



**NORTH LONDON PARTNERS**  
in health and care

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# Update on NCL ICS Transition

Islington Health Oversight and Scrutiny Committee , 17<sup>th</sup>  
March 2022



# Overview

- ✓ On Friday 24 December, Mark Cubbon (Chief Delivery Officer at NHS England and NHS Improvement) announced a move from 1 April to a target date of 1 July 2022. This recognises the ongoing impact of the Covid-19 response and other operational pressures on the wider health and care system. This delay will allow sufficient time for the remaining parliamentary stages of the Health and Care Bill, with the final transition date remaining subject to legislative approval.
- ✓ As a result of this decision, NCL CCG will continue as a statutory body until 30 June 2022 and NHS England and Improvement will retain direct commissioning responsibilities that have not already been delegated during this period.
- ✓ NCL is continuing to work towards transitioning to an ICS, building on the learning from the pandemic. The high level draft timeline for this transition with key milestones is on slide 8.
- ✓ Work has progressed well in key areas of ICS development including the development of borough partnerships, which continues at pace through numerous forums at a borough level (see slide 16)
- ✓ Of note, there has been progress in increasing patient and community involvement, this is set out on slides 10-12.
- ✓ With the appointment of our ICS Chair designate Mike Cooke and ICS CEO designate Frances O'Callaghan, we are building on existing relationships to develop emerging governance fora. The emerging principles set out on slide 13 will help us build on our existing commitments to enhance new ways of working. Details of the emerging governance are on slides 14
- ✓ Key next steps include continuous engagement with our partners and residents, establishment of a leadership team, and developing the Board Membership and constitution of the ICS Body (slide 15)

# The purpose of an Integrated care System

- The core purpose of an Integrated Care System 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.



# We are building on strong foundations in NCL

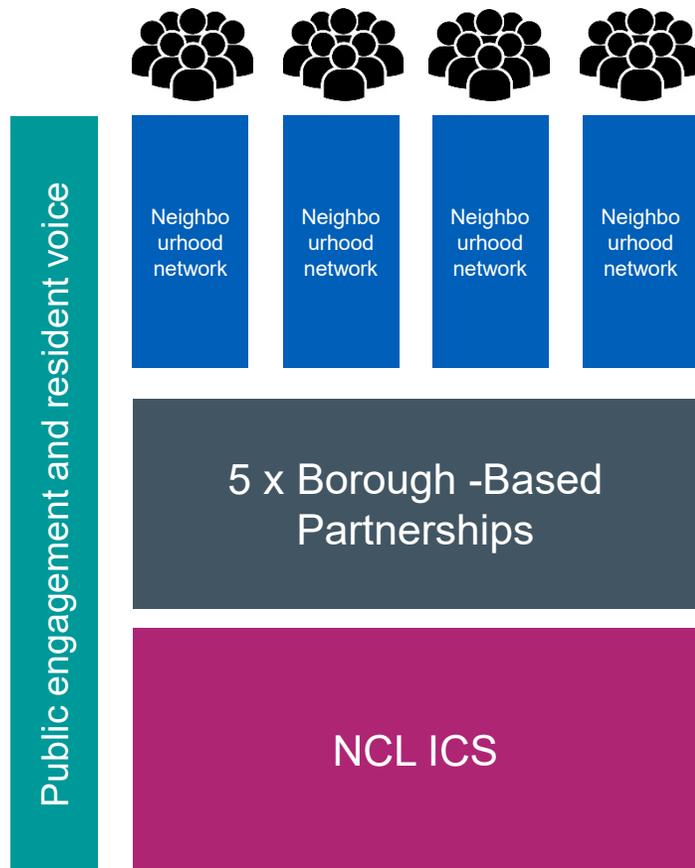
Responding to the Covid-19 pandemic has accelerated, and consolidated, ways the system worked together to deliver for residents. With the system acting like an ICS already in many ways:

- **Innovative approaches to patient care** - pulse oximetry led by primary care and virtual wards led by secondary care to avoid Covid patients' admission to hospital and early discharge where appropriate
- **Accelerated collaboration** - single point of access for speedier and safe discharge from hospital to home or care homes; development of post-Covid Syndrome multi-disciplinary 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



# NCL Overview: our developing system

Together with system partners are designing what our Integrated Care System (ICS) will look like at neighbourhood, place 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.

