MEETING

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

FRIDAY 18TH MARCH, 2022

AT 10.00 AM

VENUE

ISLINGTON COUNCIL, TOWN HALL, UPPER ST N1

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
1	AGENDA AND REPORT PACK	3 - 68

dominic.obrien@haringey.gov.uk

This page is intentionally left blank

AGENDA ITEM 1

NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday 18th March 2022, 10:00 a.m.
Council Chamber, Islington Council, Town Hall, Upper Street, London N1 2UD

Contact: Dominic O'Brien, Principal Scrutiny Officer

Direct line: 020 8489 5896
E-mail:dominic.obrien@haringey.gov.uk

Councillors: Alison Cornelius and Linda Freedman (Barnet Council), Larraine Revah and Paul Tomlinson (Camden Council), Tolga Aramaz and Derek Levy (Enfield Council), Pippa Connor **(Chair)** and Khaled Moyeed (Haringey Council), Tricia Clarke **(Vice-Chair)** and Osh Gantly (Islington Council).

Support Officers: Tracy Scollin, Sola Odusina, Claire Johnson, Dominic O'Brien, and Peter Moore.

Quorum: 4 (with 1 member from at least 4 of the 5 boroughs)

AGENDA

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items will be considered under the agenda item where they appear. New items will be dealt with under item 11 below).

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

6. MINUTES

Report to follow.

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 28th January 2022 as a correct record.

7. MENTAL HEALTH SERVICES REVIEW (PAGES 1 - 16)

To update the Committee on the progress of the mental health services review and next steps including the work to develop a set of mental health indicators and to agree Borough based implementation plans.

8. COMMUNITY HEALTH SERVICES REVIEW (PAGES 17 - 30)

To update the Committee on the progress of the community health services review and next steps.

9. ICS FINANCE/GOVERNANCE

Report to follow.

10. WORK PROGRAMME (PAGES 31 - 38)

This paper provides an outline of the 2021-22 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

11. NEW ITEMS OF URGENT BUSINESS

12. DATES OF FUTURE MEETINGS

No further meetings in 2021/22.

Dates of 2022/23 meetings TBC.

Dominic O'Brien, Principal Scrutiny Officer
Tel – 020 8489 5896
Email: dominic.obrien@haringey.gov.uk

Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
River Park House, 225 High Road, Wood Green, N22 8HQ

Thursday, 10 March 2022

This page is intentionally left blank

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

Update to Joint HOSC Strategic Review of Mental Health Services

18th March 2022

Contents of This Pack

This pack provides members of JHOSC with an update on the Mental Health Services review. It should be read in conjunction with the Community Services Review. A number of the slides including in this pack on the shape and form of the core service offer are equally applicate to Community Services but have not been repeated.

The attached slides set out the process for the review which is running in parallel with the community services in recognition of the importance of ensuring as part of the outputs from this work we achieve better support from mental health services for those with a physical illness and vice versa. As the review progress we will use our work with Borough Partners to agree how this will be achieved.

The slide on how service user and residents voices and views have been incorporated within the core services offer have not been repeated have been integral to this work s mental health. This slide gives examples on how views have been incorporated into the core services offer.

For mental health we are starting to explore what will be the most effective arrangements for commissioning to deliver a more cohesive proactive service that focuses on prevention and addresses inequalities in how services are experienced. Current arrangements need to be reviewed in light of these ambitions and in the context of the development of place within the ICS

Service user and partner engagement will be critical to embed and integrate the core offer with wider place based services. To progress this, we are starting a series of discussions with partners including service users and local residents to talk through how the core service offer can be best delivered and what for example improved health outcomes would show progress.

JHOSC members are asked to note the progress of the MH review and next steps including the work to develop a set of Mental Health indicators and to agree Borough based implementation plans

Introduction and Background

NCL CCG has committed to conducting a Strategic Review of Mental Health services to **address long-standing inconsistencies in service offer**, **access** and **outcomes** for our population. The Mental health and community services review are running in **parallel**, with **integrated workstreams**, to ensure that physical and mental health services are joined-up. Both reviews have taken a consistent **three stage approach**. **We have agreed the baseline review findings and the core offer that addresses issues and patient/service user feedback** and are now working on the plan for implementation.

1. Understand the case for change (complete)	2. Develop the proposition (complete)	3. Implementation (current)
Aim • Understand current mental health services in NCL and the variation between boroughs • Develop a powerful case for change for mental health services; available on the CCG website. The next slide provides a summary of key findings	**Aim** • Clinically-led, population need focused, design of a new core offer for community and mental health services, that will be a consistent minimum standard across NCL • Impact assessment to understand the implications of delivering the core offer (benefits and affordability)	**Aim** • Engagement with system partners to plan for implementation and set ourselves up to deliver the core offer

Through this process, a core offer was developed for different age segments of the population and descriptions were drafted for each component of the core offer

Programme Governance, Engagement and Co Design

Mental Health Services Review Programme Board Membership

- CCG including Accountable Officer, Clinical Responsible Officer, Governing Body GP and Lay member
- Mental Health Trust Chief Executives; BEH/C&I, Tavistock and Portland and Whittington Health
- Local Authority; Chief Executive, Directors of Adults, Children and Public Health
- 2 Experts By Experience
- Voluntary Sector Representative

Engagement

- Residents Reference Group
- Residents Survey
- Borough Meetings e.g. with Healthwatch In Islington, Bridge Renewal Trust in Haringey
- Specific focused meetings e.g. Mencap in Barnet, Camden Parents of Children with Special Needs

Co Production and Co Design

- Core Service Offer developed with Experts By Experience and some Voluntary Sector Reps
- All community providers
- All mental health providers
- Resident Reference Panel input into core service design
- Workstreams for Mental Health Core Service Offer (and Long Term Plan Delivery) ; service user co design

Conclusions from Baseline Reviews

The Mental Health Baseline Review has:

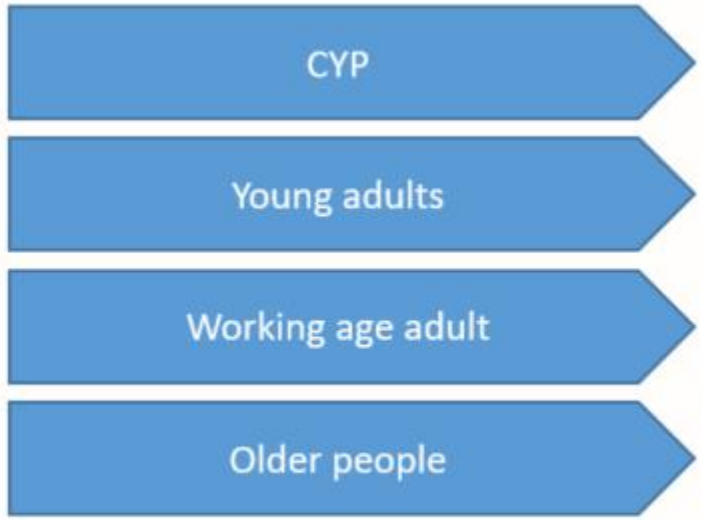
- Confirmed and updated the extent of mental health needs, prevalence and implications on life expectancy etc. amongst the NCL population, including an update on the ongoing impact of Covid-19
- Confirmed the view that across NCL there is a degree of variation in terms of the mental health services provided, and in access and clinical thresholds to services which is not in line with the CCG/ICS principles
- Confirmed the view that current commissioning and provision are not aligned and set up in a way that could deliver the level of change required to deliver the core and consistent service offer that has been co developed and agreed across NCL partners. It notes that Children and Adolescent services are particularly fragmented with many statutory and voluntary sector providers all needing to be coordinated
- Acknowledged the extent of the challenge that needs to be addressed as part of the CCG/ICS commitment to improving the life expectancy/health outcomes for its local population
- Acknowledges that the baseline review is a reasonable reflection of the experiences of accessing and using mental health services experienced by the population of NCL
- Acknowledges that further discussion is needed to work in a more integrated and collaborative way with community services to recognise the number of local people with both a mental and a physical health need and the importance of better integrated working to deliver this
- Sets out that there are challenge and opportunities of an NCL approach to aligning delivering a core and consistent service offer with an ICS aspiration for local place based partners to shape the delivery of services in a way that best meets local needs and which supports providers to also work more collaboratively to deliver the core service review
- Notes that by continuing to work in the same way it will take the CCG/ICS much longer to bring about the level of transformation that is required to deliver the core service offer and that different approaches are needed by both Providers and commissioners to ensure a greater pace to delivery
- Provides the ‘burning platform’ that drives changes to what and how NCL mental health services are provided and how they are commissioned

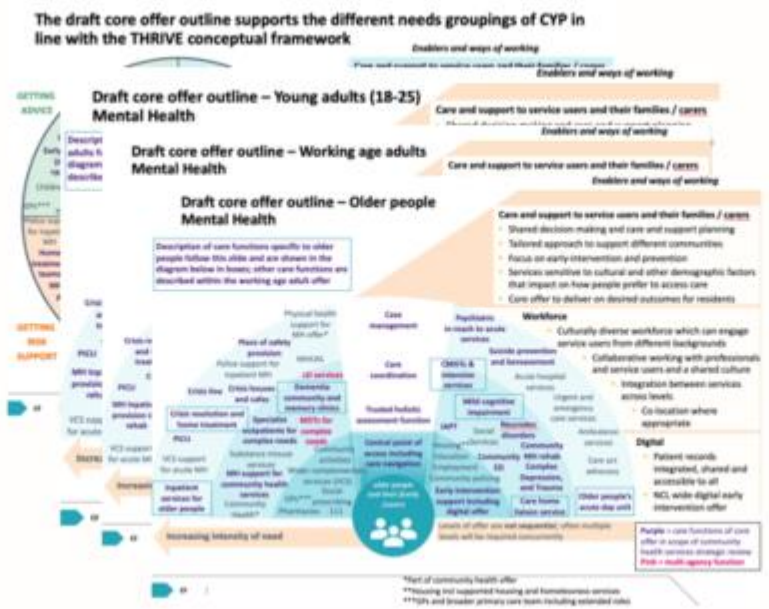
Emerging Conclusions from the Mental Health Services Review

