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North Central London: Integrated Care System

JHOSC – 19 March

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Summary

This paper covers recent developments in the national health and care landscape which are expected to lead to a formal legislative framework for Integrated Care Systems (ICSs). We are keen to have a conversation with the JHOSC about our approach in NCL, and to inform that conversation we have provided here some slides, primarily as context and background reading.

Contents

- Context
- Potential areas for consideration at this meeting
- Department for Health and Social Care (DHSC) White Paper
- What does this mean for NCL integrated care system?
- Our vision – an integrated care system in NCL
- Our approach – local partnerships to improve care
- What does integrated care mean for local people?
- What have we achieved so far?

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Areas to debate with the JHOSC

1. How can we make this new ICS framework an opportunity in North Central London to make this a true partnership with Councils and communities?

2. What do we need to do differently to start moving towards greater collaboration across health and care?

3. How can we ensure Councils, community/voluntary sector organisations and our local communities are central to how we develop as an ICS?

4. How can we best work with the JHOSC on the development of the ICS over the coming year, bearing in mind that lots of things remain to be shaped and clarified?

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Context

- Following publication of the NHS Long Term in January 2019, it was announced that Sustainability and Transformation Partnerships (STPs) across England would evolve to form integrated care systems (ICSs).
- A potential statutory framework for ICSs was expected to ensure closer collaboration across NHS organisations, including GPs, hospitals, mental health and community trusts, in partnership with local councils, the voluntary sector and other partners.
- ICS leadership is expected to take collective responsibility for managing resources, delivering NHS standards, integrating care and improving the health of the residents of NCL.
- Working together in this way will allow local services to provide better and more joined-up care for local people that is tailored to individual needs.
- During the pandemic the benefits of closer working have been very clear, in particular examples of mutual aid and collaboration across health and care services to tackle large scale challenges created by the pandemic.

Department for Health and Social Care (DHSC): White Paper

Following consultation by NHS England and Improvement on recommendations for the development of integrated care systems, the DHSC White Paper was published on 11 February 2021 with a series of proposals for an ICS legislative framework.

- The White Paper details a specific set of proposals where change to primary legislation is required, which can be grouped under the following themes:
  1. working together and supporting integration
  2. stripping out needless bureaucracy
  3. enhancing public confidence and accountability.
- The government's plan is that legislative proposals for health and care reform outlined in the paper will begin to be implemented in April 2022.
- Draft legislation is expected to be brought to Parliament in May 2021,subject to the parliamentary timetable.

Department for Health and Social Care (DHSC): White Paper

- Focus on integration, and best ways of driving collaboration across the NHS and with Councils, voluntary and community organisations, and local communities.
- Reverses some elements of reforms from the *Health and Social Care Act 2012*, including focus on the market, transactional commissioning, and procurement.
- Functions of CCGs will be transferred to a statutory Integrated Care System, alongside responsibilities for oversight and direct commissioning devolved from NHSE/I.
- Gives to local ICSs the flexibility to develop processes and governance structures which work most effectively for them.
- Two key elements to the ICS, working in collaboration: an NHS statutory body responsible for NHS spending and performance; and the wider health and care partnership to address wider health and wellbeing issues.
- Introduces a formal duty to collaborate, and partners will have responsibility for the system financial position.

Department for Health and Social Care (DHSC): White Paper

- Provider collaboratives / alliances seen as vehicles for change.
- Commitment to be permissive of local development, but coupled with stronger direct accountability of the NHS to the Secretary of State.
- Intention is to proceed at pace, with legislation introduced in May to enable ICSs to become statutory bodies from 1 April 2022.
- Government proposals on social care and public health reform are not included in this White Paper. NHS Providers, a body representing NHS Trusts, have argued that the commissioning of some clinical public health services, such as sexual health and school visiting, should be moved to the NHS.
- Separate consultation is underway on the process for selecting providers of NHS care – running until April 2021.

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How does this fit with NCL?

