



NORTH LONDON PARTNERS
in health and care

Update on the NCL Integrated Care System (ICS) Transition

Presentation to Enfield Health and Wellbeing Board
10th March 2022



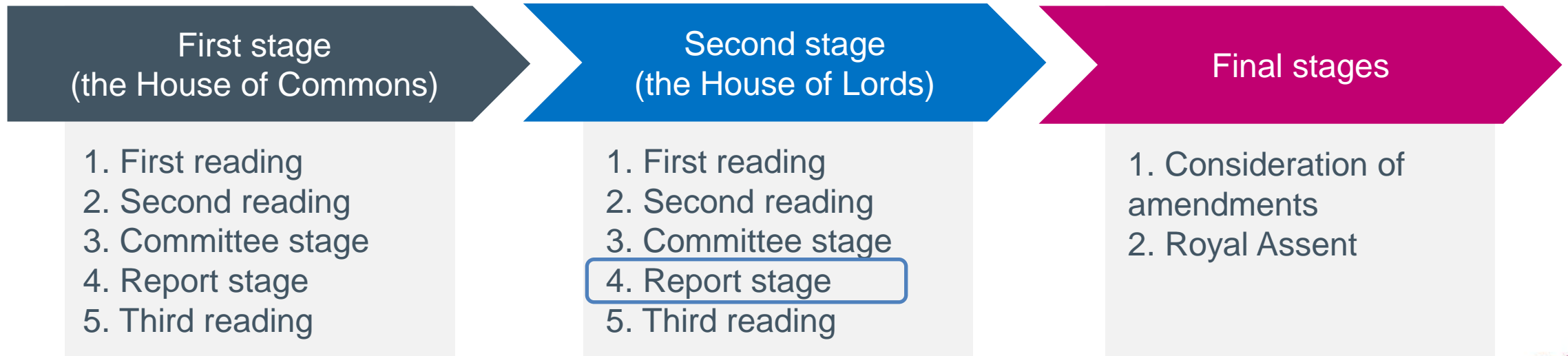
Overview

- ✓ 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 outlined on slide 3 – with the recent publication of the Government White Paper ‘Joining up care for people, places and population’ in February 2022 (summarised on slide 4-5)
- ✓ 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, we are building on existing relationships to develop emerging governance fora (summarised on slides 6-7)
- ✓ Slides 10-13 provide an overview of the forming NCL Integrated Care Board – a timeline for transition, emerging principles and draft constitution (including governance structures).
- ✓ Key next steps are set out on slide 16
- ✓ Development of borough partnerships continues at pace, and an update on the Enfield Borough Partnership is included from slide 18



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.



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

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

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



ICS emerging fora – 2 of 2

	UCL Health Alliance Established June 2021	Borough Based/ Place Based Integrated Care Partnerships Established April 2020
PURPOSE	A shared duty to promote the triple aim of <i>better health, better care and lower cost</i> . This will be achieved through a new duty to collaborate with local partners	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	A multi sector alliance of 14 members including the NCL GP alliance and Trusts	Varies by Partnership but includes, Council leaders, local Governing Body members, Local Trust CEOs (Acute and/or Community), CCG Borough Director

