Summary of Progress; The North Central London Integrated Care System

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Introduction and summary

North Central London shares the vision that we want our population to live better, healthier and longer, fulfilling their full potential over the course of their entire life, reducing inequalities and the gap in healthy life expectancy.

Responding to the Covid-19 pandemic has accelerated the ways the North Central London system works together to deliver for residents. Partnership working in North Central London has been consolidated and intensified through elements such as innovative approaches to patient care, mutual planning and support, sharing good practice through clinical networks and operational collaboration to smooth the transition between primary and secondary care. In many ways North Central London is already collaborating as an Integrated Care System and our current ways of working mean we stand in a very strong position to expedite the delivery of joined up care and improve the health and wellbeing of residents.

The Health and Care Bill was introduced in Parliament on 6 July 2021, confirming the Government's intentions to introduce statutory arrangements for Integrated Care Systems. By bringing ICSs onto a statutory footing, they will become a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development. *The ICS Design Framework* , published by NHS England in June 2021, sets out that ICSs will play a critical role in aligning action between partners to achieve their shared purpose.

On 24 December 2021, to allow sufficient time for the remaining parliamentary stages of the Health and Care Bill, a revised target date of 1 July 2022 was agreed for the new arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previously stated target date of 1 April 2022. This new target date will provide extra flexibility to prepare for the new statutory arrangements and manage the immediate priorities in the pandemic response, while maintaining momentum towards more effective system working.

The following document walks through some of the key steps North Central London has taken to build and develop the foundations of the Integrated Care System with partners. Particular focus is placed on key governance forums and the Constitution as key factors driving the development.

Section one: An overview of North Central London Integrated Care System

1.1 The role of the ICS

Each ICS will have a responsibility to coordinate services and plan health and care in a way that improves the health of populations and reduces inequalities between different groups. The core purpose of the ICS is

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

This way of working closely reflects how the NHS and Councils in North Central London have already been working together in recent years.

1.2 The benefits of forming the North Central London Integrated Care System

Developing the NCL ICS will deliver benefits to residents, patients and staff working across NCL. Forming an ICS will give us the opportunity to improve the following:

Reduce inequalities: Identify where inequality exists across populations, outcomes, experience and access. Devise strategies to tackle these together with our communities.

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 partnerships and Primary Care Networks.

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: Make better use of our resources for local residents and achieve economies of scale and value for money.

System resilience: Improve our resilience to face changes and challenges to meet the needs of our local population by supporting each other.

1.3 Key emerging priorities driving the development of the Integrated Care System

Transitioning to an ICS is a real opportunity to take the best of what we have and improve, and also close the gaps in care that we know exist to reduce health inequalities in our population. NCL is focusing on building a system that works better for residents, and we will

need to learn and develop as we go. By working with partners and reaching out to residents we can improve the experience of local health and care services across North Central London. Key priorities driving our development are;

- Building on work locally to tackle inequalities and wider determinants of health.
- Supporting and developing primary care.
- Creating the right capacity to aid the recovery and next phase of pandemic response.
- Supporting and developing our people to ensure we have the workforce to meet the demands of a changing health and care system.
- Create a health and care system that evaluates, learns and improves.
- Ensuring financial sustainability.
- Actively manage our impact on the environment and local community to deliver a greener NHS.

1.4 The emerging forums in North Central London

The following forums were established to help drive the work of North Central London's Integrated Care System.

	NCL ICS Quarterly Partnership Council (Health and Care Partnership) Established June 2021	NCL ICS Steering Committee (NHS Body) 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

Section two: Working together across North Central London system partners

Partners in North Central London share the collective ambition to improve the health and wellbeing of residents, supporting them to lead healthy and independent lives in their communities and when needed, treating them and caring for them in the best possible way, including across joined up services. This requires a focus on prevention and early intervention; on integrated services and pathways across the public sector; and on communities rather than institutions.

2.1 Community involvement and representation

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.

In order to achieve NCL's collective ambitions of integrated care, strong resident, patient and VCSE involvement (at system, borough and neighbourhood level) is critical. NCL has engaged with a number of local partners, such as Council Leaders, elected members, local Healthwatch, Voluntary, Community and Social Enterprise (VSCE) sector. We will continue to seek their views through a range of forums, including NCL CCG Patient Public Engagement and Equalities Committee, Health and Wellbeing Boards, Health Overview and Scrutiny Committees and wider audiences.

A key forum that has been established to oversee ICS resident engagement and involvement is the NCL Community Partnership Forum – to be aligned strategically with the ICS Quarterly Partnership Council and ICS Steering Committee. This is an expert reference group on community engagement as well as a forum for discussion and debate on emerging proposals and strategies.

