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Update on the Transition to an ICS in North Central London

North Central London Joint Health Overview and Scrutiny Committee

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Overview

- ✓ NCL is continuing to work towards transitioning to an ICS, building on the learning from the pandemic. The target date for ICS establishment has been moved from 1 April to 1 July 2022, subject to passage of the Health and Care Bill. As a result, NCL CCG will continue as statutory body until 30 June. The progress of the bill is summarised on slide 5.
- ✓ Work on key areas of ICS development is progressing well. With the appointment of our ICB Chair designate Mike Cooke and ICB CEO designate Frances O'Callaghan. Three further appointments to our Executive posts have now been confirmed. Sarah Mansuralli has been appointed Chief Development and Population Health Officer designate, Sarah McDonnell-Davies has been appointed Executive Director of Places designate and Ian Porter has been appointed Executive Director of Corporate Affairs designate. The executive structure can be found on slide 6.
- ✓ Slides 7-15 provide an overview of the forming NCL Integrated Care Board – emerging principles guiding the work, a summary of the constitution which has been shared with partners (including governance structures). The detailed timeline, risks and priorities by month are summarised in slide 11-14.
- ✓ The outline responsibilities of the ICB are on slide 9 along with the membership of the emerging forums supporting the development on 11-13. The key financial principles are on slide 17 these are guiding the development of a finance strategy of the ICS. Final financial guidance is not yet published and allocations are draft – and subject to further changes.
- ✓ There has been the recent publication of the Government White Paper 'Joining up care for people, places and population' in February (summarised on slides 19-20) with the latest summary of the developing borough partnerships on slide 17.
- ✓ Work continues at pace with next steps are set out on slide 21

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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. This models the behaviours that will be at the heart of the ICS.

- **Innovative approaches to care:** pulse oximetry led by primary care and virtual wards led by hospitals to minimise Covid-19 positive patients' admission to hospital, and early discharge where appropriate.
- **Accelerated collaboration:** single point of access for speedier and safer discharge from hospital to home or care homes; development of post-Covid19 Syndrome multidisciplinary 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.

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The 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 borough level

