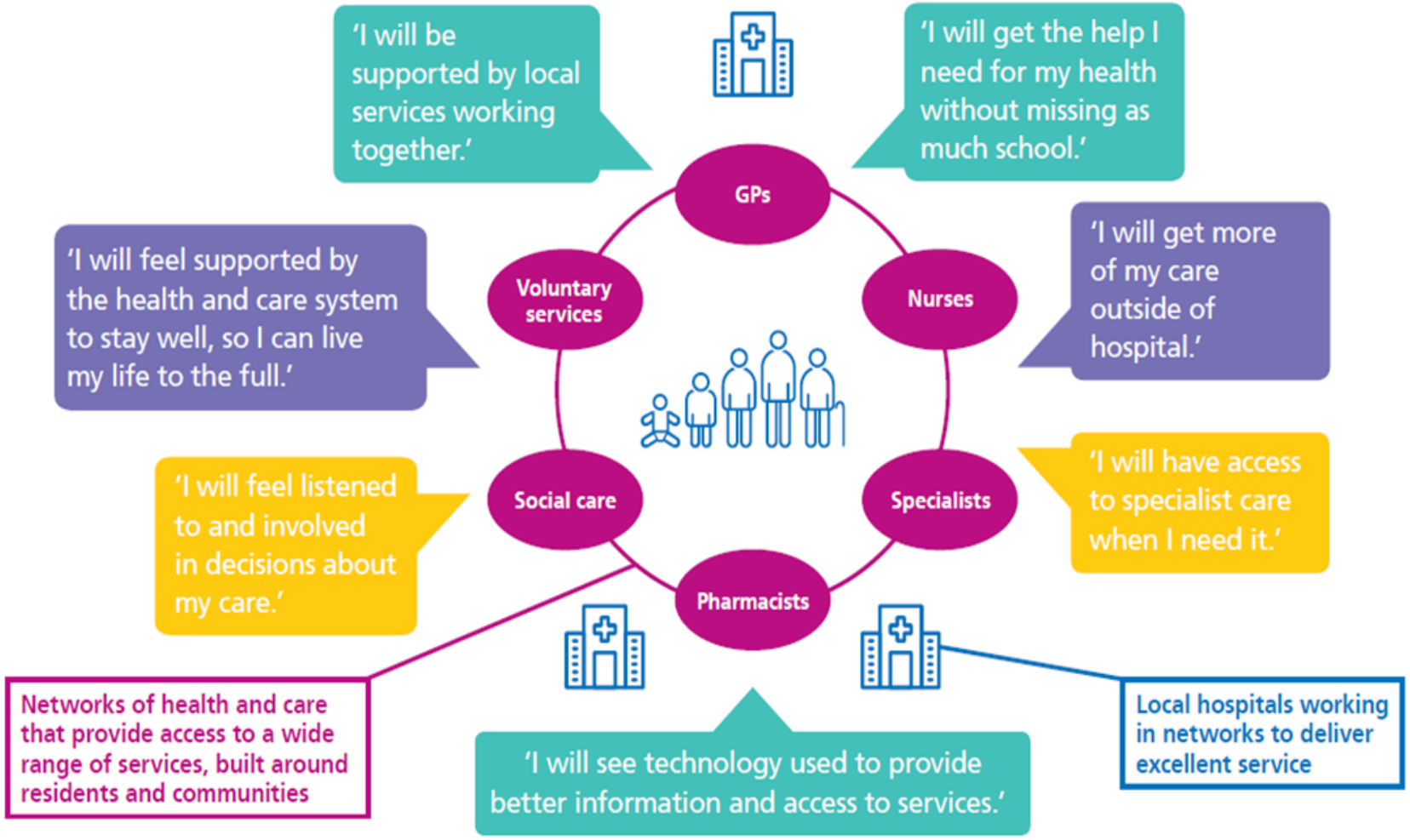
    - Through our response to and recovery from the Covid-19 pandemic we have worked collaboratively with system partners to tackle challenges and find solutions to meet the needs of local people.
    - Establishing five borough-based integrated care partnerships focused on the coordination, integration and development of out of hospital services based on population needs.
    - Supporting the development of Primary Care Networks.
    - A move to single strategic commissioner for health services.
    - Ensuring resident voice is heard at all levels of work.

