

## **Health in Hackney Scrutiny Commission**

### **An Integrated Care System (ICS) for North East London (NEL)**

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#### **1. The Long Term Plan**

As you are aware, the NHS Long Term Plan (LTP) was published in January 2019 and sets out an ambitious vision for the NHS over the next ten years and beyond.

In City and Hackney, we have been working hard to develop our own local strategic delivery plan to achieve the LTP, setting out what we'll do locally to deliver health and care improvements. In City and Hackney, this includes:

- Transforming out-of-hospital care and fully integrating community care
- Reducing pressure on emergency hospital services
- Giving people more personalised care and control over their own health
- Health and wellbeing services for rough sleepers
- Local Neighbourhoods / Primary Care Networks based mental health models

This requires us to change how we work, both locally in City and Hackney and across North East London.

We have already been doing a lot of work in City and Hackney to develop more joined up working across our providers, clinical leaders, GP members, local authorities, partners and voluntary organisations to best meet the needs of local people.

However, we cannot do this alone as we are facing some common challenges across North East London, which we can only resolve by working together, such as population growth and homelessness.

#### **Legislation to implement the Long Term Plan**

- We do not require changes in legislation to implement our proposals. Our timeline is seek to become a single CCG by April 2021, with our application to NHSE in the autumn of 2020 and a members' vote in the summer of 2020.
- The Long Term Plan does set out expectation that Integrated Care Systems will involve stronger partnerships and typically be covered by one CCG and legislation is planned to support this.

## 2. Developing an Integrated Care System (ICS) for North East London

We are developing an Integrated Care System (ICS) for North East London, which is driven by our Long Term Plan aspirations to improve the health and wellbeing of our local people. Everything we are working on is focussed on achieving this. Our top priorities set out in our LTP are:

- Improving quality of care delivery and reducing unwarranted variation – working together with our communities to create an Integrated Care System that will improve the quality of care they receive and make it much more joined up and person-centred
- Invest in local integrated primary and community infrastructure – help people stay well for longer and support them at home when they need it
- Population health management and intelligence – using the information we have to direct resources and action where it is most needed and maximise our impact
- Digital revolution – taking advantage of advances in technology to radically change the way we access and provide care (e.g. information technology, artificial intelligence)
- Workforce transformation – changing how we work, the skills we need, what we offer our workforce so that we can attract the workforce we need, and developing new roles that are more relevant to 21<sup>st</sup> century health and care provision

If the LTP is the ‘what’, the ICS is the ‘how’. To deliver the LTP, we need to change the way commissioners, providers, clinical leaders, GP members, local authorities, partners and voluntary organisations work together to meet the needs of local people. The ICS will help us do this through:

- Driving forward more partnership working in a truly integrated way, encouraging greater collaboration (a significant cultural change)
- Enabling commissioners and providers to share responsibility for the way finances are managed and contracts delivered, as well as manage population health for the benefit of local people
- Reducing the statutory burden to free up resources at a local level to support challenges across the whole of North East London, such as population growth and homelessness

Our vision is to ‘Create a new way of working together in North East London across all health and care provision, which gives local people more options, better support and properly joined-up care at the right time, in the best care setting. This will improve the long term health and wellbeing of the local population.’

We are developing a ‘Vision’ document, which sets out what we are aiming to achieve, how it will work and what it means for our stakeholders. It is our intention to engage widely on this document throughout the next couple of months.

We can then work through the feedback we receive to revise and improve this. We will then undertake another round of engagement during May and June on the updated version of our vision.

#### **4. Creating a single CCG by April 2021: greater local focus, stronger support and more integrated working**

As part of developing the ICS, our plans are to move to a single CCG by April 2021. The single CCG will interface with NHS England and there will be a single governing body.

However, it is important to note that **our local systems (City and Hackney, BHR and WEL) will remain in place**, as will our **place-based partnerships with our local authorities** across North East London, to ensure we meet the needs of **local people**.

By maintaining our local systems and place-based partnerships, **we will keep our focus at a local level and retain people with a passion for making a difference to local people**. This means that our local staff will continue to support the people of City and Hackney, working more closely with our local partners. We will continue to develop our **City and Hackney Integrated Care Board and will continue to work with our local local Health and Wellbeing Boards and Overview & Scrutiny Commissions**.

#### **Why a single CCG?**

There are a number of reasons why a move to a single CCG is the right thing to do. These include:

- The statutory and governance burdens can be undertaken at a single CCG level, rather than replicated seven times which will free up resources to meet the needs of local people and front line services
- Removes the barriers to true integration through the opportunity of changing and improving governance structures, so that key decisions can be made at a local level by local partners
- It will speed up decision-making in key areas. For example improvements to the neuro rehab service (which is a NEL/LTP piece of work), which needed all 7 CCGs to sign off
- Opportunity for savings through more efficient use of back-office and administrative resources, freeing up budgets for frontline services, locally
- More opportunities for staff as well as a better learning and development offer and fully embracing diversity through better supporting BAME networks

## **4. Finance, performance, governance and risk sharing**

### **Finances Overview**

- Budgets will continue to be devolved to a local level – tracking what is currently forecast for each of the seven local CCG areas. Allocations were published by NHS England two years ago for the next five years. This means that City and Hackney will continue to receive the same proportion of resources compared to the other boroughs as the current CCG allocation profile, so no CCG will be worse off by coming together.
- Contracts will still be held between the CCG and providers, but there will be less focus on contractual discussions and more on transformation and collective processes to improve services. This will free up precious resources at a local level to really focus on delivering what is best for local people.
- With a more integrated approach, budgets will be used more effectively. The governance to enable delegation and provide assurance across the system is to be devised through engagement with CCG leads and GP members.
- Savings through more efficient use of back-office and administrative resources will free up budgets for frontline services, locally.
- The LTP signals a shift in how finances are operated throughout the system. Previously, providers and commissioners were operating on different sides with different goals. The key difference is that in our future way of working across North East London, providers and commissioners (including health and local authority) will work together and share responsibility for the way finances are managed and contracts delivered. This is something we have already been doing successfully in City and Hackney and we will continue to benefit from this at a local level.