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

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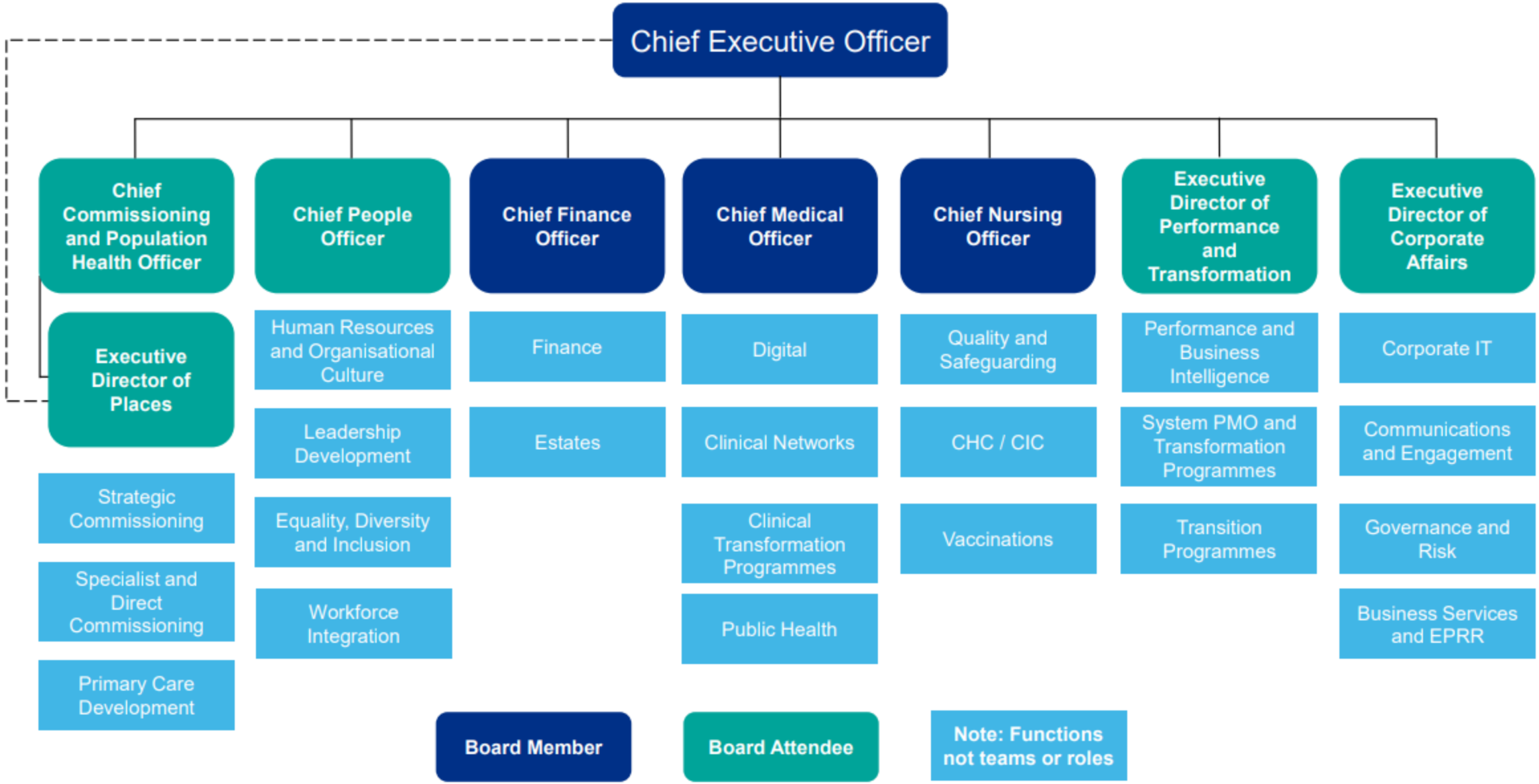
Progress of the Health and Care Bill

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.

First stage (the House of Commons)	Second stage (the House of Lords)	Final stages
1. First reading 2. Second reading 3. Committee stage 4. Report stage 5. Third reading	1. First reading 2. Second reading 3. Committee stage 4. Report stage 5. Third reading	1. Consideration of amendments 2. Royal Assent

NHS North Central London ICB Board



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Draft principles informing the work of the Integrated Care Board (ICB)

It is vital that our ICB builds on existing commitments/programmes and ambitions. Some of the emerging principles informing the work of the ICB 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 boroughs:** 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.

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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 on our governance proposals
- ✓ 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/

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Outline responsibilities of the ICB

The new ICB will be a statutory organisation responsible for specific functions that enable it to deliver against the following four core functions:

Developing a Plan	Allocating Resources	Establishing joint working arrangements	Establishing Governance arrangements
To meet the health needs of the population within their area, having regard to the Partnership's Strategy. This will include ensuring NHS services and performance are restored following the pandemic, in line with national operational planning requirements, and Long-Term Plan commitments are met.	To deliver the plan across the system, including determining what resources should be available to meet the needs of the population in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). This will require striking the right balance between enabling local decision-making to meet specific needs and securing the benefits of standardisation and scale across larger footprints, especially for more specialist or acute services.	With partners that embed collaboration as the basis for delivery of joint priorities within the plan. The ICS NHS body may choose to commission jointly with local authorities, including the use of powers to make partnership arrangements under section 75 of the 2006 Act and supported through the integrated care strategy, across the whole system; this may happen at place where that is the relevant local authority footprint.	To support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations, to ensure the plan is implemented effectively within a system financial envelope set by NHS England and NHS Improvement.