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

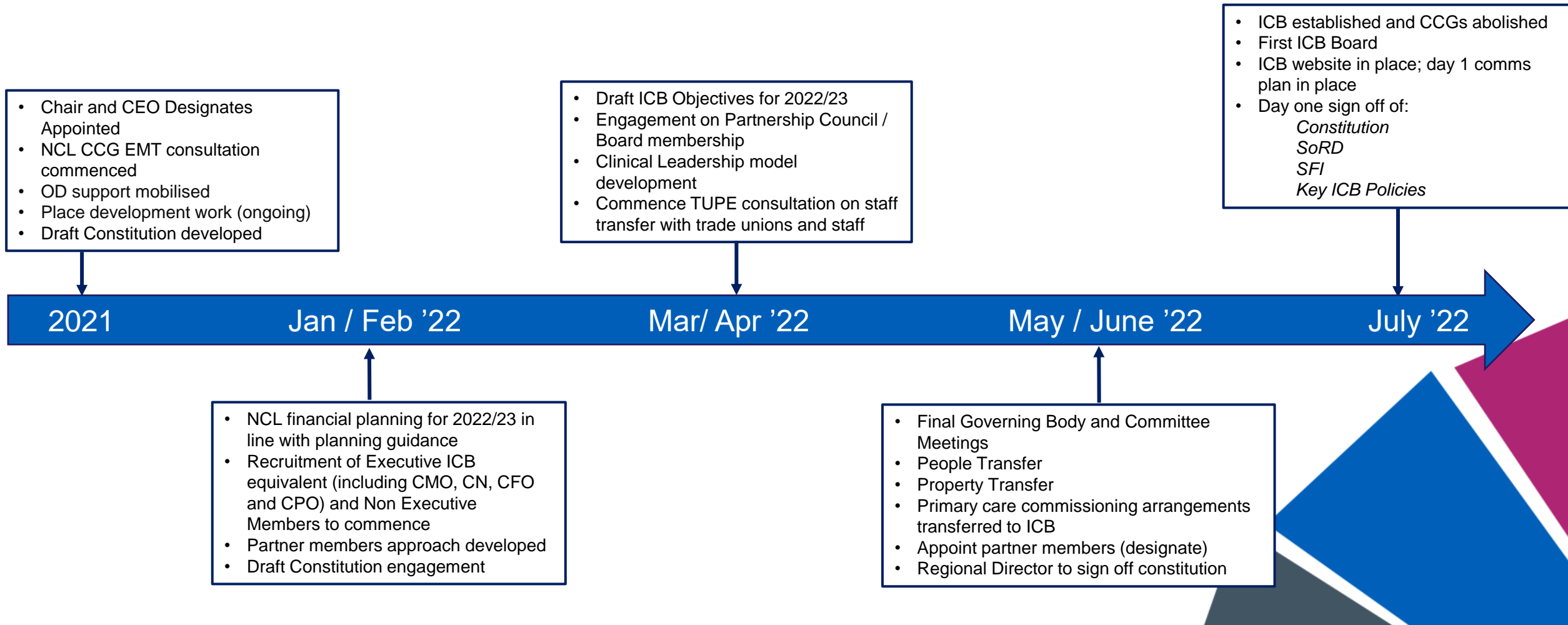
Name	Organisation / role
Mike Cooke	NCL ICS Chair Designate
Frances O'Callaghan	NCL ICS CEO Designate
Dr Jo Sauvage	NCL CCG Chair
Ian Porter	NCL CCG Executive Director of Corporate Services
Richard Dale	NCL CCG Executive Director of Transition
Alpesh Patel	Primary Care Lead
Jackie Smith	Barnet, Enfield & 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
Zina Etheridge	Chief Executive London Borough of Haringey

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

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.



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.

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.

