

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



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

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

A locally led system approach

- The vast majority of our health and care delivery will continue to be delivered at our local place and borough level, working together as partners with our local population. We call this the 80:20 principle – in recognition of the fact that decisions about health and care will take place as close to local people as possible.
- Local partnerships will decide how best to use resources in the best interests of patients
- Our single CCG would continue to be clinically led, with a clinical majority and include lay members. GP members' forums and representative bodies will be essential to making this successful, working with their local GP chair to make decisions about health and care in local communities.
- Primary care will be represented throughout the system with GP leaders on the ICS board, local multi borough (BHR) and borough level partnerships – and leading transformation programmes, continuing our good work.



How we will create one CCG for NEL

Key workstreams

- Communications and engagement – three stages
 - Engagement with members and wider stakeholders in advance of the vote in October - Aug - Oct 2020
 - Internal communications with our CCG staff about what this change will mean for them – Aug – March 2021
 - Once the vote outcome is clear, ongoing engagement with stakeholders as we develop our plan for NEL and wider ICS development – Oct 2020 – April 2021 (but there will be an ongoing approach to engagement beyond April as we develop our ICS)
- Governance
 - New constitution to be drafted and agreed. Positive working with LMC on this.
 - A membership vote. Election window to open in early October for up to a week and to be run independently.
 - Governance handbook – will include detail on how our decision making will work
- People
 - HR – develop structure of one CCG, align people policies and transfer of staff
 - OD – produce plan and support colleagues to work in a more integrated way, building on what we have been doing
- Enablers
 - Finance – allocation model, single ledger and finance operating model being developed to support maximum delegation
 - Estates
 - Digital – IT transfer

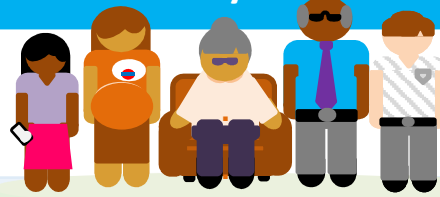
Benefits

- **Benefits for people**
 - Closer partnership working will enable people at all stages of their life
 - Working together with local councils, providers and the voluntary sector across north east London, we will address health inequalities and ensure we do everything possible to stop people getting ill to begin with
 - We will ensure that wherever you go in the system you won't have to tell your story again if you don't want to.
- **Benefits for staff**
 - We are committed to supporting our workforce to grow and develop and to creating a wider pool of opportunities for career progression and development for everyone
 - Reduced bureaucracy, fewer meetings and a reduction in duplication
 - Together we will build on our own local plans to develop a single consistent plan for the future, helping us to improve services and reduce variation
- **Financial benefits**
 - Ensure every single pound is spent to the benefit of every single person in north east London

How will the vote work?

