# Proposed Integrated Care Model for City & Hackney – An Overview

October/November 2020

# What is changing and why – an overview

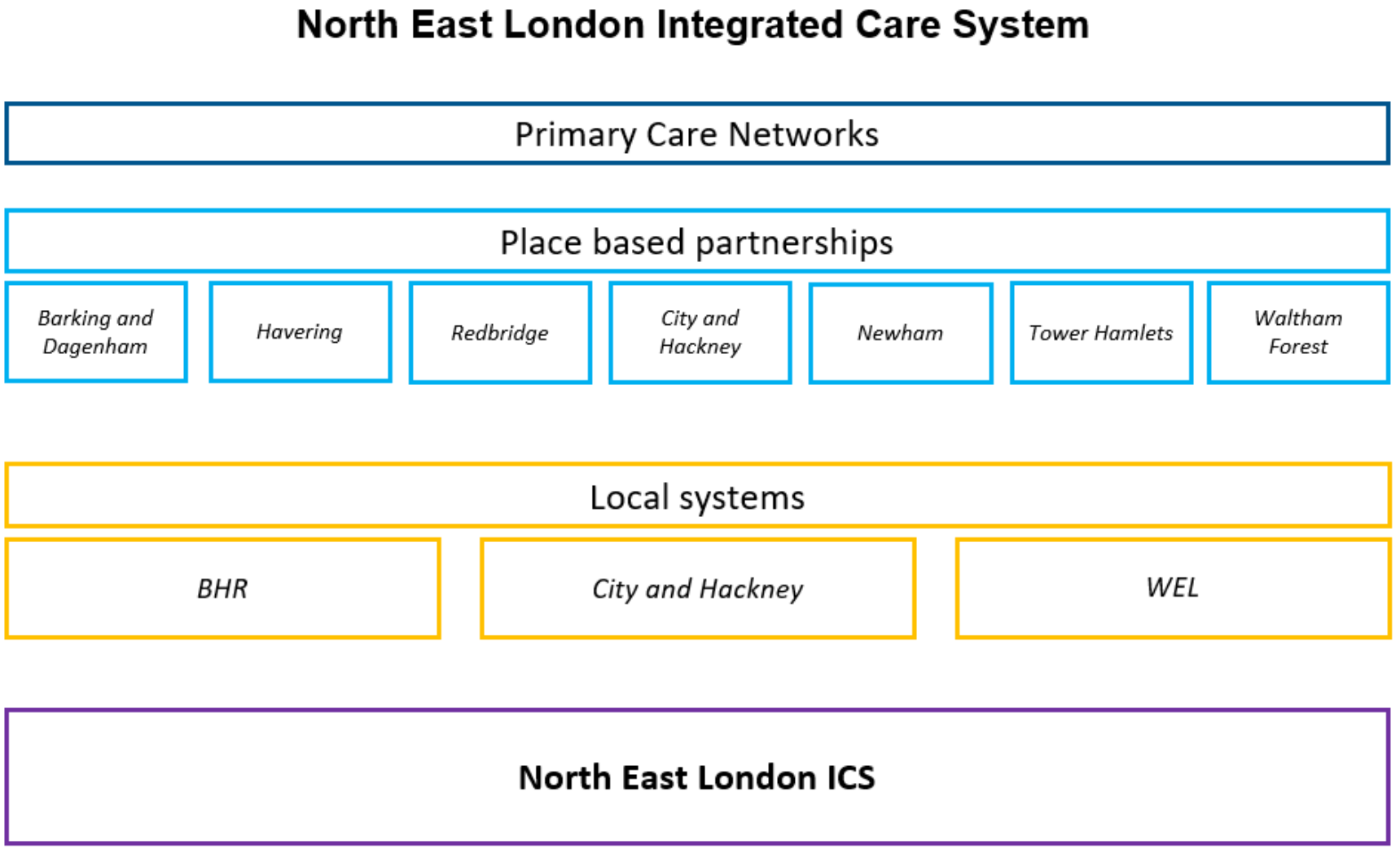
## CHANGES

- NHS England's Long Term Plan sets out a timetable for establishing Integrated Care Systems **(ICS) by April 2021** and typically there should be 'a single CCG for each ICS area'
- All CCGs within NEL will merge into **a single NEL CCG** by April 2021
- This means that we are moving from a "commissioner /Provider" split towards a **system focus on supporting our frontline practitioners to deliver improved health and care outcomes** for our local population
- Within City & Hackney we intend to migrate from an Integrated Commissioning Board to an **Integrated Care Partnership Board (ICPB)** supported by a number of **subgroups.** The ICPB will be responsible for system **oversight** and **assurance**
- A City & Hackney **Neighbourhood Health & Care Services Board** will be responsible for **service planning**, **service delivery** and **service improvement.** This includes the work within workstreams, major programmes and Covid-19 Phase 2 Recovery programme

## BENEFITS

- **Clinicians** will continue to lead on service improvements for patients with improved interfaces with social care and other community services
- **Primary Care leadership** will continue to be the anchor for quality improvements through the CH Members Forum, Clinical Executive and the CCG Governing Body. Primary Care will have representation on the ICPB and the NH&CB.
- Decision-making will sit as **locally as possible** with improved levels of accountability by involving partners at all levels
- An opportunity to **really build Primary Care Networks** and support and embed clinical leadership at a neighbourhood level