### **Financial balance across an STP**

- We do not expect the NHS Contract consultation document, which states that financial balances across an STP must be achieved will hinder existing CCGs. It is already national policy to deliver this and has been the case for the last two years.
- In North East London, we have a history of working collaboratively and managing risk through existing governance, which means we are already working in this way to achieve balance across our area, without being to the detriment of any individual CCG.

- It is a requirement for all CCGs to hit their financial duties and we have a strong track record of good financial management across North East London.
- We do have joint commissioning arrangements through the North East London Commissioning Alliance (the Joint Commissioning Committee was established in 2018 and consists of representatives from each of the seven North East London CCGs) and we will continue to work together to balance our resources across the NHS locally.

### **Governance Overview**

- There will be more effective decision-making at a local level as we are removing the barriers that exist due to conflicts of interest. This local focus will be protected through new governance arrangements. To do this, we are developing the City and Hackney Integrated Care Board, which will provide a voice for local people.
- There will also be increased accountability in our new way of working. At a local level, this accountability will be through the local system leaders, who are already in place.
- What's new is that there will be increasing accountability through our provider colleagues (in addition to accountability at a North East London level)
- We are putting in place stronger partnership governance at a system and local level. We want this to be more creative to really make integrated care work. This will be tailored to a local level.
- While there are leads and teams working on governance across the single system at a NEL level, which includes a City and Hackney governance lead, the local system governance will be developed by local leads with stakeholders.
- Legal advisers are also working with us, including for City and Hackney, to support our aim of decision-making at the most local level possible whilst ensuring statutory requirements are met.
- These plans will develop in the coming weeks and months, through engagement with our key stakeholders, including from across City and Hackney.

### **Risk Sharing**

- In terms of risk sharing, there is clear benefit for sustainability across NEL to manage risk collectively. We already use the risk-share through existing governance where there is a clinical commissioning and

business rationale to do so under current arrangements, so this will not be a change.

- Working across seven local CCG areas will not only provide a risk-share but also enable resource and opportunities to be shared or mobilised where they are most needed, for example in areas around workforce or sharing expertise.

### **Ensuring we continue to improve on performance**

- CCGs in NEL have overall improved performance over the past two years. This includes those CCGs in financial recovery previously - most recently rated green for leadership. Our aim is to secure improvement across the NEL patch without any adverse impacts on any single area, and aiming to further improve those, which have traditionally performed well.
- Working at both a local level and across North East London we are aiming for best practice, learning from other areas and tailoring it to the local population. For example, aligning commissioning documents has already improved access to health services for City and Hackney.
- We want to ensure motivation to do best for our own boroughs and systems, and for the wider NEL patch given, our patients use services across a wider footprint than their own boroughs.
- We are aiming to drive up performance at both a local level through the place-based partnerships and across the whole of North East London to remove inequalities and reduce the postcode lottery. This is what our residents and patients expect from public services.
- By maintaining our local systems and place-based partnerships, we will keep our focus at a local level and retain people with a passion for making a difference to local people. We are developing our learning and development offer for all of our staff across North East London.

### **Statutory Responsibilities**

- If there is a new NEL-wide CCG, the current statutory responsibilities of the seven CCGs will transfer to this new CCG, which will cover the same population as the existing seven CCGs. The single CCG can, through agreement with local systems (City and Hackney, BHR and WEL), delegate to or share aspects of these with local systems, where it makes sense to do so.
- This means that the CCG will be able to administer some of the statutory functions in a more efficient way. This will free up local systems to work in a more integrated way, free up some of the statutory constraints and be able to focus resources to the benefit of local people in City and Hackney.

- Through developing the City and Hackney Integrated Care Board, Primary Care Networks and local City and Hackney system, the bulk of delivery will continue to take place at a local level. As mentioned, we are developing the appropriate governance arrangements to support this.

Topic	You told us you are concerned that...	What we are doing...
<b>Money</b>	Budgets may be held centrally and not passed on at a local level	Ensuring that budgets are devolved to a local level to match existing budget allocation, so there is no impact at a local level
<b>Decision-making</b>	We may lose influence on key decisions at a local level	Putting in place new governance arrangement to ensure that local decisions are made at a local level by local partners
<b>Clinical Leadership</b>	This may weaken as a result of moving to a single CCG	As the new landscape develops we are looking at more opportunities and influence for clinical leadership through PCNs, emerging borough partnerships as well as new roles across larger geographical areas to support health care planning at larger population levels
<b>Impact on services</b>	A single CCG may also mean reducing services for patients	Existing hospitals, NHS trusts, GP surgeries and community services will continue with no impact. What we are doing is changing the way we work so that we can deliver a better patient experience with access to more services more easily
<b>Impact on jobs</b>	There may be impact on CCG staff as a result of the merger.	We are aiming to minimise the impact on staff and maximise opportunities for career progression and training, making the most of our diversity and local population assets. We are assuming that requirements to reduce or restructure posts will be minimal

## 5. Addressing concerns

We recognise that there will be some specific question, concerns, ideas and opportunities for different stakeholders across City and Hackney. We are undertaking ongoing engagement with our stakeholders and we are listening to their feedback. A summary of key points is outlined below:

## 6. Supporting documents

There are two key documents to support this paper, which are as follows:

- City and Hackney Long Term Plan
- Slide pack on developing an Integrated Care System and single CCG