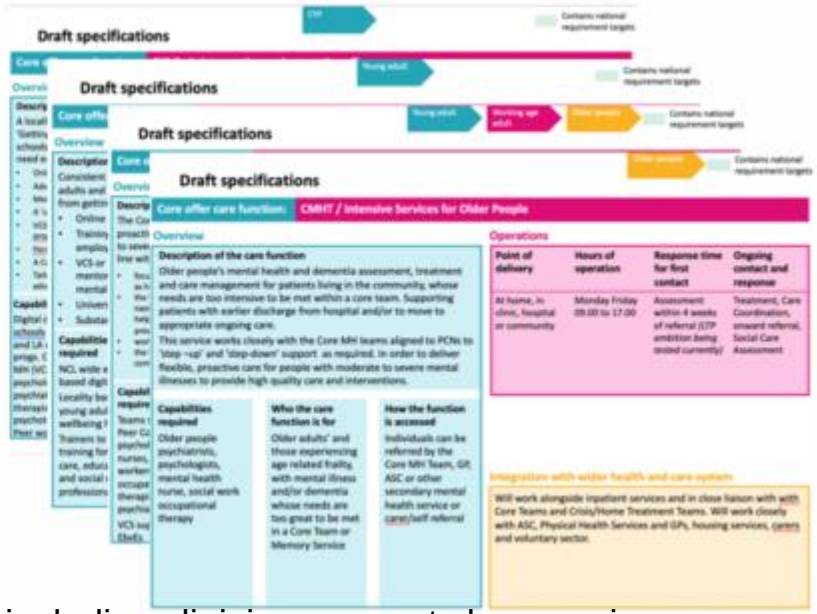
Work on the NCL mental service review shows that;

- There is demographic variation and different levels of need across NCL. The pandemic has magnified and worsened existing inequalities and has increased the number and acuity of people needing services and support especially young people
- CAMHS services are fragmented with multiple providers both statutory and voluntary sector and might benefit from a more consistent approach to leadership oversight and planning and NCL wide activity such as recruitment to key workforce vacancies
- Service provision and investment do not completely correspond to levels of need although they are much closer than for community services
- Services focus is on a crisis response at the expense of prevention and early intervention
- Core Service offer is a minimum set of service standards that should be delivered consistently across NCL and should support more integrated ways of working and improved outcomes
- More work is needed to work in a more integrated and collaborative way with community services to recognise the number of local people with both a mental and a physical health need
- There are challenge and opportunities in an NCL approach to delivering a core and consistent service offer with an ICS aspiration for local place based partners to shape the delivery of services in a way that best meets local needs
- The new ICS and its ambitions for improved population outcomes provides an opportunity to consider different ways of commissioning mental health services to assist this delivery.

The Core Service Offer for Mental Health



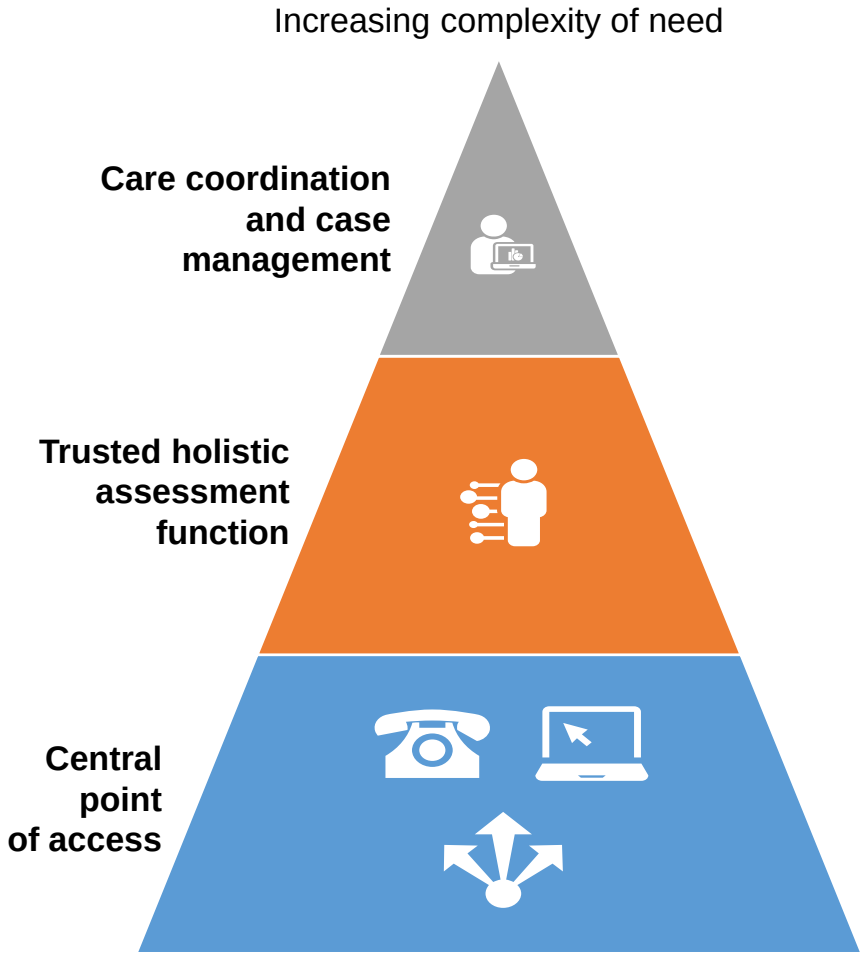




- The Core Service offer for Mental Health has been co-designed by a range of partners including clinicians, experts by experience, local authority reps etc. and focuses on best clinical practice and best local practice and takes a competency based approach to delivery
- The core service offer sets out the minimum offer that NCL residents should expect to receive
- The core service offer describes key interfaces, workforce competencies as well as how services are to be accessed
- The core service offer sits within the aspirations of the national Long Term Plan and has a focus on prevention and proactive care which was important for local people in their hopes for service redesign
- There should continue to be close alignment in planning the delivery of the core service offer and the LTP
- To achieve the benefits of the core offer, it needs to be implemented in its entirety
- Assuming funding is agreed, implementation of the core service offer will take approximately three years given a need for thoughtful discussion with partners, users etc. on how services respond to core offer, recruitment, training etc.

The Core Offer – Coordinating Functions

A set of coordinating functions act to support, integrate and navigate care for service users across the layers of the core offer



- Service users with complex needs are allocated a clinical **case manager**. This individual leads the development of a **holistic care plan and its delivery**
- Care coordinators support this through **organising MDT meetings** and supporting service users and their families and carers to **navigate health and care appointments**

- Service users have **a single up front holistic assessment of their health needs, functioning, living environment & preferences**
- This is conducted by a senior professional with trusted assessor competencies who has the trust of the full MDT
- Service users and their families and carers **only have to tell their story once**

- Central point of contact at borough or NCL level for initial referrals and contacts with local community and MH health services
- Provides telephone and/or email hub which **directs referrals or queries to the right individual or service**
- Accessed by any health or care professionals, by service users and families / carers
- Administrators have access to directory of local services and assets and are able to **help service users and professionals navigate the wider available support**

NORTH LONDON PARTNERS in health and care

NHS

How Feedback from Resident Engagement Discussions Has Helped Shape the Core Service Offers

As part of the service reviews the CCG has developed a comms and engagement strategy. Some of the feedback we have received is set out below and how this has been incorporated into the core services offer. This work will also feed into our discussions on the community and MH population health indicators

Feedback/Comments from resident engagement discussions:

- Both community and mental health services need to improve access. This includes waiting times, time for first contact and ability to communicate - especially the availability of interpreting services, including British Sign Language.
- Both community and mental health services need to be more dementia friendly and think more about those with other needs, especially sensory problems.
- Both community and mental health services need to reduce the number of hand offs and make better use of technology to avoid people having to frequently repeat their details/stories.
- Both community and mental health services need to improve communications with patients especially when appointments are changed, cancelled etc. and have better processes for responding to patient enquiries etc.
- A move to digital was welcomed by some, but there was a strong counter view that the digital divide was widening and that health services must offer a mix of delivery mechanisms and not just rely on a digital approach.
- All patients wanted services to be personalised and for their care to be considered in the context of their lives and circumstances as well as wanting to be involved in any decisions on their care.
- Transition planning especially from children to adult services was highlighted as problematic and requiring an earlier start than is currently happening.
- Services must be culturally competent and providers need to work with their communities to recruit more local people and use their experience and knowledge to work more effectively with diverse local populations.

How this feedback has been incorporated into the core services offer

- Core service offers include response times, but we will need to address backlog of patients waiting especially in CAMHS. Work has already started in other areas e.g. Therapy waiting times in Barnet, or access to autism/ACHD assessments.
- Core service offer designed around central point of access (or SPA) which could support better direction for some patients to both NHS and local authority / voluntary sector services.
- Core service offer proposes more services with direct access, reducing the need for referral.
- Core service offer supports the personalisation agenda with more care plans, case managers and greater requirement for patient led decision making.
- Core services offer seeks to be more community based and offer pro-active care to reduce number of patient first contact being via A&E or inpatient services etc.
- Core services offer has some integrated working between mental health and community services but this needs more discussion as part of thinking through how the core offer is delivered at a place level.
- Core offer includes focus on transition planning and development of more specific 18-25 services to bridge between CAMHs and adult services.
- Other feedback for providers included further discussion needed on culturally competent services and digital offer, dementia friendly approach etc.

Update on Developing an Outcomes Framework to Support Mental Health Services Review

As part of the mental health services review the CCG in conjunction with its partners including service users plans to agree a set of mental health indicators to measure the impact of delivering the core services offer consistently across NCL. This was agreed as an action at the last MH Review Programme Board

- The intention is to nestle mental health indicators under the overall population health outcomes and population health improvement strategy (see next slides for high level indicators)
- The intention will be to agree a small number of key indicators (3-5 maximum) under each of the 7 outcome headings that well demonstrate progress against the key objectives of the community service review
- The intention will be that each MH provider collects the same indicators as part of its contract
- The indicators will start as a mixture of process indicators e.g. waiting time for treatment, i.e. those currently available but in time move to indicators which demonstrate progress on delivering benefits of core offer e.g. reductions in number of emergency admissions, uptake of Improving Access to Psychological therapies for all populations as well as indicators measuring impacts on the wider determinates of health such as older people connected and thriving in their local communities i.e. reducing social isolation etc.
- We are working with Population health team to find indicators and measures that demonstrate improvements which can then be monitored in terms of reductions in inequalities and inequities
- Working with HealthEIntent to collect data and streamline processes for reporting
- These will not be the only set of indicators/KPIs collected but will work along side a range of indicators required nationally and within NCL etc. to monitor and measure performance

Next Steps

We will be working with partners to agree the measures that fulfil the above set of criteria

NORTH LONDON PARTNERS in health and care

Draft For Discussion

NHS

Proposed principles to developing the NCL Population Health outcomes and Population Health Improvement strategy

- Tackling health inequalities
- Prioritising prevention and early intervention
- Empowering communities
- Co-production and personalisation
- High quality of and equitable access to services
- Adding value
- Integration and doing things differently
- Sustainability and greener NHS
- Subsidiarity
- Sharing responsibility and accountability
- Maximising use of enablers: finance, workforce, digital, anchor institutions, Population Health Management

