



Adults and Safeguarding Committee

25 November 2019

Title	Update on the development of the Integrated Care System
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	
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Summary

At its June meeting, the Adults and Safeguarding Committee considered a report on the development of the integrated care system (ICS) in north central London. ICSs plan and commission health care for their populations and provide system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership.

Each sustainability and transformation partnership (STP) is required to develop into an ICS by April 2021 as part of the NHS Long Term Plan. In addition, Clinical Commissioning Groups (CCGs) are expected to merge so that each STP/ICS area has one co-terminous CCG. This report provides an update on: the development of the ICS for north central London; the merger of the five north central London CCGs; and local development of an integrated care partnership in Barnet.

Officers Recommendations

1. That the Adults and Safeguarding Committee notes and considers the contents of this report.

1. WHY THIS REPORT IS NEEDED

1.1 This report provides an update on: the development of the ICS for north central London; the merger of the five north central London CCGs; and local development of an integrated care partnership in Barnet.

2. REASONS FOR RECOMMENDATIONS

2.1 Integrated care systems (ICSs) are defined by NHS England (NHSE) as systems where “NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.” In a pure model, they involve an entity, often a partnership vehicle, which holds the entire budget for population health, including primary and community health services, mental health services and acute care. It could also include relevant council budgets such as public health or adult social care. ICSs can also take the form of looser collaborative arrangements, built around shared outcomes frameworks, joint strategies or memoranda of understanding. The expectation is that ICS will enable and promote increased integration of different services, such as primary and community care and mental and physical health as well as health and social care.

2.2 There is also the expectation that health commissioning will become more long term, strategic and that the cost of commissioning will be reduced. The key requirement is that there will be one CCG for each STP area, and each CCG is expected to make 20% management savings in 2019/20.

ICS and the NHS Long Term Plan

2.3 Since the last report, the north London STP has been developing its approach to becoming an ICS. It has published documents setting out its draft response to the requirements of the NHS Long Term Plan. The documents can be found at:

<https://www.northlondonpartners.org.uk/ourplan/draft-response-to-the-nhs-long-term-plan-in-north-central-london.htm>

The response documents build on much of the work to improve health services that the STP and local CCGs were already doing and cover topics such as:

- Integrated community-based health care
- Reducing pressures on emergency hospital services

- Personal health budgets
- Improving cancer outcomes
- Improving mental health outcomes
- Better care for major health conditions – cardiovascular, stroke, diabetes and respiratory
- Shorter waits for planned care
- Population health
- Prevention
- Learning disabilities and autism
- Workforce
- Use of technology
- Efficiency

2.4 The new single CCG will act as the strategic commissioner in the new integrated care system. The published proposals for the single north London CCG set out the proposed approach to strategic commissioning:

- The NHS in north London working as one system
- A focus on population health management. This is a technique that uses data to design new models of proactive care to improve health outcomes in a local area.
- A move away from payment by results contracts to place based contracts based on population need
- Commissioning uniform services across all boroughs where this will benefit patients but commissioning varied services where there is a local clinical need
- A commitment to local working and engagement and consultation at the local level
- Development of financial sustainability for the NHS as one system

