



**NORTH LONDON PARTNERS**  
in health and care

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# Update on NCL ICS Transition

Haringey PPG Network  
20 June 2022



# The North Central London population

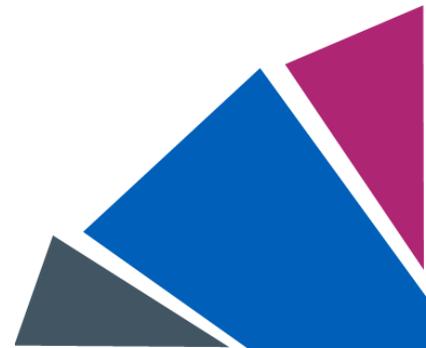


- North Central London is made up of five boroughs – Barnet, Camden, Enfield, Haringey and Islington.
- Around 1.6 million residents live in North Central London, with a relatively young population in some boroughs compared to the London average.
- Diverse population with historic high migration – from within UK and abroad; around 25% of people do not have English as their main language.
- Higher rates of deprivation than some London areas, with pockets of deprivation across all boroughs.
- Significant variation in life expectancy between most affluent and most deprived areas.
- Approx. 200,000 people in NCL are living with a disability.

# The North Central London health and care system



- 12 hospital trusts
- 5 local authorities
- One clinical commissioning group
- 200+ general practices
- 300+ pharmacies
- 200+ care homes
- A wide range of voluntary, community and social enterprise (VCSE) sector organisations and groups providing essential care



# Overview

- ✓ The Health and Care Bill received royal assent on 28 April 2022, becoming the Health and Care Act.
- ✓ NCL CCG will continue as statutory body until 30 June.
- ✓ The CCG's current system accountability, functions and responsibilities will transfer to the new NCL ICB on 1 July.
- ✓ Work has progressed well in key areas of ICS development including the development of a clinical and care leadership model and the development of borough partnerships.
- ✓ The NHS North Central London ICB Executive Management Team has been established.
- ✓ Work is underway to appoint Non-Executive Members and Partner Members to the NHS North Central London ICB Board.
- ✓ Key next steps include continued and strengthened engagement with our partners and residents and agreeing partnership ambitions for the next few years, including short term priorities and core principles for working together.

# Our developing system

**North Central London Integrated Care System (ICS)** is the name of the NCL system as a whole. An ICS is a way of working, not an organisation.

Partners within the NCL ICS include: Acute Trusts, Mental Health Trusts, Community Trusts, Local authorities (Barnet, Camden, Enfield, Haringey and Islington), Healthwatch and VCSE (Voluntary, Community and Social Enterprise) sector

**NHS North Central London Integrated Care Board (or ICB)** allocates NHS budget and commissions services. This is the organisation that NCL CCG staff will transfer to, and will be chaired by Mike Cooke, with Frances O'Callaghan named Chief Executive.

The **North Central London Health and Care Partnership**, is the Integrated Care Partnership, a joint committee with the councils across the five boroughs. This committee is responsible for the planning to meet wider health, public health and social care needs and will lead the development and implementation of the integrated care strategy.

## System

**Provider collaboratives** involve NHS trusts and primary care (including acute, specialist and mental health) working together. UCL Health Alliance incorporates all NHS trusts and primary care in NCL.

## Place

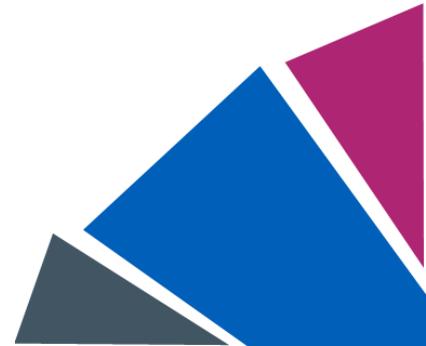
**Place-based partnerships** or **borough partnerships** include ICB members, local authorities, VCSE organisations, NHS trusts, Healthwatch and primary care.

## Neighbourhoods

Building on PCNs, Neighbourhoods support multidisciplinary working between frontline teams, population health management and relationships with communities.

# Purpose of an Integrated Care System

- The core purpose of an Integrated Care System (ICS) is to:
  - improve outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience and access
  - enhance productivity and value for money
  - help the NHS to support broader social and economic development.
- Each ICS will have a responsibility to coordinate services and plan health and care in a way that improves population health and reduces inequalities between different groups.
- This way of working closely reflects how the NHS and Councils in North Central London have already been working together in recent years, to improve our population's health and reduce inequalities through greater collaboration.



