

Update on the transition to and development of the North Central London integrated care system

Update to Camden Health and Adult Social
Care Scrutiny Committee

25 October 2022

Introduction

- In April, the Health and Care Bill received Royal Assent and was enacted into law. The Bill sets out a reform of the way that health and care services are organised in England, with all parts of the country to be covered by an *integrated care system* (ICS) bringing together NHS, local government and wider system partners to put collaboration and partnership at the heart of healthcare planning. **A reminder of the purpose and function of ICS is set out on slides 4 – 5.**
- As part of this transition, the NCL clinical commissioning group (CCG) was disestablished, with its responsibilities, functions and assets transferring to the NCL integrated care board (ICB) on 01 July. At the inaugural ICB Board of Members meeting on 04 July, the ICB's constitution was approved, along with a range of other governance documents, providing a new framework for operating for 2022/23 and beyond. **A summary of the ICB, its responsibilities and underpinning governance framework is described on slides 7 – 13.**
- In NCL, this transition formalises ways of working and relationships which existed before Covid19, and which have deepened and strengthened throughout the response to and recovery from the pandemic. This includes continuing work at borough level to build flourishing partnerships & deliver on a range of priorities. **Slides 14 – 24 set out the aims, purposes, and work to date of the ICS**, including the endorsement of a new population health strategy and framework that will inform our work and approach over years to come.
- The creation of the ICS provides opportunity to support and (re)engage with partners who bring renewed scale and scope to our system priorities. **A number of specific, newer partners are described on slides 25 – 29.**
- There has been continued progress in **increasing patient & community involvement as set out on slides 31 – 36.**

Summary progress from our previous conversation

We spoke with HASC in January 2022 about progress to date, and the next steps in establishing the ICB. Key milestones achieved since then include:

- ✓ Construction of the NCL ICB leadership team with the appointment of Frances O'Callaghan as the Chief Executive, and recruitment to all other Exec positions.
- ✓ Establishing a board membership for the ICB and an approach to partner members (local authorities, NHS providers, primary care representatives).
- ✓ Ongoing dialogue (at system level, system to borough, cross-borough, and within boroughs) to develop health and care partnerships and borough partnerships.
- ✓ Co-producing an NCL population health outcomes framework and strategy – to guide our shared work around population health improvement, and based on input from across the system including borough teams.
- ✓ As a partnership confirming a set of ambitions for the future, as well as short term priorities and core principles for working together.

A reminder – the purpose of an ICS

The core purposes of Integrated Care Systems (ICS) are to:



- NHS organisations, local councils and other partners have increasingly been working together across North Central London in recent years to improve our population's health and reduce inequalities through greater collaboration.
- Working together, partners have developed better, more coordinated and convenient services.
- We will continue to invest more to keep people healthy and out of hospital and set shared priorities for the future.

A reminder – components of an ICS

Each Integrated Care System (ICS) will have two statutory elements, an Integrated Care Partnership (ICP) and Integrated Care Board (ICB).

- **Integrated Care Partnership (ICP)** – a statutory committee jointly formed between the NHS Integrated Care Board and local authorities that fall within the ICS area. The ICP will bring together partners concerned with improving the care, health and wellbeing of the population. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.
- **Integrated Care Board (ICB)** – a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.



