



**NORTH LONDON PARTNERS**  
in health and care

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# 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

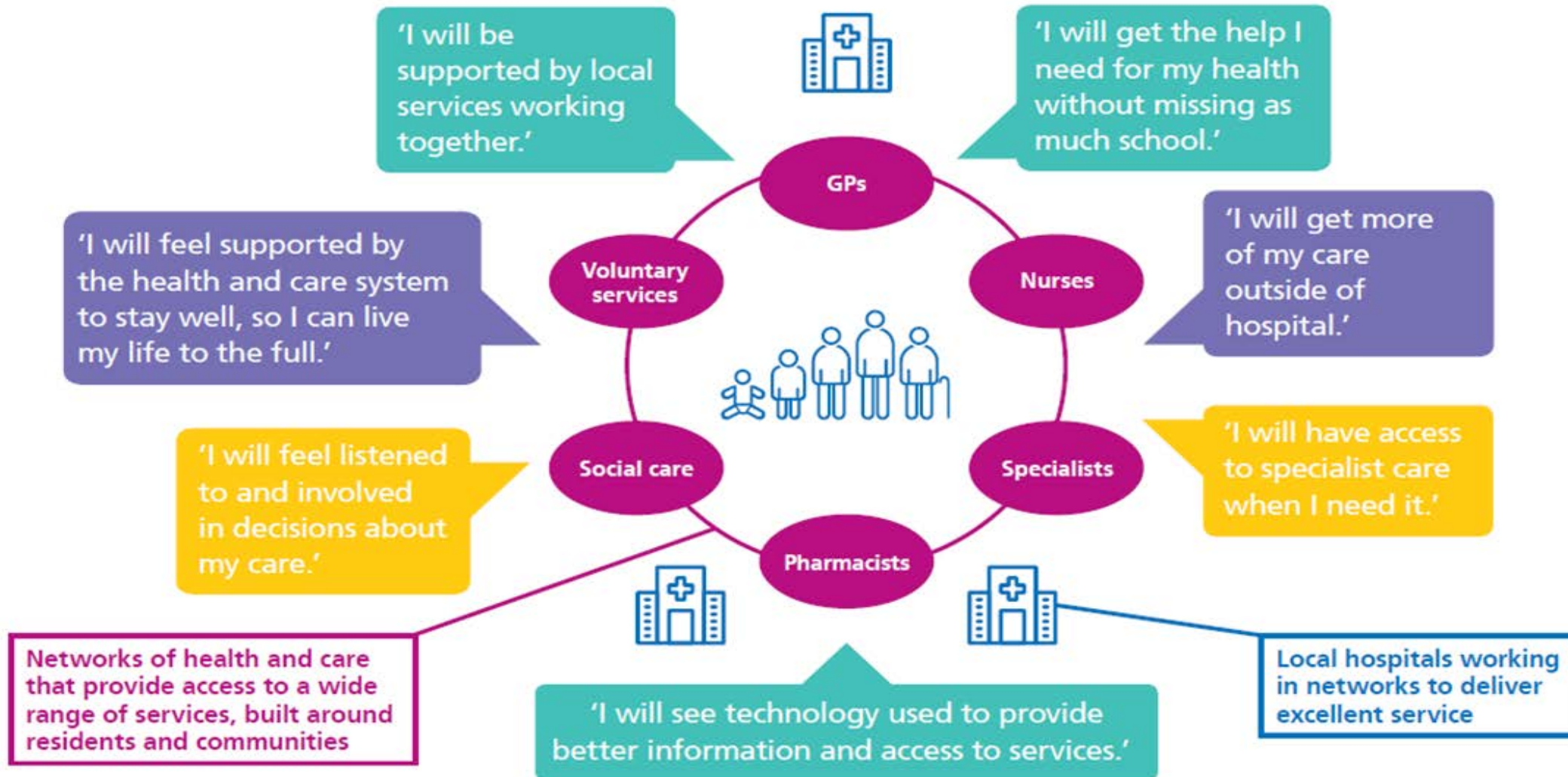
# High level outline of whitepaper changes

- 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

