

The future of health and care for the people of north east London



Overview - creating an ICS and one CCG for NEL by April 2021

- Direction of travel in the NHS Long Term Plan is one CCG per Integrated Care System (ICS) by April 2021
- We have taken more time in NEL than other areas to ensure development of our local arrangements and wider ICS
- Shared our proposal 'The future of health and care for the people of north east London' early August and seeking views from now and through September
- Please read our document – <https://www.eastlondonhcp.nhs.uk/ourplans/the-future-of-health-and-care-for-the-people-of-north-east-london.htm>

How we will create one CCG for NEL – key workstreams and timings

Communications and engagement – three stages

- Engagement with members and wider stakeholders in advance of the vote in October: **Aug - Oct 2020**
- Internal communications with our CCG staff about what this change will mean for them: **Aug – March 2021**
- Once the vote outcome is clear, ongoing engagement with stakeholders as we develop our plan for NEL and wider ICS development: **Oct 2020 – April 2021** (but there will be an ongoing approach to engagement beyond April as we develop our ICS and local Integrated Care Partnerships)

People

- **HR** – develop structure of one CCG, align people policies and transfer of staff
- **OD** – produce plan and support colleagues to work in a more integrated way, building on what we have been doing

Governance

- New constitution to be drafted and agreed. Positive working with LMC on this
- A membership vote. Election window to open in **early October** for up to a week and to be run independently
- Governance handbook – will include detail on how our decision making will work

Enablers

- **Finance** – allocation model, single ledger and finance operating model being developed to support maximum delegation
- **Digital** – IT transfer

