Notes from the extended ICB development session held on July 24th (1345 to 1545)

Aims for the session

- To consolidate on what has been learned about collaboration over the Covid-19 period and how we put that to use as we move forward.
- To understand the future relationship between the City and Hackney local system and the NEL One CCG.
- To identify areas where we are agreed on the new arrangements for collaboration at the operational and strategic level.
- To be clear on the follow up actions and timescales.

Points raised

- We need a focus on how we address the issue of inequalities as a system and ensure that we are population health-focused. Equalities needs to be at the forefront of our thinking, not an afterthought.
- There needs to be a much greater focus on the wider determinants of health and we need to set out how our new operating model and governance can support this.
- There is a need for further clarity on how people will be held to account in the new NEL system.
- The Group were positive about how partners worked together during Covid-19 and recognised the need to take some of that way of working and apply it to working together in future.
- An element of urgent, crisis response will need to be maintained and may need to be increased at certain points if there are local spikes.
- The balance needs to be right for both NEL and City and Hackney – anything that does not work for us locally is not fit for purpose.
- There needs to be more clarity about how PCNs will be at the heart of the new system and how PCN Clinical Directors will have a voice in the new governance arrangements.
- An element of urgent, crisis response will need to be maintained and may need to be increased at certain points if there are local spikes.
- There are concerns raised by clinical managers that staff could become burned-out in the event of further spikes or waves of COVID-19.
- More clarity is required about where the voice of the patient/the public/democratic representation is heard in the new system.
- COVID-19 is not the first and will not be the last pandemic. New infectious diseases will emerge and each of them will be high-consequence and require us to change our ways of working.

Points arising from the input on the future NEL – ICS Relationship

- The CCG is not disappearing but operating across a larger geography. Commissioning will change to be largely focused on population health planning.
- Whilst the single NEL CCG will hold the allocation for North East London it will delegate the vast majority of the funding to the three Integrated Care Partnerships. An 80:20 approach to delegation of resources was suggested. It was also suggested that this principle of delegating as much as possible to Integrated Care Partnerships should be enshrined in the NEL constitution,
- NEL will also take on some of the assurance duties currently undertaken by City and Hackney CCG. It will also take on some of the assurance role currently done at a London or national level.
- Responsibility for some areas of specialised commissioning are likely to move from a national level to NEL.

- NEL would not be able to delegate legal duties, as this would require a delegation from one statutory body to another. The idea is that the City and Hackney ICP would be a meeting-in-common of NEL CCG and LA partners. Provider partners as part of an alliance working within the Neighbourhood Health and Care Board could join this meeting with appropriate conflict management, much as it is now.
- We need to first think about how we aid services in City & Hackney and then consider how we do so outside of City & Hackney. We should locally have an opportunity to manage the pathway, including referrals that go outside the local geography.
- It would be helpful to understand, very clearly, our authority levels and budget responsibilities. Without this we run the risk of things being removed from local decision-makers if circumstances change.
- We also need to consider not just what is held at the system level but what we can delegate even further down to neighbourhood levels.
- Technically speaking, NHS England has authority to overrule CCG decision-making as it currently stands, but does not. It is not anticipated that there would be widespread overruling of decision-making by the centralised NEL team.

Reflections from group discussions

ICPB / Strategic Reflections

- Having a reduction in social and health inequalities as a guiding principle for our system is ambitious but right.
- The structure needs to enable us to have more fruitful and useful conversations that is not only medically-driven. Clinical input is valued but the language we use should not be at the expense of other partners.
- There is a great opportunity offered by bringing providers and commissioners closer together for the purposes of planning, quality improvement and system finance and performance management.
- We need more emphasis on patient leadership, they currently don't feel like equal partners in the proposed structure.
- There are still open questions around who is responsible for what, how this will impact on decision-making and financial sharing arrangements.
- Centralising and moving to a partnership board seems to be the way forward. There is some concern that this will repeat the dysfunction of the Transformation Board. There is agreement around objectives we have set for the system. We then need to focus on simplicity of access for the system.
- The boards should be set up so they are not merely debating chambers. The ICPB should set strategic objectives and monitor performance and support culture change.
- There is also a concern that there are difficult conflicts of interest if the lead officer has responsibility for the ICPB budget and their own institutions budget.

NHCPB / Operational Reflections

- We need to greater clarity on how PCNs and their Clinical Directors will be at the heart of this new way of working.
- There is an open question regarding the extent to which PCNs are able to input into decision-making and determine what is best for their own local populations.
- Some clarity over what we all mean by integration would be helpful. Is it pooling of resources or working more closely together?
- There is a great foundation to build on this and a huge amount of goodwill.
- The diagrams may be overly cold and technical. We need to build patients and neighbourhoods into the hierarchy of the governance charts.

- As a local system, we need to have freedom to act and take decisions to address the needs of our residents. We should not go back to transactional contracting and need to find a way to do that as a system.
- Providers and commissioners need to be empowered to work together and across organisational boundaries.