Draft Integrated Care Board (ICB) constitution

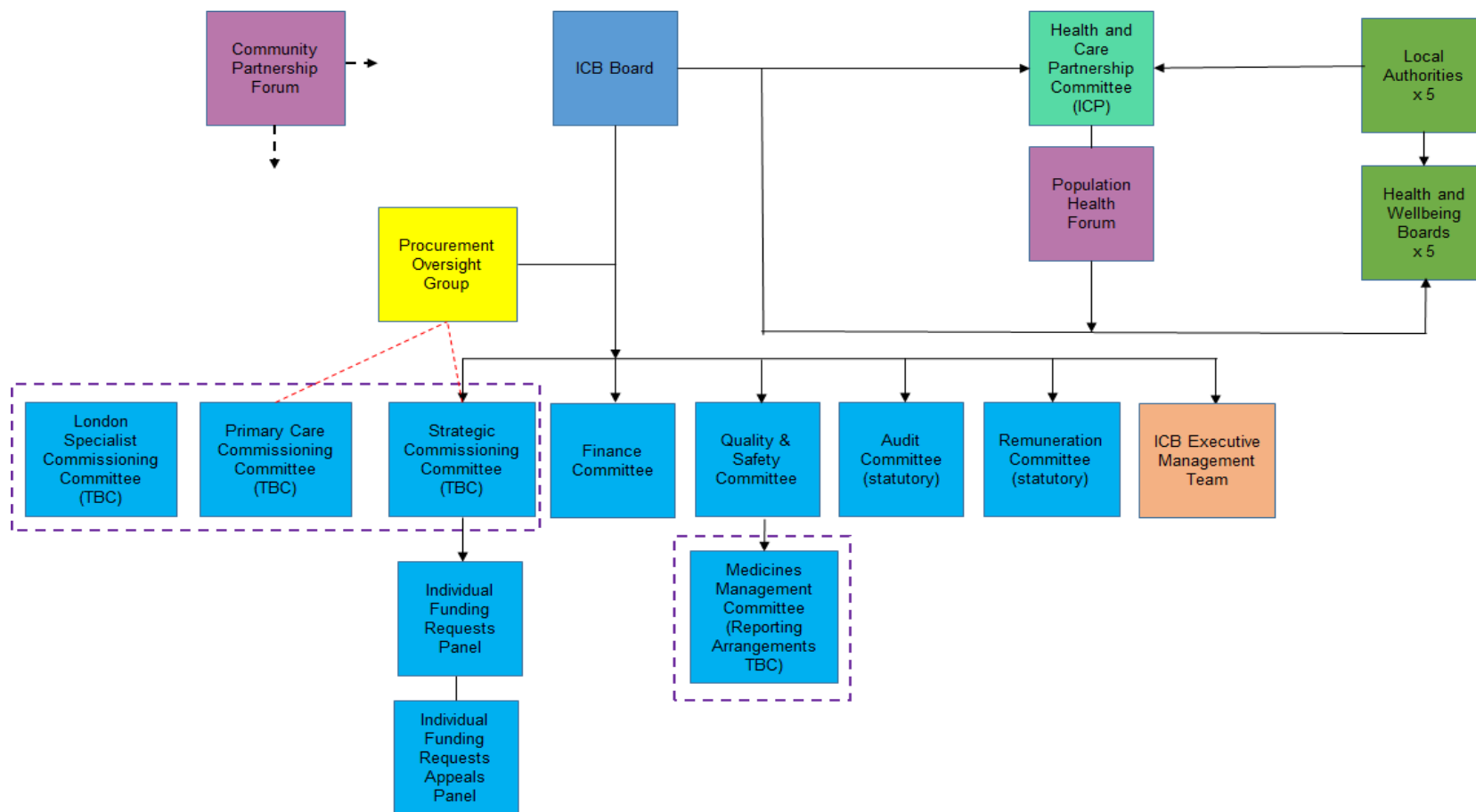
As part of forming the NCL ICB as a statutory body, we are drafting a Constitution that will set out governance and leadership arrangements.

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:





Community involvement and representation

Health and Wellbeing Boards

Health and Wellbeing Boards are linked to all borough partnerships

- Most boroughs have updated their Health and Wellbeing Board ToR to include a link to the Borough Partnerships.
- Councillors are engaged through the HWBB although there is increasing interest in direct involvement.
- Local scrutiny committees also regularly request reports on the development of integrated care locally.

Patient & resident involvement & engagement

Patient and resident engagement is being undertaken in different forms across borough partnerships

- All partnerships have their local Healthwatch as members on their partnership groups.
- Some Healthwatch members lead on specific areas of focus/priorities within the partnership.
- Borough partnerships have engagement groups (e.g. Haringey Citizen Health & Care Advisory Board, Camden Citizens Assembly, Islington conducts regular community engagement events).
- Some CCG borough teams also support a patient engagement forum, with resident and VCS representation.

Engaging the VCS

Voluntary & community sector organisations play a role in all partnerships

- NCL VCSE Alliance & NCL Community Partnership Forum established as part of the ICS
- VCS is represented on all partnership groups across all boroughs. In some, VCS leads on priorities areas (for example MIND in Camden alongside CIFT).
- In all others they are “plugged into” the work and have played an increasingly significant role in delivery of partnership plans (social prescribing, mental health and wellbeing support, delivery of equipment, support to access services, support to comms campaigns such as flu).

