ICS & ICB Update
Havering Elected Members

North East London Health & Care Partnership

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Introduction

Luke Burton, Director Place Based Partnerships

Ground Rules – Stop me if something isn't clear or I use acronyms I have not explained

- **What are the big changes in the NHS**
- **What is an ICS**
- **What are the place partnerships**
- **What are PCNs /Neighbourhoods**
- **What is being asked of the administration**
- **What are the key opportunities, challenges and risks**

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How does the NHS in England work and how is it changing?

https://youtu.be/blapgFKXv0I

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The establishment of NHS North East London

•In April 2022 the Health and Care Act achieved Royal Assent. As a result on 1 July CCGs were disestablished and replaced by Integrated Care Boards (ICB). Our ICB is known as NHS North East London (NHS NEL).

•NHS NEL is led by Marie Gabriel CBE, Chair and Zina Etheridge Chief Executive as well as a newly appointed board and team of senior executives.

•We have moved from the governing body of the CCG, made up of primary care leaders and lay members, to an integrated Board that retains an important role for primary care but includes a broader range of other members from our Trusts, local authorities and the voluntary, community and social enterprise sector.

•We have an agreed constitution which can be accessed online: https://www.england.nhs.uk/wp-content/uploads/2022/06/8-nhs-north-east-london-icb-constitution-010722.pdf

NHS North East London

NHS North East London Integrated Care Board members

NHS North East London

2x NHS Trust partner members

2x primary care partner members

Marie Gabriel
Chair

Zina Etheridge
NHS NEL CEO

Shane DeGaris
Barts/BHRUT Group CEO

Paul Calaminus
ELFT CEO

Dr Jagan John
GP

Dr Mark Rickets
GP

1x VCSE* partner member (TBC)

3x non-executive members

Henry Black
Chief Finance & Performance Officer

Diane Jones
Chief Nursing Officer

Paul Gilluley
Chief Medical Officer

Rajiv Jaitly
Audit

Imelda Redmond
Quality

Diane Herbert
Remuneration & workforce

2x local authority partner members (TBC)

*VCSE refers to the voluntary, community and social enterprise sector

NHS
North East London

NHS North East London executive leadership team

Zina Etheridge
Chief Executive Officer

Paul Gilluley
Chief Medical Officer

Diane Jones
Chief Nursing Officer

Henry Black
Chief Finance and Performance Officer

Charlotte Pomery
Chief Participation and Place Officer

Francesca Okosi
Chief People and Culture Officer

Johanna Moss
Chief Strategy and Transformation Officer

North East London Health and Care Partnership (NEL HCP)

NEL HCP - the Integrated Care System

- The North East London Integrated Care System is known as North East London Health and Care Partnership and is chaired by Marie Gabriel and with Zina Etheridge, ICB CEO, the system convenor.
- NEL HCP is a formal alliance of partners with a role in improving the health and wellbeing of our residents. Together we set the overall strategy that will guide our collective work and hold the wider health and care system to account for how services are delivered in a more joined up way.
- As of 1 July the governance of the NEL HCP will be via the Integrated Care Partnership, a core statutory component of the system. In north east London partners have agreed that we will establish an inclusive ICP, with wide membership across our partnership. It was agreed that a smaller ‘steering committee’ would be established to plan and coordinate the business of the ICP. The proposed membership of the ICP ‘steering committee’ includes the ICB Chair, two elected members –inner and outer, two NHS trust chairs –acute and mental/health, the ICB chief executive, a VCSE collabnominee, a Healthwatch group nominee and a primary care collaborative leader

North East London Health and Care Partnership purpose, priorities and principles

Our purpose:

"We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity."