NORTH LONDON PARTNERS in health and care

DRAFT FOR DISCUSSION

NHS

Proposed NCL Population Health outcomes framework

Start well

Every child has the best start in life and no child left behind

- Improved maternal health and reduced inequalities in perinatal outcomes
- Reduced inequalities in infant mortality
  Increased immunisation and new born screening coverage
- All children are supported to have good speech language and communication skills

All children and young people are supported to have good mental and physical health

- Early identification and proactive support for mental health conditions
- Reduction in the number of children and young people who are overweight or obese
- Improved outcomes for children with long term conditions

Young people and their families are supported in their transition to adult services

- All young people and their families have a good experience of their transition to adult services

18

Live well

Reduction in early death from cancer, cardiovascular disease and respiratory disease

- Reducing prevalence of key risk factors: smoking, alcohol, obesity
- Early identification and improved treatment of cancer, diabetes, high blood pressure, cardiovascular disease and respiratory disease

Reduced unemployment and increase in people working in good jobs

- Support people to stay in jobs, including mental health and musculoskeletal services
- Anchor institutions to employ local people including those with mental health illness, physical disability, and learning disabilities, and to buy locally including by using social value-based commissioning and contracting

Parity of esteem between mental and physical health

- Reducing racial and social inequalities in mental health outcomes
- Improved physical health in people with serious mental health conditions
- Reducing deaths by suicide

Age well

Older people live healthy and independent lives as long as possible

- Ensure that people get timely, appropriate and integrated care when they need it and where they need it
- Prevent development of frailty with active aging
- Improved outcomes for older people with long-term conditions, including dementia

Older people are connected and thriving in their local communities

- Older people have fulfilling and meaningful social life
- Older people are informed well and can easily access support for managing financial hardship

Page 12

Bridging the affordability risk in delivering the Mental Health Core Offer

Built in to current affordability model however focus now on how ICS can maximised these

Efficiency

- Challenge to Providers from benchmarking opportunities identified; Funding to be identified to recycle for core services offer
- Collaboration and sharing of best practice across NCL providers including use of digital solutions

Opportunities of scale

- Delivering some services collaboratively across NCL
- Expected to support our workforce sustainability and delivery of small or ‘fragile’ services

System savings

- Invest savings from inpatient bed day activity using proactive and preventative MH services
- Reduce number of out of area placements

Further Opportunities

Redistribution of resources

- Changing the footprint of services / sharing resources to effectively increase resources in areas that need investments; Provider Review between Barnet Enfield & Haringey and Camden & Islington will support this work

Growth monies

- Core offer delivery to have first call on new MH investment & growth monies e.g. use of Mental Health Investment Standard (MHIS)

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Funding The Mental Health Core Services Offer

To agree funding for the core services offer the CCG and MH Directors of Finance are working together to agree a balanced system plan for 2022/23. 2022/23 is also year one of the core offer implementation. Work is in progress to ensure that the phasing of core offer delivery is in line with the 3 year plan

- There is agreement that nationally allocated funding from the Mental Health Investment Standard (MHIS) and Service Development Funding (SDF) should be used given the overlap of the core service offer and Long Term Plan For Mental Health
- There is a discussion about how Providers should contribute ' savings' from productivity improvements to recycle to fund the core services offer; Providers will need to time to find savings but the closer working between BEH and C&I is an opportunity for working differently across NCL
- The closer working of the two largest MH Trusts in NCL also brings other opportunities e.g. the development of a single bed management system should help reduce the number of out of area placements and ensure that this funding is used locally
- However despite the use of the MHIS and SDF the increasing demand and especially acuity of services users will require ongoing investment from NCL. How this funding is agreed is yet to be determined

Progress on Implementation Planning

- The core service offer reflects the minimum service offer and incorporates requirements of the MH Long Term Plan
- As part of developing implementation plans we are working on agreement of an outcomes framework. This will sit under and contribute to the delivery of the NCL population health outcomes framework and set out what we want to achieve as the contribution of community and mental health services.
- We are identifying at indictors which can demonstrate progress against out aspiration for preventive and proactive community based services as we know this resonates with the feedback with have had from service users and residents as part of our communications and engagement strategy.
- As part of our approach to developing a funding plan we have provided a detailed productivity benchmarking report which sets out information on skill mix and activity details to identify opportunities for greater efficiencies by working together or delivering at scale to reinvest into the core offer.
- For mental health services we are looking at services at scale to address issues with clinical fragility, workforce vacancies and resilience and the ability to contribute to efficiency savings. Changes in the provider landscape with BEH & C&I working more closely together will bring new opportunities for sharing and working more collaboratively
- To deliver the core service offer and its under pinning aspirations on more preventative and practice care, reducing inequalities and moving from a more crisis focused service will require the CCG/ICS to commission in different ways and for Providers to respond differently,. How that will be achieved is to be the subject of further discussions with partners. Provider Collaboratives have been mooted as one option but there are others that will be explored.

Summary and next steps

- In summary, there is a compelling and powerful case for change underpinning the ambition to deliver a core mental health service offer for NCL residents.
- We are working with Providers and partners to look at opportunities for more collaborative working that will support the delivery of the core service offer.
- Borough based implementation plans will be developed with borough partnerships once the work on financial planning has concluded. Mental Health is a priority in Boroughs and these discussions will be an opportunity to achieve greater integration and coordination across different partners.
- Work is starting to develop an outcomes framework to measure the impact of change and improvements to population outcomes.
- Implementation plans will include arrangements for monitoring of core offer cost, activity and outcomes to ensure the project remains within affordability and delivers planned clinical benefits.
- Service user and partner engagement will be critical to embed and integrate the core offer with wider place based services. To progress this, we are starting a series of discussions with other partners e.g. NCL Experts By Experience group to talk through how the core service offer can be best delivered and what for example improved health outcomes would show progress.

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

Update to Joint HOSC Strategic Review of Community Health Services

18th March 2022

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Contents of This Pack

This pack provides members of JHOSC with an update on the Community Services review. It should be read in conjunction with the MH Services Review. A number of the slides including in the MH pack on the shape and form of the core service offer are equally applicate to Community Services but have not been repeated in this pack.

The attached slides set out the process for the review which is running in parallel with the MH Service review partly in recognition of the importance of ensuring as part of the outputs from this work we achieve better support from mental health services for those with a physical illness and vice versa. As the review progress we will use our work with Borough Partners to agree how this will be achieved.

The slide on how service user and residents voices and views have been incorporated within the core services offer have not been repeated but again apply to the community services offer as well as mental health.

For community services there are a number of approaches being used to test out the most effective and affordable approach to delivering the core service offer e.g. via vertical or horizontal working or through working at scale etc.

The focus for system leadership during the next stage of review is to conclude the values that can be attributed to pillars of work e.g. system efficiency to bridge the affordability gap or options to re-profile the implementation of the core offer and benefits realisation plan to achieve this.

Service user and partner engagement will be critical to embed and integrate the core offer with wider place based services. To progress this, we are starting a series of discussions with partners including service users and local residents to talk through how the core service offer can be best delivered and what for example improved health outcomes would show progress.

JHOSC members are asked to note the progress of the MH review and next steps including the work to develop a set of Mental Health indicators and to agree Borough based implementation plans

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Community Services Review Programme Governance, Engagement and Co Design

Community Services Review Programme Board Membership

- CCG including Accountable Officer, Clinical Responsible Officer, Governing Body GPs and Lay member
- Community Trust Chief Executives; BEH, Whittington Health, CNWL and CLCH
- Acute Trust CE representative
- Local Authority; Chief Executive, Directors of Adults, Children and Public Health
- Voluntary Sector Representative

Engagement

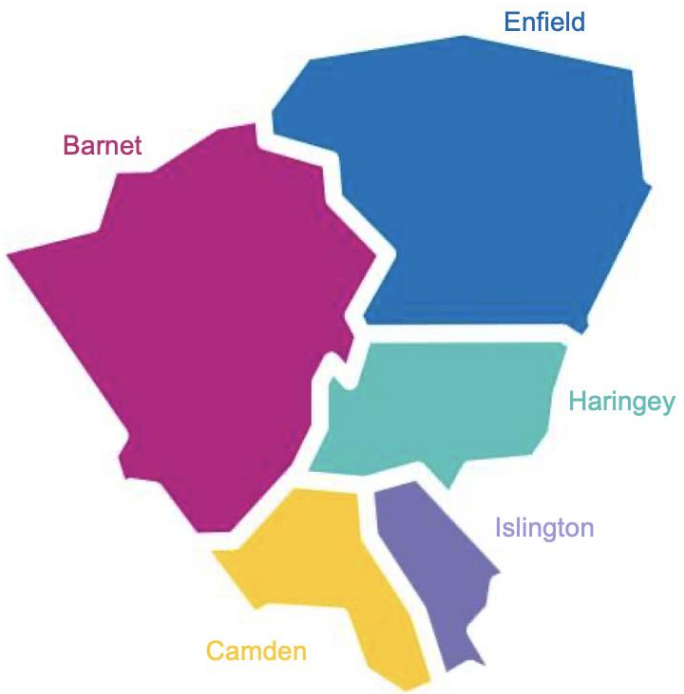
- Residents Reference Group
- Residents Survey
- Borough Meetings e.g. with Healthwatch In Islington, Bridge Renewal Trust in Haringey
- Specific focused meetings e.g. Mencap in Barnet, Camden Parents of Children with Special Needs

Co Production and Co Design

- Core Service Offer developed with Experts By Experience and some Voluntary Sector Reps
- All community providers
- All mental health providers
- Resident Reference Panel input into core service design
- Workstreams for Mental Health Core Service Offer (and Long Term Plan Delivery) ; service user co design

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

North Central London ICS has committed to a strategic review of Community Health services



We agreed in January 2021 that we would conduct a strategic review of Community Health services in NCL to address long-standing inconsistencies in service offer, access and outcomes for our population across NCL. All NHS funded community health services are in scope (covering children and young people, adult and older adult services), except for continuing care services, care home services, primary care contract services and Local Authority services.

A review of Mental Health services in NCL is running in parallel, with integrated workstreams, to ensure that physical and mental health services are joined-up.