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

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.
- ✓ Engagement meetings between the NCL ICS Chair, NCL ICS Chief Executive 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).
- ✓ Develop the ICB Constitution and engage with system stakeholders (February 2022).
- ✓ Begin 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’.



NORTH LONDON PARTNERS
in health and care



If you have a question about our transition to an Integrated Care System in North Central London, please contact us at northcentrallondonics@nhs.net in the first instance.



Enfield Integrated Care Partnership

Progress Update to Enfield Health & Wellbeing Board

10th March 2022



Enfield Borough Partnership – our priorities in 2021/ 22

Partnership Priority outcomes

1. Achieving screening and immunisations uptake
2. Identifying and reducing inequalities where they exist
3. Improved mental health outcomes
4. Improving access to services, recovery from COVID and innovation

Wider Partnership Working

- Access to Services, Recovery & innovation inc. Collaboration with RNOH to develop MSK services on the High Street proof of concept pilot
- Long Term Conditions Programme with the GP Federation/ PCNs including engagement with CVS organisations i.e. Enfield Voluntary Action to develop Health Champions,
- Enfield Joint Health & Social Care Commissioning Board – focus on Adults & CYP, Mental Health, LD, SEND, Better Care Fund and Section 75 priorities
- Flu and Covid Vaccination Programme – multi-organisational approach involving All Borough Partnership stakeholders
- Key enablers: Estates, workforce and IT/ Digital

Core Projects

- Mental Health - developing community integrated mental health pilot in SE Enfield
- Inequalities - childhood obesity and community participatory research
- Access to Services, Recovery & Innovation – identifying where the Borough Partnership can support improvement in local access to services i.e. primary care
- Screening & Immunisation Uptake - including national cancer screening programmes, Childhood immunisations, flu and Covid

Place based design work in NCL

- Leadership Centre and Traverse have been commissioned to support each borough with place-based design and ongoing development of partnership working locally.
- The programme of work aims to support place-based partnerships to:
 - Articulate the role of Borough Partnerships within the NCL ICS
 - Confirm local models and approaches
 - Capture individual and collective responsibilities to residents/patients, staff, each other and the system/ICS
 - Link the above to local accountabilities and governance, with a view on how this might work in practice from July 22 and beyond, with due regard to the interface with Integrated Care Board structures
 - Manage the different identities members of partnership might have within place and system
- Key questions for place-based partnerships will include:
 - What do place-based partnerships become post COVID & as we journey into the ICS?
 - What accountabilities do we expect to hold at place and what decisions do we expect to take together? Is this the same/different for all partners?
 - What does a high functioning borough partnership look like?
 - What is the role of place in population health?



Support the transition towards a Borough Partnership

Developing the Borough Partnership

- NCL CCG and the five Councils have jointly supported external facilitation to develop borough partnerships
- In Enfield we are engaging with all partners and undertook “some 40 conversations with members of the borough partnership” including the local resident groups, Enfield Practice Participation Group Network, CVS organisations to prepare for the transition workshops which are being facilitated by The Leadership Centre and Traverse
- We have held two workshops so far with further ones planned including cross borough workshops pan NCL. This work will inform the development of our key ambitions, forward plan, governance and financial arrangements, leadership and developing the roles and relationships with partners; building on our successes, the excellent collaboration that is in place and our priorities already in place
- We want to develop our approach in engaging our residents and to build on our existing relationships to engage our communities to be actively collaborating, involved in co-design and co-production

Enfield Inequalities Funding 2021/22 - 2022/23

The NCL CCG Inequalities Fund is a dedicated resource of £8.75m across two years, which aims to address the underlying causes of health inequalities

- Phase 2 bids (October 2021) were invited against the remaining £3.1m available – over 60 bids received from both Borough Partnerships and pan-NCL schemes for local priorities
- 70% of the fund allocated to the most deprived 20% at borough level – all borough partnerships submitted bids to the value of their envelopes. This is in line with Core20PLUS5 approach to focusing on deprivation as key driver behind health inequalities.