We will design and operate the NEL ICS in a way that:

- improves quality and outcomes
- secures greater equity
- creates value
- deepens collaboration

NEL's flagship priorities

- Children and young people – *to make NEL the best place to grow up*
- Mental health – *to improve the mental health and well being of the people of NEL*
- Employment and workforce – *to create meaningful work opportunities for people in NEL*
- Long-term conditions – *to support everyone living with a long-term condition in NEL to live a longer, healthier life*

Formation of Integrated Care Systems (ICS)

Building on strong NEL partnership foundations to form our ICS

ICS are a **new form of partnership between organisations** that support the health and wellbeing of local communities

Partners include the **NHS and local councils alongside voluntary, community and social enterprise sector organisations**

The ICS will be established from 1st July (although major changes will be phased)

The ICS is how we describe all partners across the system working together for the benefit of the north east London population

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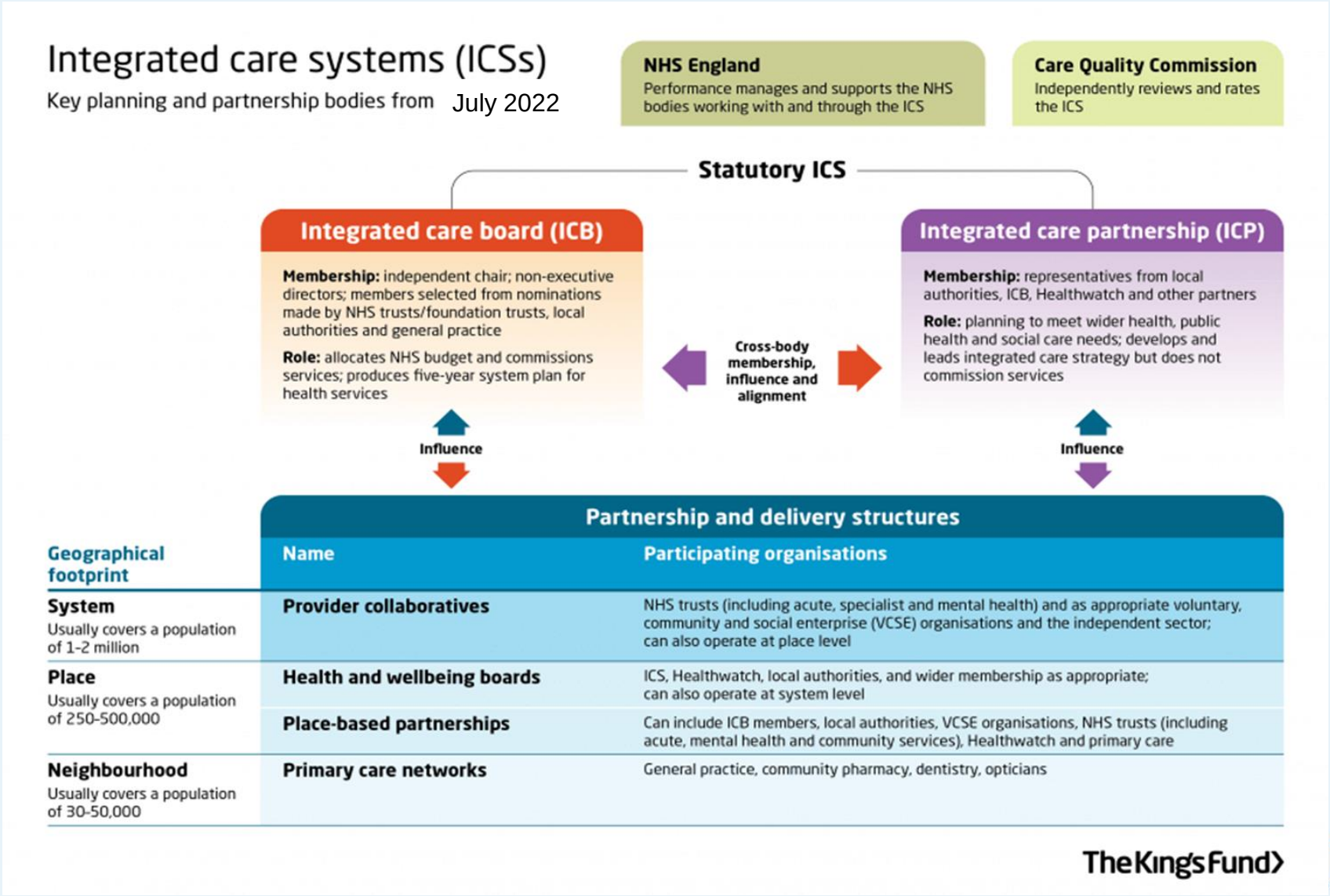
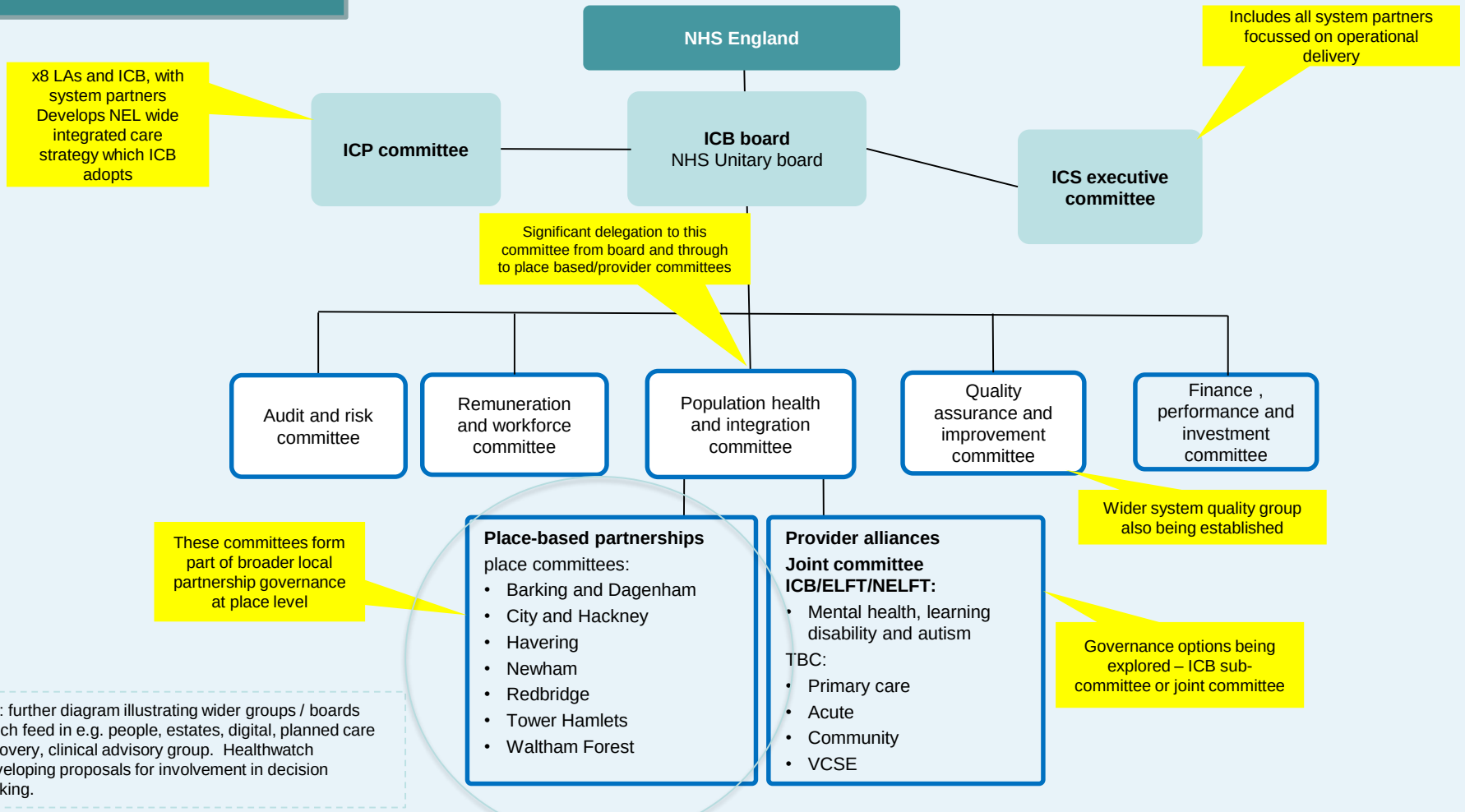
Integrated Care Systems