- The Integrated Care Partnership Board will be an opportunity for improved integration and **increased accountability** by including our providers as partners
- A NEL ICS helps strengthen what we have achieved. It allows us to **influence specialised commissioning** and creates more efficient interfaces with regulators
- **Increased transparency** for our residents with major planning decisions happening across the partnership in public and with clear clinical leadership
- Improved **opportunities for maximising the City & Hackney pound** with current CCG allocation held locally, and partner organisations accountable for maintaining financial and social value as a partnership

# What will a NEL Integrated Care System (ICS) look like?



# Locally led system approach

- A key feature of the north east London Integrated Care System is the distinct population-focused **integrated care partnerships (ICPs):** Barking and Dagenham, Havering and Redbridge (BHR); Waltham Forest, Tower Hamlets and Newham; **City of London and Hackney.**

- Each of these **ICPs** has developed local priorities based on the needs of their populations, **developed collaboratively** across organisations and through working together with local communities.

- The **vast majority of health and care delivery will continue to be delivered at our local place and borough level**, working together as partners with local populations. In reality 98% of the CCG allocation will be retained locally with teams and resources continuing to deliver our local agenda.

# Organising Principles

***Long Term Plan***

- The Long Term Plan specified that each ICS area should be supported by a single CCG. Recent declarations from NHSE suggest that ICS will be placed on a legislative footing in 2021.

