



# Developing the North Central London Integrated Care System

Enfield Health and Wellbeing Board 07 October 2021



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### A recap of our previous conversation

In July, the Board received an update on the development of the North Central London (NCL) integrated care system (ICS), covering:

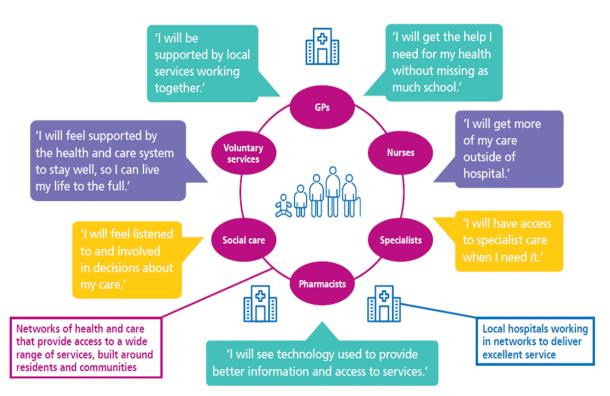
- ✓ The background, aims and ambitions of ICS, as set out in the Government White Paper and recentlypublished draft Health and Care bill
- Emerging considerations and implications in terms of governance and operational factors at both system (i.e. NCL) and place (i.e. borough) level
- ✓ A summary of progress in recent months, including the deepening of collaboration and joint working arrangements between health and care partners in light of the response to Covid19
- How this work builds upon and amplifies local priorities reflected in the HWBB strategy, s75 / Better Care Fund, and the portfolio of projects overseen by the Local Care Partnership Board
- Priorities and indicated next steps for continued development at system and borough level, and ensuring strong links and exchange of expectations between these tiers.





### What will this mean for residents?

Faster progress towards what residents have told us they want from local services:

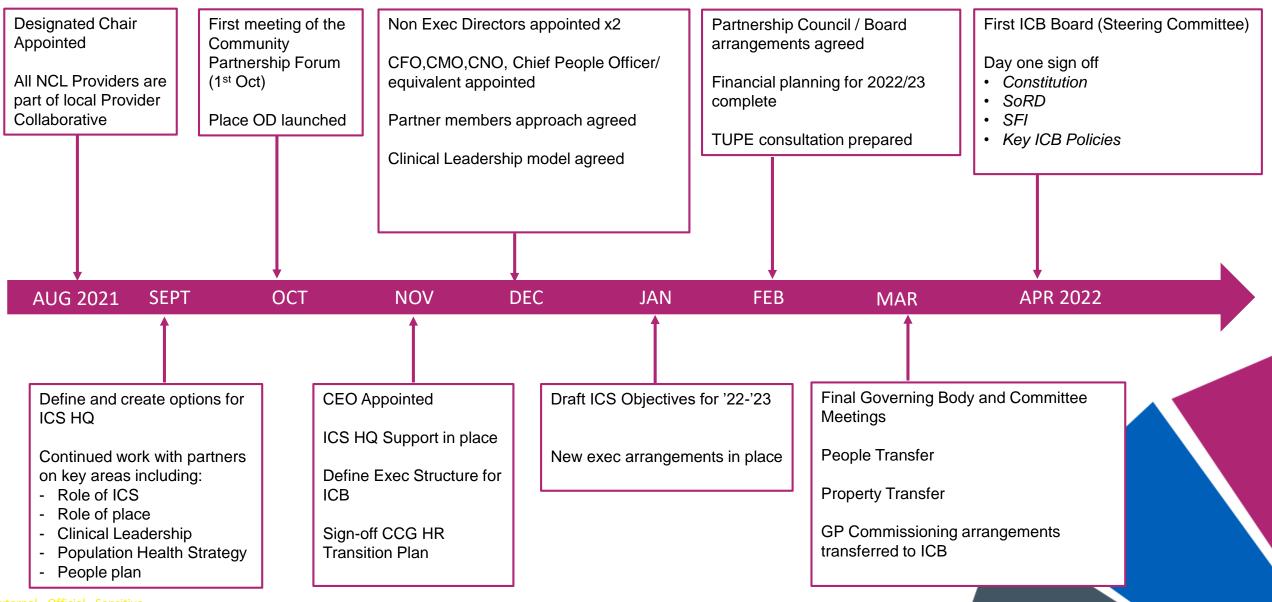


# And an increased system-focus on the wider determinants of health and wellbeing:





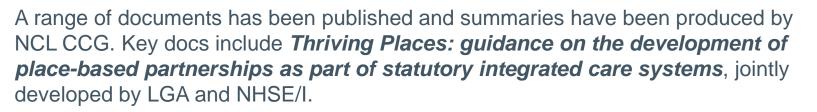
### NCL ICS Transition timeline – to April 2022



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#### **National Guidance**



Key points:

- Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.
- Place-based partnerships will remain as the foundations of integrated care systems as they are put on a statutory footing (subject to legislation), building on existing local arrangements and relationships.
- Permissiveness. It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.
- This document describes the activities placed partnerships may lead, capabilities required and potential governance arrangements.