The review is taking a three stage approach:

1. Understand the case for change	2. Develop the proposition	3. Implementation
Aim • Understand current community health services in NCL and the variation between boroughs • Develop the case for change	**Aim** • Clinically-led design of a new core offer for community health services, that will be a consistent minimum standard across NCL • Impact assessment to understand the implications of delivering the core offer (benefits and affordability)	**Aim** • Engagement with system partners to plan for implementation and set ourselves up to deliver the core offer

In scope of the review: NHS funded Community Services (Adult and CYP services delivered outside hospital not as part of an acute spell) delivered by NHS Community Providers, NHS Acute Providers, Private / other Providers (e.g.. VCS), Primary Care (services that are not part of a Primary Care Core Contract, LCS/DES or similar). Out of scope: Continuing Health Care, Care Providers / Care Homes, NHS Acute Services, Primary Care contracts incl. GMS/PMS and APMS/LCS/LIS/DES programmes, Homelessness, Local Authority Commissioned Services with the NHS (except where joint funded), Local Authority 0-19 Services

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

There is a powerful case for changing community health services in NCL

NHS

Inequalities
There are stark inequalities in health needs and outcomes across NCL

Enfield has over **twice the prevalence** of diabetes as Camden; but **half the** diabetes **resource**

Provision
There is significant variation and gaps in service provision depending on where you live and this is not aligned to need

Camden's in-reach to care homes is **25% higher** than Barnet's, despite Barnet having an older population and the most care home beds in NCL

Access
The way you access services and how long you wait is also dependent on where you live

Children in Barnet wait **20 more weeks** than children in Camden for initial SLT assessments

Spend
Different amounts are spent per head in different boroughs and this does not correlate with need

In Haringey **£98 per head** is spent on community health services **vs. £192 per head** in Islington

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

In order to address this case for change, we co-developed a new Community Health core offer; the aim is to provide equity and consistency for residents across NCL

The purpose of the core offer is to address the inconsistency of service provision across NCL by setting out a **commitment to the NCL population** of the support they can expect to have **access to regardless of their borough of residence**.

The core offer will provide **clarity to the population, clinicians and professionals** in the system on **what support is available, when it is available and how to access it.**

The core offer contains:

- **A description of care functions and services** that should be available across NCL and how these integrate with the wider health and care system. The components of the core offer include **services delivering care**, as well as **coordinating functions** which will help navigate and integrate services for service users. The core offer describes:

  - Operating hours and out of hours provision
  - Response time for first contact and ongoing contacts (in line with national guidance)
  - Access to the care function and criteria
  - Description of the service, including requirements to meet best practice guidance
  - Integration between the care function and other services and agencies
  - Workforce capabilities required
  - Point of delivery (e.g.. in person, virtual)

The core offer will be the minimum service standard across NCL.

The purpose of the core offer is not to set out how providers should organise to deliver care.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Implementing the core offer will enable us to transform Community Health services across NCL…

NHS

Working in partnership to deliver the core offer and support place-based, joined-up care

Community health providers	Mental health providers
Acute providers	Primary care
Voluntary sector	Local authorities
Service users and their families/ carers	

Services in scope of the core offer must be integrated and aligned with other agencies so pathways are seamless

Integrated ways of working across community health, mental health and other agencies will support staff and service users

Joint working	Joint training
Co-location where appropriate	Collaborative working
Shared culture	Flexibility

Coordinating functions will be in place consistently across NCL to support, integrate and navigate care for service users

- **Central point of access**
- **Trusted holistic assessment**
- **Care coordination and case management**

29

Digital will be fundamental to improve access to care and support and facilitate joined up care

- **Digital self-help, support and advice services for service users**
- **Virtual services and technology to help patients manage their conditions**
- **Shared care records and interoperable systems**

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Summary of other benefits of delivering the core offer for community health

NHS

Access:

- Standardised service provision
- Extended opening hours and access to OOH services – **more convenient access to services**
- Enhanced services
- **Standardised waiting times** (e.g., to first contact and follow up)
- **Simplified referrals** processes through a central point of access

Quality:

- Focus on **prevention** and **early intervention**
- **Enhanced response times** to help service users stay well - **minimise need for hospitalisation**
- Standardised and enhanced step-down services to **support timely and safe discharge of patients from hospital**
- **Enhanced older people services**

Equity and equality:

- **Consistent and standardised offer** so that all NCL residents have **equal support**
- Links and interdependencies with other agencies and support that **focus on wider determinants of health**
- Core offer will require a **resource redistribution that is aligned with need** - residents have health **equity**

Workforce:

- Support staff to **operate at the top of their license**
- **Collaborative working** with other professionals and service users
- **Improve staff satisfaction** levels
- Increased **joint working** to deliver place-based care
- Defined and **shared culture**
- **Co-location** where appropriate
- **Joint training**

Page 24

- The ICS is committed to investing in preventative and proactive services that support reduced reliance on inpatient care and to avoids the need for admission. Delivery of the core service offers to achieve these benefits will require net investment.
- A financial impact assessment which estimates the cost envelope required to deliver the core offer, including investment and savings, based upon individual Borough needs and the cost of delivering a full core offer is being developed and discussed with Finance colleagues.
- Unlike Mental Health services were there is a stronger correlation between overall population need and spend, Community investment is not proportionate to need.
- Analysis of impact that the community services core offer could have on acute activity demonstrates the potential for significant reductions in non elective (emergency) activity has been prudently calculated and shared with ICB Directors of Finance
- The analysis further demonstrates a correlation between increased spend in community services and reduced acute activity as well as improvements in flow. More recently, we have seen first hand how acute hospitals with greater access to community provision have been able to more effectively manage surges in the pandemic.

30

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

Funding the Core Offer

NHS

NOTE: Due to Borough level differences our approach to delivering an equitable core offer will vary.

The 5 Approaches to funding the delivery of the Core Services Offer

Efficiency

- Providers improve productivity to meet system 'best in class' to release funds for Core Offer. Opportunities on staffing and skill mix shared for discussions
- Using technology to stretch the productivity further through such processes as remote monitoring.

Opportunities of Scale

- Providers asked to work together to review services and agree which could be organised at scale i.e. over a larger footprint than 1 or even 2 Boroughs

Examples:

- New Services; Virtual wards
- Large Services; Musclo-Skeletal Services
- Fragile Services e.g. Specialist nursing
- Children's Services e.g. continuing and palliative care

This is for organisation only. Point of delivery remains local

System Savings

- We seek to reinvest savings from reducing Non-Elective activity arising from a consistent Core Offer.
- This effectively supports the flow of funds from Acute Providers to Community Providers.

Redistribution of Resources

- Providers change the footprint over which they deliver services and/or share resources to effectively increase investment in areas that are under-invested.

Growth Monies

- Growth monies to be allocated differentially with more growth going to areas needing more investment.

- We would need use a mix of these 5 approaches and for example Providers will need to make productivity savings to reinvest in the core service offer.
- Ageing Well funding will support part of the delivery of the community services core offer given the overlaps along with a system investment . How much the system can invest is currently being agreed by NCL Directors of Finance

Next steps for financial planning

The next stage of the Community Services core offer requires the following next steps:

- Providers developing a Collaboration Plan and present to CCG for testing and assessment of any risks (see next slides for details)
- CCG planning a prioritisation workshop for end of March to agree Year 1 delivery of core services offer
- Refresh of system plans and profiling of delivery based on the above including final confirmation from NHSE of the 2022/23 allocations for Ageing Well and Virtual Wards. Plans will need to be risk-assessed and triangulated against staffing and activity assumptions to ensure they remain feasible within the current profiling of delivery.
- Discussions with Borough Primary Care on implications of implementation of delivery of core services offer at Borough

- Note that a topslice of system/Acute allocations to support delivery of the core offer has already been discussed with ICS CFOs. **If the refreshed plans cannot address affordability gap the ICS may need to either (a) re-profile delivery of the core offer, (b) request further efficiency of the system (e.g. the impact on urgent care pathways or non elective admissions and how funding can be redirected to preventative Community Services) or (c) review how further savings can be achieved from the core offer work to remain within affordability.**

- The 2022/23 contracting approach for core offer will require a timetable for implementation including split of the investment across NCL Community Providers. A 'long stop' in the contract agreement is expected due to late publication of planning guidance during COVID. The ICS will need to agree on the mechanisms for ongoing monitoring of core offer cost, activity and outcomes to ensure the project remains within affordability and delivers planned clinical benefits.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Opportunities for different ways of working to deliver the core services offer

The development of a core consistent and equitable offer for community services has been designed to deliver the following aims:

- A core consistent equitable offer for community provision that could be easily accessed and navigated by other services and patients themselves
- Orientate services towards preventative and proactive care working in partnership with Local Authority and Voluntary Sector colleagues
- Reduce the reliance on secondary care services and improve the quality and equality of community services
- Provide the foundation for integrated care and a population health improvement approach to service delivery at place level
- Reduce unnecessary back office and overhead costs associated with fragmentation and duplication
- Ensuring a sustainable and resilience workforce and at scale solutions for fragile services

To deliver these aims there is an ambition to look at different delivery models to test out how far different forms can deliver these aims. The next slide gives an example of the benefits of more collaborative working between community providers

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

There is a range of benefits that could be delivered through Community Services provider collaboration

NHS

Quality

Improved clinical safety, patient experience and pathways

- Simpler to understand clinical pathways, delivered consistently
- Access to the same level of clinical care and information through one central point of access
- Streamlined working of MDTs

Efficiency

Economies of scale

- High-cost low incidence work could be more effectively managed, providing economies of scale for fragile services
- Financial efficiency
- Help to logistically solve estates challenges for hosting teams

Workforce

Increased workforce sustainability and resilience

- Potential to improve recruitment, retention and career pathways
- Shared resources; mitigating staff shortages
- Ability to flex staffing to operational need
- A blended workforce model has better appreciation of population health needs

Leader-ship

Maximise clinical leadership

- Opportunity to bring together clinical and non-clinical leadership to build the best service
- Opportunity to benefit from the expertise and experience of different teams

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Next steps: Delivering the Core Service Offer into Neighbourhoods

- An earlier slide (9) shows opportunities of scale sets out some of the examples of which services should be delivered at scale for resilience/clinical /workforce or financial reasons.
- However the majority of core services will continue to be provided at a neighbourhood/PCN level as part of integrated working at a Borough place level
- As part of understanding the differences in the community services available we have seen that there are different ways of working between community and primary care services locally. Part of that is driven by the differences in community service available but part of it is driven through the historic working of community and primary care staff
- As part of starting to move through our planning transition stage we are proposing developing a neighbourhood model that will support the delivery of the core services offer in a way that deepens integration and joint working
- To do this we will need to work with Primary Care and Borough colleagues to agree a set of principles about how community and primary care should work together to create a consistent neighbourhood offer across NCL
- We can then support further discussions on specific principles on joint working or enablers e.g. a consistent approach to risk assessment, or support for digital technology etc.
- Having these principles and enablers in place should then allow Borough based Partnerships to then build on and enrich working at a local level by bringing in the contributions of mental health, Voluntary groups and public health etc.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Next Steps

- Dependent on feedback from providers agree how discussions on Collaboration/Services at Scale will be progressed
- Continue work within ICS Financial Framework as part of the development of a financial plan and timetable for implementation and with Community Trusts as part of agreeing 2022/23 contracts
- Continue work with Providers to agree how and what of the core service offer can be implemented in 2022/23. This will need to be captured at a high level in contract Service Improvement & Improvement Plans (SDIPs).
- Finalise outcomes to support measuring impact of delivery core offer as well as monitoring approaches associated with implementation.
- Work with Boroughs and ICP leadership and place based partnerships to help determine implementation locally to achieve a balance between an NCL wide core and consistent service offer versus local population need.
- Agreement of the range of local services to be provided in Borough and how these best integrate with other providers e.g. working with primary care, voluntary sector or Local Authority services
- Further work on comms and engagement approach to be able to clearly articulate to local people the 'so what' of the service reviews and be able to set out how these will make a difference to their care and experience and health outcomes locally and update resident and user engagement plan

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Work Programme 2021-2022	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 18 March 2022

SUMMARY OF REPORT

This paper reports on the 2021-22 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests confirmation of the reports for the next meeting.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

Contact Officer:
Dominic O'Brien
Principal Scrutiny Support Officer, Haringey Council
Tel: 020 8489 5896
E-mail: dominic.obrien@haringey.gov.uk

RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

a) Note the work plan for 2021-22;
b) Highlight any agenda items for possible inclusion in the 2022-23 work programme.