- A current example of **successful system working** is our Covid-19 vaccination programme, where enablers such as HealtheIntent are supporting our system response, boroughs deploy their local know-how to plan for delivery based on local needs; while neighbourhood pharmacies and PCNs continue to effectively serve their populations through local interventions.

Our Vision for an Integrated Care System in NCL

We want to enable our residents to Start Well, Live Well and Age Well

We asked our residents what Integrated Care means for them; and this is what they told us…



What will the integrated care system mean for our residents?

Our Integrated Care system can not just focus on how healthcare services operate. Evidence shows that as little as 10% of a population's health and wellbeing is linked to access to healthcare.

Therefore we need to work with partners to look at the bigger picture, including:

- Fulfilling work
- Education and skills
- Our surroundings
- The food we eat
- Money and resources
- Transport
- Housing
- The support of family, friends and communities

What will be different?

"Joan is 80 years old and lives in Camden. She has heart disease and diabetes, and recently has been forgetting to take her medication. She has found it more difficult to manage over the last six months but wants to keep living at home. Joan's GP and social worker have developed a Care Plan in discussion with Joan. This means that the GP practice, district nursing and social care know how to work together to help Joan stay well and at home safely. If Joan's GP becomes concerned about something, he uses the 'Rapid Response' service to assess her the same day at home, which helps avoid trips to A&E. When Joan did fall last year and needed to be seen in hospital, she was assessed within 2 hours and a plan was in place quickly to get her home as soon as she was ready. Joan was supported to stay at home with *a care package provided by social care, her domiciliary care* workers were increasingly concerned about her forgetfulness so referred her to the memory clinic for a dementia assessment."

How integrated care can help

- ✓ Clearer information about local services and how to use them will be available to help residents access the right support.
- ✓ Better access to mental health care, with residents given more support to find the help they need.
- ✓ Patients ready to leave hospital will be discharged, through hospitals, community services and social care working together.
- ✓ Ensuring all people have their mental health care needs met, and providing interim support for when people are on waiting lists for complex care treatment.

What Will the Integrated Care System Mean for Our Residents? Julianah's Story

What will be different?

"Julianah works as a social prescribing link worker providing support to local people. Julianah spends most of her time working with residents who have long term conditions, mental health needs or complex social needs. People can be referred to Julianah through the council, local NHS services or self-refer and she is able to connect them to community groups and local agencies for practical and emotional support. She has flexibility to signpost activities that people may not have tried before, such as arts, cultural activities, community exercise classes, gardening, singing and outdoor activities. Julianah has also helped people sign up to volunteering and work opportunities that can sometimes lead to paid work. She feels that the people she works with really benefit from these activities and she is helping to provide an improved quality of life and better emotional wellbeing."

How Integrated Care Can Help

- Residents are supported to make their own decisions about their care, and care is planned around each individual
- Staff show empathy, understanding and sensitivity to cultural or disability-related needs
- Personal care is designed for people with long term or complex needs, care home residents, frail elderly people and people with learning disabilities
- Personal health budgets give control to residents over their care, including for mental health

Themes from Resident Engagement

Insights generated through our engagement with residents will inform the development of our NCL Integrated Care System, building on work we are already doing in response to what they have told us is important:

What residents told us was important	Examples of what we are doing...
Better access to services	Introducing care navigators to signpost people to the right services
Patients involved in discussions and shared decisions about their care	Children and young people with epilepsy and their families being involved in the development of local epilepsy services
Access to clear and accessible information, including easy read versions and access to interpreters	Healthy Futures providing clear, accessible information for people with diabetes on how to look after their condition
Empathy and understanding around cultural or disability-related needs	Trialling a new pathway for self-sampling smear tests
Patients given knowledge about how to keep themselves well and support wellbeing	Social prescribing in GP practices to support people to stay active, eat well, reduce isolation and contribute to their communities
Patients given choice and care is planned and delivered to meet each individual's needs	Residents supported to have personal health budgets, including for mental health, to best meet their individual needs for care
Use of technology both to increase access to services and to health information	Residents having access to online and video consultations and supported to feel digitally included
Better joint working between health and social care	Working across services to proactively support people at risk of long term conditions
A focus on prevention and proactive care	Increased community teams and ensure physical health checks for adults with serious mental illness and learning disabilities are being carried out
Everyone gets the same quality of care regardless of where they live	Whole system approach to tackle some issues, such as childhood asthma, to ensure everyone gets the same high-quality care

Our partnerships at place and provider collaboratives

As an ICS we are committed to integration between system partners at place, to improve outcomes for our residents

Place-based arrangements

Borough Partnership Executive Boards x 5

Borough Delivery Boards x 5

Working Groups / T&F Groups (numerous in place to progress partnership priorities)

***Purpose**:*

- *Agree shared borough priorities & ambitions (feeding into Joint H&WB Strategies)*
- *Shape and deliver integrated health & care locally (relationships, systems, processes)*
- *Ensure joined up, efficient and accessible services for residents*
- *Address inequalities in access, experience, outcomes*
- *Develop Population Health, with emphasis on prevention and develop proactive care models*
- *Address the wider determinants of health*
- *Codesign with patients / residents*

Partner organisations

NHS Trusts

Local Authorities

PCNs x 32 and GP Federations x 6

Local VCSE partners

Healthwatch x 5

Other key partners:
Care Providers
Patient groups
Cllrs
Other statutory services (Police, Fire)

Working with:
Local patients/residents and communities

Provider Alliance

Provider Alliance Board

Provider Alliance Partners Group

Purpose:
The purpose of the NCL Provider Alliance is to create a membership organisation where members work together to improve health value (health life expectancy/ costs) for the population we collectively serve; by improving the quality and reducing costs of health services for patients / service users / residents and staff above and beyond what each member organisation could achieve working on its own.

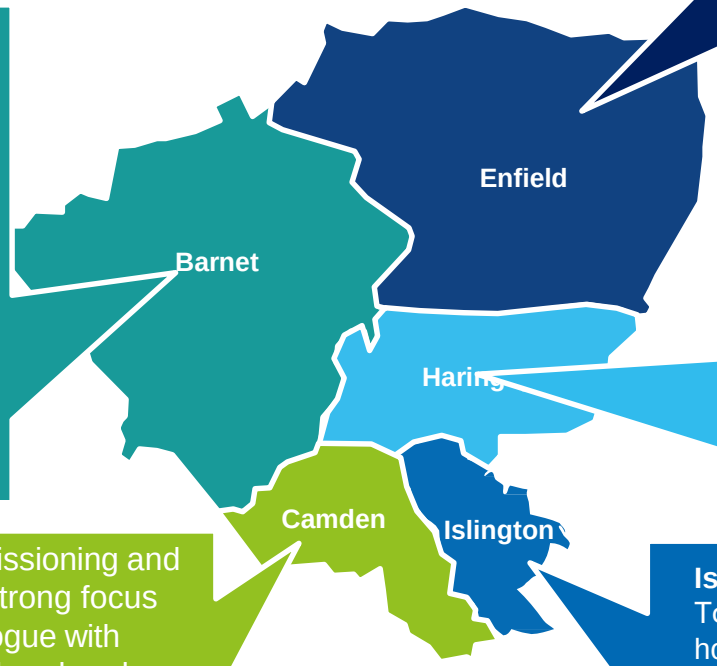
Borough Partnership and provider collaborative priorities align with our overall ICS vision

Our five Borough Partnerships (ICPs): Key Features

- Partnerships are maturing locally. COVID and the acceleration of the ICS has furthered existing partnership working.
- Place-based leaders are working together to shape the ICP role, priorities, local structures & teams and ways of working.
- There are common features, but local nuances within each partnership.