Current membership of the NCL Community Partnership Forum:

- Chair (Chair Designate of the ICB)
- NCL ICB CEO Designate
- Chair of the UCL Health Alliance
- Representatives from Healthwatch from each of the five boroughs
- Representatives from Voluntary Action from each of the five boroughs
- Patient representatives from each of the five boroughs.

Some key examples of community involvement and representation include:

- Council engagement through Health and Wellbeing Boards, with an increasing interest in direct involvement
- Healthwatch members leading on specific areas of focus/priorities within borough partnerships
- VCSE sector representation on all partnership groups.

2.2 Engaging with partners through the transition

Effective communication and engagement across partnerships will be key to the development and implementation of North Central London's Integrated Care System.

A programme of collaborative work between CCG, Council and Provider comms and engagement teams seeks to build shared processes and ways of working for the future ICS. Key areas of focus are:

- Building shared approaches to engagement, co-production etc
- Models to bring together resource (staff and budgets) from across partner organisations
- Regular opportunities to share practice and make connections on engagement work across organisations
- Processes to centrally collect and report on insights to inform plans and decisions
- Shared evaluation models to demonstrate impact of engagement / community involvement
- Workforce training – develop skills to work with communities and VCSE, and build understanding that this is part of everyone's role in tackling health inequalities.

In order to improve the delivery of care to our residents, work progresses at system level, borough level and through borough partnerships.

Ongoing work at system level:

- Ensure transparent governance – public board meetings; resident, service user and carer representatives in governance etc
- Developing shared principles and methods for involving people and communities, and co-production
- Capturing insights to build a picture of resident priorities and needs, and acting on this as a system
- Develop a shared approach to involvement / decision making with VCSE, supporting a resilient third sector.

Ongoing work at borough level

- Develop borough partnership approaches on engagement and involvement, linked to ICS framework.
- Ensure partnership links with HOSCs, HWBBs, Healthwatches 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.

Developing the borough partnership

- NCL CCG and the five Councils have jointly supported external facilitation to develop borough partnerships.
- The work – supported by Leadership Centre and Traverse – will scope borough partnerships aims and ambitions, their roles and responsibilities, and the operating model to enable plans from 2022 and beyond.

2.3 UCL Health Alliance

A multi sector alliance for North Central London, the UCL Health Alliance, that models collaboration, joint accountability, person-centred care and an outcomes focus has been established. The Alliance, made up of the acute provider trusts in NCL, seeks to improve health value for the population we collectively serve.

The emerging aims of the alliance include:

- Establishing a long-term vision for transformation
- Waiting and Access – supporting accelerated elective recovery
- Workforce – developing a shared workforce plan for the Alliance which identifies demand, supply, gaps and options for new roles/approaches to addressing the gaps

- Research into Action – expanding access and increasing research into the NCL population
- Transformation

Section three: North Central London Health and Care Partnership

3.1 Overview of the North Central London Health and Care Partnership

North Central London partners are taking a collaborative approach to building North Central London Health and Care Partnership (referred to in the Health and Care Bill as an Integrated Care Partnership or 'ICP'). The forum will facilitate and drive joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. This joined-up, inclusive working is central to ensuring that ICS partners are targeting their collective action and resources to the areas which will have the greatest impact on health outcomes and inequalities as we recover from the pandemic.

We want to share collective responsibility for meeting the health (mental and physical) and care needs of local populations. We will work together to support people to be and stay healthy, and deliver a preventative approach, strong community services and improved health outcomes for people. Working together in this way will allow us to look across all organisations at how services are provided and identify opportunities to add value and reduce duplication and costs.

The current membership of the Quarterly Partnership Council (forerunner for the NCL 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	Local Authority Partner CEO Lead

Each borough in North Central London is working towards developing a local partnership to tackle local challenges. Borough-based partnerships will bring together a range of organisations – both commissioners and providers of health and social care – to work differently and even more collaboratively to improve the health and wellbeing of the local population and reduce the health inequalities that exist within the borough. Partners in each borough have a strong history of working together and coming together in this way gives us a real opportunity to focus on the people we commission and provide services for.

3.2 Next steps in developing the North Central London Health and Care Partnership

The Quarterly Partnership Council will evolve into the NCL Health and Care Partnership. Building on the strong foundations of partnership working, NCL will continue to 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.