1. Purpose of Report

1.1 This paper outlines the areas that the Committee has chosen to focus on for 2021-22. The Committee is asked to note the list of topics.

1.2 This is the final meeting of the JHOSC in 2021/22. The Committee is asked to suggest topics for inclusion in the 2022/23 work programme.

1.3 Full details of the JHOSC's work programme for 2021/22 are listed in **Appendix A**.

2. Terms of Reference

2.1 In considering suitable topics for the JHOSC, the Committee should have regard to its Terms of Reference:

- "To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;

- To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;

- To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;

- The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people ."

3. Appendices

Appendix A –2021/22 NCL JHOSC Work Programme

This page is intentionally left blank

Appendix A – 2020/21 NCL JHOSC work programme

25 June 2021

Item	Purpose	Lead Organisation
GP Services	• How the CCG commissions GP services (including commissioning at different levels, delegations, CCG responsibilities); • Oversight and managing performance and contract issues (including brief description of the role of CQC); • What is commissioned from practices, PCNS, GP Federations and the developing NCL GP Alliance; • Digital inclusion and access to services and the right to face-to-face appointments. To include an update on the Equality Impact Assessment report commissioned by NCL to review the impact of the introduction of digital options. Also a brief overview of patient data (what is collected/ shared and how can patients opt out?); • Primary Care recovery plans; • Barndoc – written update on how services are being provided post-Barndoc.	NCL partners
Update on AT Medics	• How ICS Boards work and transparency is ensured; • How residents/Councillors/HOSCs may be alerted to issues at an early stage, can be involved and may be able to influence/scrutinise decisions; • How standards of care can be maintained in GP services, what would happen if there was a fall in standards.	NCL partners
Mental Health and Community Services Review	• An overview of what the review is aiming to achieve; • Scope and timelines; • The approach to stakeholder and service user engagement; • Specific ask for the JHOSC: to feedback on how can they contribute/support the reviews?	NCL partners
Covid-19 Pandemic Update	• Temporary changes to services – what we learned, for example changes to paediatric services evaluation.	NCL partners

	• Collaboration and integrated working – how this provided support during the pandemic in areas such as critical care, mutual aid, discharge workforce, the vaccination programme. • Recovery – particularly elective recovery work and how we are working as a system to reduce waiting lists. • How our system has developed which has built foundations for a mature ICS. • Lessons learnt.	

01 October 2021

Item	Purpose	Lead Organisation
Digital Inclusion and Health Inequalities	To receive an update on the wider piece on digital inclusion (in secondary care, mental health etc) and an update on health inequalities work.	NCL partners
Mental Health Update	To receive an update on Mental Health Services, to include CAMHS and mental health provision in schools and how services are commissioned (e.g. across the 5 boroughs v. locally).	NCL partners
Integrated Care Systems	To receive an update on Integrated Care Systems, including how we are moving to shadow ICS, governance structures, and how ICS will work with local authorities.	NCL partners

26 November 2021

Item	Purpose	Lead Organisation
Winter Pressures/Ambulance Services	To report on plans to address winter pressure and proposals to develop ambulance hubs. To include data on ambulance handover times	NCL partners
Elective Services Recovery	To report on action being taken to address the backlog of elective care, including: • North Central London's designation as an accelerator site; • Missing cancer patients; and • How health inequalities will be addressed.	NCL partners

Fertility Review	To receive an update on the Fertility Review.	NCL partners

28 January 2022

Item	Purpose	Lead Organisation
Royal Free and North Middlesex Hospitals Partnership	Verbal updates from Royal Free and from North Mid.	Royal Free/North Mid
Estates Strategy Update	Update on progress with the Estates Strategy for NCL and changes required as a consequence of the establishment of the ICS	NCL Partners
Dental Services	To consider availability and access to dental services	NHS England

18 March 2022

Item	Purpose	Lead Organisation
Mental Health Services Review	To receive an update on the NCL CCG's Mental Health Services Review.	NCL partners
Community Health Services Review	To receive an update on the NCL CCG's Community Health Services Review.	NCL partners
Finance	A report to respond to address funding and finance issues. To include Public Health funding and potential funding inequalities.	NCL partners

To be arranged

Item	Purpose	Lead Organisation
Royal Free Maternity Services	Update on responding to recommendations of CQC report	Royal Free
Children's Services	To focus on periods of transition and to include young people with learning difficulties and children in care.	NCL partners

Screening and Immunisation	NCL partners to confirm focus and scope.	NCL partners
Workforce Update		NCL partners
Estates Strategy Update	To receive an update on the Estates Strategy including finance issues. This follows on from the discussion on the Estates Strategy at the meeting held on 28th Jan 2022.	NCL partners

2021/22 Meeting Dates and Venues

- 25 June 2021 - Virtual
- 1 October 2021 - Barnet
- 26 November 2021 - Haringey
- 28 January 2022 – Virtual
- 18 March 2022 - Islington

Dominic O'Brien,
Principal Scrutiny Officer

020 8489 5896

dominic.obrien@haringey.gov.uk

16 March 2022

To: All Members of the North Central London Joint Health Overview and Scrutiny Committee

Dear Member,

North Central London Joint Health Overview and Scrutiny Committee - Friday, 18th March, 2022

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

9. ICS FINANCE/GOVERNANCE (PAGES 1 - 22)

Yours sincerely

Dominic O'Brien,
Principal Scrutiny Officer

This page is intentionally left blank

NORTH LONDON PARTNERS
in health and care

Update on the Transition to an ICS in North Central London

North Central London Joint Health Overview and Scrutiny Committee

NORTH LONDON PARTNERS
in health and care

Overview

- ✓ NCL is continuing to work towards transitioning to an ICS, building on the learning from the pandemic. The target date for ICS establishment has been moved from 1 April to 1 July 2022, subject to passage of the Health and Care Bill. As a result, NCL CCG will continue as statutory body until 30 June. The progress of the bill is summarised on slide 5.
- ✓ Work on key areas of ICS development is progressing well. With the appointment of our ICB Chair designate Mike Cooke and ICB CEO designate Frances O'Callaghan. Three further appointments to our Executive posts have now been confirmed. Sarah Mansuralli has been appointed Chief Development and Population Health Officer designate, Sarah McDonnell-Davies has been appointed Executive Director of Places designate and Ian Porter has been appointed Executive Director of Corporate Affairs designate. The executive structure can be found on slide 6.
- ✓ Slides 7-15 provide an overview of the forming NCL Integrated Care Board – emerging principles guiding the work, a summary of the constitution which has been shared with partners (including governance structures). The detailed timeline, risks and priorities by month are summarised in slide 11-14.
- ✓ The outline responsibilities of the ICB are on slide 9 along with the membership of the emerging forums supporting the development on 11-13. The key financial principles are on slide 17 these are guiding the development of a finance strategy of the ICS. Final financial guidance is not yet published and allocations are draft – and subject to further changes.
- ✓ There has been the recent publication of the Government White Paper 'Joining up care for people, places and population' in February (summarised on slides 19-20) with the latest summary of the developing borough partnerships on slide 17.
- ✓ Work continues at pace with next steps are set out on slide 21

NORTH LONDON PARTNERS
in health and care

We are building on strong foundations in NCL

Responding to the Covid-19 pandemic has accelerated, and consolidated, ways the system worked together to deliver for residents. This models the behaviours that will be at the heart of the ICS.

- **Innovative approaches to care:** pulse oximetry led by primary care and virtual wards led by hospitals to minimise Covid-19 positive patients' admission to hospital, and early discharge where appropriate.
- **Accelerated collaboration:** single point of access for speedier and safer discharge from hospital to home or care homes; development of post-Covid19 Syndrome multidisciplinary teams to support patients.
- **Mutual planning and support:** system able to respond quickly to a significant increase in demand for intensive care beds.
- **Smoothing the transition between primary and secondary care:** increased capacity for community step-down beds to ease pressure on hospitals.
- **Sharing of good practice:** clinical networks to share best practice and provide learning opportunities.
- **Clinical and operational collaboration:** ensuring consistent prioritisation across NCL so most urgent patients are treated first.

NORTH LONDON PARTNERS
in health and care

The benefits of forming an ICS in North Central London

Improved outcomes

Enable greater opportunities for working together as 'one public sector system' – ultimately delivering improved patient outcomes for our population

Working at borough level

Support the further development of local, borough-based Care Partnerships and Primary Care Networks

Reduce inequalities

Identify where inequality exists across in outcomes, experience and access and devising strategies to tackle these together with our communities

Efficient and effective

Help us build a more efficient and effective operating model tackling waste and unwarranted variation

New ways of working

Accelerate our work to build new ways of working across the system to deliver increased productivity and collaboration

Economies of scale

Help us make better use of our resources for local residents and achieve economies of scale and value for money