Barnet – partnership accelerated in last 18 months. Significant NHS engagement plus strong community and co-production focus and local govt leadership. Older population gives rise to focus on proactive care, same day urgent care and support to remain independent. Strong focus also on MH & Dementia and CYP, as well as developing a 'Neighbourhood' model.

- 425,395 registered population
- 10 + 'organisations' represented (25+ members of delivery board)
- 7 PCNs
- Chair of Exec: rotating (CCG, Council, Barnet Hospital, GP Federation)
- Co-chairs of ICP: Dawn Wakeling (DASS), Colette Wood (CCG Director of Integration)



Enfield – Newly formed partnership. COVID has helped accelerate integrated working. Priorities have been expanded from an initial focus areas following success around flu and Covid vacs. Provider Integration Partnership oversees delivery.

- 425,395 registered population
- 10 'organisations' represented (25+ members of delivery board)
- 4 PCNs (not geographical – neighbourhoods within @ 50k)
- Chair Exec: Binda Nagra and Dr Chitra Sankaran
- Co-Chairs of ICP – Mo Abedi BEH and Alpesh Patel Enfield GP Federation

Haringey – established and ambitious partnership with strong relationships. Focused on expansion of community based care models, MH, wider determinants and inequalities and a local strengths based approach that also addresses risks driven by deprivation.

- 298,418 registered population
- 15+ 'organisations' represented (25+ members of delivery board)
- 8 PCNs
- Chair Execs: Zina Etheridge, Siobhan Harrington
- Chair of ICP: Rachel Lissaeur (Director of Integration)

Camden – long partnership history with integrated commissioning and partnership development of integrated delivery models. Strong focus on CYP, MH, citizen's engagement/coproduction and dialogue with families and communities, as well as a developing Neighbourhood model. New areas of focus include accelerating provider developments at PCN and borough level and connecting with local communities.

- 303,267 registered population
- 15 + 'organisations' represented (30+ members of ICP/8 PCNs)
- Chair Exec: Martin Pratt, Deputy Chair Kate Slemeck
- Chair of ICP: Graeme Caul, CNWL

Islington – active multiagency partnership under banner of 'Fairer Together' with input from all statutory agencies (including police, fire, housing). Senior leadership from Islington Council and CCG. Emphasises joint commissioning, operational joint working and expansion of neighbourhood level delivery. New Delivery Board established to drive key workstreams:

- 257,135 registered population
- 15+ 'organisations' represented (25+ members of delivery board)
- 5 PCNs
- Chair Exec: Dr Jo Sauvage (CCG), Cllr Kaya Comer-Schwartz (Leader)
- Co-Chairs of ICP John McGrath (CCG GB) and Stephen Taylor(Islington Borough)

Our 5 Borough Partnerships (ICPs)

- **Each Borough has a Partnership Executive in place –** these were established when partnership boards formed. The Execs tend to meet every other month and each partner organisations CEX or their deputy is a member. All Exec partnership boards have a ToR. Exec is in place to provide sponsorship of the work locally, oversight of progress, guidance and resourcing. The members reflect senior leaders also in ICS / System leadership roles – over time the link back to NCL-wide forums has become more important and the role of the Exec in this regard will need consideration as we transition to ICS.
- **Each Borough has a 'Delivery Board' in place –** broadly this is the route through which senior operational and clinical leaders for local services, alongside Healthwatch, the VCS, care providers, CCG, Council and others come together to shape and drive priorities and delivery. These tend to meet monthly. Increasingly these are led by provider colleagues (Enfield, Camden). Each ICP has increased the scope of their partnership work over time. All have considered priorities and set 21/22 plans reflecting local needs post COVID.
- **Each borough has T&F or working groups in place –** all have active working groups or 'task & finish' groups supported by partners. They are focused on a range of medium term objectives and progression of key steps towards these. All have adopted a 'PMO' approach with significant coordination of activity supported predominantly by CCG and Council staff. Provider colleagues are increasingly providing the SRO function for these groups.
- All partnerships are at the stage of **information sharing, coordination and collaboration around delivery** as opposed to local decision making or governance.
- All are focused on **honing their purpose and role** and on **building relationships and trust**.
- Partnerships are also generally working on **aligning more staff / teams** from their home organisations to this way of working.