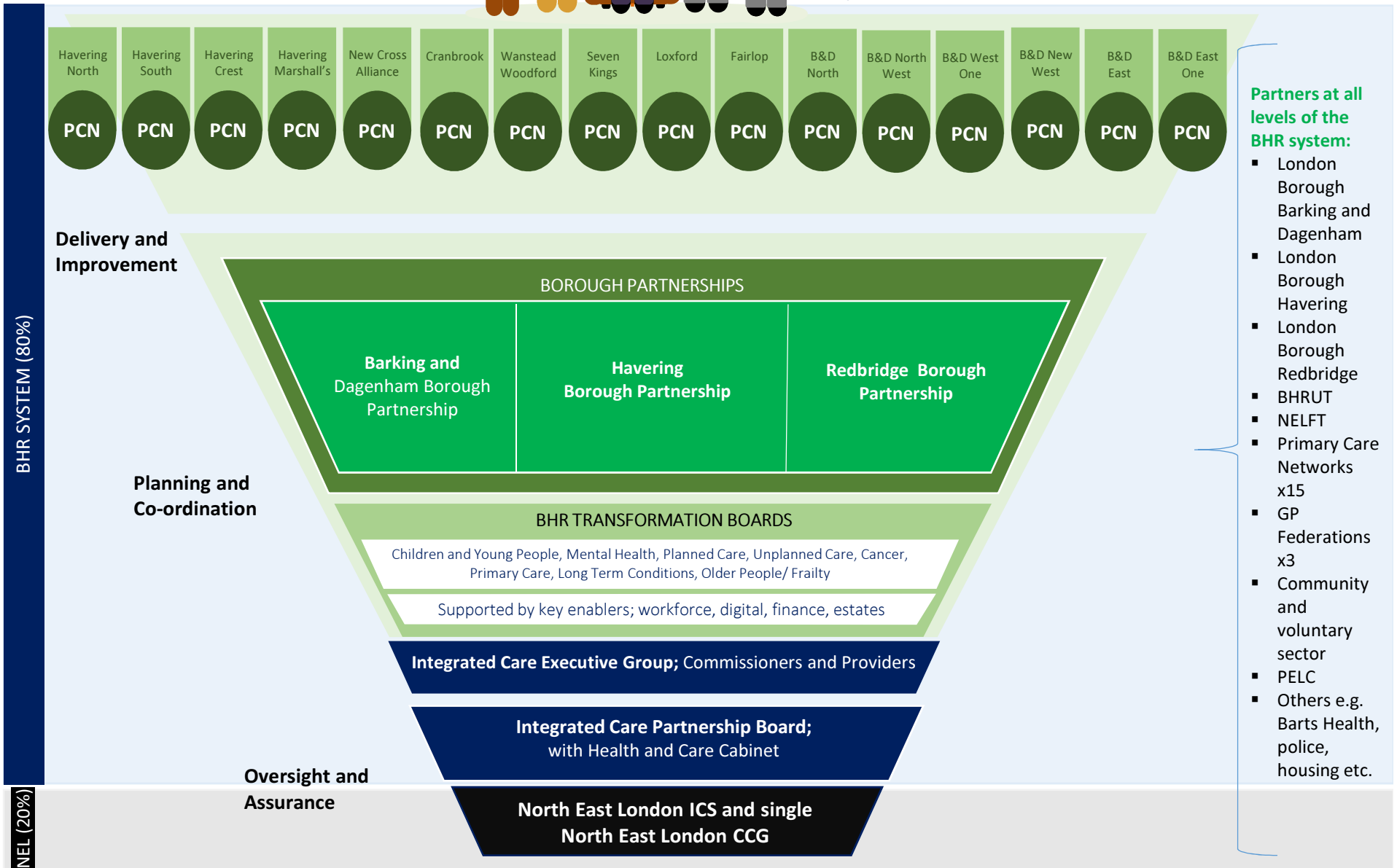
- The current vote will be conducted in line with current constitutions, which vary slightly across NEL. These are on a practice rather than all GP basis, with some areas having weighted voting. All of this will be made clear to members.
- An independent organisation, Civica, which specialises in running elections has been commissioned to conduct the vote across NEL. We have used them before (under their name Electoral Reform Society, now part of Civica) and they have run several CCG merger votes across the country.
- The vote will be conducted electronically rather than in person at a meeting as we usually do given the current restrictions on meetings given Covid-19.
- We will send information packs to members from 28 September and open a window for electronic voting for a week from 5 October.
- We will track progress on the vote during the voting window to ensure that practices are responding and that we meet the quorum required, and to help us understand the way in which practices are voting.
- We are working with LMC colleagues and have heard their feedback on the specific merger question (based on their experience elsewhere in London) and will be ensuring that the question we ask in NEL is transparent and clear.

What will the BHR System look like in April 2021?

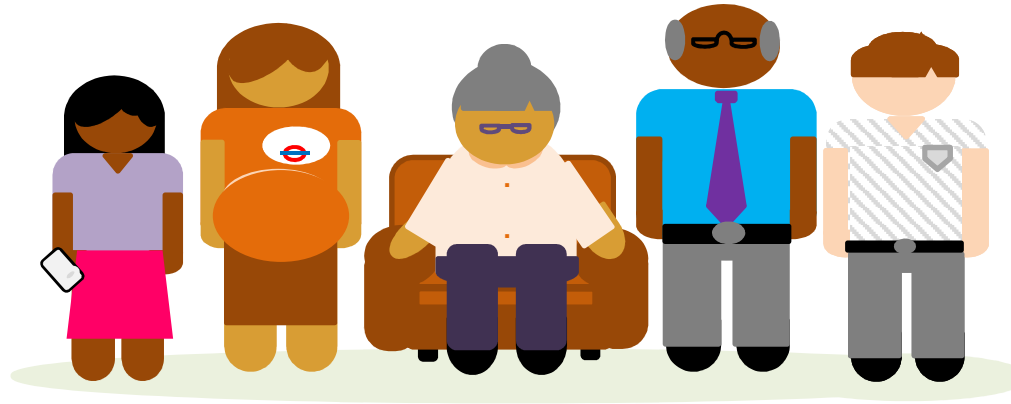


Co-production & Engagement

Our patients, residents and local communities



What are the benefits for us - BHR



Just some of the anticipated benefits include:



Clinical leadership at every level of the system, driving forward transformation and shaping plans



Refocus of majority of resource at a local level on improving outcomes for our residents



Stronger focus on Community Based, integrated Care, reducing inequalities



Local people genuinely codesigning local services in partnership with clinicians and leaders



Doing things once rather than seven times where this makes sense, and having a stronger voice



Focus locally on the wider determinants of health e.g. employment and housing



Formalisation of the Barking and Dagenham, Havering and Redbridge Partnership work



Achieve economies of scale for back office functions