

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

Health in Hackney Scrutiny Commission

12 February 2020

Introduction



- We are developing an Integrated Care System (ICS) for North East London so that we can deliver all that is set out in the Long Term Plan to benefit local people in City and Hackney.
- It is intended that by April 2021, the ICS will be supported by a single CCG, three local systems and seven place-based partnerships, including our Integrated Care Board in City and Hackney.
- 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 help improve the long term health and wellbeing of the local population.’

Why change? The Long Term Plan



- 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 developed our own local strategic delivery plan to achieve the LTP, setting out what we'll do locally to deliver health and care improvements. 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
- If the LTP is the 'what', the ICS is the 'how'. To deliver our plan, we need to change the way commissioners, providers, clinical leaders, GP members, local authorities, partners and voluntary organisations work together across North East London, as well as locally. The ICS will help us do this through:
 - driving forward more partnership working in a truly integrated way
 - 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
 - providing the resources to support challenges across the whole of North East London, such as population growth and homelessness

Addressing local changes



Our priority, through implementing new ways of working both locally, and across the North East London system, is to focus on our local population to improve their health and wellbeing.

In City and Hackney, we have a number of local challenges which include:

- Hackney still has some deeply deprived areas and high levels of child poverty, which varies widely between wards
- Hackney has high mortality rates from preventable diseases. The factors behind these include smoking, obesity, poor diet, inactivity and high levels of deprivation
- We also have a high number of local people with mental health conditions including severe and or enduring mental illness
- Homelessness is a challenge across our local area, as well as across North East London

The approach of the City and Hackney system, since its successful inclusion as a devolution pilot site in 2015, has been to focus on shared solutions, an integrated whole-system approach, and supporting local communities to meet their own needs. We will continue this good work.

What is our plan for the ICS?

We want to make some changes to how we are organised to provide better and more joined-up services as an **Integrated Care System (ICS)**. This will include:

- all GP practices working together in **Primary Care Networks**
- seven **place-based partnerships** drawing together all the NHS organisations in a given area and working more closely with local authorities
- Three **local systems** looking more strategically at what makes sense to be provided across a wider geographical area
- a **single commissioning group** for North East London, led by local health professionals, to take a bird's eye view and look at where we can tackle shared challenges together, such as cancer and mental health



These changes support the commitments set out in the NHS Long Term plan.

Our key principles



- To develop a place-based and local system model that is **owned and driven locally**, but is coherent as a whole across NEL
- To **work effectively with key partners** (providers, clinical leaders, GPs, local authorities and partners) so that arrangements are developed as a system
- To **co-design** services and pathways with **patients**
- To **prioritise engagement and communication** with wider partners and staff so they are involved and informed and their views taken into account as the proposals develop
- To ensure good **governance and decision-making is strengthened** locally and across NEL
- To **focus on culture, leadership** and wider development to support the changes
- To ensure **local accountability** remains by maintaining local system based budgets

Why a single CCG?



- ✓ 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
- ✓ 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
- ✓ 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 an improved learning and development offer and fully embracing diversity through better supporting BAME networks

What will it mean for our stakeholders?



Local people will have access to **more services locally** (for example, blood tests undertaken at your local GP), **access to better records and patient data**, ability to take **more control over their health and care management** and **consistency of service**, removing health inequalities and the post code lottery. The result is a high quality of care no matter who you are or where you live.

GPs will have the ability to provide **more services locally**, **closer working relationships** with other GPs and community partners and continued involvement in **clinical decisions in their local area**.

Providers and local authority partners will get much **more involved in local decision-making**, have a **greater say** in allocation of funding, measuring success and contribute more directly to maintaining and **improving the health of the local population**.

CCG staff will have **greater opportunities for career progression and training**, a **better work life balance** through agile working practices, and **improved support** from being part of a larger organisation while at the same time working even more closely on **achieving local goals**.

Understanding your concerns



We are undertaking on going engagement with our stakeholders and we are listening to their feedback.

Topic	You told us you are concerned that...	What we are doing...
Money	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
Decision-making	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
Clinical Leadership	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
Impact on services	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
Impact on jobs	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