



NORTH LONDON PARTNERS
in health and care

Update on NCL ICS Transition

Presentation to Health and Care Committee
21 February 2022



The North Central London population



- North Central London is made up of five boroughs – Barnet, Camden, Enfield, Haringey and Islington.
- Around 1.6 million residents live in North Central London, with a relatively young population in some boroughs compared to the London average.
- Diverse population with historic high migration – from within UK and abroad; around 25% of people do not have English as their main language.
- Higher rates of deprivation than some London areas, with pockets of deprivation across all boroughs.
- Significant variation in life expectancy between most affluent and most deprived areas.
- Approx. 200,000 people in NCL are living with a disability.

The North Central London health and care system



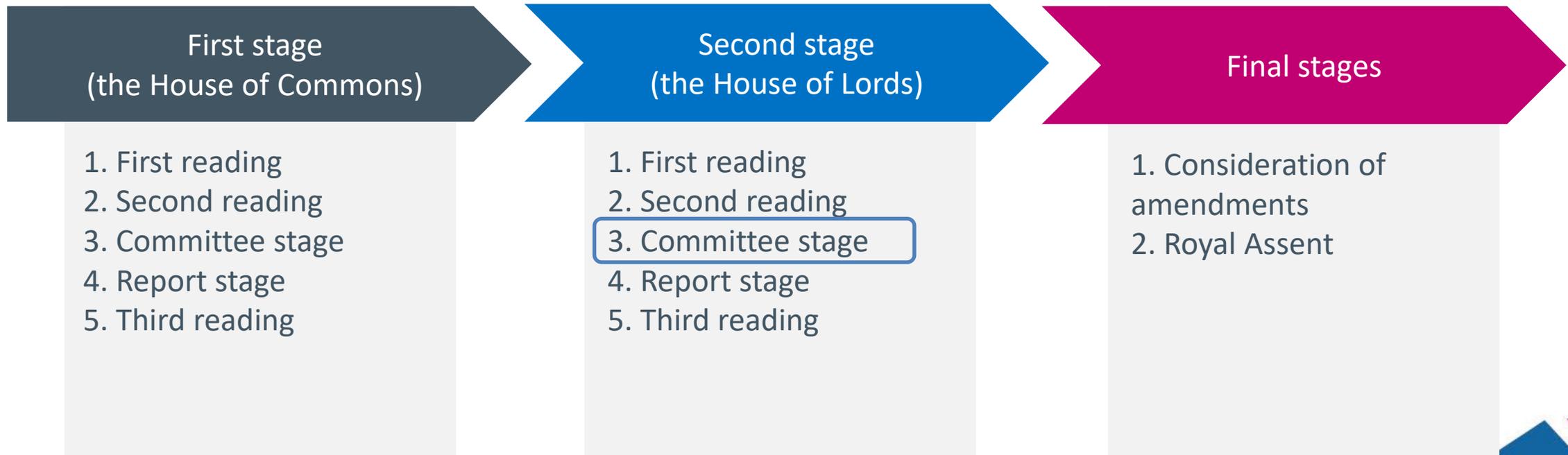
- 12 hospital trusts
- 5 local authorities
- One clinical commissioning group
- 200+ general practices
- 300+ pharmacies
- 200+ care homes
- A wide range of voluntary, community and social enterprise (VCSE) sector organisations and groups providing essential care

Overview

- ✓ NCL has continued to work towards transitioning to an ICS, building on the learning from the pandemic. The target date for ICS establishment has been moved from 1 April to 1 July 2022, subject to passage of the Health and Care Bill. As a result, NCL CCG will continue as statutory body until 30 June.
- ✓ Work has progressed well in key areas of ICS development including the development of borough partnerships which continues at pace.
- ✓ Of note, there has been progress in increasing patient and community involvement, this is set out on slides 17-19.
- ✓ With the appointment of our ICB Chair designate Mike Cooke and ICB CEO designate Frances O’Callaghan, we are building on existing relationships to develop emerging governance fora. The emerging principles set out on slide 17 will help us build on our existing commitments to enhance new ways of working. Details of the emerging governance are on slides 18 – 20.
- ✓ Key next steps include continued and strengthened engagement with our partners and residents, establishment of a leadership team, and developing the Board Membership and ICB constitution (slide 21).