Section four: NHS North Central London Integrated Care Board

4.1 Purpose of the NHS North Central London Integrated Care Board

The new NHS body, NHS North Central London Integrated Care Board (ICB), will lead integration within the NHS, bringing together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of the population. It will be responsible for NHS strategic planning and allocation decisions, and be accountable to NHS England for NHS spending and performance within its boundaries.

It is vital that our Integrated Care Board 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 place:** 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.

Key responsibilities of the NCL ICB will include: securing the provision of health services to meet the needs of the population by taking on the commissioning functions that currently reside with NCL CCG alongside some of those that currently reside with NHS England; setting out the strategic direction for the system; overseeing and co-ordinating the NHS revenue

budget for the whole system; developing a capital plan for NHS providers within the geography.

4.2 Proposed membership of the NHS North Central London Integrated Care Board

The Board will have the following membership:

- Chair
- Two Independent Non-Executive Members
- Two Partner Members- NHS Trusts and Foundation Trusts
- Two Partner Members- Providers of Primary Medical Services
- One Partner Member- Local Authorities
- One Partner Member- UCL Provider Alliance
- Chief Executive
- Chief Finance Officer
- Chief Nurse
- Chief Medical Officer.

Partner Members are required to bring sector knowledge and experience to ICB Board deliberations and are not to act as 'delegates' of those sectors or organisations in those sectors.

The two Partner Members: Providers of Primary Medical Services are jointly nominated by holders of Primary Medical Services contracts (i.e. GP practices) in North Central London. They are not nominated by other types of primary care providers such as dentists or pharmacists. The Partner Member- Provider of Primary Medical Services roles may be held by GPs, nurses and other professionals are not limited to being held only by GPs only. One Partner Member must be able to bring a sector perspective of the North of North Central London. One Partner Member must be able to bring a sector perspective of the South of North Central London.

For the Partner Member: NHS Trusts and Foundation Trust roles, our strong preference is for these to be either Chairs, Non-Executive Directors or Executive Directors. However, this is currently prohibited under NHS England guidance and we await any further updates.

For the Partner Member: Local Authorities role, our strong preference is for this to be a Leader of a Local Authority which is currently prohibited under NHS England guidance. This issue has been raised with the NHS England national team and we are awaiting the outcome of discussions at national level as to whether or not this is permissible.

One Independent Non-Executive Member is required to have the knowledge, skills and experience to be the Chair the Audit Committee, and the other to be the Chair the Remuneration Committee.

Legislation and NHS England guidance does not allow for there to be non-voting members of the Board. A person is either a full member of the Board with voting rights or they are not. However, the Board may invite non-members to participate in Board meetings in a non-voting capacity as it sees fit.

Further information about the recruitment to these roles will be provided in due course.

4.3 The NHS North Central London Integrated Care Board Constitution Key Features

Overview

The NHS North Central London Integrated Care Board covers the geographical boundaries of the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington. It is a statutory body with the general function of arranging for the provisions of services for the purposes of the health services in England.

Nominations Process

Under the draft legislation the statutory Partner Members on the ICB Board are required to be nominated jointly by the associated North Central London organisations in each Partner Members category. This adds significant complexity to the nominations processes for some Partner Members. The proposals for nominations set out in the draft Constitution aim to simplify the nominations process whilst strengthening strategic alignment.

However, the requirement for Partner Members to be nominated jointly only applies to the process for being nominated for consideration for appointment to the ICB Board and not the appointment process itself. All nominated candidates will be required to be shortlisted and interviewed by an ICB appointments panel and for their appointment to be approved by the ICB Chair.

The detailed proposed nominations and appointment process for each Partner Member is set out in the Constitution.

Terms of Office

Board members may ordinarily serve two terms of office. Each term of office is three years giving a maximum of six years in office. However, there are some circumstances which allows terms to be extended. These are set out in the Standing Orders.

Terms of Appointment

The detailed proposed nominations and appointment process for each Partner Member is set out in the Constitution. The terms of appointment of Board members (except the ICB Chair) are set by the Remuneration Committee. The terms of appointment of the ICB Chair is set by NHS England. All Board appointments are subject to ICB Chair approval as per the statutory requirement.

Board Committees

The Board has the authority to establish committees and sub-committees. The Audit Committee and the Remuneration Committee are mandated by NHS England. The other committees are not stated in the draft Constitution but rather in the Functions and Decisions Map, which will be appended to but does not form part of, the Constitution. This allows the ICB to have maximum flexibility as to its committee structure.

If you have any questions, or require further information please contact
northcentrallondonics@nhs.net

Reference documents

1 Integrating care: Next steps to building strong and effective integrated care systems across England

2 The ICS Design Framework

3 2022/2023 Priorities and Operational Planning Guidance