

Report of: Islington Director of Integration, NCL CCG, Clare Henderson

Health and Wellbeing Board	Date: 14 th December 2021	Ward(s): Islington
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SUBJECT: North Central London Integrated Care System Overview**1. Synopsis**

- 1.1 This report provides an overview of the ongoing development of the North Central London Integrated Care System (NCL ICS). System partners are working together to design how the ICS will operate at a neighbourhood, place (borough) and system-level, ahead of operational roll out as a statutory body from April 2022.

2. Recommendations

- 2.1 To note the progress made on the development of the North Central London Integrated Care System.

3. Background

- 3.1 Integrated Care Systems (ICSs) are a new form of partnership between organisations that support the health and wellbeing of local communities, including the NHS and local councils alongside voluntary, community and social enterprise sector organisations. From 1st April 2022, the North Central London (NCL) ICS will be fully operational as a statutory organisation, responsible for strategic commissioning and with a financial allocation set by NHS England.

The ICS aims to improve outcomes in population health, tackle inequalities, enhance productivity and value for money, and help the NHS to support broader social and economic development. For our local residents this mean faster progress can made to improve services in response to feedback and an increasing system focus on the wider-determinants of health.

Integrated Care will not just be at the NCL system-level but also within our boroughs or at 'Place'. Partners are currently working together to design what the ICS will look like at the

system, borough and neighbourhood (locality) levels. The ICS level will focus on activities better undertaken on the larger NCL footprint, as well as system planning. The five place-based borough partnerships will be a critical point of integration and coordination of services, supporting the development of neighbourhoods and primary care networks (PCN) to enable greater provision of proactive and personalised care.

Core components of the ICS governance include the Integrated Care Board (ICB) which will act as a single board to lead integration within the NHS. The board will become operational in April 2022, with Francis O'Callaghan as the ICB Designate Chief Executive.

Place-based partnerships will oversee functions and decisions at a borough level, with the ICB will remaining responsible for NHS resources deployed at place. The NCL provider alliance has been formed with all providers and primary care members; the alliance will work to agree specific objectives with the ICB and support delivery of strategic priorities.

Effective communication and engagement across partnerships will be key to the ICS development and implementation. An ICS community partnership forum has been established to oversee patient resident engagement and involvement, bringing together Healthwatch, local authority, VCSE and community representatives for strategic discussions. Place-based partnerships will deliver local resident engagement and also ensure voluntary sector organisations play a key role in delivery of partnership plans.

4. Implications

4.1 Financial Implications:

There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2 Legal Implications:

Health and Wellbeing (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system work together to improve the health and wellbeing of their local population. There is emphasis on collaboration, population health and integration, including new models of care and sustainability and transformation partnerships (STPs) which have evolved into integrated care systems (ICSs).

The Care Act 2014 section 6 (1) states that a local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority, in the exercise of—(a)their respective functions relating to adults with needs for care and support.

Relevant Partners include each NHS body in the authority's area (Care Act 2014 section 7 (c)) The reference to an NHS body in a local authority's area is a reference to—(a)the National Health Service Commissioning Board, so far as its functions are exercisable in relation to the authority's area,(b)a clinical commissioning group the whole or part of whose area is in the authority's area, or(c) an NHS trust or NHS foundation trust which provides services in the authority's area. (Care Act 2014 Section 8).

4.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

N/A

4.4 **Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

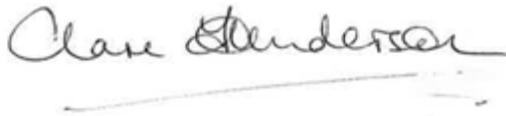
5. **Conclusion and reasons for recommendations**

- 5.1 NCL ICS will continue to develop and function in shadow form in 21/22 and focus on working with system partners to ensure delivery of an operational system ahead of 1st April 2022.

Appendices

- North Central London ICS Overview - Slides

Signed by:



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