Progress of the Health and Care Bill

The Health and Care Bill is currently passing through parliament and is currently in the committee stage in the House of Lords. We are currently expecting the bill to gain Royal Assent in March or early April.



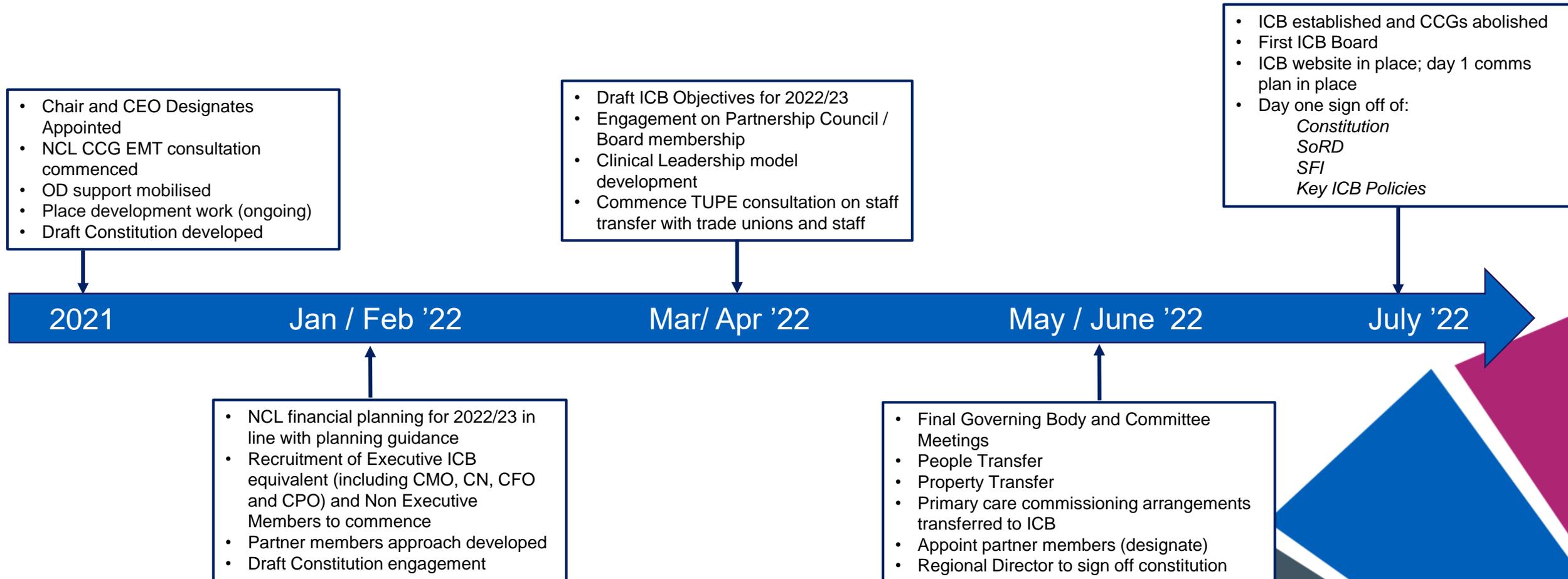
We are building on strong foundations in NCL

Responding to the Covid-19 pandemic has accelerated, and consolidated, ways the system worked together to deliver for residents. This models the behaviours that will be at the heart of the ICS.