System resilience

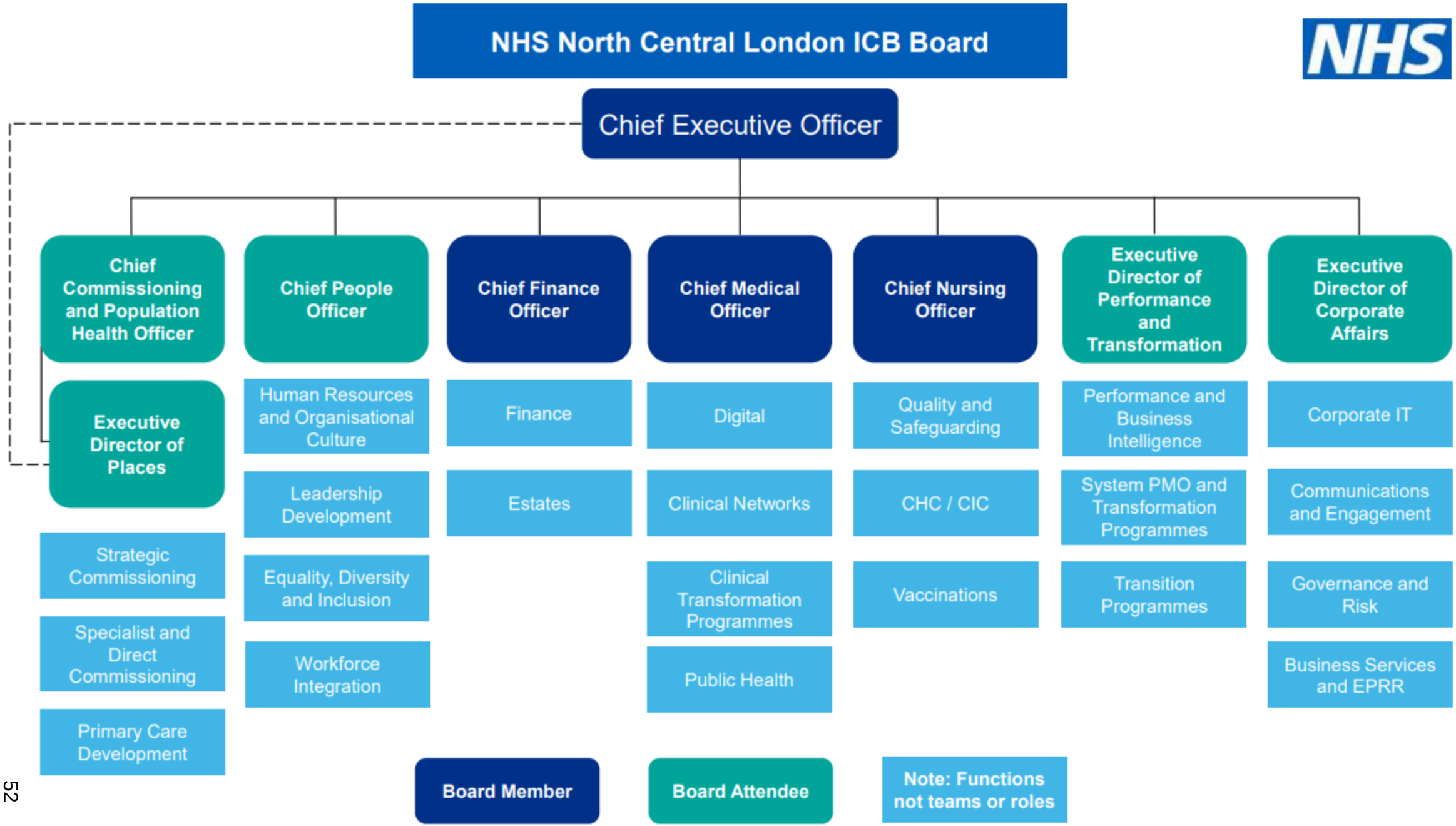
Help us become an system with much greater resilience to face changes and challenges to meet the needs of our local population by supporting each other

NORTH LONDON PARTNERS
in health and care

Progress of the Health and Care Bill

The establishment of the ICS is subject to passage of the Health and Care Bill. The Health and Care Bill is currently passing through parliament and is currently at the Report stage in the House of Lords. We are currently expecting the bill to gain Royal Assent in March or early April. NCL CCG will continue as statutory body until 30 June.

First stage (the House of Commons)	Second stage (the House of Lords)	Final stages
1. First reading 2. Second reading 3. Committee stage 4. Report stage 5. Third reading	1. First reading 2. Second reading 3. Committee stage 4. Report stage 5. Third reading	1. Consideration of amendments 2. Royal Assent


NHS North Central London ICB Board
Chief Executive Officer
Chief Commissioning and Population Health Officer
Chief People Officer
Chief Finance Officer
Chief Medical Officer
Chief Nursing Officer
Executive Director of Performance and Transformation
Executive Director of Corporate Affairs
Executive Director of Places
Strategic Commissioning
Specialist and Direct Commissioning
Primary Care Development
Human Resources and Organisational Culture
Leadership Development
Equality, Diversity and Inclusion
Workforce Integration
Finance
Estates
Digital
Clinical Networks
Clinical Transformation Programmes
Public Health
Quality and Safeguarding
CHC / CIC
Vaccinations
Performance and Business Intelligence
System PMO and Transformation Programmes
Transition Programmes
Corporate IT
Communications and Engagement
Governance and Risk
Business Services and EPRR
Board Member
Board Attendee
Note: Functions not teams or roles

NORTH LONDON PARTNERS
in health and care

Draft principles informing the work of the Integrated Care Board (ICB)

It is vital that our ICB builds on existing commitments/programmes and ambitions. Some of the emerging principles informing the work of the ICB are below:

- **Taking a population health approach:** We need to continue to develop the way we plan services to take into account the needs of people and communities, acknowledging the wider determinants of health. This will support tackling health inequalities across and within the communities we serve.
- **Evolving how we work with communities:** Embedding co-design with partners and communities in planning and designing services, and developing systematic approaches to communications and community engagement.
- **Continued focus on boroughs:** Partnership working within boroughs is essential to enable the integration of health and care and to ensure provision of joined up, efficient and accessible services for residents.
- **Learning as a system:** We have learnt a lot as a system over the past 18 months, both with our response to the pandemic and our efforts to recover. Capturing this learning across primary care, social care, community, mental health and hospital services will guide our next steps for both individual services and system approaches.
- **Acting as a system to deliver a sustainable health and care system:** Providing high quality services enabled by workforce, finance strategy, estates, digital and data.

NORTH LONDON PARTNERS
in health and care

ICB Constitution Development

- ✓ As part of forming the NHS North Central London ICB as a statutory body on 1st July 2022, we are drafting a Constitution that will set out the governance and leadership arrangements.
- ✓ The Constitution will be formally approved by NHSE/I at the of May - as part of the creation of the new body.
- ✓ The Constitution is a technical document about the running of the ICB and will not set out our plans for the governance of borough partnerships.
- ✓ This work is being developed with system partners and will be a locally owned process.
- ✓ The initial draft ICB Constitution has been shared with NHSE/I – with positive feedback. A draft version (with supporting narrative documents) has been shared with stakeholders for feedback on our governance proposals
- ✓ This has included sharing with NCL CCG Governing Body members, Trust and local authority colleagues, GPs (via the GP website), Healthwatches, LMC and residents (via the NCL CCG website). The draft ICB constitution and accompanying documents can be found on the NCL CCG website here: https://northcentrallondonccg.nhs.uk/about-us/north-central-london-integrated-care-system-development/ncl-integrated-care-board-constitution/

NORTH LONDON PARTNERS
in health and care

Outline responsibilities of the ICB

The new ICB will be a statutory organisation responsible for specific functions that enable it to deliver against the following four core functions:

Developing a Plan	Allocating Resources	Establishing joint working arrangements	Establishing Governance arrangements
To meet the health needs of the population within their area, having regard to the Partnership's Strategy. This will include ensuring NHS services and performance are restored following the pandemic, in line with national operational planning requirements, and Long-Term Plan commitments are met.	To deliver the plan across the system, including determining what resources should be available to meet the needs of the population in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). This will require striking the right balance between enabling local decision-making to meet specific needs and securing the benefits of standardisation and scale across larger footprints, especially for more specialist or acute services.	With partners that embed collaboration as the basis for delivery of joint priorities within the plan. The ICS NHS body may choose to commission jointly with local authorities, including the use of powers to make partnership arrangements under section 75 of the 2006 Act and supported through the integrated care strategy, across the whole system; this may happen at place where that is the relevant local authority footprint.	To support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations, to ensure the plan is implemented effectively within a system financial envelope set by NHS England and NHS Improvement.

NORTH LONDON PARTNERS
in health and care

Draft Integrated Care Board (ICB) constitution

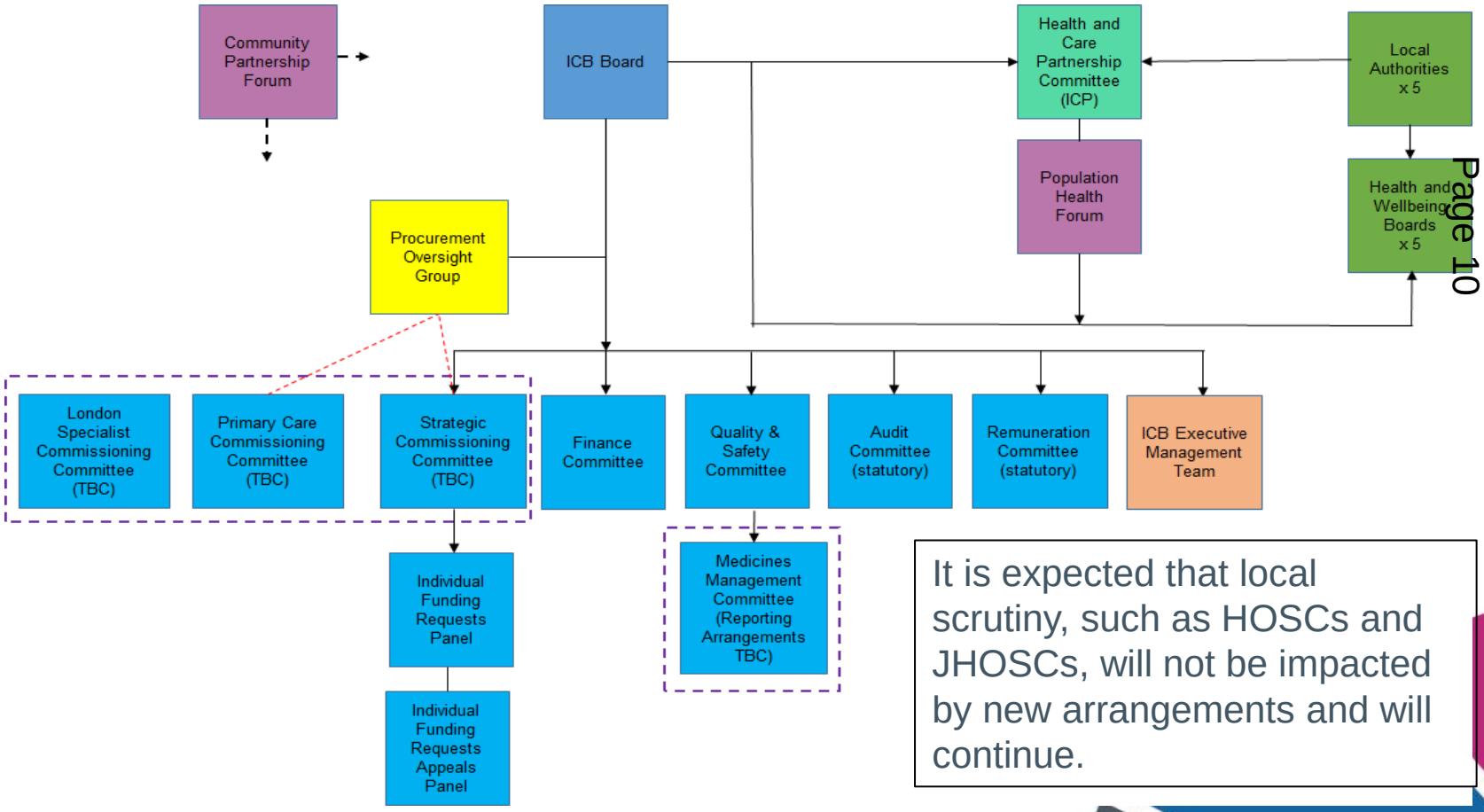
As part of forming the NCL ICB as a statutory body, we are drafting a Constitution that will set out governance and leadership arrangements.