Proposed Integrated Care Model for City and Hackney - An Overview



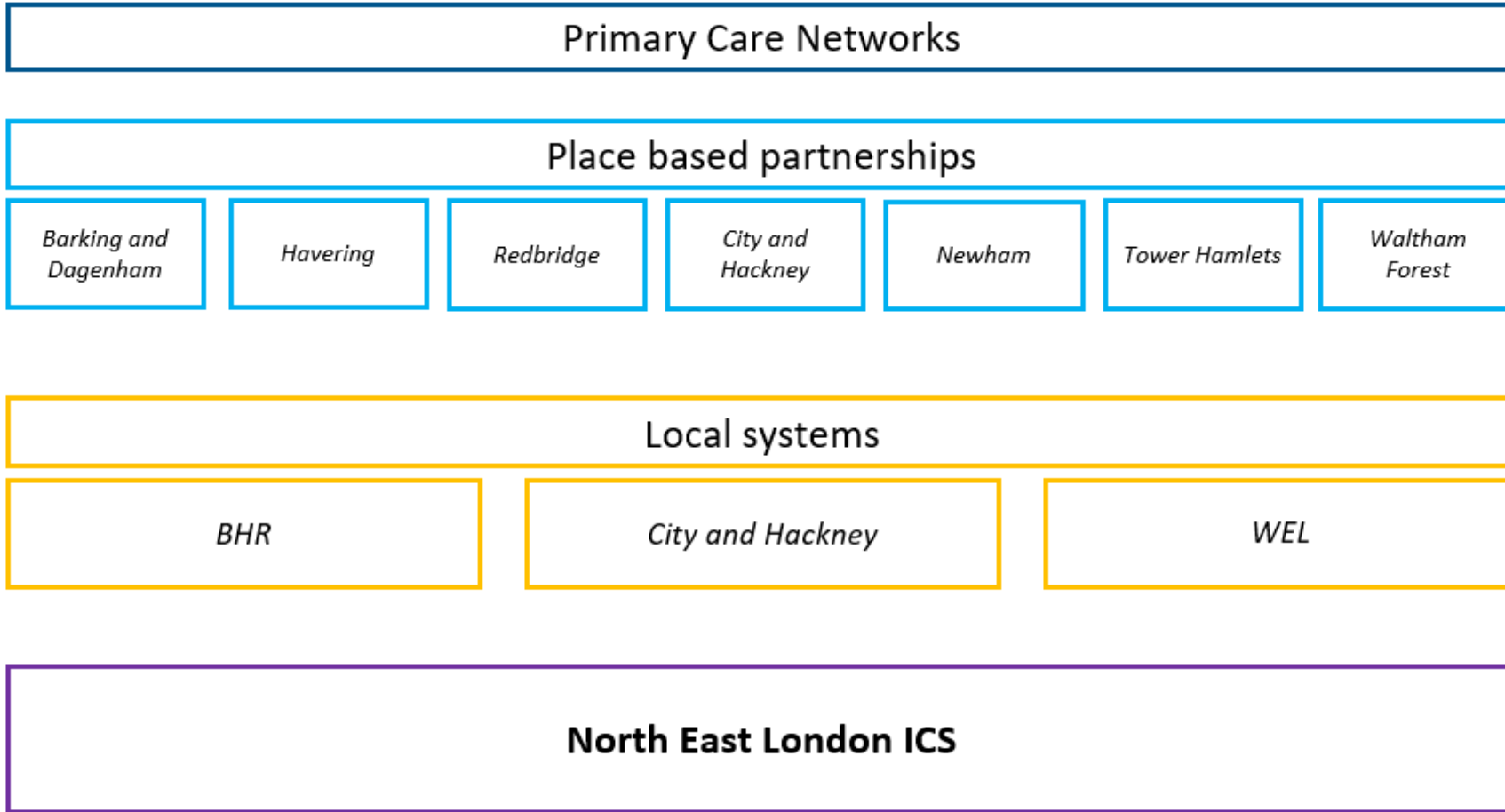
Locally led system approach

- A key feature of the north east London Integrated Care System is the distinct population-focused **integrated care partnerships (ICPs)**: Barking and Dagenham, Havering and Redbridge (BHR); Waltham Forest, Tower Hamlets and Newham; **City of London and Hackney**.
- Each of these **ICPs** has developed local priorities based on the needs of their populations, **developed collaboratively** across organisations and through working together with local communities.
- The **vast majority of health and care delivery will continue to be delivered at our local place and borough level**, working together as partners with local populations. We call this the 80:20 principle – in recognition of the fact that decisions about health and care will take place as close to local people as possible.

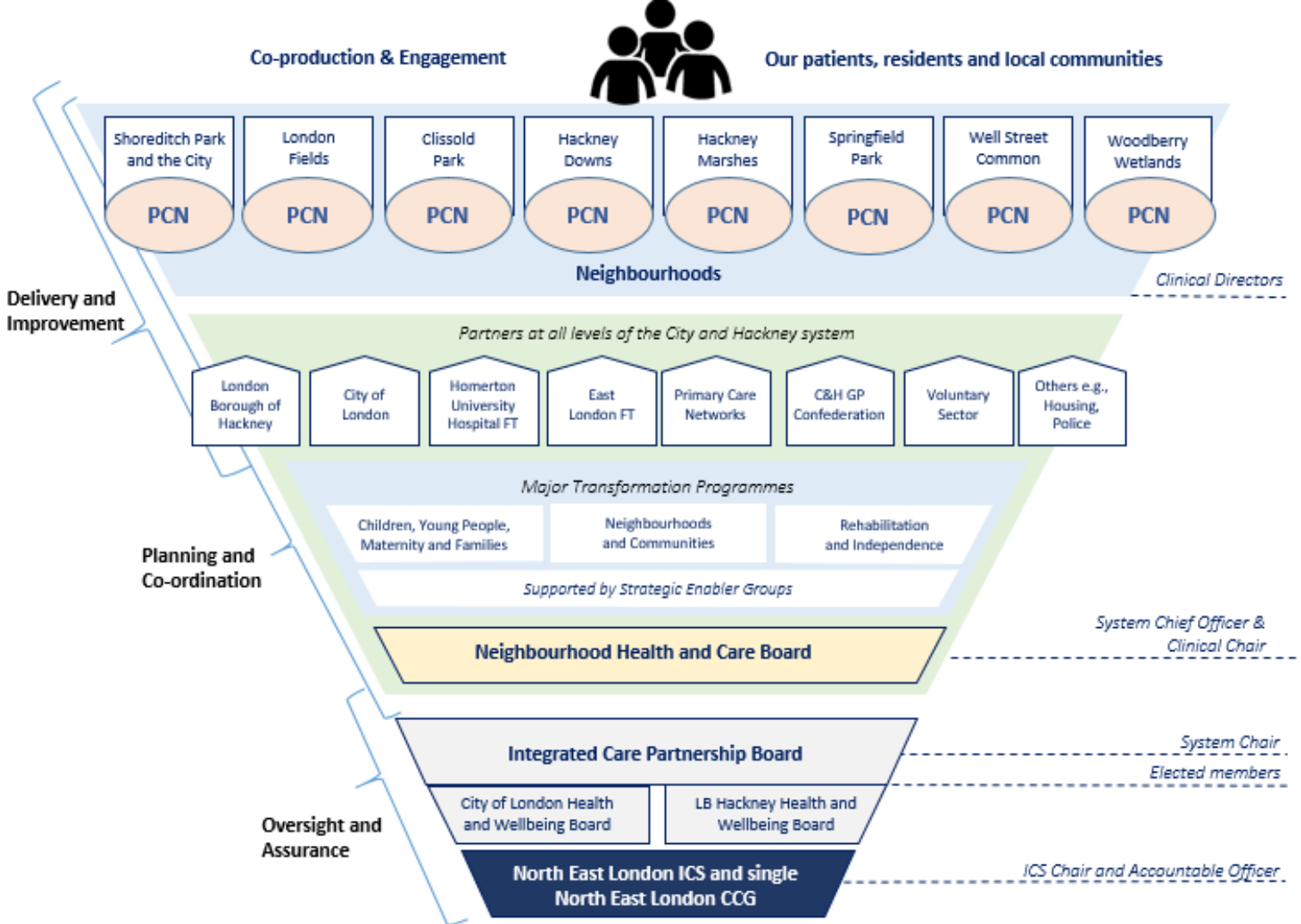


What will a NEL Integrated Care System (ICS) look like?