Summary – Borough Priorities at a Glance

All five partnerships:

- **Shift to proactive care (early intervention and prevention)** – partnerships are focused on how they can make the move to delivering more proactive care through the use of population health management tools (e.g. risk stratification, case management, etc).
- **Inequalities and deprivation** – all boroughs are gathering data related to inequalities are working towards addressing them as part their priority areas of work.
- **Cross-sector workforce planning and skills development** – partnerships have identified the need to develop collective workforce plans.
- **Supporting care homes/providers**– all partnerships are focused on providing enhanced and integrated support to care homes and their residents
- **Digital inclusion** – partnerships have acknowledged the need to emphasise digital inclusion and learn from resident experiences related to the use of technology over the pandemic.
- **Vaccinations and Immunisations** – partnerships are working together to deliver COVID vacs and delivered and highly successful flu campaign.

Development of Place-Based Partnerships

The story so far

- NCL has **5 established mature Borough Partnerships** that continue to co-create and develop priorities aligned with their local needs and ICS ambitions
- Each partnership has deepened during COVID with local relationships and partnership working underpinning the COVID response and vaccine programme.
- Primary Care (general practice), local authorities and community-based providers have played a key role as community leaders and have a deep and rich understanding of their communities.

Recent progress

ICPs **regularly review and refresh priorities** – the work programme for the local partnerships is growing and **teams supporting are being formed from across the partners**. NCL partners have **cosponsored a programme of design and development**, providing some external support and challenge as place-based partnerships:

- Develop ways of working post COVID and in the context of the ICS (developing the approach at neighbourhood, place and system)
- Articulate the role Place-Based Partnerships want within an ICS (practically focused, shared narrative) and consider how we operate across the interface between system and place
- Agree the individual and collective responsibilities each NCL partner should have at place level
- Consider the accountabilities each partner in a place-based partnership has to residents/patients, staff, each other and the system/ICS and the different identities people might have in this regard
- Agree the contributions required from each partner to make the partnership 'real' day to day (shared commitments and individual contributions e.g. skills, expertise, capacity, resource)
- Identify areas it would be helpful to work on cross-borough / as a group of ICPs and with the ICS leadership. Our **Local Care Forum** provides a space for ICP leaders to come together, share learning and influence the development of local care in NCL

We are also delivering our new **Inequalities Fund** – with initiatives shaped by local partnerships to address inequalities & resource weighted towards areas of greatest deprivation (top 20%)
We will build from our **Community & Mental Health Strategic Reviews** to determine how well the needs of our local population are met in each borough and neighbourhood
We will work with NHSE/I to **assess the implications of the new System Oversight Framework for place-based arrangements.**

Next steps

- Continue to work with NHSE/I to better understand the implications of delegation of accountability and work with Place Based Partnerships to transition into increased accountability and decision making.
- Continue engagement with borough partnerships, local authorities and local teams to determine a formal role in ICS priority setting, working to the principle of subsidiarity but with coherence across our system

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As next steps we will continue to strengthen system working

May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April '22

Listening and planning phase

- **Staff and partner engagement in developing the ICS system development plan**
- National guidance issued (over summer)

Design phase

- Shadow ICS Governance developed in line with legislation
- Appointments to executive roles
- New ways of working developed in line with system development plan

Implement new ways of working

- NCL ICS operating in shadow governance form
- Engage with stakeholders to embed NCL ICS Vision
- Work to implement NCL system development plan

Embedding new ways of working

Continue to develop system capabilities to deliver on core ICS vision of a population health based- approach to reducing inequalities, improving access and increasing efficiencies

This is based on what we know now – but could change based on national timelines…

