

The year ahead in NWL...

What do we know so far?

- CCG ends – 31/3/22
- ICS established as statutory organisation – 1/4/22
- ICS still developing structures / governance
- No clarity yet regarding levels of delegation from ICS to ICP “Place”

Integrated Care Systems (ICSs)

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

They exist to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

The proposed interim membership of the NW London Integrated Care Partnership and Integrated Care Board in April 2022

NW London Integrated Care Partnership

(Statutory Partnership body¹) - Quarterly

- All members of NW London ICS Integrated Care Board (see opposite)
- Local authority Chief Executives (x8)
- Voluntary sector
- Citizen/lived experience/ Health Watch
- Brunel and Imperial Universities
- Large local employers (to be determined)

Approximately **33-35** attendees

NW London Integrated Care Board

(NHS Statutory body successor to current Partnership Board)- Monthly

NON EXECUTIVE ROLES

- Independent chair
- Non executives 2-4

EXECUTIVE ROLES

- 4 statutory members of ICS executive²
- Chief executive, NW London ICS

PARTNER MEMBERS

- All NHS Provider CEOs (moving to Provider Collaborative CEOs x3)
- Borough- based Partnership Directors (x8 boroughs)³
- Local authority chief executive x1
- Primary care lead (a GP who may become a Borough- based Partnership Director)

Approximately **20-22** attendees

We will revisit membership once the legislation has passed Parliament

1 ICP not yet established

2. Other members of ICS executive will be invited to attend ICB as appropriate e.g., Director of Population Health, Director of Strategy & Director of Innovation

3 Currently led by either community or mental health colleagues; may be led by primary care or local authority colleagues in future

The four objectives will be delivered through ten programmes:

Five Delivery Programmes

1	Population Health & Reducing Inequalities in Health
2	Local care including primary care
3	Mental health and care for people with learning disability and autism
4	Acute care: <ul style="list-style-type: none">• Urgent and emergency• Elective: High volume, low complexity, outpatients and diagnostics• Specialist
5	Children, young people and maternity

Four Objectives

A	Improve outcomes in population health and health care
B	Prevent ill health and tackle inequalities in outcomes, experience and access
C	Enhance productivity and value for money
D	Support broader economic and social development

Five Programme Enablers

6	People
7	Research, education & innovation
8	Digital & Data
9	Estate: including new hospitals
10	Corporate services

ICS functions - System / Place / Neighbourhood

3 “levels” of operating within ICS as follows

- **System (NWL)** – setting strategy; managing overall resources and performance; planning specialist services across larger footprints; strategic improvements to key system enablers such as digital infrastructure, estates and workforce planning
- **Place / ICP (WL / BiB)** – redesigning local services; joining up care pathways across NHS, local government and VCS services; supporting the development of PCNs; building relationships with communities
- **Neighbourhood (e.g. PCN)** – formation of PCNs; bolstering primary care services; developing multidisciplinary teams; delivering preventive interventions for people with complex care needs

What does this mean for the voluntary, community and social enterprise sector?

NHSE ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector;

- The VCSE sector is a key strategic partner with an important contribution to make in shaping, improving and delivering services, and developing and implementing plans to tackle the wider determinants of health
- VCSE partnership should be embedded in how the ICS operates, including through involvement in governance structures in population health management and service redesign work, and in system workforce, leadership and organisational development plans.

<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0905-vcse-and-ics-partnerships.pdf>

Role of VCSE in ICSs

System:

VCSE role to play in; • Governance and system transformation • Strategy planning and implementation across workstreams • Delivery of Long Term Plan priorities • Identify and share good practice across the system

Place:

VCSE organisations have a role to play in; • Supporting design, delivery and development of new service provider models for “anticipatory care” • Reducing Health Inequalities and supporting prevention • The integration of services • Strategic representation on District/Borough Boards to inform system redesign and transformation - 83% VCSE organisations deliver at District/Borough with turnovers of less £100,000

Neighbourhood:

VCSE organisations have a role to play in; • Social Prescribing and Asset Based Community Development • Population Health Management - 45% of VCSE organisations registered are classed as “hyper local” – turnover less than £10,000 and based in communities

What does it all mean in practice?

- Lots of change - lack of clarity for a while yet....
- ICP (Place Based Partnership) continues to build momentum
- VCSE profile and voice as key partner in system increases over time
- “Population Health Management” approach increasingly adopted
- Development of Provider collaboratives
- Scrutiny of VFM – contract review etc – (implications for WL)
- Governance clarity - ?what accountability where?
- Increased focus on system-wide equity across NWL
- Risk of loss of organisational memory

QUESTIONS???