- Move to strategic commissioning at a system level - away from transactional contracting/the current market and procurement model.
- Builds on existing commitment by CCG and partners to focus on population health management and tackling health inequalities.
- Strengthened collaborative working across NCL through the pandemic, including major incident response and planning for recovery.
- Integrated Care Partnerships established in each borough, with local priorities – focal point for delivery.
- Partnership Board in place with local authority leadership representation.
- Extensive arrangements for clinical and professional leadership already in place.
- Work is underway for provider alliance, and for development of primary care provider alliance.

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Our vision - an integrated care system in NCL

We are working to deliver improvements in outcomes for local people – through changes in the way we plan and deliver health and care services

Our future success depends on the health and wellbeing of local people. We have made good progress in recent years but there are still too many health disparities and inequities within and between North Central London communities that prevent our residents getting the **same opportunities to start well, live well and age well**.

We know that, in particular, we have the need and the opportunity to improve children and young people's health. Focusing on public health and the quality of health and care services for children and young people means we can help **make a real difference to key determinants of good health such as reducing childhood obesity and increasing immunisation rates.**

We know that the economic climate impacts health. Poor health and care, in turn, affects individuals, their quality of life and their ability to contribute to the local economy. Health and care services and the staff and carers that work in them can impact and help break this cycle. This will help reduce urgent or long-term care for problems that could have been **identified earlier, managed better, or prevented altogether.** This upholds our whole purpose to support residents, communities and the economy.

Our purpose is: To improve to outcomes and wellbeing, through delivering equality in health and care services for local people.
Supporting them to Start Well, Live Well and Age Well. We also want to support the many local people who are employed by health and social care to **Work Well.**

We will be guided by a shared outcomes framework **setting out the difference we will make for the population in NCL** and how we will be monitoring that we are achieving our strategic aims.

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Our approach – emerging governance proposals

We need appropriate governance arrangements to support the delivery of our vision and strategies.
The key elements of high level governance we are discussing with Council and NHS colleagues are:

Partnership Board (NCL-wide)

Purpose: to agree the overall ICS ambition, strategy and policies to improve the health and wellbeing of local people and address inequalities.
Membership: ICS Chair, Local Authority leaders, NHS provider Chairs, CCG Chair, Primary Care representation, ICS leaders

Population Health and Inequalities Committee (NCL-wide)

Purpose: to drive strategic approach to population health and health inequalities

ICS Steering Committee (NCL-wide)

Purpose: to oversee integration and development of services and the NCL system
Membership: ICS Chair, ICS leaders, Council CEO and Leader, NHS providers, Primary care

Integrated Care Partnerships (borough-based)

Purpose: to set local priorities, and enable integration of health and care services for residents
Membership: locally decided, including Council, NHS, VCSE

Community Partnership Forum (NCL-wide)

Purpose: to enable residents to be involved in developing strategies
Membership: ICS Chair, Council representation, NHS providers, Healthwatch, VCSE

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Our approach – local partnerships to improve care

- Health and care providers need to deliver joined-up support for growing numbers of older people and people living with long-term conditions.
- There are three levels within Integrated Care Systems:

Communities as building blocks of integrated care

- Neighbourhoods to build on the core of the newly established primary care networks and enable greater provision of proactive, personalised, coordinated and more integrated health and social care through multidisciplinary teams taking a proactive population based approach to care through consistent pathways. 30 PCNs developed across boroughs.

Boroughs as the critical point of integration of planning and coordination of services

- Majority services will continue to be planned and coordinated at a borough level.
- Boroughs to build local plans based on local population need.

Working across NCL where it makes sense

- Those activities where a larger footprint increases the impact or effectiveness of function-
- Enabling elements such as digital and large-scale reconfiguration programmes- e.g. NCL wide population health management platform

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Our approach - local partnerships to improve care

- NHS organisations and local councils are joining forces to coordinate services around the whole needs of each local person.
- We want residents to live healthier lives and get the care and treatment they need, in the right place, at the right time.
- Our integrated care system will be made up of three main pillars of work:
    1. **Primary Care Networks** enable greater provision of proactive, personalised, coordinated and more integrated health and social care.
    2. **Personalised Care** gives people choice and control over their mental and physical health, as health and social care partners work together to deliver more person-centred care.
    3. **Strategic Population Health Management** overseen through the integrated care partnerships at borough level allow us to use data to design new models of proactive care, set local priorities and deliver improvements in health and wellbeing that makes best use of collective resources.