# The benefits of forming an ICS in North Central London

## Improved outcomes

Enable greater opportunities for working together as 'one public sector system' – ultimately delivering improved patient outcomes for our population

## Working at borough level

Support the further development of local, borough-based Care Partnerships and Primary Care Networks

## Reduce inequalities

Identify where inequality exists across in outcomes, experience and access and devising strategies to tackle these together with our communities

## Efficient and effective

Help us build a more efficient and effective operating model tackling waste and unwarranted variation

## New ways of working

Accelerate our work to build new ways of working across the system to deliver increased productivity and collaboration

## Economies of scale

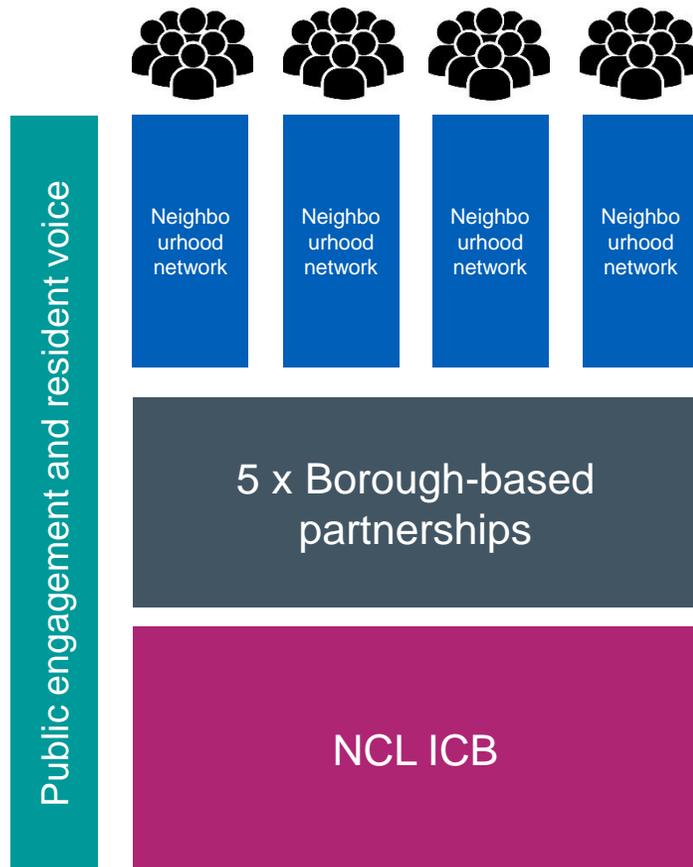
Help us make better use of our resources for local residents and achieve economies of scale and value for money

## System resilience

Help us become an system with much greater resilience to face changes and challenges to meet the needs of our local population by supporting each other

# Where we are now

Together with system partners, we are designing what the North Central London Integrated Care System (NCL ICS) will look like at neighbourhood, place (borough) and system-level.



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# The NHS North Central London ICB Executive Management Team has been established