- **Innovative approaches to care:** pulse oximetry led by primary care and virtual wards led by hospitals to minimise Covid-19 positive patients' admission to hospital, and early discharge where appropriate.
- **Accelerated collaboration:** single point of access for speedier and safer discharge from hospital to home or care homes; development of post-Covid19 Syndrome multidisciplinary teams to support patients.
- **Mutual planning and support:** system able to respond quickly to a significant increase in demand for intensive care beds.
- **Smoothing the transition between primary and secondary care:** increased capacity for community step-down beds to ease pressure on hospitals.
- **Sharing of good practice:** clinical networks to share best practice and provide learning opportunities.
- **Clinical and operational collaboration:** ensuring consistent prioritisation across NCL so most urgent patients are treated first.

Timeline of Transition to the NCL ICB

Following the delay to the target date, the timeline for our transition has been adapted to reflect further information made available and in line with legislative changes.



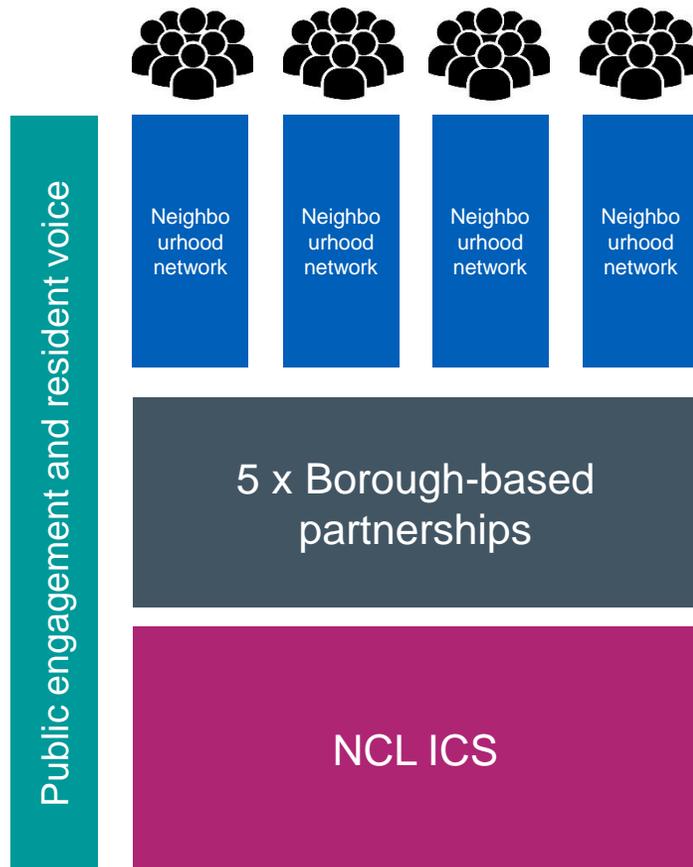
A reminder: purpose of an Integrated Care System

- The core purpose of an Integrated Care System (ICS) is to:
 - improve outcomes in population health and healthcare
 - tackle inequalities in outcomes, experience and access
 - enhance productivity and value for money
 - help the NHS to support broader social and economic development.
- Each ICS will have a responsibility to coordinate services and plan health and care in a way that improves population health and reduces inequalities between different groups.
- This way of working closely reflects how the NHS and Councils in North Central London have already been working together in recent years, to improve our population's health and reduce inequalities through greater collaboration.



Neighbourhood, place and system

Together with system partners, we are designing what the North Central London Integrated Care System (NCL ICS) will look like at neighbourhood, place (borough) and system-level.



Neighbourhoods build on the core of the primary care networks through multidisciplinary teams taking a proactive population based approach to care at a community level.

The work at borough partnerships is focussed on bringing together partners **develop and coordinate services based on agreed outcomes for their populations.**

The NCL ICS will focus on activities that are better undertaken at an NCL level **where a larger planning footprint increase the impact or effectiveness** of these functions.