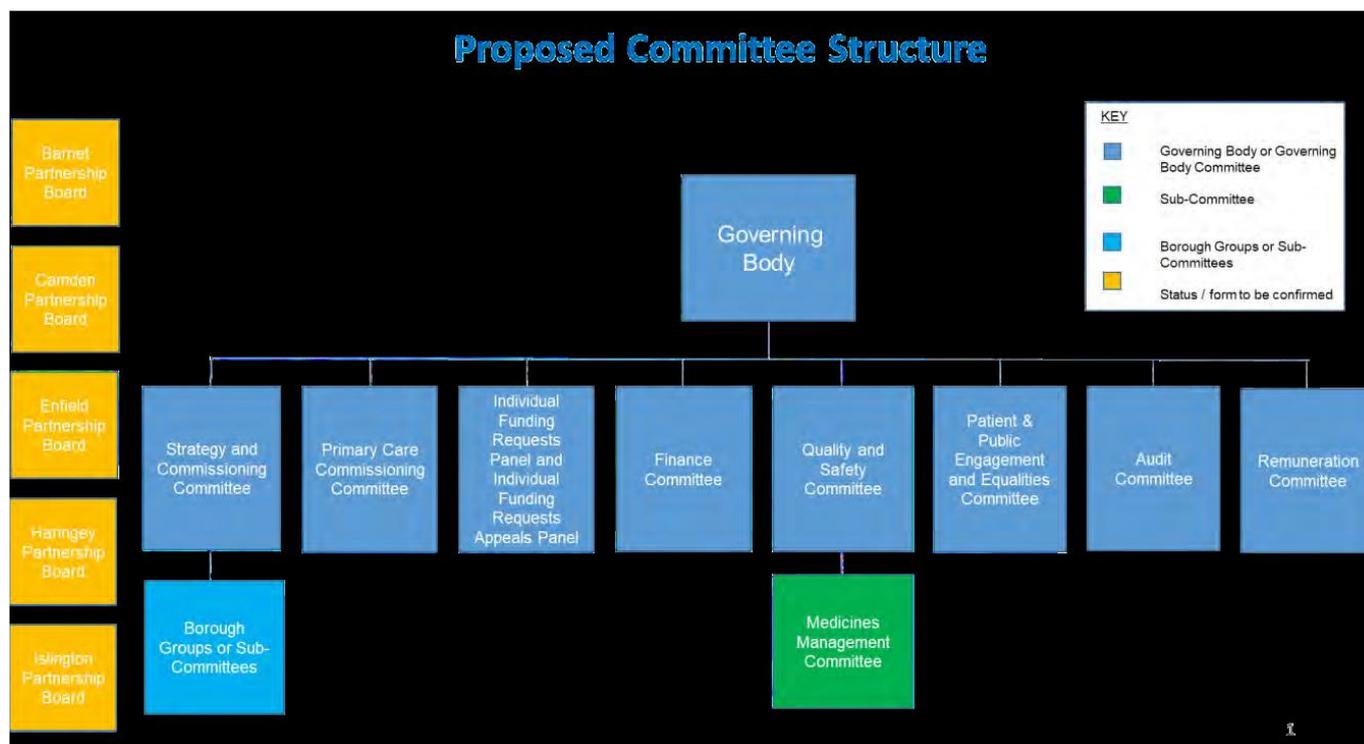
Merger of the CCGs

2.5 Since the last report to this committee, the five CCGs covering Barnet, Enfield, Haringey, Camden and Islington have been working on proposals for the planned single CCG for north central London. Each CCG considered the formal proposals at a public governing body meeting in September and all five agreed to support the merger, with the

formal decision on the merger being taken by NHS England. NHS Barnet CCG considered and agreed to support the merger on the 19th September at its Governing Body meeting. NHSE subsequently approved the merger in October. During November, each individual CCG will consult with its membership on the plans (n.b. CCGs are membership organisations, with the members being all GP practices in its area). It is anticipated that the new merged CCG will go live in April 2020.

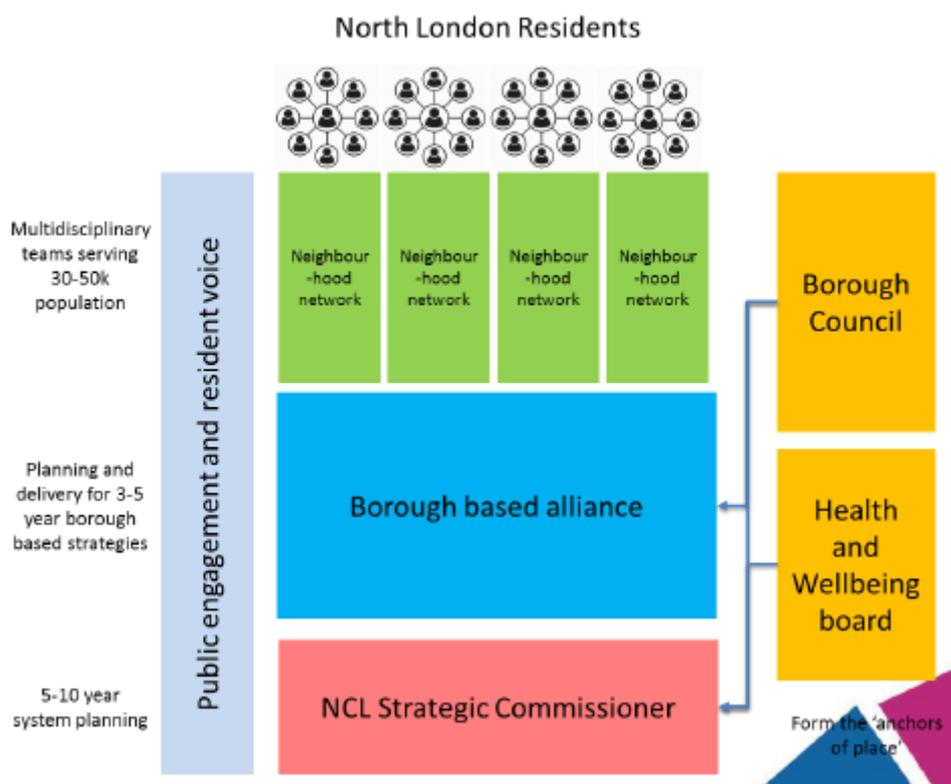
2.6 The proposals for the merged CCG set out the benefits of greater economies of scale, efficiency and resilience, linked to being a larger single organisation. The new CCG will have a single governing body and executive management team. However, each borough will still have a local managing director, although it is anticipated that local teams will be smaller than they are currently. The primary role of the managing director and local team will be to facilitate the development of borough based partnerships (ICPs) and primary care networks (PCNs), working with local partner agencies including the council. The local teams will also maintain their liaison and working with local Health and Wellbeing Boards, Health Overview and Scrutiny Committees and Safeguarding Boards. It is not anticipated that there will be any change in local joint commissioning arrangements.