The Constitution will not set out plans for the governance of borough partnerships. This work is being developed with system partners and will be a locally owned process.

We are currently seeking feedback on our draft constitution. Detailed information can be found on our website.

It will be formally approved by NHS England and NHS Improvement.

NCL ICB proposed governance structure:



It is expected that local scrutiny, such as HOSCs and JHOSCs, will not be impacted by new arrangements and will continue.

NORTH LONDON PARTNERS
in health and care

ICS emerging fora

	NCL ICS Quarterly Partnership Council (Health and Care Partnership) Established June 2021	NCL ICS Steering Committee Established June 2021	Community Partnership Forum Established October 2021	Borough Based/ Place Based Integrated Care Partnerships Established April 2020
PURPOSE	Drive improvements in population health and tackle health inequalities by reaching across the NHS, local authorities and other partners to address social and economic determinants of health	Responsible for NHS strategic planning and allocation decisions. Securing the provision of health services to meet the needs of the population. Overseeing and co-ordinating the NHSE revenue budget for the system	Strategic patient and resident forum, overseeing and ensuring resident involvement at a system wide level	Partnerships build on existing relationships to enhance borough-based work. Boroughs are the point of integration of service planning and coordination. Focal area for primary care, PCNs, local providers, voluntary sector and Council colleagues
MEMBERS	Provider chairs, primary care leadership, all five council leaders and executive leadership	NHS executive directors, primary care leadership, social care leadership, clinical leadership	Healthwatch representatives, Council of Voluntary Services, Patient representatives	Varies by Partnership but includes, Council leaders, local Governing Body members, Local Trust CEOs (Acute and/or Community), CCG Borough Director

NORTH LONDON PARTNERS
in health and care

NCL ICS Quarterly Partnership Council Membership (Health and Care Partnership)

Name	Organisation / role
Mike Cooke	NCL ICS Chair Designate
Frances O'Callaghan	NCL ICS CEO Designate
Dr Jo Sauvage	NCL CCG Chair
Ian Porter	NCL CCG Executive Director of Corporate Services
Richard Dale	NCL CCG Executive Director of Transition
Alpesh Patel	Primary Care Lead
Jackie Smith	Barnet, Enfield & Haringey Mental Health Trust Chair & Camden & Islington NHS FT Chair
Angela Greatly	Central London Community Healthcare NHS Trust Chair
Sir Michael Rake	Great Ormond Street NHS FT Chair
Tessa Green	Moorfield Eye Hospital NHS FT Chair
Mark Lam	North Middlesex University Hospital Trust Chair & Royal Free London NHS FT Chair
Paul Burstow	Tavistock and Portman NHS FT Chair
Baroness Julia Neuberger	University College London Hospital NHS FT Chair & Whittington Health NHS FT Chair
Dominic Dodd	Royal National Orthopaedic Hospital NHS Trust Chair
Dorothy Griffiths	Central & North West London NHS FT Chair
Nick Kirby	UCL Health Alliance Managing Director
Cllr Dan Thomas	Council Leader London Borough of Barnet
Cllr Georgia Gould	Council Leader London Borough of Camden
Cllr Nesil Caliskan	Council Leader London Borough of Enfield
Cllr Peray Ahmet	Council Leader London Borough of Haringey
Cllr Kaya Comer-Schwartz	Council Leader London Borough of Islington
John Hooton	Chief Executive London Borough of Barnet

NORTH LONDON PARTNERS
in health and care

NCL ICS Steering Committee Membership

Name	Organisation / role
Mike Cooke	NCL ICS Chair Designate
Frances O'Callaghan	NCL ICS CEO Designate
Dominic Dodd	UCL Health Alliance Chair
Dr Jo Sauvage	NCL CCG Chair
Dr Charlotte Benjamin	NCL CCG Vice Chair
Baroness Julia Neuberger	University College London Hospital NHS FT & Whittington Health NHS FT Chair
Angela Greatly	Central London Community Healthcare NHS Trust Chair
Jackie Smith	Barnet, Enfield & Haringey Mental Health Trust & Camden & Islington NHS FT Chair
Jinjer Kandola	Barnet, Enfield & Haringey Mental Health Trust & Camden & Islington NHS FT CEO
Cllr Nesil Caliskan	Council Leader London Borough of Enfield
Caroline Clarke	Royal Free London NHS FT CEO
Nick Kirby	UCL Health Alliance Managing Director
Chris Streather	NCL ICS Lead, Medical Officer
Chris Caldwell	NCL ICS Lead, Chief Nurse
Tim Jaggard	NCL ICS Lead, Finance
John Hooton	Local Authority Chief Executive
Ian Porter	NCL CCG Executive Director of Corporate Services
Richard Dale	NCL CCG Executive Director of Transition

NORTH LONDON PARTNERS
in health and care

Community involvement and representation

Strong resident, patient and VCS involvement (at system, borough and neighbourhood level) is critical. Over the next six months we will continue to seek views, including the below areas of focus – from the ICS Community Partnership Forum, CCG Patient Public Engagement and Equalities Committee, Council Leaders, elected members, our Healthwatches and VCS, and wider audiences.

Ongoing work at System-Level:

- Significant progress on developing two strategies – Working with People and Communities, and Working with the VCSE Sector – setting shared vision, principles and methods for involving people, communities and the VCSE in the ICS & supporting a resilient third sector
- Ensure transparent governance – public board meetings; resident, service user and carer representatives in governance etc.
- Capturing insights to build a picture of resident priorities and needs, and acting on this as a system.

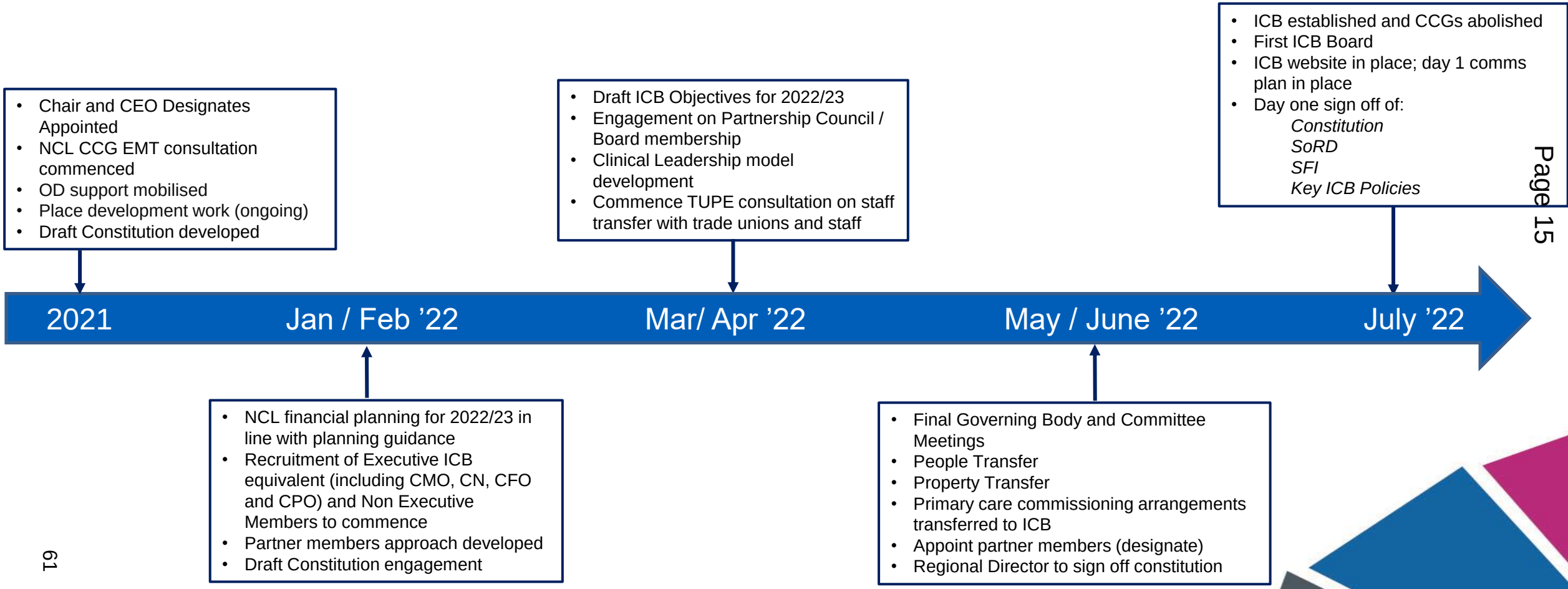
Ongoing work at borough level

- Borough partnerships developing approaches on engagement and involvement, linked to ICS framework.
- Ensure partnership links with HOSCs, HWBB, Healthwatch and VCSE sector are strong and effective.
- Support Primary Care Networks and neighbourhood team links into communities.
- Make every contact count to signpost residents to services and support

NORTH LONDON PARTNERS
in health and care

Timeline of Transition to the NCL ICB

Following the delay to the target date, the timeline for our transition has been adapted to reflect further information made available and in line with legislative changes.



Overall financial strategy and vision

We have agreed the following top priorities for NCL's financial strategy, underpinned by principles for how we will work together. These have been agreed and endorsed through NCL organisations' boards and work in support of the financial principles described later in this document.