The benefits of forming an ICS in North Central London

Improved outcomes

Enable greater opportunities for working together as 'one public sector system' – ultimately delivering improved patient outcomes for our population

Working at borough level

Support the further development of local, borough-based Care Partnerships and Primary Care Networks

Reduce inequalities

Identify where inequality exists across in outcomes, experience and access and devising strategies to tackle these together with our communities

Efficient and effective

Help us build a more efficient and effective operating model tackling waste and unwarranted variation

New ways of working

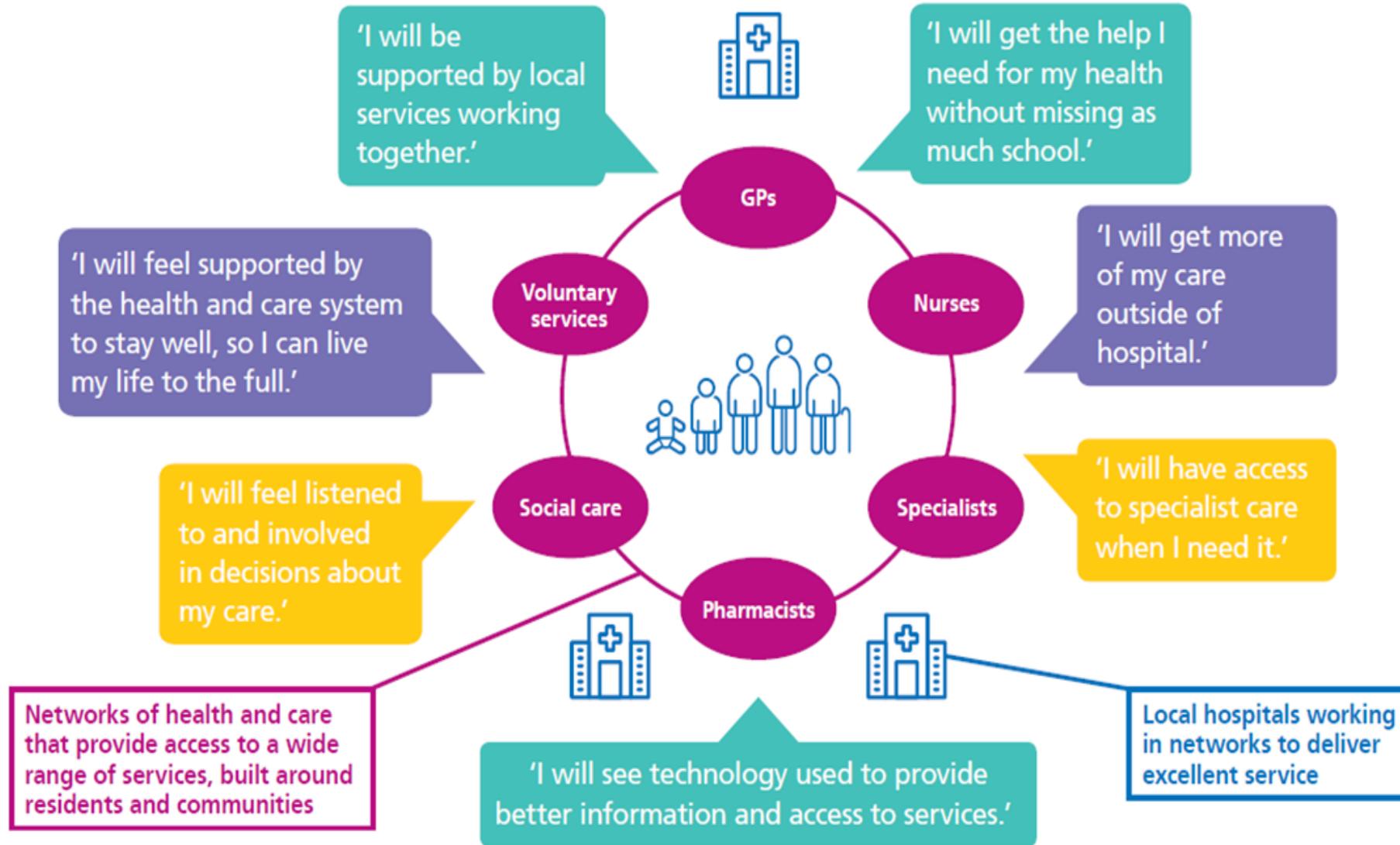
Accelerate our work to build new ways of working across the system to deliver increased productivity and collaboration