Board Member

Board Attendee

**Chief Executive Officer**  
*Frances O'Callaghan*



**Chief Development and Population Health Officer**  
*Sarah Mansuralli*



**Chief Finance Officer**  
*Phill Wells*  
*(in post TBC)*



**Chief Medical Officer**  
*Dr Jo Sauvage*



**Chief Nursing Officer**  
*Chris Caldwell*  
*(in post May '22)*



**Executive Director of Places**  
*Sarah McDonnell-Davies*



**Chief People Officer**  
*Sarah Morgan*  
*(in post July '22)*



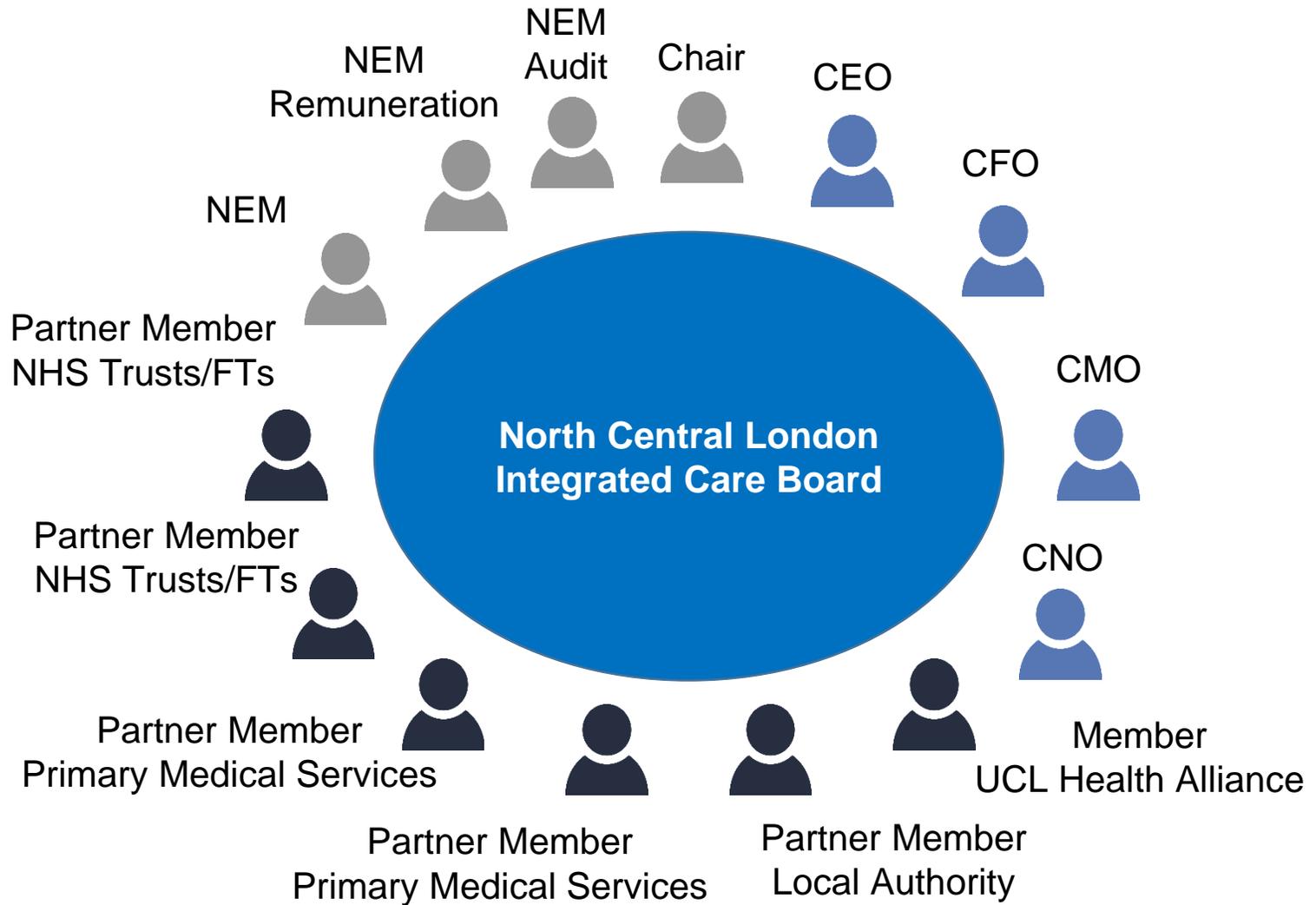
**Executive Director of Performance and Transformation**  
*Richard Dale*



**Executive Director of Corporate Affairs**  
*Ian Porter*



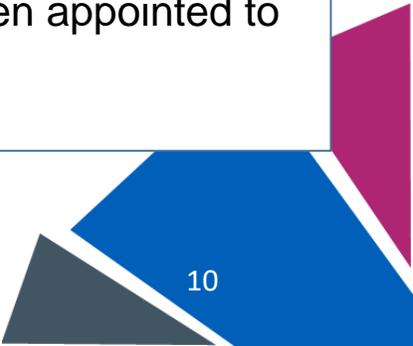
# Membership of NCL Integrated Care Board



-  Non-Executive Members
-  Executive Members
-  Partner Members

NCL ICB has proposed 14 Board Members with voting rights within the Constitution.

To date, the Chair designate and the four designate Executive Members have been appointed to the NCL Board.