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Draft Integrated Care Board (ICB) constitution

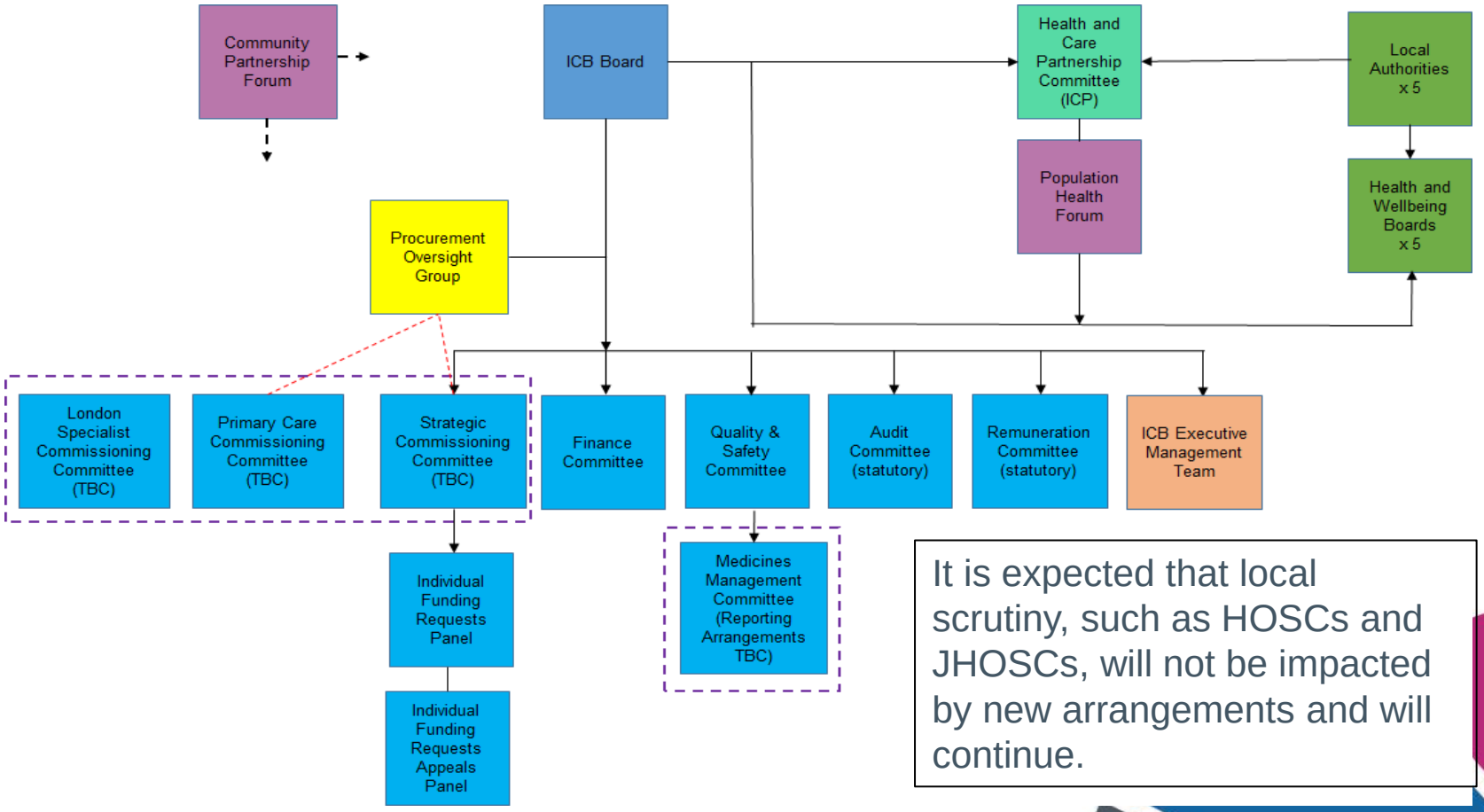
As part of forming the NCL ICB as a statutory body, we are drafting a Constitution that will set out governance and leadership arrangements.

The Constitution will not set out plans for the governance of borough partnerships. This work is being developed with system partners and will be a locally owned process.