# Summary of 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 Place

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

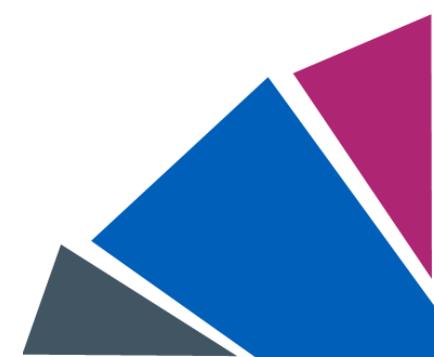
Accelerate our work to build new ways of working across the system to deliver increased productivity and collaboration

## Economies of Scale

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

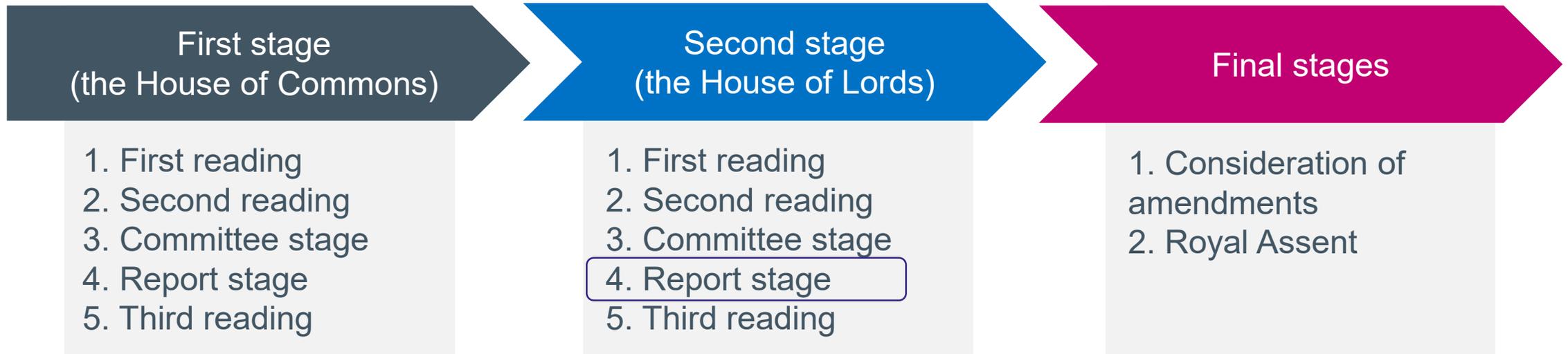
## System Resilience

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.