Recently an **Integrated Care Partnership (ICP) engagement document** was published capturing the statutory role of this NCL-wide partnership in the development of integrated care locally - found <u>here</u>

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Classification: Official Publications approval reference: PAR660

#### Thriving places

Guidance on the development of placebased partnerships as part of statutory integrated care systems

NHS England and NHS Improvement may update or supplement this document during 2021/22. Elements of this guidance are subject to change until the legislation passes through Parliament and receives Royal Assent. We also welcome feedback from system and stakeholders to help us continually improve our guidance and learn from implementation. The latest versions of all NHS England and NHS Improvement guidance relating to the development of ICSs can be found at I<u>CS Guidance</u>.

Version 1, 2 September 2021





### Priority system actions to April 2022

- Progressing the key requirements of the new statutory model including:.
  - Confirming key appointments Chair, CEO, roles required for the ICB e.g. chief medical officer, chief nurse
  - Establishing key committees and forums
  - Technical transition from CCG model to ICS legal, financial, staff TUPE
  - Recruitment of other senior NCL ICS Development of system discussion papers on specific aspects of the transition – covering e.g. Place, Clinical & Care Professional Leadership, Population Health
- Continuing to 'build by doing' through our joint work including e.g. winter planning and delivery, Inequalities Fund, Covid vaccination and Flu programmes, population health development, asylum and refugee response, elective recovery programme, care home support.

- Developing our Borough Partnerships ensuring we have a clear position for April & forward plan around scope, role, capacity, boundaries, leadership, membership, governance & oversight
- ✓ Developing provider alliances as vehicles to support provider collaboration, resilience, mutual aid and delivery
- Developing and convening with Councils the ICS Partnership Council, to sit alongside the NHS Statutory Board and ensure progress against key outcomes and objectives
- Developing our Clinical & Care Professional leadership model – ensuring we have a clear position for April & forward plan
- Design and organisational development with support and facilitation for local partners. Focusing in particular on Borough Partnerships and PCNs as the foundations of the system and level at which outcomes are improved for patients and residents





# Community involvement and representation

Strong resident, patient and VCS involvement (at system, place and neighbourhood level) is critical. Over the next six months we will 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 to do 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 to do at Place-Level**

- Develop place-based partnership 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





# ICS Community Partnership Forum

- Established to oversee ICS resident engagement and involvement to be aligned strategically with the ICS Quarterly Partnership Council and ICS Steering Committee.
- An expert reference group on community engagement as well as a forum for discussion and debate on emerging proposals and strategies.
- The Forum is meeting for the first time in October 2021, and current membership includes:
  - North Central London ICS Chair
  - North Central London Provider Alliance Chair
  - North Central London Executive Director of Strategic Commissioning
  - North Central London Executive Director of ICS Transition
  - Healthwatch representatives from the five boroughs
  - Council of Voluntary Services representatives from the five boroughs
  - Patient representatives from the five boroughs
  - Communication and Engagement reps from NCL Clinical Commissioning Group







# Summary

- This is about delivering the vision for more integrated health and care and addressing wider determinants and builds on our work together over the last 5-10 years.
- Over Autumn we expect to confirm key appointments.
- There are technical tasks for the CCG to complete before April 22, but much of the work to create and cement our ICS is transformational and will continue beyond this point
- The development of the ICS is a collaborative process our partnership in NCL is rich and diverse and with permissive and flexible framework from National, there is an opportunity to accelerate key outcomes locally
- Built by doing the more we collectively shape and share priorities and deliver a joined up frontline response for patients and residents, the stronger and more successful our ICS will be
- Patients and residents will continue to be engaged via current forums and new ones will form to support the ICS.
- Borough Partnerships have a key role to play in the shift to population health and the joining up of health, local
  government and others delivering locally. Also in strategy and planning at place, delivery and transformation
  community relationships, promotion of health and wellbeing, relationship development, public accountability and
  transparency.