We are currently seeking feedback on our draft constitution. Detailed information can be found on our website.

It will be formally approved by NHS England and NHS Improvement.

NCL ICB proposed governance structure:



It is expected that local scrutiny, such as HOSCs and JHOSCs, will not be impacted by new arrangements and will continue.

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ICS emerging fora

	NCL ICS Quarterly Partnership Council (Health and Care Partnership) Established June 2021	NCL ICS Steering Committee Established June 2021	Community Partnership Forum Established October 2021	Borough Based/ Place Based Integrated Care Partnerships Established April 2020
PURPOSE	Drive improvements in population health and tackle health inequalities by reaching across the NHS, local authorities and other partners to address social and economic determinants of health	Responsible for NHS strategic planning and allocation decisions. Securing the provision of health services to meet the needs of the population. Overseeing and co-ordinating the NHSE revenue budget for the system	Strategic patient and resident forum, overseeing and ensuring resident involvement at a system wide level	Partnerships build on existing relationships to enhance borough-based work. Boroughs are the point of integration of service planning and coordination. Focal area for primary care, PCNs, local providers, voluntary sector and Council colleagues
MEMBERS	Provider chairs, primary care leadership, all five council leaders and executive leadership	NHS executive directors, primary care leadership, social care leadership, clinical leadership	Healthwatch representatives, Council of Voluntary Services, Patient representatives	Varies by Partnership but includes, Council leaders, local Governing Body members, Local Trust CEOs (Acute and/or Community), CCG Borough Director

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NCL ICS Quarterly Partnership Council Membership (Health and Care Partnership)

Name	Organisation / role
Mike Cooke	NCL ICS Chair Designate
Frances O'Callaghan	NCL ICS CEO Designate
Dr Jo Sauvage	NCL CCG Chair
Ian Porter	NCL CCG Executive Director of Corporate Services
Richard Dale	NCL CCG Executive Director of Transition
Alpesh Patel	Primary Care Lead
Jackie Smith	Barnet, Enfield & Haringey Mental Health Trust Chair & Camden & Islington NHS FT Chair
Angela Greatly	Central London Community Healthcare NHS Trust Chair
Sir Michael Rake	Great Ormond Street NHS FT Chair
Tessa Green	Moorfield Eye Hospital NHS FT Chair
Mark Lam	North Middlesex University Hospital Trust Chair & Royal Free London NHS FT Chair
Paul Burstow	Tavistock and Portman NHS FT Chair
Baroness Julia Neuberger	University College London Hospital NHS FT Chair & Whittington Health NHS FT Chair
Dominic Dodd	Royal National Orthopaedic Hospital NHS Trust Chair
Dorothy Griffiths	Central & North West London NHS FT Chair
Nick Kirby	UCL Health Alliance Managing Director
Cllr Dan Thomas	Council Leader London Borough of Barnet
Cllr Georgia Gould	Council Leader London Borough of Camden
Cllr Nesil Caliskan	Council Leader London Borough of Enfield
Cllr Peray Ahmet	Council Leader London Borough of Haringey
Cllr Kaya Comer-Schwartz	Council Leader London Borough of Islington
John Hooton	Chief Executive London Borough of Barnet

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NCL ICS Steering Committee Membership

Name	Organisation / role
Mike Cooke	NCL ICS Chair Designate
Frances O'Callaghan	NCL ICS CEO Designate
Dominic Dodd	UCL Health Alliance Chair
Dr Jo Sauvage	NCL CCG Chair
Dr Charlotte Benjamin	NCL CCG Vice Chair
Baroness Julia Neuberger	University College London Hospital NHS FT & Whittington Health NHS FT Chair
Angela Greatly	Central London Community Healthcare NHS Trust Chair
Jackie Smith	Barnet, Enfield & Haringey Mental Health Trust & Camden & Islington NHS FT Chair
Jinjer Kandola	Barnet, Enfield & Haringey Mental Health Trust & Camden & Islington NHS FT CEO
Cllr Nesil Caliskan	Council Leader London Borough of Enfield
Caroline Clarke	Royal Free London NHS FT CEO
Nick Kirby	UCL Health Alliance Managing Director
Chris Streather	NCL ICS Lead, Medical Officer
Chris Caldwell	NCL ICS Lead, Chief Nurse
Tim Jaggard	NCL ICS Lead, Finance
John Hooton	Local Authority Chief Executive
Ian Porter	NCL CCG Executive Director of Corporate Services
Richard Dale	NCL CCG Executive Director of Transition