North Central London
Integrated Care Board

North Central London Integrated Care Board

Executive Management team



North Central London
Integrated Care Board

Board Member

Board Attendee

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



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



**Chief Finance
Officer**
Phill Wells



**Chief Medical
Officer**
Dr Jo Sauvage



**Chief Nursing
Officer**
Chris Caldwell



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



**Chief People
Officer**
Sarah Morgan



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



**Executive
Director of
Corporate Affairs**
Ian Porter



NCL ICB Board of Members



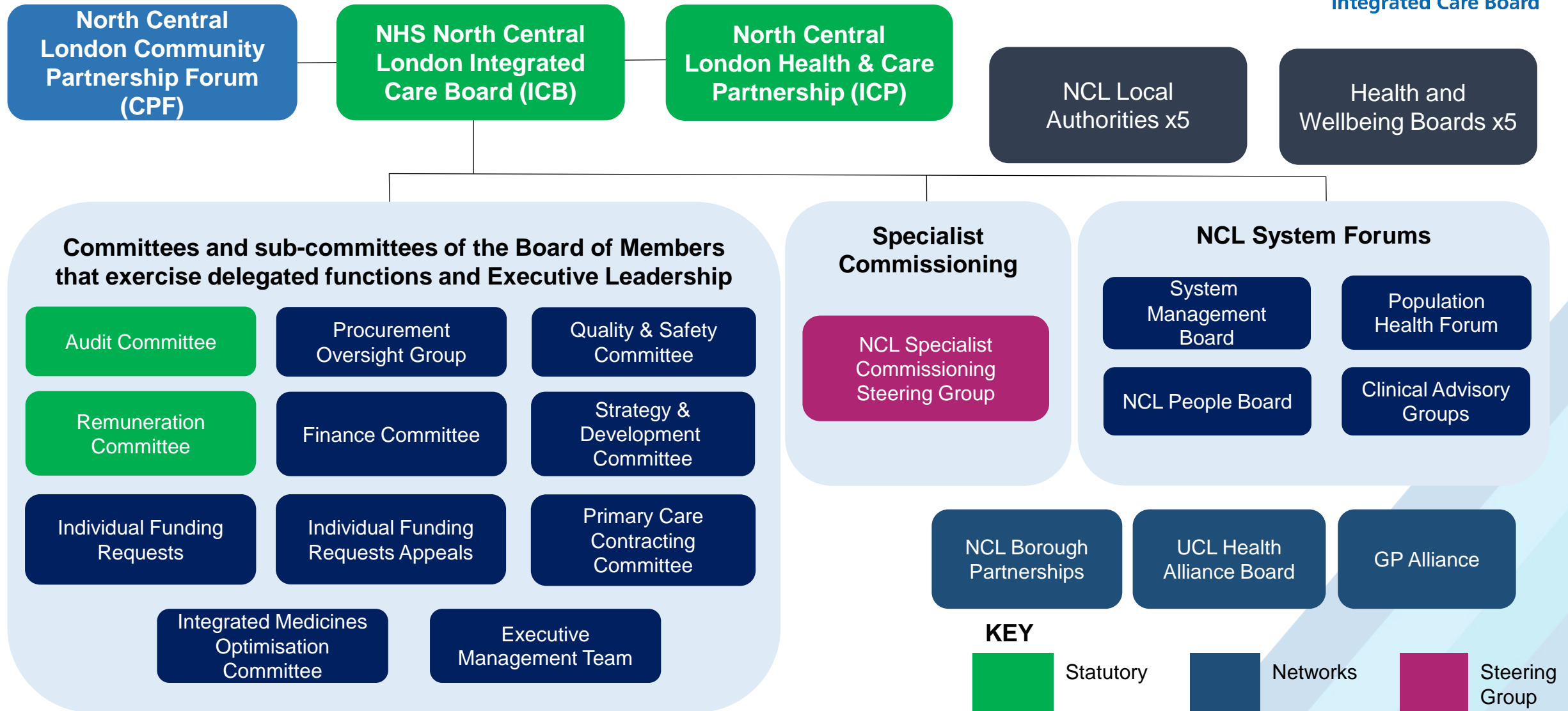
North Central London
Integrated Care Board

