

SUPPLEMENTARY AGENDA II

HEALTH AND WELLBEING BOARD

Wednesday, 26th May, 2021, 2.00 pm - MS Teams (watch it [here](#))

7. UPDATE FROM THE NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP (PAGES 1 - 8)

To receive an update from the North Central London Clinical Commissioning Group, including the development of Integrated Care Systems and the community and mental health services review.

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Thursday, 27 May 2021

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NORTH LONDON PARTNERS
in health and care

NCL ICS Development

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

May 2021

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 as a single **CCG we have continued to work closely with Councils, providers, general practices, voluntary and community organisations**, to respond to the pandemic.
- We have also continued to **progress towards a more strategic approach to commissioning** across NCL and within our borough partnerships through continued work on population health, health inequalities and strategic reviews of services.
- **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

High level outline of whitepaper changes

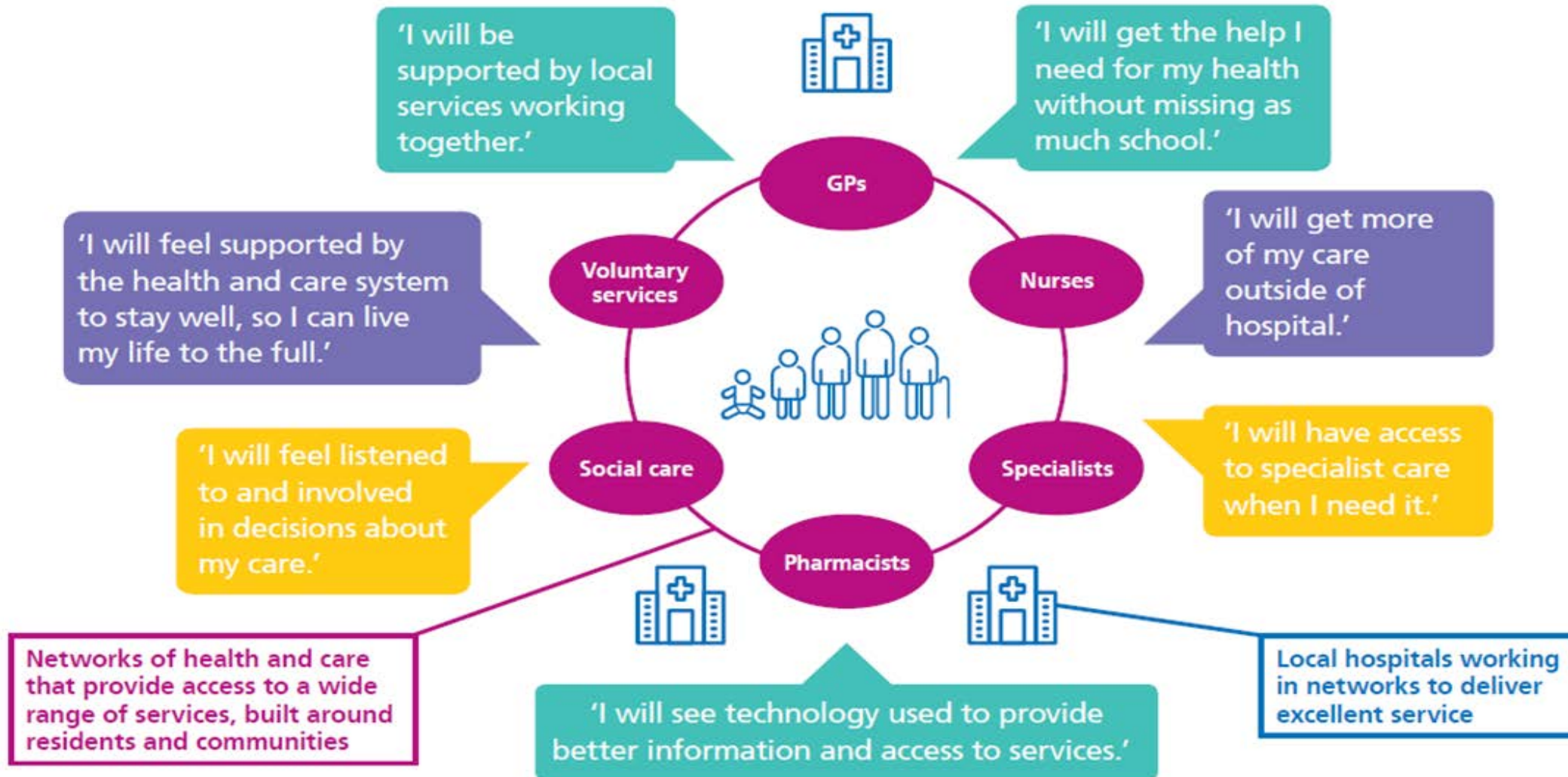
- 1. Integrated Care Systems (ICSs) will become statutory organisations and will be responsible for strategic commissioning and an ICS will be set a financial allocation by NHS England.**
- 3. Services will continue to be coordinated and delivered at Place level.**
- 4. There will be a duty to collaborate.** NHS providers will work together in provider collaboratives and organisations across the health and care sector will have a duty to collaborate.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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.

