

Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Place, East

Meeting of: Health and Wellbeing Board

Date: 9th July 2024

Ward(s): All wards

Subject: 1. ICB Operating Model

1. Synopsis

- 1.1 Integrated Care Boards (ICBs) became statutory in July 2022. They replaced clinical commissioning groups (CCGs) in the NHS in England.
- 1.2 North Central London (NCL) ICB covers the five boroughs of Barnet, Camden, Enfield, Haringey and Islington.
- 1.3 Following the creation of the ICB, the team focused on developing our ambitious ICS Population Health and Integrated Care Strategy as well as developing relationships with partners, and understanding the capacity and capability that exists within the ICB and across the system.
- 1.4 In 2023, it became clear that the organisation needed to change to better meet the needs of the local population, people, system, and partners. This was also influenced by the requirement for ICBs to reduce running costs by 30% by 2025.
- 1.5 An organisational change programme was launched in 2023 to redesign the structure of the ICB and the way that it works, so that it can deliver on our collective ambitions. The new structure was launched on 1st April 2024, following consultation with staff and engagement with partners across the Integrated Care System.
- 1.6 This paper provides the Health and Wellbeing Board with an update on the new operating model.

2. Recommendations

2.1 The Health and Wellbeing Board is asked to note the contents of the report.

3. Background

3.1 There are three key drivers behind the development of a new operating model for the ICB.

3.1.1 Designing for Population Health

- NCL ICB is one component of the NCL Integrated Care System, bringing together NHS, local authority and voluntary sector organisations in a partnership holding the ambition to improve the health and wellbeing of local communities.
- The ICB developed its Population Health and Integrated Care Strategy that set out that ambition, but it became clear that to deliver the strategy we needed to change what we do and the way we do it.
- The pandemic highlighted the significant health inequalities that exist within our population – we need to work with our partners across health and social care to better focus our resources on addressing these inequalities and on driving improvement in population health. Our new organisational design will ensure we have the right capacity and capability to do that.

3.1.2 Designing for purpose

- We recognised that our current structure and ways of working needed to better align with our purpose as an ICB. The ICB is the product of several mergers and restructures which meant there were areas of duplication across the organisation.
- Our staff had told us that many of our core processes were ineffective and inefficient and that they wanted more clarity in relation to roles, priorities, and accountabilities. This was a key driver for change.

3.1.3 Designing for efficiency

- NHS England gave newly established ICBs clear direction that they needed to reduce running costs by 30% in real terms by 2025/26.
- The ICB could only do that and continue to drive improvement in outcomes for our population, by rethinking the way that we operated as an organisation and a system.

3.2 The new operating model

3.2.1 Following much co-design with staff and partners, the ICB developed a new operating model that came into place on April 1 2024.

- 3.2.2 Our new design focuses more of our human resource on integration, transformation, delivery and areas of focus like prevention, health inequalities, pathway and service development, quality improvement, neighborhoods and integrated teams.
- 3.2.3 Underpinning the design is a model that provides an equitable 'core' of staff resource per borough, supported by wider teams.
- 3.2.4 We have created new Borough Integration Units which are aligned with Council teams. Roles in this team are flexible, helping us adapt to priorities as they are set.
- 3.2.5 In Islington we have consistency in leadership as the former Director of Integration has moved into the role of Director of Place, overseeing our local Borough Integration Unit.
- 3.2.6 We are currently recruiting to fill all roles but have continued our local work with the Council around the services we deliver together and maintaining momentum within our Borough Partnership and Children and Families Board where we focus on opportunities for better integration and outcomes.
- 3.2.7 This is about *how* we deliver together, not *what* services that we commission together – it does not affect our joint commissioning intentions or our section 75 arrangements.
- 3.2.8 Senior leadership for 'sectors' will work across boroughs (for primary, community, mental health, children and young people and so on) with a mix of flexible and dedicated capacity working locally to shape, drive and lead our work.

4. Implications

4.1. Financial Implications

- 4.1.1 There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. If recommendations are subsequently made about the use of any money or grants, this will require a full set of financial Implications.

4.2. Legal Implications

- 4.2.1 There are no legal implications flowing from this report.

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

- 4.3.1 For the purpose of this report ,there are no new implications .Any implications of the NCL Integrated Care system are enormously positive with the adaptation of the NHS green plan [NCL Green Plan - North Central London Integrated Care System \(nclhealthandcare.org.uk\)](https://www.nclhealthandcare.org.uk) .

4.4. **Equalities Impact Assessment**

- 4.4.1. 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 North Central London ICB came into being on 1 July 2022. Prior to that it had NCL CCG that had been created in April 2020 following a merger of the five, borough-based CCGs.
- 5.2 Inevitably the organisation structure required review and the design was heavily influenced by the new requirements of the ICB; the Population Health and Integrated Care Strategy and the NHSE requirement to reduce running costs by 30%.
- 5.3 The new operating model was designed to be able to offer solutions for system improvement – doing things once across NCL where it makes sense whilst maintaining a team embedded in “Place” that can drive local work and understand local communities and partners.
- 5.4 The ICB remains committed to working in partnership and has made commitments to:
- Continue to deliver our shared statutory duties and programmes of work – including safeguarding, work under the Better Care Fund, and Section 75.
 - Aim to maintain and strengthen delivery of key programmes of work – integrating and transforming services with Councils and the wider Borough Partnership.
 - Take the opportunity to reimagine the way we deliver our work together locally – including our joint commissioning.
 - See opportunities to refresh and strengthen partnership arrangements at place level, including with providers who will also contribute to achieving borough partnership and system priorities.
 - Tackling health inequalities – this remains at the heart of everything we do.

Appendices:

Appendix 1 - ICB New Organisational Design

Background papers:

None

Final report clearance:

Signed by:

1. Clare Henderson, Director of Place, East
North Central London ICB

Date: June 2024

2. Jonathan O' Sullivan, Director Of Public Health.
Islington Council.

Date: June 2024