Next steps towards engaging with partners on the System Oversight Framework

The story so far

- NCL **submitted a system response to the System Oversight Framework consultation on behalf of the CCG and ICS** after review by the CCG Executive Management Team and ICS Leadership on 14 June 2021 with a few additional comments and questions including:
  - A **suggestion that the framework for 2021/22 should be as simple as possible**, with measures consistent with the NHS Long Term Plan and existing oversight measures as far as possible.
  - Questions about **how NHS E/I will work with CQC, and other regulators** to provide a framework that covers the four fundamental purposes for establishing an ICS.
  - Questions about **how the oversight model could be used at place level in NCL borough partnerships.**
  - A suggestion that the focus of the oversight model should **be on end-to-end pathways and include measures of primary care resilience over and above the previous oversight framework.**

Next steps

- NCL will continue to engage with NHS E/I to work through the implications for development of the System Oversight Framework.
- We have an agreed oversight framework in NCL, with a risk-based approach to quality and performance oversight at a system, place and organisational level. The oversight model has an emphasis on inequalities and wider determinants of health including all organisations' role in the ICS as an anchor institution.
- Next steps for the NCL oversight model will be to:
  - Embed our system Quality Board and Quality Surveillance Groups.
  - Work with Trusts to agree their risk-based level of support (routine, targeted, or enhanced).
  - Work with system partners to develop place-based oversight within our model.
  - Linked to the above develop clarity on transparency of process, shared accountability and joint decision-making.
  - Develop the NCL model for 2022/23 in light of ICS legislation and London/national oversight model.

Key areas where we are working together with partners to develop

Area	System forum	Working with…	Example questions to explore with partners…
The impacts and benefits of becoming an ICS	ICS Steering Committee	• ICP meetings • LA meetings • CCG Governing Body • Trust boards	• What does the change to a statutory ICS mean we could do differently for residents to improve outcomes/reduce health inequalities? • What does this mean to your organisation – what would work differently? • What changes are needed between now and April 2022 to get us closer to our vision?
NCL's Population Health & Inequalities Strategy	NCL Population Health and Inequalities Committee	• Local Care Forum • ICP Meetings • NCL Finance Groups	• How should we adapt to embed a population health approach? • What are the key areas of variance in outcomes across NCL? • Where are the common areas we should work together? • What might we do at a borough level? • What should we do as a system over the next nine months to embed a Population Health Approach?
Principles for collectively agreeing priorities at a place level	ICS Steering Committee	• NCL Population Health Committee • Local Care Forum • ICP Meetings	• How will each place / borough partnership agree priorities? • How do we work to the principle of subsidiarity? • What should the interface between ICS and ICP priorities look like?
Impact of system oversight framework	System Recovery Executive	• System Recovery Executive • Trust Boards • ICP meetings • NCL Finance Groups	• Do we have transparency of process, shared accountability and joint decision-making? • How do we continue to embed that across the system? • What is our approach to aligning system-wide operational and strategic plans?
ICS Financial Framework	NCL Finance Groups	• NCL Finance Groups • NCL Population Health and Inequalities Committee • ICP Meetings	• How do we best spend the NCL pound? • What is our plan for sharing financial risk and opportunity? • How do we balance system financial sustainability with organisational sustainability?
Clinical Leadership Development	NCL People Board	• NCL People Board • NCL Clinical Advisory Group • CCG Governing Body • Trust boards	• How do we establish appropriate clinical and professional leadership? • What is the role of leadership within system, place and provider collaboratives? • What is our approach to achieving multi-professional leadership including primary care and speciality representation?
Role of Strategic Commissioning	CCG Governing Body	• CCG Governing Body • Local Care Forum • ICP Meetings	• How can strategic commissioning lead to better outcomes for our residents and patients? • What changes are needed in the way we engage with local authorities and other system partners? • What additional skills and competencies should commissioners have to embed a strategic commissioning approach?

Immediate Next Steps...

1. Working with borough partnerships on a programme of engagement and system design; and principles for collectively agreeing priorities.

2. Developing a NCL Population Health Strategy

3. Engagement with staff and residents on key aspects of integrated care- identifying champions and collecting lived experiences- through multiple forums

4. Engagement with clinical and professional leaders to set a vision for clinical leadership in an ICS

Feedback on this presentation and other questions or queries are most welcome, please send these through to: **northcentrallondonics@nhs.net**