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Community involvement and representation

Strong resident, patient and VCS involvement (at system, borough and neighbourhood level) is critical. Over the next six months we will continue to 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 at System-Level:

- Significant progress on developing two strategies – Working with People and Communities, and Working with the VCSE Sector – setting shared vision, principles and methods for involving people, communities and the VCSE in the ICS & supporting a resilient third sector
- Ensure transparent governance – public board meetings; resident, service user and carer representatives in governance etc.
- Capturing insights to build a picture of resident priorities and needs, and acting on this as a system.

Ongoing work at borough level

- Borough partnerships developing 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

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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.

- Chair and CEO Designates Appointed
- NCL CCG EMT consultation commenced
- OD support mobilised
- Place development work (ongoing)
- Draft Constitution developed

2021

- NCL financial planning for 2022/23 in line with planning guidance
- Recruitment of Executive ICB equivalent (including CMO, CN, CFO and CPO) and Non Executive Members to commence
- Partner members approach developed
- Draft Constitution engagement

Jan / Feb ’22

- Draft ICB Objectives for 2022/23
- Engagement on Partnership Council / Board membership
- Clinical Leadership model development
- Commence TUPE consultation on staff transfer with trade unions and staff

Mar/ Apr ’22

- Final Governing Body and Committee Meetings
- People Transfer
- Property Transfer
- Primary care commissioning arrangements transferred to ICB
- Appoint partner members (designate)
- Regional Director to sign off constitution

May / June ’22

- ICB established and CCGs abolished
- First ICB Board
- ICB website in place; day 1 comms plan in place
- Day one sign off of:
  - *Constitution*
  - *SoRD*
  - *SFI*
  - *Key ICB Policies*

July ’22

Overall financial strategy and vision

We have agreed the following top priorities for NCL's financial strategy, underpinned by principles for how we will work together. These have been agreed and endorsed through NCL organisations' boards and work in support of the financial principles described later in this document.

1. We are focussed on improving the health of the population in North Central London within our available resources
2. We will address health inequalities across the sector and within our boroughs as a priority
3. We will maximise what we do locally in North Central London

The way we work

- We will focus on the benefit to the system, no on the impact to the individual organisation
- We will ensure no individual organisation loses out for doing something in the benefit of the wider system
- Strong clinical and operational engagement in everything we do
- Close working with primary care and with local authority partners
- Shared acknowledgement that system working will be required to address the challenges we face
- We will be open and transparent with each other, sharing data and financial information
- We will implement joint planning and more standardised processes across the system
- We will hold each other individually and jointly accountable for system sustainability
- We will focus on reducing the cost of service delivery, not income generation