2.7 The merged CCG will have a single governing body with eight committees reporting to it. Provision has been made for local authority representation at the governing body, with 1 councillor and 1 director of public health representing the 5 councils as non-voting members. It is not known at this point what council representation will be on the eight committees. Committee will be aware that under the current arrangements there are 1 or 2 local authority officer representatives on each governing body. It is not known at this point how the council representatives will be selected and what the mechanisms will be for engaging with individual councils in relation to governing body business. The governance structure is shown below and a link to the document containing the full proposals can be found here: [NCL CCGs Merger GB Paper Final](#)



Local Integrated Care Partnership

2.8 Each CCG has been working with its local council, health providers and Healthwatch to begin the development of a borough based integrated care partnership. The diagram below, previously shared with committee in June, sets out how local partnerships fit within the proposed ICS for north central London (n.b. the term alliance has now been replaced with the term partnership and neighbourhood networks are now termed primary care networks).



2.9 In Barnet, a project has been established to bring together NHS providers, local clinical representatives such as the Community Education Providers Network (CPEN), council officers and Healthwatch to develop a local integrated care partnership (ICP). This work is in its early stages. The council's director of public health is leading on the development of a high-level outcomes framework for the ICP. The focus of the work in the early stages will be on developing improvements to services through greater integration, in the following areas: diabetes; musculo-skeletal; dementia; learning disability; A&E and discharge from hospital.

Integrated care records

2.10 To support integrated care, the north London STP is implementing a shared care record across the STP footprint, called the Health Information Exchange, or HIE. This will enable health and social care professionals to access a patient or resident's records from different settings in real time, meaning that residents should only have to tell their story once and hence receive care better tailored to their individual needs. This is being rolled out gradually across north central London and in due course it is anticipated that all five adult social care services will be part of the HIE system. This will be underpinned by better data and information sharing between services to enable targeting of more proactive, preventative support, using a population health management approach, as set out earlier in this report.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable

4. POST DECISION IMPLEMENTATION

4.1 Officers, the committee chairman and the chairman of the health and wellbeing board will continue to engage in the process. Officers will bring back further reports when required.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The council's corporate plan 2019-24 and the Adults and Safeguarding Committee's delivery plan include a commitment to integrating health and care to ensure better services and outcomes for Barnet residents. This area of work is clearly aligned to our corporate aim that "our residents live happy, healthy, independent lives with the most vulnerable protected". The priorities will also support the delivery of the Health and Wellbeing Strategy.

5.1.2 The council already has many services and programmes which are integrated with the NHS, some of which are referred to in the quarterly performance report to this committee. Working with NHS partners on the development of the north London ICS and the Barnet ICP will enable the council to shape these developments and improve integrated care for residents.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 Engaging with this process will be delivered within our existing resources. The aim of developing a strong borough based partnership would be to invest in more pro-active and preventative models of care that would support efficient use of social care and health resources.

5.3 Social Value

5.3.1 We are seeking to strengthen our partnership arrangements with health providers in such a way that addresses wider determinants of health, such as employment and housing challenges, and has a strong voice for Barnet voluntary sector and social care providers.

5.4 Legal and Constitutional References

5.4.1 The Council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include:

- (1) Responsibility for all matters relating to vulnerable adults and adult social care.
- (2) Work with partners on the Health and Well Being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.

5.5 Risk Management

5.5.1 Risks will be managed in relation to Barnet's corporate approach to risk management.

5.6 Equalities and Diversity

5.6.1 Under the Equality Act 2010, the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regards to eliminating discrimination.

5.6.2 In developing proposals alongside the NHS, we will have regard to the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.

5.7 Corporate Parenting

5.7.1 In line with the Children and Social Work Act 2017, the Council has a duty to consider Corporate Parenting Principles in all decision making. Young people who have received care and support as children may go on to receive support from Adult Social Care and will use NHS services. The development of the integrated care system should be carried out in a way that ensures that the unique needs of children and young people in care, and care leavers are considered in the planning and commissioning of health services.

5.8 Consultation and Engagement

5.8.1 As proposals begin to emerge from the various strands of work, council officers will work with NHS colleagues to develop appropriate consultation and engagement, including through liaison with HealthWatch, the council's Involvement Board, and engagement mechanisms for children and young people.

5.9 Insight

5.9.1 Not applicable

6. BACKGROUND PAPERS

6.1 None.