Enfield Borough Partnership secured the total funds available for Enfield £740k in Phase 2 (£740k)

(see slide 23-24 slide for detail)

- 20% of the Inequalities Fund is allocated across NCL – this equates to £625K in Phase 2.
- Enfield's Phase 1 schemes are also detailed in slides 25-26

List of approved Phase 2- Enfield borough schemes

Scheme	2021/22 Funding	2022/23 Funding	Total
Family Support model - early intervention therapeutic support – Wellbeing Connect & Edmonton Partnership	£30,000	£60,000	£90,000
MH impact & income maximisation (delivery, research) – Citizen’s Advice	£17,500	£50,000	£67,500
Food Poverty – Public Health & Food Alliance	£46,000	£25,000	£71,000
NHS mentoring and support for young people – NMUH	£10,000	£25,000	£35,000
Community Chest (for distribution to VCS)	-	£50,000	£50,000
Under 5s speech and language early intervention service – BEH	-	£50,000	£50,000
Asthma Friendly Schools – RFL / LBE	£15,000	£60,000	£75,000
Twalking - INTERESTELAR	£33,750	-	£33,750
Accessing vulnerable communities – Diversity Living Services	£69,490	£59,490	£128,980
System cost (analysis) – LBE	£15,000	£12,500	£27,500
Increasing reach and representation in PPG – Enfield PPG	£25,000	£20,000	£45,000
Understanding access – Healthwatch	£66,500	-	£66,500
TOTAL	£328,240	£411,990	£740,230

List of approved Phase 2 funded NCL-wide schemes

Scheme	2021/22 Funding Request	2022/23 Funding Request	Total
Lifestyle hub model – extension to NMUH	£0	£30,000	£30,000
Enfield Enhanced Homeless Primary Care Health Service	£20,000	£75,000	£95,000
Cancer Link Workers	£110,477	£60,000	£170,477
NHS mentoring and support for young people	£20,395	£20,000	£40,395
NCL Somali Mental Health Support		£135,000	£135,000
Islington Trauma Informed Practices (iTIPS): supporting relational practice	£0	£0	£0
Islington Homelessness Health Inclusion Programme – Physical Health Needs	£20,000	£75,000	£95,000
Peer Support for Cardiovascular Disease Prevention in Barnet	£10,044	£60,266	£70,310
TOTAL	£180,916	£455,266	£636,182
Enfield proportion (approximately 1/5)			£127,236.40

List of approved Phase 1 Enfield borough schemes

Scheme	2021/22 Funding	2022/23 Funding	Total
Black Health Improvement Programme (BHIP) for Enfield Primary Care, NHS North Central London CCG and development of Enfield Caribbean and African Community Health Network	£70,000	£0	£70,000
DOVE project (Divert and Oppose Violence in Enfield) Public Health approach to reducing Serious Youth Violence	£55,186	£99,000	£154,186
Community hubs outreach	£72,000	£107,377	£179,377
Enhanced Health Management of People with Long-Term Conditions in Deprived Communities in Enfield	£159,000	£274,000	£433,000
ABC Parenting Parentcraft Programme	£87,970	£163,500	£251,470
Supporting People with Severe & Multiple Disadvantage who are High Impact Users in Healthcare Services	£41,000	£70,000	£111,000
VCS & Primary Care based smoking cessation	£200,000	£300,000	£500,000
TOTAL	£685,156	£1,013,877	£1,699,033

List of approved Phase 1 NCL-wide funded schemes

Scheme	Boroughs	2021/22 Funding Request	2022/23 Funding Request	Total
Supporting earlier cancer presentation through community development	Haringey and Enfield	£36,384	£89,152	
Lifestyle Hubs	Barnet and Enfield	£83,500		
TOTAL		£119,884	£89,152	£0
Proportion for Enfield		£59,942	£44,576	£104,518