Key Transition Risks

No.	Risk	C	L	T	Mitigation	Owner
1.	Leadership and system capacity through ongoing pandemic response stretched reducing benefits that can be delivered or impacting pandemic response	3	4	12	• Critical path planning • Early escalation of issues • Use of existing system forums • Working to align ICS development with pandemic response • Protected time for escalation and system issues with leaders through GOLD • Protected time for transformation and transition work with leaders through SMB	Richard Dale/Frances O'Callaghan
2.	Timeline of senior appointments and subsequent Exec team – reduces opportunity for co-creation and engagement with partners and public ahead of 1st July 2022	3	3	9	• Agree interim arrangements for decision making • Agree partner engagement strategy ahead of winter • Share critical path with partners • Continue preparation across key transition workstreams, with options appraisals • Establish post April 2022 plan • Regular review of HR plans through due diligence	Frances O'Callaghan
3.	Loss of continuity, capacity and key relationships in Clinical roles as part of change	3	3	9	• All clinical leads offered an extension to 30th September 2022 • Active comms and engagement with clinical leadership ongoing • Work on clinical leadership framework extended to July 2022 • Clinical leadership to be included in system leadership development OD work • Strengthening existing clinical networks to ensure leadership is distributed	Frances O'Callaghan
4.	Delay to ICS transition to 1st July 2022 could impact pace of work within transition workstreams	3	2	6	• Critical path planning post April 2022 • Links with NHSE/I regional operations groups • Continue preparation across key transition workstreams, with options appraisals • Continued work on priority areas • Continue Transition Due Diligence at pace with unchanged timelines	Richard Dale/
5	Disruption to CCG operations and transition delivery due to CCG staff anxiety related to HR transition and delay to staff consultation	2	3	6	• Active comms and engagement with CCG Staff • Established HR framework and support package • Planned OD work across CCG and broader system	Richard Dale/ Frances O' Callaghan
6.	Loss of continuity, capacity and key relationships in Executive roles as part of change	3	2	6	• Agreed deputies for key streams of work across system • Active comms and engagement of senior and clinical leadership	Frances O'Callaghan
7.	Local elections impacts public engagement	2	3	6	• Early meaningful communications and engagement through existing groups • Capacity check across system e.g. providers for comms support • Comprehensive comms and engagement plan with the public	Richard Dale
8.	Differential ambitions and expectations on place based arrangements across systems	2	2	4	• Place based design events and OD support • Early agreement on 22/23 priorities for places (COVID vaccine, Inequalities fund etc.)	Sarah McDonnell Davis
9.	Perception of lack of accountability and resident voice	2	2	4	• Formation of the Community Partnership Forum • Ongoing engagement campaign • Close working with JHOSC and HOSCs jointly with councils	Richard Dale

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Integration White Paper

The Integration White Paper (IWP) sets out the Government's thinking on the next stage for how NHS and local government partnerships can go 'further and faster' across the country, building on existing legislation and reform, including the creation of systems, the Health and Care Bill and Thriving Places.

1. A **framework for local outcome prioritisation** focused on individual health and wellbeing and on improving population health in addition to nationally set priorities (e.g. the mandate). There will be a further consultation on the detail in due course, with implementation from April 2023.

2. Health and care services in local communities ('Places') to be strengthened. By Spring 2023 **all 'Places' should adopt a leadership and governance model with a single point of accountability (SPOA) across health and social care**, accountable for developing a shared plan and demonstrating delivery against agreed outcomes. The plan will be underpinned by pooled or aligned resources, including an extensive proportion of services and spend held by the Place-based arrangement by 2026.

3. Further **progress on the key enablers of integration** (financial alignment; workforce, digital and data) • Review of legislation underpinning pooled budgets to simplify and update to better facilitate aligned financial arrangements.
   - Every health and care provider within an ICS to reach a minimum level of digital maturity by March 2025
   - Review of regulations that prevent the flexible deployment of health and social care staff across sectors
   - Local leaders to consider what workforce integration looks like in their area and the conditions and practical steps required
   - Guidance for ICPs to produce integrated workforce plans across the whole of systems, including more collective promotion of careers across health and social care and making it simpler for people to move between sectors.