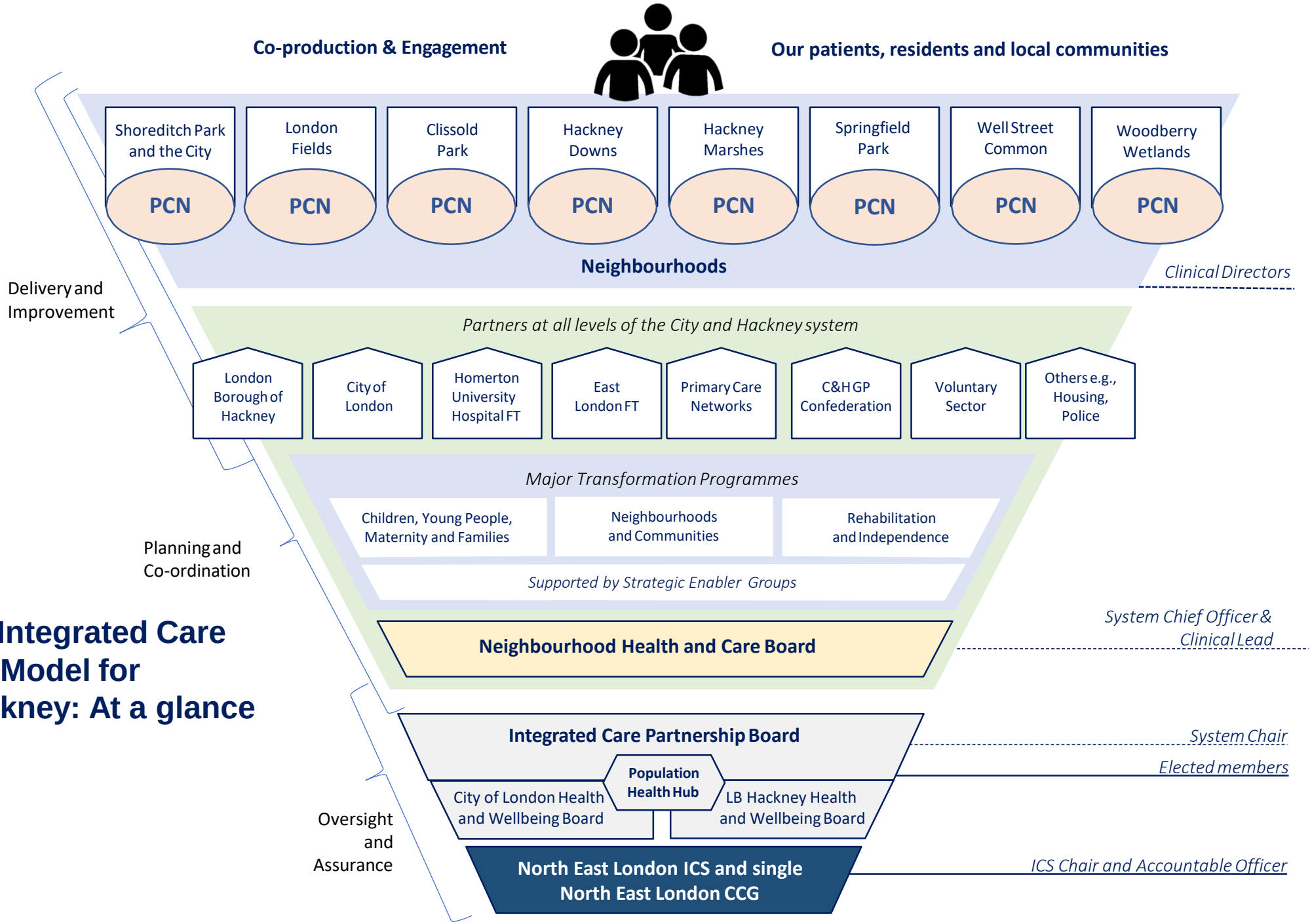
***History of our local integrated working***

- For us in City and Hackney, we have been working closely on building a closer Integrated Care Partnership since 2016. Part of this work included developing an Integrated Commissioning Board through which much of our commissioning administration has been done for a number of years.
- The membership of this board currently includes Local Authority elected members from Hackney and the City, plus CCG representatives. As part of becoming an Integrated Care Partnership, we are proposing to add provider colleagues and PCN directors to this board to help us shape decisions collaboratively and to ensure we co-produce new services as much as possible.

***Workstreams/ Neighbourhood Health and Care Board***

- In 2016 we also created integrated Workstreams within which our staff and clinicians work in an integrated way across the partnership. As our work becomes increasingly integrated and to assist our combined social and healthcare response to Covid, we are proposing that these resources should be coordinated by a Neighbourhood Health and Care Board.
- This approach will ensure that we coordinate the best of our resources across City and Hackney, and critically ensures that we have the right accountability framework in place for the delivery of improved services.
- This board will be clinically led, and supported by a Clinical Executive Group of consortia and PCN clinical directors along with the triumvirate of a clinician, a manager and a patient leading on service improvement proposals.