ICS/ICB formal governance 1



NB: further diagram illustrating wider groups / boards which feed in e.g. people, estates, digital, planned care recovery, clinical advisory group. Healthwatch developing proposals for involvement in decision making.

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Formation of NHS North East London ICS

NEL CCG will no longer exist and a new statutory organisation – an **Integrated Care Board (ICB)** – will be established, which we will call **NHS North East London** - take on the NHS commissioning functions of CCGs

An **Integrated Care Partnership** will be created as a formal alliance of partners with a role in improving the health and wellbeing of our residents. Create a joint plan for improving health for our community and how services will be delivered in a more joined up way

Place-based partnerships are collaborative arrangements involving the organisations responsible for arranging and delivering health and care services in a locality or community. PBP's will be a **formal sub-committee** to the ICB

For NEL Place-based partnerships are based **across a Borough boundary**, which is why Place-based and Borough Partnership is both used

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Havering Place Based (Borough) Partnership

Partnership Workstreams – Health Inequalities – LAC – Prevention – (more added one partnership develops)
Elements of BHR work to be place based – Enablers – Finance, Digital, Contracts

Key Functions of a Place Based Partnership

Understanding and working with communities

- Developing an in depth knowledge of local needs
- Connecting with communities

Joining up and coordinating services around people's needs

- Jointly planning and coordinating services
- Driving service transformation

Addressing social and economic factors that influence health and well being

- Collectively focusing on wider determinants of health
- Mobilising local communities and building community leadership

Supporting quality and sustainability of local services

- Making best use of financial resources
- Supporting local workforce development
- Driving improvement through local oversight of quality and performance

These functions are where there is greatest potential to add value over and above the contributions of individual organisations or entire systems.

Joining up and coordinating services

Example:

High Intensity Users (frequent fliers)
Residents in our community who bounce around and have many touch points with our services.

Services in Havering working in this way:

A and E – those with multiple attendances (Drug, Alcohol, Mental Health, Loneliness, Frailty)

Housing services – drug and alcohol support services

Social care – working with providers around discharge

Police – criminal justice drug and alcohol triage in custody

Primary care – MDTs targeting those with multiple long term conditions

Whilst there are some links, work is happening in isolation

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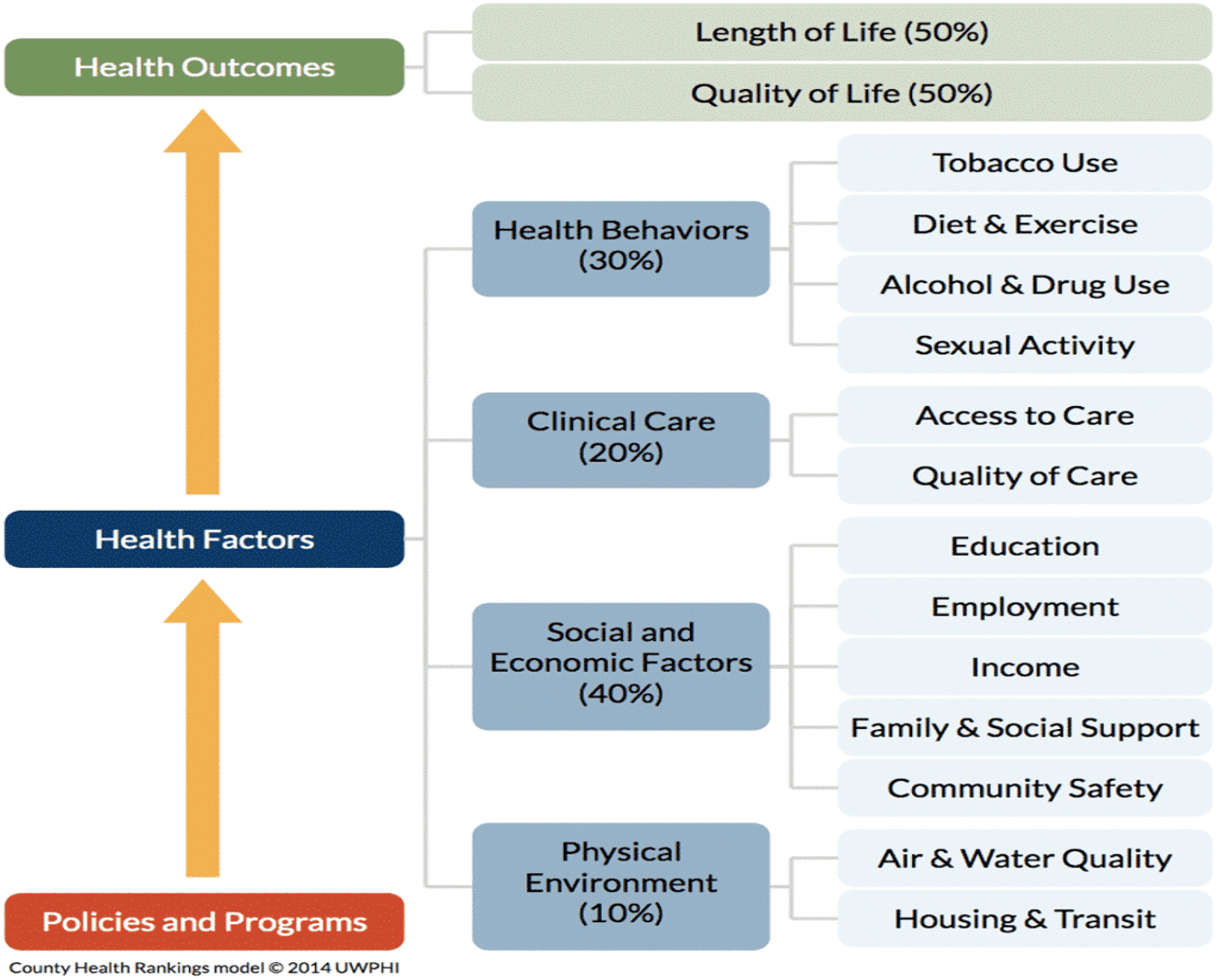
Wider Determinants of Health