1. We are focussed on improving the health of the population in North Central London within our available resources
2. We will address health inequalities across the sector and within our boroughs as a priority
3. We will maximise what we do locally in North Central London

The way we work

- We will focus on the benefit to the system, no on the impact to the individual organisation
- We will ensure no individual organisation loses out for doing something in the benefit of the wider system
- Strong clinical and operational engagement in everything we do
- Close working with primary care and with local authority partners
- Shared acknowledgement that system working will be required to address the challenges we face
- We will be open and transparent with each other, sharing data and financial information
- We will implement joint planning and more standardised processes across the system
- We will hold each other individually and jointly accountable for system sustainability
- We will focus on reducing the cost of service delivery, not income generation

Key Transition Risks

No.	Risk	C	L	T	Mitigation	Owner
1.	Leadership and system capacity through ongoing pandemic response stretched reducing benefits that can be delivered or impacting pandemic response	3	4	12	• Critical path planning • Early escalation of issues • Use of existing system forums • Working to align ICS development with pandemic response • Protected time for escalation and system issues with leaders through GOLD • Protected time for transformation and transition work with leaders through SMB	Richard Dale/Frances O'Callaghan
2.	Timeline of senior appointments and subsequent Exec team – reduces opportunity for co-creation and engagement with partners and public ahead of 1st July 2022	3	3	9	• Agree interim arrangements for decision making • Agree partner engagement strategy ahead of winter • Share critical path with partners • Continue preparation across key transition workstreams, with options appraisals • Establish post April 2022 plan • Regular review of HR plans through due diligence	Frances O'Callaghan
3.	Loss of continuity, capacity and key relationships in Clinical roles as part of change	3	3	9	• All clinical leads offered an extension to 30th September 2022 • Active comms and engagement with clinical leadership ongoing • Work on clinical leadership framework extended to July 2022 • Clinical leadership to be included in system leadership development OD work • Strengthening existing clinical networks to ensure leadership is distributed	Frances O'Callaghan
4.	Delay to ICS transition to 1st July 2022 could impact pace of work within transition workstreams	3	2	6	• Critical path planning post April 2022 • Links with NHSE/I regional operations groups • Continue preparation across key transition workstreams, with options appraisals • Continued work on priority areas • Continue Transition Due Diligence at pace with unchanged timelines	Richard Dale/
5	Disruption to CCG operations and transition delivery due to CCG staff anxiety related to HR transition and delay to staff consultation	2	3	6	• Active comms and engagement with CCG Staff • Established HR framework and support package • Planned OD work across CCG and broader system	Richard Dale/ Frances O' Callaghan
6.	Loss of continuity, capacity and key relationships in Executive roles as part of change	3	2	6	• Agreed deputies for key streams of work across system • Active comms and engagement of senior and clinical leadership	Frances O'Callaghan
7.	Local elections impacts public engagement	2	3	6	• Early meaningful communications and engagement through existing groups • Capacity check across system e.g. providers for comms support • Comprehensive comms and engagement plan with the public	Richard Dale
8.	Differential ambitions and expectations on place based arrangements across systems	2	2	4	• Place based design events and OD support • Early agreement on 22/23 priorities for places (COVID vaccine, Inequalities fund etc.)	Sarah McDonnell Davis
9.	Perception of lack of accountability and resident voice	2	2	4	• Formation of the Community Partnership Forum • Ongoing engagement campaign • Close working with JHOSC and HOSCs jointly with councils	Richard Dale

NORTH LONDON PARTNERS
in health and care

Integration White Paper

The Integration White Paper (IWP) sets out the Government's thinking on the next stage for how NHS and local government partnerships can go 'further and faster' across the country, building on existing legislation and reform, including the creation of systems, the Health and Care Bill and Thriving Places.

1. A **framework for local outcome prioritisation** focused on individual health and wellbeing and on improving population health in addition to nationally set priorities (e.g. the mandate). There will be a further consultation on the detail in due course, with implementation from April 2023.

2. Health and care services in local communities ('Places') to be strengthened. By Spring 2023 **all 'Places' should adopt a leadership and governance model with a single point of accountability (SPOA) across health and social care**, accountable for developing a shared plan and demonstrating delivery against agreed outcomes. The plan will be underpinned by pooled or aligned resources, including an extensive proportion of services and spend held by the Place-based arrangement by 2026.

3. Further **progress on the key enablers of integration** (financial alignment; workforce, digital and data) • Review of legislation underpinning pooled budgets to simplify and update to better facilitate aligned financial arrangements.
   - Every health and care provider within an ICS to reach a minimum level of digital maturity by March 2025
   - Review of regulations that prevent the flexible deployment of health and social care staff across sectors
   - Local leaders to consider what workforce integration looks like in their area and the conditions and practical steps required
   - Guidance for ICPs to produce integrated workforce plans across the whole of systems, including more collective promotion of careers across health and social care and making it simpler for people to move between sectors.

4. **Robust regulatory mechanisms**, including CQC to assess outcomes and delivery of integrated care at Place level. The detailed methodology for inspections will be subject to future consultation. This work will be supportive of and complementary to existing oversight and support processes (including those used by NHS England to support integrated

NORTH LONDON PARTNERS
in health and care

Integration White Paper

- Building on Thriving Places, the expectation is that all areas will have plans for their Places agreed by April 2023, with the delegation of services and finances to Places by 2026. This will include a single point of accountability across HSC for each Place.
- While the White Paper will set out an illustrative example of Place-based governance, the precise governance model is **to be agreed locally**. Where strong partnerships already exist, DHSC does **not** want to unwind these.
- Where systems and places are effectively the same geography, there will be no need for both place-based and ICS arrangements.
- ICSs should **not** pause the process of setting up Place based partnerships and/or recruitment to wait for the White Paper.
- There are no national plans for further changes to ICS boundaries.
- The Accountable Officer role of the ICB and Chief Executive will **not** change. Any local arrangements will still need to be mutually agreed, including any aligning and/or pooling of budgets.
- There will be a subsequent consultation on a new local outcomes framework that will allow for variation in priorities between Places (for example to reflect different demographics) that will sit **alongside national priorities**. These national priorities will continue to be set, for example, in the mandate and planning guidance.

Key Milestones

2022

- Expansion of digitally enabled care pathways at home
- Final 'Data Saves Lives' Strategy and final Digital Investment Plans
- Consolidation of existing terminology standards [Dec 22]

By April 23:

- Plans for the scope of services and spend to be overseen by 'place-based' arrangements (full implementation from 2026)
- Place-level governance model adopted
- Single person with accountability at place for shared outcomes
- Implementation of shared outcomes
- New policy framework for the BCF

2024

- Single health and ASC record for each person and shared care records for all citizens
- 80% adoption of digital social care records among CQC-registered social care providers by March 2024

2025

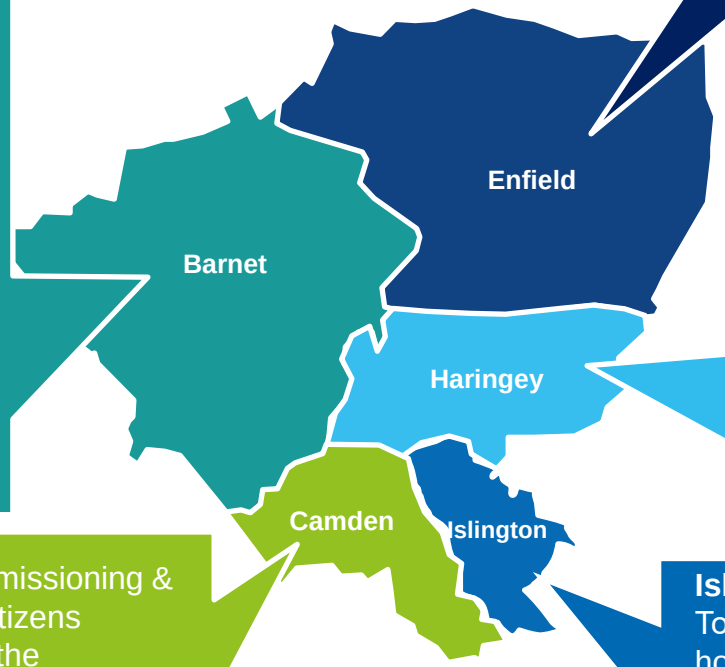
- Population health platform in place/use

Our 5 borough partnerships

Partnerships continue to mature locally. Engagement is consistent and widespread. There are common features and many priorities are consistent, but with local nuance within each partnership. Currently each takes a slightly different approach to planning, leadership, delivery, oversight and governance.

Barnet - Significant NHS engagement plus strong community engagement & local govt. leadership. Older population gives rise to focus on proactive care, same day urgent care and support to remain independent. Cross cutting priorities include addressing health inequalities and enablers include co-production and engagement, neighbourhood model working and new governance workstream.

- 425,395 registered population
- 10 + 'organisations' represented (25+ members of delivery board)
- 7 PCNs
- Chair of Exec: John Hooton (Council);



Enfield – Borough Partnership Plan established in 2019/20 and the integrated working has accelerated during 2021/22. Four priority work-streams are well established and expanding with excellent collaboration including CVS organisations and Community & Resident engagement. A Provider Integration Partnership Group (chaired by Mo Abedi and Alpesh Patel) oversees delivery of all work-streams.

- 338,201 registered population
- 16+ 'organisations' represented (25+ members on Borough Partnership Board board)
- 4 PCNs (geographical and with neighbourhoods)
- Chair's Exec: Binda Nagra, (Council), Dr Chitra Sankaran (CCG)

Haringey – Established and ambitious partnership with strong relationships. Work is structured through partnership boards, start well, live well, age well and place – each addressing poverty, inequality, early health, prevention and responsive and accessible care.

- 298,418 registered population
- 15+ 'organisations' represented (25+ members of delivery board)
- 8 PCNs
- Chair Exec: Zina Etheridge (Council), Siobhan Harrington (Whittington Health)

Camden – Long partnership history with integrated commissioning & integrated delivery models. Strong focus on CYP, MH, citizens assemblies & dialogue with families & communities and the Neighbourhood model. Focus is accelerating provider joint working at PCN and borough level and connecting communities.

- 303,267 registered population
- 15 + 'organisations' represented (30+ members of delivery board)
- 7 PCNs
- Chair Exec: Martin Pratt

Islington – Active multiagency partnership under banner of 'Fairer Together' with input from all statutory agencies (incl. police, fire, housing). Senior leadership from Islington Council & CCG. Emphasises joint commissioning, operational joint working & expansion of locality level delivery.

- 257,135 registered population
- 15+ 'organisations' represented (25+ members of delivery board)
- 5 PCNs
- Chair Exec: Dr Jo Sauvage (CCG) Kaya Comer-Schwartz, Cllr (Council)

NORTH LONDON PARTNERS
in health and care

Key next steps

- ✓ Co-producing a population health outcomes framework and strategy – with input from across the system.
- ✓ Construction of the leadership team following the appointment of the new NCL ICS Chief Executive designate, Chief Development and Population Health Officer designate, Executive Director of Places designate and Executive Director of Corporate Affairs designate.
- ✓ Engagement meetings between the NCL ICB Chair designate, NCL ICB CEO designate and partners to consult on next steps in evolving NCL health and care partnerships and borough partnerships.
- ✓ By the end of June 2022, the Partnership will agree ambitions for the next few years, short term priorities and core principles for working together.
- ✓ Establish a board membership for the ICB including non-executive and partner members (council, NHS Provider and Primary Care).
- ✓ Agree draft ICB Constitution following feedback from system stakeholders.
- ✓ Continue working with Local Authorities and other system partners to think through the implications of the recently published Integration White Paper ‘Joining up care for people, places and populations’.

This page is intentionally left blank