What does integrated care mean for local people?

"My care is planned with people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes."

My goals and outcomes

- All my needs are assessed and taken into account.
- I am supported to understand my choices and to set and achieve my own goals.
- The needs of my family and carer are recognised and they are also given support.

Information

- I have the information I need, at the right time, and am supported to make decisions about my care.
- I can see my care records .

Care planning

- I work with my care team to agree a care and support plan.
- I have regular reviews of my care so I can plan ahead and stay in control to avoid a crisis.

What does integrated care mean for local people?

Transitions

- When I use a new service my care plan is known in advance and respected.
- When I move between services or settings there is a plan.
- I know where I am going and who is responsible for my care.

Decision-making, including budgets

- My carer and I are involved in discussions and decisions about my care and I have help to make informed choices.
- I know how much money is available for my care and I can access this and determine how this is used or get skilled advice about this.

Communication

- I only need to tell my story once.
- I am listened to about what works for me and my life.
- The professionals involved in my care talk to each other and work as a team.
- I know who is coordinating my care, they understand me and I have one point of contact I can go to.

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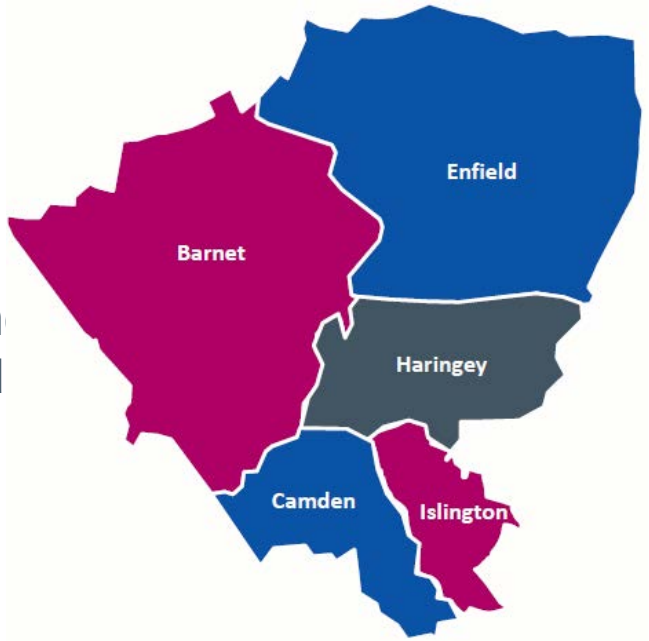
What have we achieved so far?

- We have already started focusing work on a number of areas
  - ✓ A move to single strategic commissioner for health services (NCL CCG).
  - ✓ Ensuring resident voice is heard at all levels of work.
  - ✓ The importance of prevention in all we do, combined with an ambition of partners working together to tackle wider determinates of health
  - ✓ Establishing five borough based integrated care partnerships focused on th 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 through the Clinical Advisory Group and ‘GOLD’ decision-making executive. We have worked increasingly as a system to tackle challenges and find solutions to meet the needs of local people
- We are building on this to cement our system approach by developing our ICS leadership team

What have we achieved so far? – impact of Covid

- **Accelerated collaboration**
  - single point of access for speedier and safe discharge from hospital to home or care homes
- **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
- **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
- **Clinical and operational collaboration**
  - Ensuring consistent prioritisation across NCL so most urgent patients are treated first
- **Multi-disciplinary approach to pathways of care**
  - Development of post-Covid Syndrome multi-disciplinary teams to support patients

Priority issues for the ICS

- As the ICS develops, it will be fundamental to focus on:
  - population health
  - health outcomes
  - reducing health inequalities
  - unwarranted variation
  - stakeholder and public engagement – making sure patient and resident voices are heard.