If we get the best clinical care possible e.g. 100% efficiency. We will still only be affecting 20% of someone's life

The 80% happens outside traditional clinical settings



Formation of Havering (Borough) Place Based Partnership

- **Clinical and Care Leadership model** being implemented
- **Governance model agreed** and accountable officer being agreed
- **Membership** and ToR for Sub-Committee **of the ICB agreed** **(subject to partnership sign off tomorrow)** and established
- Partnership **budget and delegated functions** to be **confirmed**
- **Projects** initiated in priority areas of **mental health, social inclusion and Health Inequalities**
- **Community engagement** model in development
- Mapping of current **Havering wide programmes** from all partners
- Joint **Insights and Population Health Management Data** - in development
- **Delivery structure** to designed – keen for joint teams where possible

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Emerging Priority areas

- **Children and Young People –** Mental Health, Healthy weight, 1st 1000 days
- **Workforce –** recruitment and retention into target roles e.g. Allied Health Professionals (e.g. OTs, Physios)
- **Older People –** Frailty, hubs, end of life, social care provision, keeping people at home
- **Long Term Conditions –** managed in a more coordinated person centred way
- **Community connections –** Local Area Coordination, social prescribing
- **High Intensity Users –** for all of our services not just A and E

All underpinned by using Population Health and working with those who face the biggest health inequalities

Primary Care Networks / Localities

Reminder – primary care networks – *usually* population 30-50k, but can be 90-100k

4 networks in Havering – GP's decided how they would form into networks.

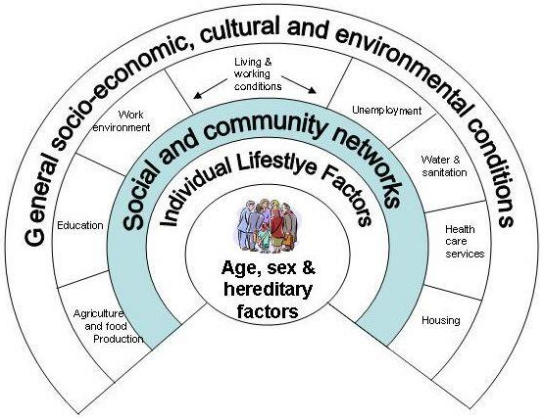
- North – 13 practices – total patient population 80k
- Havering Crest – 8 practices – population 41k
- Marshalls – 3 practices – population 44.5k
- South – 14 practices – population 96k

Local area coordination

ASC and NELFT community health services – had been arranged into localities coalescing around PCN predecessor arrangements