# ICS emerging fora

**NCL ICS Quarterly Partnership Council  
(ICP)**  
Established June 2021

**NCL ICB Board  
(NHS Body)**

**Community Partnership Forum**  
Established October 2021

**PURPOSE**

Drive improvements in population health and tackle health inequalities by reaching across the NHS, local authorities and other partners to address social and economic determinants of health

Responsible for NHS strategic planning and allocation decisions. Securing the provision of health services to meet the needs of the population. Overseeing and co-ordinating the NHSE revenue budget for the system

Strategic patient and resident forum, overseeing and ensuring resident involvement at a system wide level

**MEMBERS**

Provider chairs, primary care leadership, all five council leaders and executive leadership

Non-executive directors, executive leadership, primary care leadership, social care leadership, clinical leadership

Healthwatch representatives, Council of Voluntary Services, Patient representatives

# Developing the NCL ICS will deliver benefits to residents, patients and staff working across NCL.

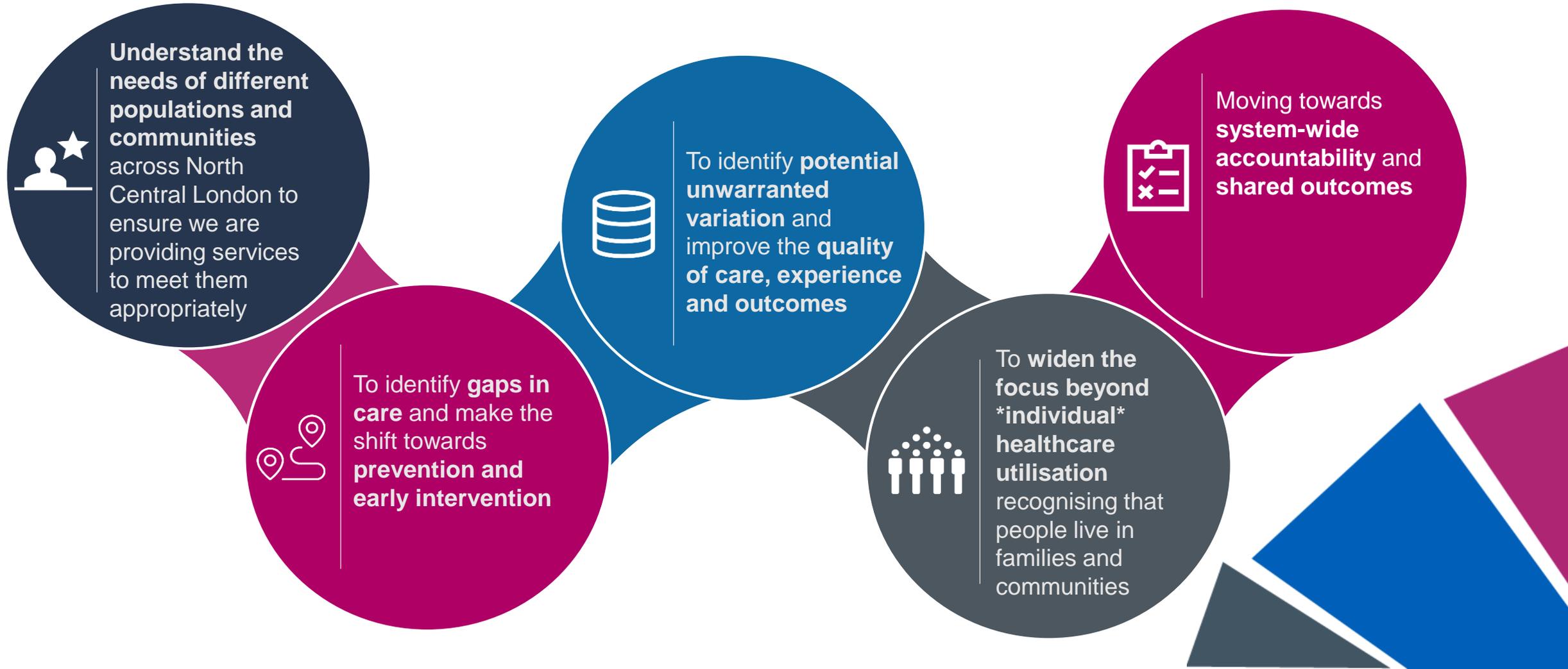
- **Reduce inequalities:** Identify where inequality exists across populations, outcomes, experience and access. Devise strategies to tackle these together with our communities.
- **Improved outcomes:** Enable greater opportunities for working together as ‘one public sector system’ – ultimately delivering improved patient outcomes for our population.
- **Working at borough level:** Support the further development of local, borough-based partnerships and Primary Care Networks.
- **Efficient and effective:** Help us build a more efficient and effective operating model tackling waste and unwarranted variation.
- **New ways of working:** Accelerate our work to build new ways of working across the system to deliver increased productivity and collaboration.
- **Economies of scale:** Make better use of our resources for local residents and achieve economies of scale and value for money.
- **System resilience:** Improve our resilience to face changes and challenges to meet the needs of our local population by supporting each other.

