#### Summary of the ICB Development Session Held on October 29th 2020

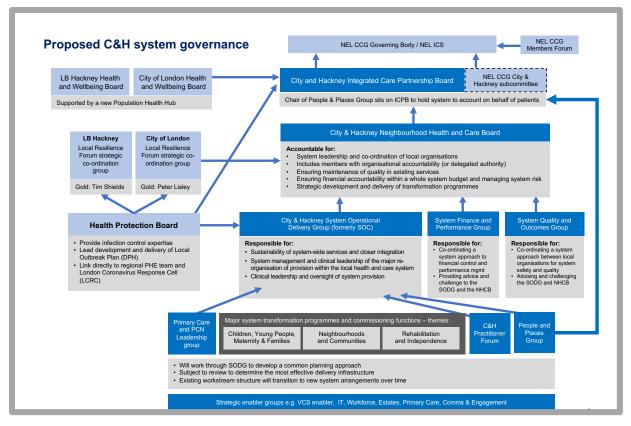
The City & Hackney Integrated Commissioning Board held a second development session on 29th October to discuss the proposed local Integrated Care Operating Model. The session built on the work undertaken over the summer following the July development session. This October session was attended by 40 participants including community and PPI representatives, the voluntary sector, PCN leaders and representatives from City of London Corporation, the London Borough of Hackney, the CCG, local primary care, secondary care and mental health.

This summary captures the input made to the meeting and the discussion following small group reflection.

## Formal Input made

David Maher began the meeting by referring to the recent vote by the GP practice membership supporting proposals to form one NEL CCG. Over the coming months, the NEL Integrated Care System will be reliant on a strong local City and Hackney integrated system to take responsibility for local system performance including the longer term integration of care services. The NEL CCG will have a City and Hackney area subcommittee to focus on the local health economy but it is expected that this subcommittee would operate as part of a new Integrated Care Partnership Board (ICPB) involving City of London Corporation, the London Borough of Hackney, local NHS providers, the voluntary sector and local Healthwatch. This effectively widens the NEL area subcommittee to include local partners to enable a system wide view across health and social care. There may be occasions when specific decisions may need to be taken by commissioners, either health on their own or with the local authorities, but the desire is to determine local strategy as a total system and to oversee key aspects of performance together. The new ICPB will work closely with the two local Health and Well Being Boards; the Health and Well Being Boards are the rightful process for broader discussion on the wider determinants of health and wellbeing. This work will be underpinned by the new Population Health Hub that will be an important source of data and intelligence on the health and wellbeing of local people. The Hub will support the Health and WellBeing Boards but also work closely with the neighbourhoods. The ICPB will then focus on the health and social care agenda at the strategic level.

The Neighbourhood Health and Care Board (NH&CB) then takes responsibility for the delivery of services within a mandate agreed with the ICPB. *Tracey Fletcher* introduced the proposals around the new NH&CB, emphasising the connection between the formal and informal processes operating at a network/locality level and across the localities. Tracey set out important subgroups responsible for providing a systems lead at the operational level; these include a System Operational Delivery Group, a System Finance and Performance Group and a System Quality and Outcomes Group. These groups will report to the NH&CB which will oversee the delivery of the system and be accountable to the ICPB. Tracey emphasised the evolutionary nature of the new arrangements and stressed the importance of very local informal partnership working at the neighbourhood level as well as joint working across neighbourhoods as part of specific service integration programmes and enabler groups. City and Hackney has a strong culture of joint working and extensive involvement and there is a desire to maintain this commitment whilst also recognising the need for efficient decision making processes.



#### Fig 1 The proposed arrangements

From a North East London perspective, *Jane Milligan* commented on the need for strong local arrangements for the City & Hackney system in keeping with similar arrangements in WEL and BHR. What was different about City and Hackney was the commitment to a formal arrangement at both the strategic and operational delivery level (the ICPB and the NH&CB) and to that extent this is a welcome early development. She also emphasised the flexibility that there is for local stakeholders to choose their arrangements to ensure local accountability for the performance of the system.

*Haren Patel* spoke of the importance of ensuring effective arrangements to involve the PCN Clinical Directors at each level of joint working. Whilst the Networks are in an early stage of development, they offer a significant platform for joint working and integration of services at the very local level.

### Observations and recommendations post the small group reflections

The meeting then separated into six group discussions. Upon returning the following points were made:

- There was a general level of support for the framework and encouragement to move now to the detail of composition and process. The distinction between working at the strategic and operational delivery levels seemed clear as a concept. The practice of this would be enhanced as arrangements are established. Reflection and learning must be built into the implementation process. The system will not be perfect from the start but we need to get started and adapt as we learn.
- There is a very strong local culture of involvement with a principle of accountability to patient and the community. This needs to be protected and nurtured in the new arrangements.

- There was overall confidence in the structure, but further reassurance could be provided on how we could increase stakeholder engagement with real understanding of how informal processes will be instrumental in initiating change.
- We need greater clarity over where the patient voice would sit within this. There is a danger that in such complex structures a sense of ownership of patient voice could be lost.
- No individual organisation or person has a monopoly on good ideas. We need to make sure that colleagues in all organisations are able to speak their minds and exchange ideas.
- CCG staff have played a key role in developing the local system and will continue to do so as the arrangements take shape. They will contribute in future through the transformation and enabling programmes and in providing support for the sub groups and local neighbourhoods. It is important that they can play a full role in shaping the new arrangements.
- Primary Care Networks are keen to be involved at every level of these structures and need to be treated as equal partners.
- There would be a further need to stress test these structures, and there was acknowledgment that we are in an early stage. The presented illustration around end of life care was helpful in understanding how the system might work. Further examples would be important in testing the robustness of the arrangements.
- City & Hackney has been in a relatively privileged position as its financial situation has been reasonably stable. With the impact of the pandemic, however, there may be situations which cause us to make difficult decisions, which would be the real test of the partnership working.
- Some members expressed concern that things may not end up being done unless that have ICPB approval. It is important to be clear on how delegation will work and how different parts of the system will have freedom to initiate and to experiment.
- There were opportunities for Health and Wellbeing Boards to become more connected with Neighbourhoods. The Population Health Hub will be a key enabler of that. We have an opportunity within all of this work to do something radically different within our communities.
- We should also think about enabling teams to work closer together in order to break down organisational boundaries.
- We need to ensure the integration of social care within the strategic and the operational delivery work, whilst recognising that the Corporation and LBH do work differently.

# Closing the meeting

Councillor Kennedy thanked all those for attending. He was keen that we maintain the momentum achieved around establishing the new arrangements. He thanked David and Tracey for providing leadership and direction for the technical work and looked forward to having a third development session in the New Year when we might collectively consolidate on the experience of some initial trialling of the new arrangements.

Summary prepared by Alex Harris and Simon Standish November 6<sup>th</sup> 2020