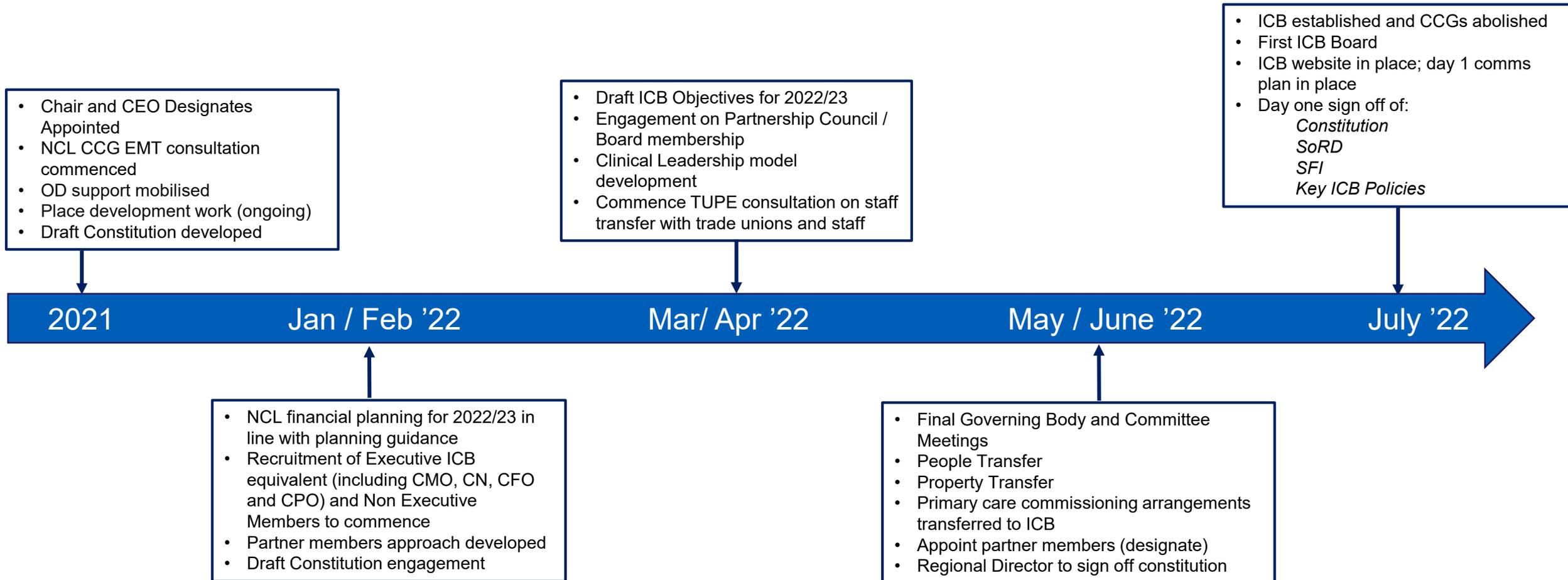
# Progress of the Health and Care Bill

The establishment of the ICS is subject to [passage of the Health and Care Bill](#). The Health and Care Bill is currently passing through parliament and is currently at the Report stage in the House of Lords. We are currently expecting the bill to gain Royal Assent in March or early April. NCL CCG will continue as statutory body until 30 June.



# 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.



# Clinicians at the heart of our NCL ICS

## Future clinical leadership

- Clinical leadership will remain at the centre of the NCL ICS - at system, place and neighbourhood level
- 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 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 done 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.
- Cllrs are largely engaged through the HWBB although there is increasing interest in direct involvement.
- HASCs 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 leads on specific areas of focus/priorities within the partnership.
- ICPs 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, place 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 to do 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 to do at Place-Level**

- Develop place-based 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 ICB

It is vital that our ICB builds on existing commitments/programmes and ambitions. In terms of some of the emerging principles informing the work of the ICB, these 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 place:** 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.

# NCL Integrated Care: Emerging Forums (1/2)

**NCL ICS Quarterly Partnership Council**  
(Forerunner to the NCL Health and Care Partnership)

Sets the strategy for improvements in population health and tackling health inequalities by reaching across the NHS, local authorities and other partners to address social and economic determinants of health

Membership Includes:  
NHS Provider chairs, primary care leadership, all five council leaders and executive leadership

**NCL ICS Steering Committee**  
(Forerunner to the NCL ICB)

Responsible for NHS strategic planning and allocation decisions. Planning the provision of health services to meet the needs of the population. Overseeing and co-ordinating the NHSE revenue budget for the system

Membership Includes:  
Non-executive directors, primary care, acute care, mental health and council leadership, CEO, CFO and Chief Medical Officer and Chief Nursing officer

**Community Partnership Forum**  
Established October 2021

Strategic patient and resident forum, overseeing and ensuring resident involvement at a system wide level

Chaired by the ICB Chair and CEO  
Membership Includes:  
Healthwatch representatives, Council of Voluntary Services, Patient representatives

# ICB Constitution Development

- ✓ As part of forming the NHS North Central London ICB as a statutory body on 1st July 2022, we are drafting a Constitution that will set out the governance and leadership arrangements.
- ✓ The Constitution will be formally approved by NHSE/I at the of May - as part of the creation of the new body.
- ✓ The Constitution is a technical document about the running of the ICB and will not set out our plans for the governance of borough partnerships.
- ✓ This work is being developed with system partners and will be a locally owned process.
- ✓ The initial draft ICB Constitution has been shared with NHSE/I – with positive feedback. A draft version (with supporting narrative documents) has been shared with stakeholders for feedback
- ✓ This has included sharing with NCL CCG Governing Body members, Trust and local authority colleagues, GPs (via the GP website), Healthwatches, LMC and residents (via the NCL CCG website). The draft ICB constitution and accompanying documents can be found on the NCL CCG website here: <https://northcentrallondonccg.nhs.uk/about-us/north-central-london-integrated-care-system-development/ncl-integrated-care-board-constitution/>

# Our 5 borough partnerships

Partnerships continue to mature locally. There are common features and many priorities are consistent, but with local nuance within each partnership.