INDEPENDENT	EXECUTIVE	PARTNER & OTHER MEMBERS
ICB Chair <ul style="list-style-type: none">Mike Cooke	Chief Executive <ul style="list-style-type: none">Frances O'Callaghan	Two Partner Members – Primary Medical Services <ul style="list-style-type: none">Dr Jonathan LevyDr Simon Caplan
Non Executive Director <ul style="list-style-type: none">Kay Boycott (Audit Committee Chair)	Chief Finance Officer <ul style="list-style-type: none">Phill Wells	Two Partner Members – NHS Trusts and Foundation Trusts <ul style="list-style-type: none">Jinjer KandolaBaroness Julia Neuberger
Non Executive Director <ul style="list-style-type: none">Liz Sayce (Remuneration Committee Chair)	Chief Medical Officer <ul style="list-style-type: none">Dr Jo Sauvage	One Partner Member – Local Authorities <ul style="list-style-type: none">Cllr Kaya Comer-Schwartz
Non Executive Director <ul style="list-style-type: none">TBC	Chief Nursing Officer <ul style="list-style-type: none">Chris Caldwell	One UCL Health Alliance Member <ul style="list-style-type: none">Dominic Dodd

NCL ICB committees and sub-committees



North Central London
Integrated Care Board



NCL ICB will build on existing commitments, programmes and ambitions. The principles informing the work of the ICB are:

- **Taking a population health approach:** We need to continue to develop the way we plan services to take into account the needs of people and communities, acknowledging the wider determinants of health. This will support tackling health inequalities across and within the communities we serve.
- **Evolving how we work with communities:** Embedding co-design with partners and communities in planning and designing services, and developing systematic approaches to communications and community engagement.
- **Continued focus on boroughs:** Partnership working within boroughs is essential to enable the integration of health and care and to ensure provision of joined up, efficient and accessible services for residents.
- **Learning as a system:** We have learnt a lot as a system throughout both our response to COVID-19 and our efforts to recover. Capturing this learning across primary care, social care, community, mental health and hospital services will continue to guide our decisions for both individual services and system approaches.
- **Acting as a system to deliver a sustainable health and care system:** Providing high quality services enabled by workforce, finance strategy, estates, digital and data.

NCL ICB key responsibilities

NCL ICB is a statutory organisation responsible for specific functions that enable it to deliver against four core functions.

Developing a Plan	Allocating Resources	Establishing joint working arrangements	Establishing Governance arrangements
To meet the health needs of the population within their area, having regard to the Partnership's Strategy. This will include ensuring NHS services and performance are restored following the pandemic, in line with national operational planning requirements, and NHS Long Term Plan commitments are met.	To deliver the plan across the system, including determining what resources should be available to meet the needs of the population in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). This will require striking the right balance between enabling local decision-making to meet specific needs, and securing the benefits of standardisation and scale across larger footprints, especially for more specialist or acute services.	Work with partners to embed collaboration as the basis for delivery of joint priorities within the plan. The ICB may choose to commission jointly with local authorities, including the use of powers to make partnership arrangements under section 75 of the 2006 Act and supported through the integrated care strategy, across the whole system. This may happen at place where that is the relevant local authority footprint.	To support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations, to ensure the plan is implemented effectively within a system financial envelope set by NHS England.

NCL Health and Care Partnership

The Health and Care Partnership board in North Central London (how we will describe our *integrated care partnership*) will form in Autumn 2022. A forerunner of the Health and Care Partnership board has been running as the Quarterly Partnership Council (QPC). The current membership of the QPC is:

- Chair – Mike Cooke, NHS NCL ICB Chair Designate
- NHS NCL ICB Designates
- Council Leaders, London Boroughs of Barnet, Camden, Enfield, Haringey and Islington
- Local Authority Chief Executive
- North Central London NHS Trusts and Provider Trust Chairs
- UCL Health Alliance Managing Director
- North Central London Primary Care Lead.

North Central London Integrated Care System

Our NCL ICS structure

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 the VCSE (Voluntary, Community and Social Enterprise) sector.

The **NHS North Central London Integrated Care Board (NCL ICB)** allocates NHS budget and commissions services. NCL ICB is chaired by Mike Cooke, with Frances O'Callaghan as Chief Executive.

The **North Central London Health and Care Partnership**, is the Integrated Care Partnership (ICP), 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 working together. UCL Health Alliance incorporates all NHS trusts (including acute, specialist and mental health) and the NCL GP Provider Alliance brings together 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 primary care networks (PCNs), neighbourhoods support multidisciplinary working between frontline teams, population health management and relationships with communities.