Economies of scale

Help us make better use of our resources for local residents and achieve economies of scale and value for money

System resilience

Help us become an system with much greater resilience to face changes and challenges to meet the needs of our local population by supporting each other



Clinicians at the heart of our NCL ICS

Future clinical leadership

- Clinical leadership will remain at the centre of the NCL ICS – at system, borough and neighbourhood level.
- The NCL Integrated Care Board will include a Chief Medical Officer and Chief Nurse. These roles will be recruited to during Q4 (2021/22).
- Must reflect the multidisciplinary nature of an ICS, and the diversity of our population.
- Continued need for primary care clinical leadership.
- Setting objectives for effective partnership working between clinical and professional leaders, officers and system partners to provide high quality health and care for NCL patients and residents.

Our clinical workforce

- COVID-19 has made us think and act in a more integrated way, aiming to deliver the best care for our population.
- Development of the North Central London ICS will build on the good work undertaken to support staff throughout the pandemic.
- We are looking at the possibility of having some NHS staff based across multiple sites, to manage the demand on the system.
- Working together offers the opportunity to reduce duplication, learn best practice and learn from / teach each other.

Community involvement and representation

Health and Wellbeing Boards

Health and Wellbeing Boards are linked to all borough partnerships

- Most boroughs have updated their Health and Wellbeing Board ToR to include a link to the Borough Partnerships.
- Councillors are engaged through the HWBB although there is increasing interest in direct involvement.
- Local scrutiny committees also regularly request reports on the development of integrated care locally.

Patient & resident involvement & engagement

Patient and resident engagement is being undertaken in different forms across borough partnerships

- All partnerships have their local Healthwatch as members on their partnership groups.
- Some Healthwatch members lead on specific areas of focus/priorities within the partnership.
- Borough partnerships have engagement groups (e.g. Haringey Citizen Health & Care Advisory Board, Camden Citizens Assembly, Islington conducts regular community engagement events).
- Some CCG borough teams also support a patient engagement forum, with resident and VCS representation.

Engaging the VCS

Voluntary & community sector organisations play a role in all partnerships

- VCS is represented on all partnership groups across all boroughs. In some, VCS leads on priorities areas (for example MIND in Camden alongside CIFT).
- In all others they are “plugged into” the work and have played an increasingly significant role in delivery of partnership plans (social prescribing, mental health and wellbeing support, delivery of equipment, support to access services, support to comms campaigns such as flu).

Principles for communication and engagement

Effective communication and engagement across partnerships will be key to the ICS development and implementation. The key principles we will work to are included below.

Shape a programme of collaborative work between CCG, Council and Provider comms and engagement team – to build shared processes and ways of working for the future ICS, focused on:

- ✓ Building shared approaches to engagement, co-production etc.
- ✓ Models to bring together resource (staff and budgets) from across partner organisations
- ✓ Regular opportunities to share practice and make connections on engagement work across organisations
- ✓ Processes to centrally collect and report on insights to inform plans and decisions
- ✓ Shared evaluation models to demonstrate impact of engagement / community involvement
- ✓ Workforce training – develop skills to work with communities and VCSE, and build understanding that this is part of everyone's role in tackling health inequalities.

Community involvement and representation

Strong resident, patient and VCS involvement (at system, borough and neighbourhood level) is critical. Over the next six months we will seek views, including the below areas of focus – from the ICS Community Partnership Forum, CCG Patient Public Engagement and Equalities Committee, Council Leaders, elected members, our Healthwatches and VCS, and wider audiences.