North East London Integrated Care System



Proposed Integrated Care Model for City & Hackney: At a glance



What is changing and why?

CHANGES

- NHS England's Long Term Plan sets out a timetable for establishing Integrated Care Systems (**ICS**) by **April 2021** and typically there should be 'a single CCG for each ICS area'
- All CCGs within NEL will merge into **a single NEL CCG** by April 2021
- This means that we are moving from a "commissioner /Provider" split towards a **system focus on supporting our frontline practitioners to deliver improved health and care outcomes** for our local population
- Within City & Hackney we intend to migrate from an Integrated Commissioning Board to an **Integrated Care Partnership Board (ICPB)** supported by a number of **subgroups**. The ICPB will be responsible for system **oversight** and **assurance**
- A City & Hackney **Neighbourhood Health & Care Services Board** will be responsible for. **service planning, service delivery** and **service improvement**. This includes the work within workstreams, major programmes and Covid-19 Phase 2 Recovery programme

BENEFITS

- **Clinicians** will define how we improve services to the public and patients
- **Clinicians** will have their voice heard throughout the process
- Decision-making will sit as **locally as possible**
- Decision-making starts at the Place base unless it satisfies one of the 3 question test (*see overleaf)
- An opportunity to **delegate to Primary Care Networks** as far as possible and build clinical leadership at a neighbourhood level
- The Integrated Care Partnership Board will be an opportunity for improved integration and **increased accountability** by including our providers as partners
- A NEL ICS helps strengthen what we have achieved. It allows us to **influence specialised commissioning** and creates more efficient interfaces with regulators
- **Increased transparency** for elected members as they will be part of an even more democratic process
- Improved **opportunities for pooling budgets** locally

*The 3 questions test/ 80:20 principle

The 3 questions test

In choosing whether to make decisions at a NEL level instead of locally in City and Hackney, does it....

- *Increase our chances to improve population health or reduce inequalities?*
- *Make decision-making smoother and/or quicker – does it remove a barrier to making a decision?*
- *Better align accountability for decision-making with accountability for money?*

The 80:20 principle

- The basic principle is that decisions about health and care take place as close to local people as possible
- We call this the 80:20 principle in recognition of the fact the vast majority of decisions and resources about how health services will operate will take place locally (approx. 80%)
- Most of the resources will be devolved to local partnerships to decide what is in the best interests of patients



Commissioning and Finance Framework

- Single CCG will be the statutory body receiving a single set of NEL allocations:
 - *Programme allocation (commissioning budget)*
 - *primary care*
 - *Running costs (RCA)*
- Budgets will be devolved to borough based partnerships – NHSE will not set allocations at a borough level through the national formula, **however**
 - *We will track published CCG allocations, so the principle of population based capitation will remain*
 - *This will maintain stability of existing plans and ensure no one is made worse off by the merger*
- Circa 98% of commissioning budgets will be devolved to place
- The single CCG will retain a corporate budget for head office costs, based on the functions that have been agreed
- 0.5% contingency + 0.5% risk reserve held centrally to manage risk in areas of financial pressure and support overall sustainability
- **NOTE:** CCG allocations are subject to national policy and post-pandemic resources are likely to be subject to change as part of Comprehensive Spending Reviews

Organising Principles

- We intend to continue our long history of ensuring **clinical and practitioner leadership** of our integrated health and care system, in order to ensure ownership, safety and quality. Our **Practitioner Forum** will provide this leadership input to the Integrated Care Partnership Board.
- Our system must be locally owned, which means ensuring that **changes we make are co-designed and co-produced with local residents and service users**. This central role for partnership with patients and the public will be enacted throughout our work, starting with the Integrated Care Partnership Board's **People and Places Group**.
- A key element of system assurance is ensuring that we can evidence safe and satisfactorily high quality outcomes for local people. We know that quality outcomes can only be achieved when **quality improvement** is placed at the heart of everything we do. The ICP Board's **Quality Group** reflects this central role for quality within our system.
- The City and Hackney system is characterised by a strong history of **primary care** leadership in relation to quality improvement, admissions avoidance and our neighbourhoods programme, and the new clinical directors of our primary care networks will lead implementation of integrated care. The ICP Board's **Primary Care Group** will support this continued focus on primary care.
- Building on our local track record of **effective and collaborative leadership** we believe that the local system is at a level of maturity where it will benefit from an ICP Chief Officer role (appointed from within the Neighbourhood Health and Care Board) to both continue to support distributed leadership through the **Accountable Officers Group** but also to take accountability and be responsible for driving the changes we want to see.
- The clear accountability of this governance structure, including its key sub-groups as described above, should ensure that the **Neighbourhood Health and Care Board**, with oversight from the **Integrated Care Partnership Board**, will be safely responsible for holding a population health budget and able to make swift and effective decisions in relation to the deployment of delegated resources.
- The **Integrated Care Partnership Board** provides cross partner leadership by setting outcomes and performance parameters and maintains legal accountability for the delivery of health and care across the partnership.

How to have your say

- email us at nel-ics.pmo@nhs.net
- Visit www.eastlondonhcp.nhs.uk