Strategic aims

We want our population to live better, healthier and longer, fulfilling their full potential over the course of their entire life. We have identified five strategic aims to deliver our ambition and achieve our purpose.

Start well

By working collaboratively with schools and communities, our children and young people will have:

- tools to manage their own health
- access to high quality specialist care
- safe and supported transitions to adult services.

Live well

Our residents will have early support for health issues including:

- equitable access to high quality 24/7 emergency mental and physical health
- world-class planned and specialist care services
- true parity of esteem between physical and mental health.

Age well

Our residents will:

- be supported to manage their long term conditions and maintain independence in their community
- receive seamless care between organisations
- experience high quality and safe hospital care that ensures they can get in and out of hospital as fast as they can.

Work well

Our workforce will:

- have equal access to rewarding jobs, work in a positive culture, with opportunities to develop their skills
- have support to manage the complex and often stressful nature of delivering health and social care
- strengthen and support good, compassionate and diverse leadership at all levels.

Enablers

We will provide key enablers for success, including:

- digital technologies to connect our health and care providers with our residents and each other
- a fit for purpose estate in each locality
- being a financially balanced health economy driving value for money for the taxpayer.

Our ambition and purpose

We are working to deliver improvements in outcomes for local people – through changes in the way we plan and deliver health and care services.

The future success of our health and care system depends on the health and wellbeing of local people. We have made good progress in recent years but there are still too many health disparities and inequities within and between North Central London communities that prevent our residents getting the same opportunities to start well, live well and age well.

We know that, in particular, we have the need and the opportunity to improve children and young people's health. Focusing on public health and the quality of health and care services for children and young people means we can help make a real difference to key determinants of good health such as reducing childhood obesity and increasing immunisation rates.

We know that the economic climate impacts health. Poor health and care, in turn, affects individuals, their quality of life and their ability to contribute to the local economy. Health and care services and the staff and carers that work in them can impact and help break this cycle. This can help avoid urgent or long-term care for problems that could have been identified earlier, managed better, or prevented altogether.

Our ambition and purpose

We are working to deliver improvements in outcomes for local people – through changes in the way we plan and deliver health and care services.

Our purpose is: To improve outcomes and wellbeing, through delivering equality in health and care services for local people. Supporting them to Start Well, Live Well and Age Well. We also want to support the many local people who are employed by health and social care to Work Well.

We are guided by a shared set of outcomes-based objectives (an 'Outcomes Framework'), setting out the difference we will make for the population in NCL and how we are monitoring achievement of our strategic aims.

- NCL has an ambitious vision for the local population of 1.6 million people. We want to put our residents at the heart of our health and care system so that we can work together to address inequalities and provide consistent, high-quality services and health outcomes.
- We know what we have achieved already, we have a clear ambition for what we want to achieve, and we understand the actions we need to take to succeed in our ambition.
- Our plans look at how we can meet the immediate challenges and also how our partnerships can continue to ensure long term improvements in the health and wellbeing of our residents.

Building on strong foundations

Responding to the Covid-19 pandemic has accelerated, and consolidated, ways the system worked together to deliver for residents. This models the behaviours that are at the heart of the ICS.

- **Innovative approaches to care:** pulse oximetry led by primary care and virtual wards led by hospitals to minimise Covid-19 positive patients' admission to hospital, and early discharge where appropriate.
- **Accelerated collaboration:** single point of access for faster and safer discharge from hospital to home or care homes; development of Long Covid19 syndrome multidisciplinary teams to support patients.
- **Mutual planning and support:** system able to respond quickly to a significant increase in demand for intensive care beds.
- **Smoothing the transition between primary and secondary care:** increased capacity for community step-down beds to ease pressure on hospitals.
- **Sharing of good practice:** clinical networks to share best practice and provide learning opportunities.
- **Clinical and operational collaboration:** ensuring consistent prioritisation across NCL so most urgent patients are treated first.