Appendices

NHS England: consultation and recommendations

- NHS England consultation document published in December Next Steps to Building Strong and Effective Integrated Care Systems
- Following the consultation, *Legislating for Integrated Care Systems*, makes five recommendations, alongside principles to guide how the Government progresses this work.
  - A series of FAQs explain these recommendations
  - It is proposed that the NHS ICS statutory body will take on the commissioning functions that currently reside with CCGs alongside some of the responsibilities that currently reside with NHSE.
- The DHCS White Paper, *'Integration and Innovation: working together to improve health and social care for all'*, aims to streamline and update the legal framework for health and care, enabling health and care services to be brought closer together, improve care and tackle health inequalities.

Response from national organisations

A number of national bodies have commented publicly on the DHSC White Paper and made comment about what this could mean for health and care systems:

- https://www.local.gov.uk/parliament/briefings-and-responses/lga-briefing-health-and-social-care-bill-white-paper (LGA)
- https://www.kingsfund.org.uk/press/press-releases/DHSC-integration-innovation-white-paper-response (King's Fund)
- https://adph.org.uk/networks/london/wp-content/uploads/2021/01/Integrating-Care-Consultation-London-Association-of-Directors-of-Public-Health-response.pdf Response of Association of Directors of Public Health

The King's Fund has also looked recently at ICS development in London: https://www.kingsfund.org.uk/publications/integrated-care-systems-london

Borough partnership – Key groups

- Each borough has an Executive / senior oversight board in place
- Every borough has a Delivery Board with Clinical, Officer and Director / Heads.
- Supported in all Boroughs by working groups to deliver their borough partnership priorities
- “Enabling” workstreams in most partnerships. These include local work around: estates, workforce & training, IT/digital, patient and public comms & engagement, use of data & population health

	Barnet	Camden	Enfield	Haringey	Islington
Executive	**Barnet Integrated Care Partnership Executive Board** Rotating chair: Dr Charlotte Benjamin (CCG); John Hooton (Council); Mike Whitworth (GP Fed), Debbie Sanders (Barnet Hosp)	**Camden Integrated Care Executive** Chair: Martin Pratt (Council). Vice Chair: Kate Slemeck (RFH)	**Enfield ICP Programme Board** Co-chair: Bindi Nagra (Council); Dr Chitra Sankaran (CCG)	**Haringey Borough Partnership Executive Management Group** Co-chair: Zina Etheridge (Council) Siobhan Harrington (Whittington Health)	**Fairer Together Partnership Board** Co-chair: Richard Watts (Leader of Council), Dr Jo Sauvage (CCG)
Oversight	**ICP Delivery Board** Chair: Dawn Wakeling (Council). Vice chair: Colette Wood (CCG)	**Local Care Partnership Group** Chair: Dr Neel Gupta (CCG) transitioning to provider chair in Apr 21	**Provider Integration Partnership Group** Co-chair: Dr Alpesh Patel (PCN), Dr Mo Abedi (BEH)	**Haringey Borough Partnership Board Leads** Chair: Rachel Lissaur (CCG)	**Core Group Leads** Chair: Clare Henderson (CCG), Amy Buxton Jennings (Council), Carmel Littleton (Council)
Delivery	4 “delivery groups”	5 “focus area groups”	3 “task and finish groups”	4 “partnership boards” (place, start well, live well, age well)	7 “workstream groups”

Borough Partnerships - Priorities at a glance

Priorities across the partnerships:

- **Inequalities:**
  - Rapidly accelerated via the Flu and COVID vaccine campaigns – building relationships with and working closely with communities and the VCS.
  - Health inclusion (homeless, asylum, traveller etc).
  - Also on the wider determinants of health, in particular the impact of deprivation and unemployment (exacerbated post COVID)

- **Digital access, delivery & inclusion** – learning from the use of technology over the pandemic.

- **Proactive care (incl early intervention & prevention)** – partnerships are focused on the shift more proactive care and population health management (e.g. risk stratification, care planning, case management, virtual wards, remote monitoring etc).

- **Cross sector workforce planning and development** – partnerships have identified the need to develop collective workforce plans, to address recruitment/retention/skills development & wellbeing.

- **Supporting care homes/providers** – all partnerships are focused on providing enhanced support to care homes (nursing & residential).