4. **Robust regulatory mechanisms**, including CQC to assess outcomes and delivery of integrated care at Place level. The detailed methodology for inspections will be subject to future consultation. This work will be supportive of and complementary to existing oversight and support processes (including those used by NHS England to support integrated

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Integration White Paper

- Building on Thriving Places, the expectation is that all areas will have plans for their Places agreed by April 2023, with the delegation of services and finances to Places by 2026. This will include a single point of accountability across HSC for each Place.
- While the White Paper will set out an illustrative example of Place-based governance, the precise governance model is **to be agreed locally**. Where strong partnerships already exist, DHSC does **not** want to unwind these.
- Where systems and places are effectively the same geography, there will be no need for both place-based and ICS arrangements.
- ICSs should **not** pause the process of setting up Place based partnerships and/or recruitment to wait for the White Paper.
- There are no national plans for further changes to ICS boundaries.
- The Accountable Officer role of the ICB and Chief Executive will **not** change. Any local arrangements will still need to be mutually agreed, including any aligning and/or pooling of budgets.
- There will be a subsequent consultation on a new local outcomes framework that will allow for variation in priorities between Places (for example to reflect different demographics) that will sit **alongside national priorities**. These national priorities will continue to be set, for example, in the mandate and planning guidance.

Key Milestones

2022

- Expansion of digitally enabled care pathways at home
- Final 'Data Saves Lives' Strategy and final Digital Investment Plans
- Consolidation of existing terminology standards [Dec 22]

By April 23:

- Plans for the scope of services and spend to be overseen by 'place-based' arrangements (full implementation from 2026)
- Place-level governance model adopted
- Single person with accountability at place for shared outcomes
- Implementation of shared outcomes
- New policy framework for the BCF

2024

- Single health and ASC record for each person and shared care records for all citizens
- 80% adoption of digital social care records among CQC-registered social care providers by March 2024

2025

- Population health platform in place/use

Our 5 borough partnerships

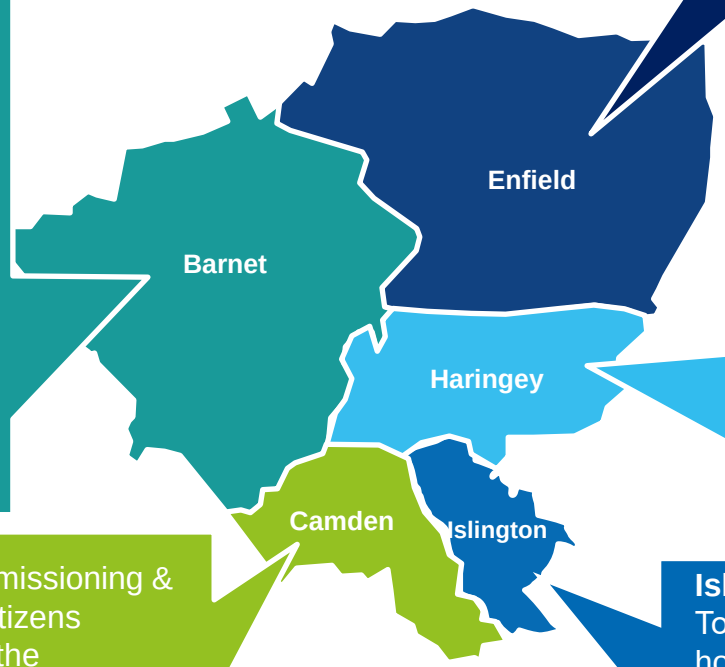
Partnerships continue to mature locally. Engagement is consistent and widespread. There are common features and many priorities are consistent, but with local nuance within each partnership. Currently each takes a slightly different approach to planning, leadership, delivery, oversight and governance.

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 (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)

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

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)

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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, Chief Development and Population Health Officer designate, Executive Director of Places designate and Executive Director of Corporate Affairs designate.
- ✓ Engagement meetings between the NCL ICB Chair designate, NCL ICB CEO designate and partners to consult on next steps in evolving NCL health and care partnerships and borough partnerships.
- ✓ By the end of June 2022, the Partnership will agree ambitions for the next few years, short term priorities and core principles for working together.
- ✓ Establish a board membership for the ICB including non-executive and partner members (council, NHS Provider and Primary Care).
- ✓ Agree draft ICB Constitution following feedback from system stakeholders.
- ✓ Continue working with Local Authorities and other system partners to think through the implications of the recently published Integration White Paper ‘Joining up care for people, places and populations’.