Benefits of NCL ICS

Improved outcomes

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

New ways of working

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

Working at borough level

Services will continue to be coordinated and delivered at borough level

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

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

Population health

NCL residents are at the heart of these changes, making sure contracts are built around long term benefits for communities, not activity

Collaboration

Organisations across the health and care sector will come together more often

Reduced bureaucracy

Transactional barriers will be removed to make collaborative working simpler and allow partners to organise themselves

Economies of scale

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

Working at borough level

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

Working along pathways and across organisations in NCL

We believe for one part of the system to succeed all parts need to. This is driving new ways of planning and delivering across organisations.

Clinical and care leadership is evolving: 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 best support them.

Single elective waiting list across organisations: Working with providers, we have effectively started to manage a single waiting list across NCL. Putting in place demand management initiatives to match capacity and reduce waiting times. There is also active mutual aid to treat those in need, 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. We have invested across pathways from diagnosis and point of referral through to support in the community.

Outcomes framework

Our NCL Population Health Outcomes Framework will enable us to identify and focus on where we will make a difference together at a system level. We have worked closely with our Directors of Public Health to develop an approach that will reflect our key population needs and inequalities and be achievable. The proposed outcomes are driven by existing public health evidence and work that is underway at local level, as well as aligned to the CORE20Plus5 approach.

Key principles for development



Tackling health
inequalities



Prioritising prevention and
early intervention



Empowering
communities



High quality of and
equitable access
to services



Sharing responsibility and
accountability



Maximising use of enablers:
finance, workforce, digital,
anchor institutions, population
health improvement

Proposed NCL population health outcomes framework

Start well



Every child has the best start in life and no child left behind

- Improved maternal health and reduced inequalities in perinatal outcomes.
- Reduced inequalities in infant mortality.
- All children are supported to have good speech language and communication skills.



All children and young people are supported to have good mental and physical health

- Early identification and proactive support for mental health conditions.
- Reduction in the number of children and young people who are overweight or obese.
- Improved outcomes for children with long term conditions.



Young people and their families are supported in their transition to adult services

- All young people and their families have a good experience of their transition to adult services.

Live well



Reduction in early death from cancer, cardiovascular disease and respiratory disease

- Reducing prevalence of key risk factors: smoking, alcohol, obesity.
- Early identification and improved treatment of cancer, diabetes, high blood pressure, cardiovascular disease and respiratory disease.



Reduced unemployment and increase in people working in good jobs

- Support people to stay in jobs, including mental health and musculoskeletal services.
- Anchor institutions to employ local people including those with mental health illness, physical disability, and learning disabilities, and to buy locally including by using social value-based commissioning and contracting.



Parity of esteem between mental and physical health

- Reducing racial and social inequalities in mental health outcomes.
- Improved physical health in people with serious mental health conditions.
- Reducing deaths by suicide.

Age well



Older people live healthy and independent lives as long as possible

- Ensure that people get timely, appropriate and integrated care when they need it and where they need it.
- Prevent development of frailty with active aging.
- Improved outcomes for older people with long-term conditions, including dementia.