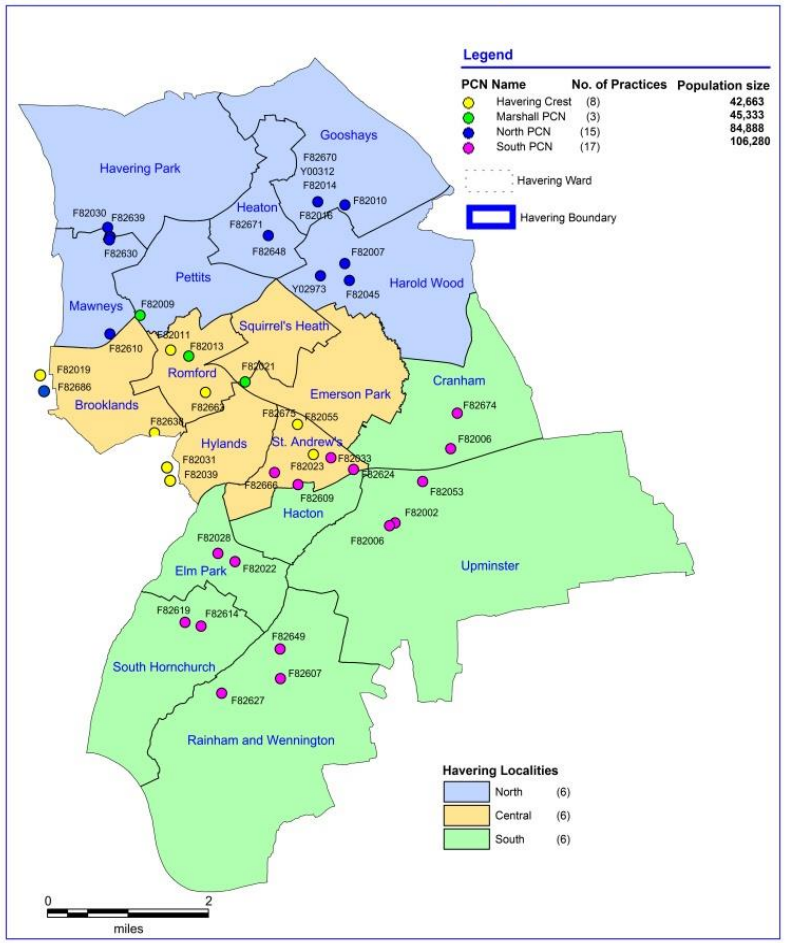
NELFT and ASC to plan on reorganising our service delivery to be more aligned to the PCN boundaries, although Marshall and Havering Crest will be treated as one.

Borough Partnership offers opportunities to work at "Place" and "Neighbourhood" level differently – not just NHS and adult social care, but also across council and partnership functions – CSC/education, public health, housing, regeneration, leisure activities.



Community Hubs

Government wants Integrated Care Systems to have a real focus on population health management – with the NHS to have a much bigger role, including possible investment, in reducing inequalities and seeing health through the lens of the wider determinants of health.



What is being asked of you, the administration

To Note:
The formation of the ICS on 1st July 2020

The **functions** delegated to the ICB be NHS only

Reps from **local authorities** will be on the ICB

~~**2**~~ **representatives** for NEL will be nominated from local government – 2 places on the ICBP covering all 8 local authorities. EG one councillor / leader representing all 8 LA's

To consider:

- How decision making at **Place** will work – e.g. think about committees in common over time

- Between July and April 2023 (and beyond), what **council functions** (if any) may be delegated into the Placed-Based Sub-Committee – and any changes to the **council's constitution** that may be needed.

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A huge opportunity for the NHS, Local Authorities, Voluntary Sector and the Community, to work together to improve the lives of our citizens.

However we face many challenges and there are risks with working in this way…

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Key challenges and issues

Population Growth

At an overall projected growth of 10% by 2041 (from 2021), Havering actually has one of the lowest expected population growths in NEL. However, within this, there is a significant expected increase in those aged 80+ (45%) – health and care services for this population group in particular are significant compared to other age groups, and partners will need to prepare and plan for this over the coming decades. There is also an expected 24% increase expected in those aged 70-79.