**Barnet** - Significant NHS engagement plus strong community engagement & local govt. leadership. Older population gives rise to focus on proactive care, same day urgent care and support to remain independent. Cross cutting priorities include addressing health inequalities and enablers include co-production and engagement, neighbourhood model working and new governance workstream.

- 425,395 registered population
- 10 + 'organisations' represented (25+ members of delivery board)
- 7 PCNs
- Chair of Exec: John Hooton (Barnet Council);

**Camden** – Long partnership history with integrated commissioning & integrated delivery models. Strong focus on CYP, MH, citizens assemblies & dialogue with families & communities and the Neighbourhood model. Focus is accelerating provider joint working at PCN and borough level and connecting communities.

- 303,267 registered population
- 15 + 'organisations' represented (30+ members of delivery board)
- 7 PCNs
- Chair Exec: Martin Pratt (Camden Council)

**Enfield** – Borough Partnership Plan established in 2019/20 and the integrated working has accelerated during 2021/22. Four priority work-streams are well established and expanding with excellent collaboration including CVS organisations and Community & Resident engagement. A Provider Integration Partnership Group (chaired by Mo Abedi and Alpesh Patel) oversees delivery of all work-streams.

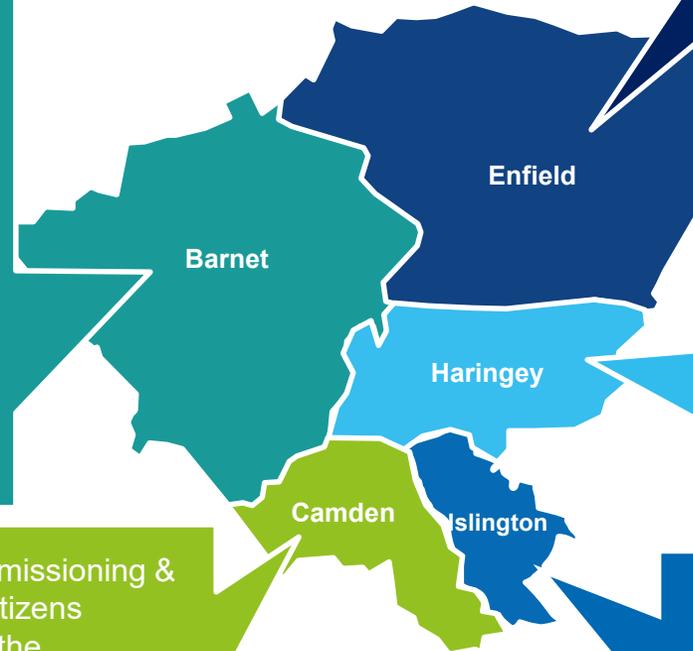
- 338,201 registered population
- 16+ 'organisations' represented (25+ members on Borough Partnership Board board)
- 4 PCNs (geographical and with neighbourhoods)
- Chair's Exec: Binda Nagra, (Council), Dr Chitra Sankaran (CCG)

**Haringey** – Established and ambitious partnership with strong relationships. Work is structured through partnership boards, start well, live well, age well and place – each addressing poverty, inequality, early health, prevention and responsive and accessible care.

- 298,418 registered population
- 15+ 'organisations' represented (25+ members of delivery board)
- 8 PCNs
- Chair Exec: Zina Etheridge (Council), Siobhan Harrington (Whittington Health)

**Islington** – Active multiagency partnership under banner of 'Fairer Together' with input from all statutory agencies (incl. police, fire, housing). Senior leadership from Islington Council & CCG. Emphasises joint commissioning, operational joint working & expansion of locality level delivery.

- 257,135 registered population
- 15+ 'organisations' represented (25+ members of delivery board)
- 5 PCNs
- Chair Exec: Dr Jo Sauvage (CCG) Kaya Comer-Schwartz, Cllr (Council)



# 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, agree ambitions for the next few years, short term priorities and core principles for working together
- ✓ Establish a board membership for the NHS Body and agree approach to partner members (council, NHS Provider and Primary Care).