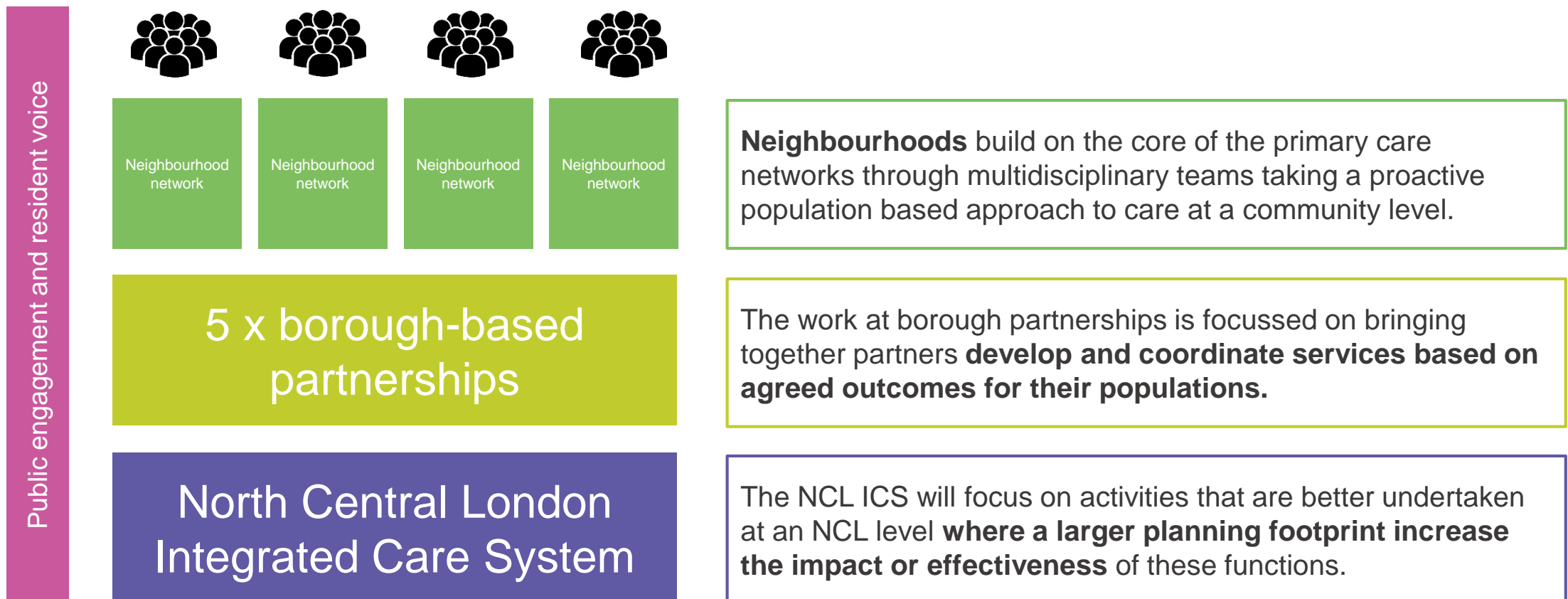


Older people are connected and thriving in their local communities

- Older people have fulfilling and meaningful social life.
- Older people are informed well and can easily access support for managing financial hardship.

Neighbourhood, place and system

Collaboration must occur at neighbourhood, place (borough) and system level.



Development of borough partnerships – opportunities

Short-term	Communication & engagement models	<ul style="list-style-type: none"> Approaches to deep, qualitative insight and community participatory research e.g. citizens assemblies Developing 'codesign' and strengths based approaches Local relationship development and work with VCS, patient reps, community leaders Aligning engagement and communication plans, capacity and campaigns
	Partnership development & OD	<ul style="list-style-type: none"> Develop a culture and ways of working, build/maintain trust Develop the identity of the Borough Partnership, and in doing so, reflect the expectations of patients/residents in ways of working at place and neighbourhood (articulated via I-Statements, Healthwatch engagement, specific community engagement)
	Streamline strategies and plans and set scope for Borough Partnerships	<ul style="list-style-type: none"> Moving away from the plethora of strategies and plans across individual agencies Aligning Borough Partnership plans more explicitly to HWB Strategies As part of ICS transition, coalesce around the role of borough partnerships within an ICS
Medium-term	Refine and develop Population Health approaches	<ul style="list-style-type: none"> Start to work with data on need being produced as part of the Pop Health & Inequalities programme and supplement with local insight and qualitative information Shape & adopt the Pop Health tools and dashboards required for place and neighbourhood working e.g. integrated approaches to segmentation, risk stratification, case finding, outcome monitoring
	Cross-borough partnership working	<ul style="list-style-type: none"> Building on the Local Care Forum, create opportunities for learning and development across the partnerships to support a coherent and equitable approach where sensible
Long-term	Integrated workforce plans & models	<ul style="list-style-type: none"> Explore role of place in workforce planning, workforce and team development, shaping new roles, recruitment and retention (via links with council employment schemes, apprenticeships, VCSE and others). Essential to delivery of integrated care. Highly complex
	Estates and infrastructure	<ul style="list-style-type: none"> Aligning the work of the Local Estates Forums (LEF) in each borough to the Borough Partnership so strategic estates plans are informed by new delivery models and integrated care requirements