Ongoing work at System-Level:

- Ensure transparent governance – public board meetings; resident, service user and carer representatives in governance etc.
- Developing shared principles and methods for involving people and communities, and co-production.
- Capturing insights to build a picture of resident priorities and needs, and acting on this as a system.
- Develop a shared approach to involvement / decision making with VCSE, supporting a resilient third sector.

Ongoing work at borough level

- Develop borough partnership approaches on engagement and involvement, linked to ICS framework.
- Ensure partnership links with HOSCs, HWBB, Healthwatch and VCSE sector are strong and effective.
- Support Primary Care Networks and neighbourhood team links into communities.
- Make every contact count to signpost residents to services and support

Draft principles informing the work of the Integrated Care Board (ICB)

It is vital that our ICB builds on existing commitments/programmes and ambitions. Some of the emerging principles informing the work of the ICB are below:

- **Taking a population health approach:** We need to continue to develop the way we plan services to take into account the needs of people and communities, acknowledging the wider determinants of health. This will support tackling health inequalities across and within the communities we serve.
- **Evolving how we work with communities:** Embedding co-design with partners and communities in planning and designing services, and developing systematic approaches to communications and community engagement.
- **Continued focus on boroughs:** Partnership working within boroughs is essential to enable the integration of health and care and to ensure provision of joined up, efficient and accessible services for residents.
- **Learning as a system:** We have learnt a lot as a system over the past 18 months, both with our response to the pandemic and our efforts to recover. Capturing this learning across primary care, social care, community, mental health and hospital services will guide our next steps for both individual services and system approaches.
- **Acting as a system to deliver a sustainable health and care system:** Providing high quality services enabled by workforce, finance strategy, estates, digital and data.

ICS emerging fora

	NCL ICS Quarterly Partnership Council (Health and Care Partnership) Established June 2021	NCL ICS Steering Committee (NHS Body) Established June 2021	Community Partnership Forum Established October 2021	Borough Based/ Place Based Integrated Care Partnerships Established April 2020
PURPOSE	Drive improvements in population health and tackle health inequalities by reaching across the NHS, local authorities and other partners to address social and economic determinants of health	Responsible for NHS strategic planning and allocation decisions. Securing the provision of health services to meet the needs of the population. Overseeing and co-ordinating the NHSE revenue budget for the system	Strategic patient and resident forum, overseeing and ensuring resident involvement at a system wide level	Partnerships build on existing relationships to enhance borough-based work. Boroughs are the point of integration of service planning and coordination. Focal area for primary care, PCNs, local providers, voluntary sector and Council colleagues
MEMBERS	Provider chairs, primary care leadership, all five council leaders and executive leadership	NHS executive directors, primary care leadership, social care leadership, clinical leadership	Healthwatch representatives, Council of Voluntary Services, Patient representatives	Varies by Partnership but includes, Council leaders, local Governing Body members, Local Trust CEOs (Acute and/or Community), CCG Borough Director

Key next steps

- ✓ Co-producing a population health outcomes framework and strategy – with input from across the system.
- ✓ Construction of the leadership team following the appointment of the new NCL ICS Chief Executive Designate.
- ✓ Engagement meetings between the NCL ICS Chair, NCL ICS Chief Executive and partners to consult on next steps in evolving NCL health and care partnerships and borough partnerships.
- ✓ By the end of June 2022, the Partnership will agree ambitions for the next few years, short term priorities and core principles for working together.
- ✓ Establish a board membership for the ICB including non-executive and partner members (council, NHS Provider and Primary Care).
- ✓ Develop the ICB Constitution and engage with system stakeholders (February 2022).
- ✓ Begin working with Local Authorities and other system partners to think through the implications of the recently published Integration White Paper ‘Joining up care for people, places and populations’.