# Proposed Integrated Care Operating Model for City & Hackney: At a glance



# Organising Principles continued

***Integrated Care Partnership Board***

- By 2021, we should be in a very strong place to maintain our autonomous status within north east London. We will be in charge of the resources allocated to C&H residents for their healthcare, and we will have consolidated our relationships across the partnership with clearer accountability for delivery and improvement.
- A new Integrated Care Partnership Board will take responsibility for providing system oversight and maintaining a clear interface with north east London developments, and this local partnership board will include membership from across the C&H health and care community.
- The ICPB will support the Neighbourhood Health and Care Board to deliver improvements to Neighbourhoods and ensure that services are structured around Primary Care Networks.

***Primary care investment***

- To ensure primary care remains the bedrock of our planning, we have introduced a **triple lock** to ensure resources and leadership are appropriately weighted towards those resources closest to people and their communities. This triple lock includes a commitment to maintain or increase both core and enhanced primary care investment, plus a commitment to ensure GP voice at all levels of decision making.
- We think this lock will benefit us as we move into an Integrated Care System across NEL and ensure we keep localism at the heart of everything we do.


# Commissioning and Finance Framework

- Single CCG will be the statutory body receiving a single set of NEL allocations:
  - *Programme allocation (commissioning budget)*
  - *Primary care*
  - *Running costs (RCA)*
- Budgets will be devolved to local Integrated Care Partnerships – NHSE will not set allocations at a borough level through the national formula, ***however***
  - *NEL CCG will track published CCG allocations, so the principle of population based capitation will remain*
  - *This will maintain stability of existing plans and ensure no one is made worse off by the merger*
- Circa 98% of commissioning budgets will be devolved to place
- The single CCG will retain a corporate budget for head office costs, based on the functions that have been agreed
- 0.5% contingency + 0.5% risk reserve held centrally to manage risk in areas of financial pressure and support overall sustainability
- Integrated Care Partnerships will need to use Q3 and Q4 to develop the decision making and governance framework for devolved resources before the 31st of March.
- **NOTE:** CCG allocations are subject to national policy and post-pandemic resources are likely to be subject to change as part of Comprehensive Spending Reviews

# Current Position

## *CCG Merger Vote - Result*

- The scope of the ***CCG Merger vote was reserved for GP Member Practices*** within the 7 CCGs across NEL
- The vote was held over a number of days ***(14 to 19 October)*** to ensure that GPs had sufficient time to vote
- Within City & Hackney all 40 of our GP Practices voted (i.e. ***100% turnout***). One vote per GP Practice
- The City & Hackney CCG constitution requires that ***two thirds of members must vote in favour*** for a vote for it to be carried
- ***97% of City & Hackney GP Members voted in favour of the CCG merger***
- All ***7 CCG across North East London voted in favour*** of the CCG merger

## *What a "yes" vote means*

- We will have ***more control over City & Hackney's capabilities to shape health care services*** for our local population and to do so autonomously with our wider local partners.
- We can ***decide how to spend our financial resources*** from our allocation in line with the outcomes and priorities we set
- We can ***build on the strong and successful work*** many people across City & Hackney have been involved with over many years.
- ***Retain a clear position within the NEL ICS as an ICP with authority*** to be able to determine how we intend to coordinate and organise ourselves for better outcomes as a wider public sector partnership.

# What does this mean for the City of London?

City of London Members and Leadership will have:

- An ***integral role in designing City & Hackney oversight and assurance governance arrangements*** through Membership of the Integrated Care Partnership Board (ICPB) and Neighbourhood Health & Care Board (NH&CB). We are currently working together to evolve from the Integrated Commissioning Board into the ICPB and establish the NH&CB

- Strengthened opportunities to ***shape City & Hackney's major programmes*** and set workstream priorities

- ***Improved oversight of hospital services*** across NEL including ***RLH.***

- ***Improved lines of accountability for service provision*** across partner Integrated Care Systems (ICS's) including ***UCLH***

- Opportunities to ***develop border ICS relationships*** particularly in relation to primary care and access.