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 made us **think and act more like an ICS**, 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.
 - A move to single strategic commissioner for health services.
 - Ensuring resident voice is heard at all levels of work.
 - 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.
 - 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.
- A current example of **successful system working** is our Covid-19 vaccination programme, where enablers such as HealthIntent 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 service their populations through local interventions.



Our Vision remains at the heart of everything we do



The CCG priorities for this year will further support integration and the system to transform:

Covid-19

- Support the ongoing response to Covid-19 pandemic and vaccination programme.
- Support system recovery and strengthen both Urgent Care and Integrated Urgent Care.

Corporate support

- Provide robust support to, and development of, our workforce – including through change.
- Tackle discrimination and embrace equality and diversity through our workforce.
- Maintain strong financial vigilance.

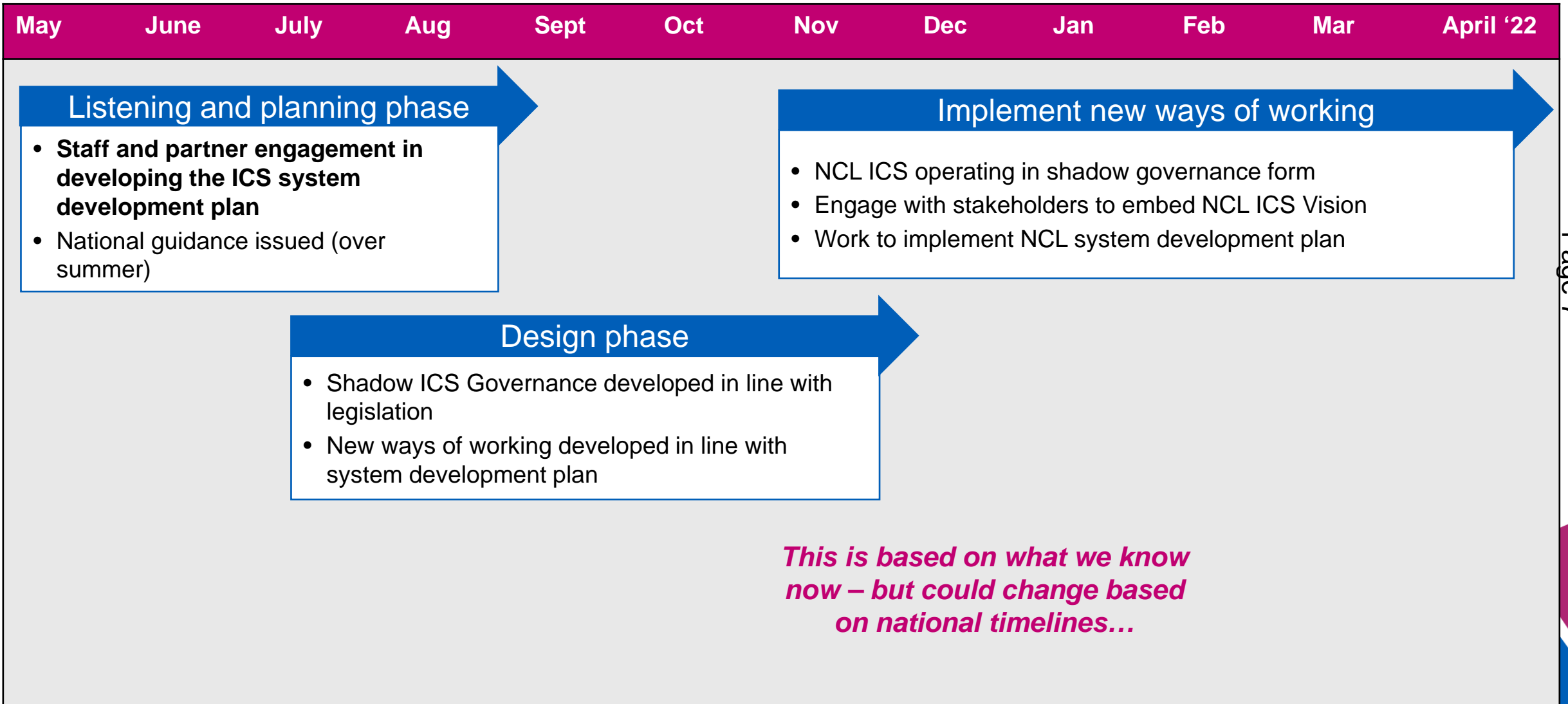
Strategic commissioning

- Undertake key strategic commissioning reviews (Community Services, Mental Health and Children, Young People & Maternity Services).
- Embed and deliver the commissioning pipeline.
- Tackle health inequalities and strengthen the system approach to population / place-based health and care.

Future transition

- Prepare for the formal transition to an Integrated Care System and further development of Integrated Care Partnerships.

Roadmap to transition



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