# Opportunities for change across the system

- Enabling population health approaches to tackle inequalities and wider determinants of health
- Driving new ways of planning and delivering across organisations
- Developing and supporting primary care networks
- Integration of care at neighbourhood and place level
- Supporting and developing our staff to ensure we have the workforce to meet the demands of a changing health and care system
- Create a health and care system that evaluates, learns and improves



# What we want to achieve with population health in NCL



# Driving new ways of planning and delivering across organisations

**Clinical leadership will need to evolve:** with shared responsibilities for outcomes across pathways. If we succeed we will harness the world leading specialist knowledge we have in our specialist trusts and have a greater impact for the health of our population.

**Proactive care:** across NCL, multidisciplinary teams (made up of social services, acute, primary care, mental health and VCSE) are coming together to manage patients with multiple long term conditions proactively, using population health tools to understand elements of care that would most support them.

**Single elective waiting list across organisations:** Working with providers we have effectively started to manage a single waiting list across the system. Putting in place demand management initiatives to match capacity and reduce waiting times. This is combined with active mutual aid across sites to treat those in need much quicker.

**Taking a pathway approach to recovery:** We need to challenge the inverse care law, and invest outside of the normal large acute sites to drive improvements in outcomes. Accelerator money has been invested across the pathway from diagnosis and point of referral through to support in the community.



# Key next steps

- ✓ Co-producing a population health outcomes framework and strategy – with input from across the system.
- ✓ Establish a board membership for the ICB including non-executive and partner members (council, NHS Provider and Primary Care).
- ✓ Engagement meetings between the NCL ICS Chair, NCL ICS Chief Executive and partners to consult on next steps in evolving NCL health and care partnerships and borough partnerships.
- ✓ Over the next few months, the Partnership will agree ambitions for the next few years, short term priorities and core principles for working together.
- ✓ Begin working with Local Authorities and other system partners to think through the implications of the recently published Integration White Paper ‘Joining up care for people, places and populations’.

## NCL ICS Community Partnership Forum Membership (June 2022)

Name	Organisation / role
Mike Cooke	NCL ICB Chair Designate
Frances O'Callaghan	NCL ICB CEO Designate
Dr Charlotte Benjamin	NCL CCG Chair
Dominic Dodd	UCL Health Alliance Chair
Dr Jo Sauvage	CCG Chair
Richard Dale	NCL ICB Executive Director of Performance and Transformation Designate
Sarah Mansuralli	NCL ICB Chief Development and Population Health Officer Designate
Ian Bretman	CCG Lay Member
Caroline Collier / Jennifer Pearl	Healthwatch Barnet
Louise Gordon	Healthwatch Camden
Olivia Clymer	Healthwatch Enfield
Mike Wilson / Sharon Grant	Healthwatch Haringey
Emma Whitby / Luke Buffery	Healthwatch Islington
Hugh Ogus	PPG rep - Barnet
Hilary Lance	PPG rep - Camden
Litsa Worrall	PPG rep - Enfield
Helena Kania	PPG rep - Haringey
Mohamed Maslax	PPG rep - Islington
Julie Pal, CEO Community Barnet	Voluntary Action Barnet
Kevin Nunan	Voluntary Action Camden
Jo Ikhelef	Voluntary Action Enfield
Geoffrey Ocen, CEO Bridge Renewal Trust	Voluntary Action Haringey
Navinder Kaur	Voluntary Action Islington
Jess Baines-Holmes	Social Care Engagement Rep (Director of Integrated Commissioning Barnet Council/ NCL CCG)
Steve Ebert	CCG Head of Communications
Lara Sonola	Transition Programme Director