# Where will the City and Hackney Patient and Resident Voice be heard?

| CITY AND HACKNEY CURRENT MODEL | CITY AND HACKNEY FUTURE MODEL |
|---|---|
| C&H Governing Body and Lay Members | C&H Integrated Care Partnership Board; Neighbourhood Health and Care Board |
| PPI Committee | People and Places Group |
| Communications and Engagement Enabler Group | Communications and Engagement Enabler Group |
| Workstream and Enabler Group representatives | TBC |
| PPGs & Neighbourhood Conversations | PPGs, Neighbourhood Conversations and VCS Enabler |
| Healthwatch, NHSCV, Older People's Reference Group, Hackney Migrant and Refugee Forum, Health and Social Care Forum, Maternity Voices, Mental Health Advisory Group, Involvement Alliance | Bringing in local authority engagement structures (e.g. Hackney Matters, Making It Real, Carers, Children and Young People, Digital Inclusion etc.), wider VC sector, provider patient experience forums etc. |

Delivery

## NEL ICS and NEL CCG

NEL ICS

NEL CCG

Discussions taking place with Lay Members and Healthwacthes about best model for engagement at NEL level. Incl.

- NEL Lay Members forum
- NEL PPI Forum?
- NEL communications and engagement team
- NEL Healthwatches working closely together

# Declaration of principles (1 of 3)

**There are 31 Declaration of Principles:**

These have been created by the feedback we have received from GP members and LMCs and agreed by all the chairs of the seven CCG Chairs of North East London. These are the principles by which the merged CCG will be governed, if you vote in favour of the merger. Moving forward we will test ourselves against these and ask: are our decisions compatible with these principles.

1. **Continuous quality improvement.** Develop a culture and ways of behaving and working that promote continuous improvement in the health, care and wellbeing of the whole population.

2. **Transparent and accountable.** Act transparently with and between provider organisations - planning, decision making, accountabilities and spend (£) for whole population health outcomes. We will ensure contracts involving the spend of public money are made publicly available

3. **Reducing inequalities.** Focus on outcomes in terms of quality of care, performance, safety, reducing health inequalities and experience for both patients and staff. The delivery of these outcomes will be the focus of provider organisations (statutory, voluntary and community)

4. **Delivery, delivery, delivery.** Focus will be on delivery by provider organisations, including statutory bodies and the voluntary and community sector and the CCG.

5. **Holding each other to account and actively seeking local accountability.** Working as an ICS, establish a robust assurance framework that clearly shows where accountabilities and responsibilities sit for delivering high performing services and meeting national standards. Within this ensure local providers and systems hold NEL to account and NEL holds the local systems and providers to account.

6. **Distributed leadership.** Provide strategic commissioning leadership, lead strategic planning with partners and support the development of the ICS for north east London.

7. **We are all commissioners**. When making commissioning decisions, ensure all hospital and out-of-hospital organisations work together in the planning of services (including the adoption of commissioning behaviours).

8. **Being led by our communities.** Ensure there is the relevant skill set and appropriate balance on the partnership boards to deliver population health gains. This will include hospital/out of hospital representation, users and diversity of staff.

9. **Out of hospital care.** Ensure year on year an increase (in absolute and relative terms) in the quantum of financial resource (across NEL) for out-of-hospital health services.

10. **Equity.** Ensure equity of funding systems within all the providers

# Declaration of principles (2 of 3)

11. **Co-production and power devolved to communities.** Ensure user involvement, co-production and clinical engagement throughout the CCG and our wider ICS.