Access to Housing

- Increasing number of homeless people, and increasing need to support Refugees placing further pressure on housing stock
- Housing shortage: need to build more market and affordable housing
- High number of people in 'interim' housing
- Need to improve the quality of housing services
- Significant link between housing and health

Workforce

- Some historical underfunding in community health services, and primary care.
- This is reflected in high patient to GP / Nurse ratios in the community, and lower numbers of district nurses in the community.
- Significant number of GPs at, or beyond retirement age
- As a borough we have a high number of vacancies across all front line roles

Urgent and Emergency Care

Havering are an outlier for non-elective admissions for older people, and local people have to wait longer for access to non-elective care than in other areas.

Life Expectancy

Those aged 65+ in Havering have a worse life expectancy than those in our neighbouring Redbridge; an average male and female of age 65+ in Redbridge can expect to live 19.2 and 22.0 more years whereas Havering 18.2 and 21.2.

Planned care waiting times

Following the pandemic, there has been a significant increase in the backlog / waiting times for planned care services.

Key challenges and issues

Known Barriers to access

- Awareness of services
- Trust in services / cultural acceptability
- Language barriers
- Services that are not flexible to meet local need
- Accessible pathways into services
- Capacity of some services, particularly following the pandemic
- Poor access to preventative and early interventions – particularly for underserved and underrepresented communities
- Increasingly diverse population with multiple social challenges which influence need and access
- Significant expected increase in demand for non-elective services at Queens Hospital – Havering Residents are the largest proportionate users of this hospital

Physical space to deliver Integrated Care

Primary Care estate is often constrained, with no ability to expand, particularly where this is within converted housing. Space to deliver integrated care, particularly with the ARRs roles within primary care, is needed, to support the delivery of integrated care, closer to home.

Access to BI/ Data to inform our work

It is essential that the Havering PbP has access to timely and joined up BI and data to inform their work, including more up to date acute data, and the ability to join up primary care data with community data, to create a whole view of the needs of local people. Access to timely / joined up data is currently an issue within the system.

Sharing of PID data between operational leads

Simple process to share PID information between front line staff, and track patients is needed to support seamless delivery of care and more integrated working. Currently this is a barrier to the delivery of seamless care.
Many operating systems are not interoperable and solutions are needed to facilitate data sharing to support integrated / more seamless care to local people.

Key population health challenges – JSNA

- Some significant public health challenges including:
  - Obesity
  - Homelessness
  - Dementia Diagnosis
  - Support for older people
- Screening uptake worsened during the pandemic
- Crime and Vaccination uptake – Havering is better than the London average

Levelling up Funding

Compared to other Boroughs in North East London, many areas such as Primary Care and Pubic Health have been underfunded. Please see example below

Funding – Public Health

There is significant under funding in relation to the Public Health grant for Redbridge, compared to other NEL boroughs, as illustrated below. The percentages show the current slice of the overall pot for NEL as a proxy for the proportion of funding split. This is not decided at a NEL level and is allocated centrally.

Public Health Grants by NEL PbP		
City and Hackney	£37,573,975	22%
Barking and Dagenham	£17,787,080	11%
Havering	£11,622,333	7%
Newham	£32,612,030	19%
Redbridge	£14,576,152	9%
Tower Hamlets	£37,371,659	22%
Waltham Forest	£17,001,881	10%
	£168,545,110	

Key Risks

- **With joint decision making comes joint accountability –** e.g. Do elected members / senior officers want to be part of a controversial / unpopular decision in health services – shutting A and E (please note this is not being discussed currently)
- The voice of **Place** in the provider collaboratives
- The NHS **legal duties** have changed but local government hasn't
- There are still **financial challenges** within the NHS and local authorities. The message is that the ICS is now one budget, but working in a collaborative way with penitential savings target can be challenging

In Summary

- There are now **3 main levels of the NHS**. Integrated Care System (ICS), Place, (Borough for us), Primary Care Network (PCN) / Neighbourhood
- There is a **requirement** for Local Authorities, Voluntary sector and Communities to have more input into how Health and Care works
- There is a need to **work with partners** around the wider determinants of health
- A **system wide focus** on health inequalities
- Havering has some **great relationships** already to build upon and **good progress** is being made
- Discussion needs to happen around the **decision making process** at place (e.g. officer and elected member input)

Opportunity: With the new administration, to have a joint Community and Health plan for Havering, which uses the Place Based Partnership as a vehicle for delivery.