

# Strategic Developments in the NHS and the VCS response

#### **Integrated Care in North West London**

**Integrated care system (ICS):** Integrated care happens when NHS organisations work together to meet the needs of their local population. ICS's involve local authorities and the VCS working together alongside NHS organisations. ICS's should aim to improve population health by tackling the causes of illness and the wider determinants of health.

Our ICS is across North West London covering 8 boroughs.

**Integrated Care Partnership (ICP)** Integrated care partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

Our ICP is operating across RBKC and QPP.

**Primary care network (PCN):** Collaboration of GP practices covering 30,000-50,000 people working towards integrated primary and community health services.



#### The ICS – system, place & neighbourhood

	Level l	Population size		Purpose
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Neighbourhood	30,000 to 50,000 people	•	Served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, known as primary care networks
	Place 5	250,000 to 00,000 people	•	Served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals, the VCSE and the independent sector
	System	1 million to 3 million people	·	In which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale



in north west London

#### **3ST - Background and activities to date**

- The 'NWL Third Sector Strategic Group' (now 3ST) set up from late 2019 covering 8 boroughs/CCG areas.
- Group now has around 3 representatives per borough.
- Developed a shared vision and mission statements at an NCVO-facilitated workshop.
- Designed and adopted a three-tier approach (see next slide).
- Appointed a Leadership team which engages with emerging ICS structures.
- Signed off on a set of Governing Principles and Joint-Working Commitments for members in each tier.
- Convened two Working groups Income Generation and Membership, Marketing & Communications.
- Secured three seats on the NWL ICS Board and two seats on each of the nine Sub Boards.

### **About 3ST – Aims and Principles**

- Statement of Intent
  - 3ST has been formed primarily to provide a strategic and commissioning link between the VCS and the ICS across the North West London region.
- **Governing Principles** 3ST's Membership Commitments Framework
  - **Representation** accessible to all organisations who want to participate.
  - **Transparency** ensure that all organisations can access and understand the decisionmaking processes and outcomes.
  - **Communication** organisations who participate must be confident that their voices can be heard in everything that 3ST does and says.
  - **Fairness** 3ST will be careful to consider the impact of activities on all members and ensure that members are not unfairly disadvantaged through their participation.

### **3ST Membership Commitments**

- Membership is open to all VCSE organisations based within the eight NWL boroughs.
- 3ST is committed to ensuring that all members are able to benefit from its activities even if they cannot participate equally.
- Membership Commitments are:
  - **Commitment to inclusion**. To include:
    - Enabling all VCSE organisations to benefit from 3ST's strategic and income generation activities.
    - Actively seeking membership that is representative of the demographics of all our local communities.
    - Actively representing the needs of our communities at a strategic level as well as through service development.
  - **Commitment to enabling all VCSE organisations to participate.** To include:
    - Developing structures to facilitate information and communication flow.
    - Developing a tiered membership structure depending on time, capacity and capability.

### **3ST Membership Commitments**

- **Commitment to organisational development.** To include:
  - Developing processes whereby all organisations' voices can be heard.
  - Supporting development of accessible income generating opportunities.
- **Commitment to active participation**. To include:
  - Allocating suitable time and resource to strategic and income generation activity.
  - Timely sharing of information through appropriate channels.
- Commitment to developing and holding an effective induction process for new members, supported by existing and outgoing members.
  - Seeking to retain organisational memory and minimise disruption from member turnover.

#### **3ST's approach across North West London**



### What KCSC is doing at local level

- Representing the VCS on new ICS bodies/groups
  - As a member of the local Integrated Care Partnership Board (currently RBKC plus QPP).
  - Weekly Bi-Borough ICP Operational Group meetings plus around 35 representatives from hospitals, GP surgeries, PCN's, CCG's.
  - ICP Operational Group Sub-Groups currently focussing on hospital discharge.
- Attending 3ST meetings with other RBKC representatives
  - Leadership meetings plus Open Age & AUK
  - Strategic Group meetings plus AUK, ACAVA, Octavia Foundation
  - Working Groups
- Setting up a Bi-Borough VCS Group.
- Building our links at neighbourhood (PCN) level.
- Working on the development of Community Health West London.



### **Bi-Borough VCS Group**

KCSC is working with One Westminster to set up this group, which will:

- Form part of 3ST's structure.
- Be Bi-Borough! to reflect the ICP Board and Operations Group.
- Include all voluntary and community organisations in the two boroughs which provide health and wellbeing related activities.
- Have a distinct remit, different from the H&WB Forums run by KCSC/One Westminster.

Activities and remit of the group will include:

- Specific discussion about strategic NHS developments at NW London and borough level.
- Opportunities to participate in design of services and delivery partnerships.
- Identifying organisations which can represent the sector on NHS operational groups.
- Ensuring that the sector is well represented at NHS meetings to improve the effectiveness of services for residents and the availability of funding.

#### First meeting 5 August 10am – invites to follow!

#### **Neighbourhoods – PCN's**

- KCSC has been **building relationships** with GP's and PCN's
  - Building links and attending regular meetings with PCN staff
  - Supporting frontline reflective practices and attending My Care My Way meetings
  - Keeping the VCS informed and engaged about PCN's C-19 work
  - Identifying gaps in services
  - Supporting Social Prescribing Link Workers
  - Facilitating discussions between PCN's and the VCS to improve services eg learning disabilities
- Going forward, KCSC will be
  - Further-supporting PCN's with their particular priorities
  - Sharing best practice across the borough
  - Working to support local needs and anticipate future needs
  - Identifying opportunities for joint development of services to support residents



#### Reminder of CHWL's background

- A consortium of charities which came together in 2018/19
- Directors: KCSC with Age UK, BME Health Forum, One Westminster, Open Age, SMART.
- CHWL's aim
  - To improve people's health and wellbeing, work towards the reduction of health inequality and ensure equality of access to services.
- Specifically, CHWL will
  - Act as a vehicle for larger health contracts
  - Undertake joint development of services within the emerging ICS
  - Organise and manage consortia of voluntary and community organisations to deliver services



# Strategic Developments in the NHS and the VCS response

Any questions or comments?

## **Breakout rooms**



1. How is your organisation now responding to the ending of lockdown measures i.e staff returning back to the office and service provision?

2. Are there any main issues/concerns in relation to the above or with issues facing your service users?
Feedback 3 main points to the whole group