12. **GP member voice.** NEL CCG to be formed by the membership of each of the current seven CCGs, electing a local clinical chair (during the period of transition the current CCGs will assume this role) who will sit on the single CCG Governing Body to reflect the membership voice (as part of a democratic process) and act to connect local systems with the NEL CCG and with the NEL ICS.

13. **Localising personalised services.** Support place and local authority-based integrated care partnerships (ICPs) to flourish in accordance with the 80:20 principle of CCG resource distribution.

14. **Decisions and delivery close to people.** Governance structure characterised by delegating: planning, accountability and financial decisions consistent with the 80:20 principle. Budgets will be devolved to a local level in accordance with the national allocation formula.

15. **Integration.** Support all provider organisations to work in integrated systems at the place/local authority and multi borough level (where locally agreed) and to come together at NEL STP level as a single ICS.

16. **Levelling up.** Act to reduce unwarranted variation and reduce inequity across NEL, ensuring that decisions, including those for new investments, are taken based on population health need, are supported by outcome data and seek to address legacy issues from the previous seven CCGs

17. **Acting as leaders across our communities.** Support all partners' roles as anchor institutions (working collaboratively with one another in forming an 'anchor system')

18. **Prevention.** Enhance opportunities to prevent ill health; address the wider determinants of health; promote the development of self-supporting communities with increasing social capital.

19. **Local focus.** Ensure placement of CCG employed staff and sessional clinical leads will adopt the 80:20 principle of resource distribution, so that the vast majority of staff time will be managed and directed in local systems. However everyone will have a responsibility to deliver for the whole population. Local trusted contacts and relationships will be respected and built upon.

20. **Speaking up and being heard.** Invest in staff recruitment, retention, wellbeing, development and career progression to ensure high standards of care are delivered by a workforce that is healthy and feels able to speak up when things aren't going as well as they should.

# Declaration of principles (3 of 3)

21. **Growing our own.** Support at all levels a focus on promoting equality and the ambition of “growing our own” workforce that better reflects the populations we serve - recruiting and retaining people from our local communities.

22. **Our people.** Support year on year improved diversity of leadership to ensure diversity of protected characteristics, population representation and different clinical professions.

23. **Working as teams together making the most of our expertise.** We describe this as the triumvirate leadership model of a patient, a clinician and a manager shaping and leading change. Benefit from promoting a strong Lay Voice on the Governing Body and throughout the committee structures that support the governing body.

24. **Co-production.** Support clinicians and practitioners to work with managers when planning services and care pathways, with patients and the public involved throughout the process – continuing to make co-production a reality.

25. **Making it easier for patients.** Facilitate structural integration between all organisations across NEL ICS including enhanced communication; simplified record keeping; and joint executive posts and shared non-executives to make interfaces between organisations as seamless as possible.

26. **Systems that work for patients and staff.** Develop high functioning and responsive IT systems across the whole of NEL which support integrated working and improved care.

27. **Modern healthcare facilities.** Ensure all estates, particularly new developments, are designed around a holistic approach to health improvement.

28. **Making every contact count.** Ensure that everyone working in the system holds a responsibility to improve the physical, mental and social health of the population.

29. **Social and environmental sustainability.** Ensure that sustainability is core to everything we do and that this is the responsibility of everyone within the system

30. **Our people supported to grow and thrive.** On the merger, staff of the seven CCGs will be employed by the North East London CCG. We will enable our staff to work on CCG and ICS priorities across organisational boundaries, ensuring that they have opportunities to develop professionally and maximise delivery of health and health care outcomes. We can do that for example by using ‘honorary contracts’ to enable full access to different organisation’s systems.

31. **Clinical leadership** budgets for each CCG will be maintained for all seven local systems, with no cut to the clinical leadership budget in any local system. The single CCG will lead to a reduction in bureaucratic processes, freeing clinical leaders up to lead clinical transformation of services. Clinical leadership will exist at every level within the ICS and will be key to our success.