ICS partners: UCL Health Alliance

- The UCL Health Alliance is the provider collaborative for North Central London; the vehicle for collaboration between providers in NCL, focusing on system level priorities.
- The Alliance's purpose is to enable effective partnership working to improve the outcomes and experience for the population we serve.
- The Alliance comprises:
 - 14 member organisations
 - 2 formal partner organisations
 - Global university as a founding member (UCL).
- Through the Alliance, NHS and university partners will work together to respond to the most pressing health and care priorities for our organisations and the communities we serve, and to rapidly put our findings into practice in health services, education and research.

ICS partners: Mental Health Provider Collaborative

- This collaborative enables better working between clinicians employed in different trusts, to develop and deliver consistent and clinically excellent services and to give clinicians the opportunity to have more involvement in the shaping and delivery of services.
- BEH Mental Health Trust, Whittington Health and Tavistock and Portland are members of a North East and Central London Tier 4 CAMHS Collaborative.
- NHS England has delegated its commissioning budget to this Provider Collaborative who in turn are delivering an agreed set of outcomes and actions. A key benefit of the local Collaborative is its ability to determine how funding is deployed and how services are best delivered, led by clinicians and service users.
- The Collaborative has a Lead Provider who hosts the contract for services and is accountable for delivery of an agreed set of outcomes and services. Other partners are required to be active members in delivering the agreed outcomes and contributing to the governance and strategic direction of the collaborative.
- New ways of working has seen a reduction in out of area placements for patients needing specialist forensic services and agreement to invest funding in more local services to help stop patients being managed in increasingly secure facilities.

ICS partners: General Practice Provider Alliance

- The General Practice Provider Alliance (GPPA) provides a unified GP provider voice to strategically lead, influence and enable primary care provision.
- A key partner in the ICS, the GPPA will ensure systems provide the best possible services for our communities, optimise health gains and reduce inequalities.
- Priorities for the next 12 months include:
 - Capacity e.g. better appointment data and count of additional appointments created. Improvement in patient access for LTC care. More people ordering their prescriptions online
 - Demand e.g. quantifying demand, differentiating from need, looking at triage models, refining work at ED front doors, end-to-end UEC pathway.
 - Workforce e.g. greater understanding of drivers behind loss of workforce and development of bespoke interventions to address; scaled offers for occupational health, wellbeing provision or HR (subject to practice buy in); development of networks of professionals (e.g. Pharmacists, PAs, Paramedics) linked with the NCL Training Hub.
 - Population Health e.g. informing analysis produced via HEI / shaping the data and developing the use cases; linking to Neighbourhood plans; building proactive and integrated care models and redesigning and streamlining pathways flowing into secondary care.

ICS partners: VCSE Alliance

- As part of our ICS development, we have established an NCL VCSE Alliance.
- The Alliance ensures that engagement with the VCSE sector is embedded within system-level governance and decision-making arrangements, and supports engagement with the diversity of the sector.
- The NCL VCSE Alliance comprises a steering group made up of five VCSE umbrella organisations across the North Central London ICS. These are: Inclusion Barnet, Voluntary Action Camden, Voluntary Action Enfield, Bridge Renewal Trust, Voluntary Action Islington.
- There is also a representative organisation from each borough for homelessness, disability, deprivation, refugee and migrant communities and LGBT+.
- We are developing an alliance model where there are strong VCSE forums in each place-based partnership who work alongside the NCL VCSE Alliance. The NCL Alliance acts as facilitator between place-based partnerships and NCL boards.
- Working with the VCSE Alliance, NCL ICB have developed a 'Working with the VCSE' strategy to ensure we embed the VCSE.
- We are working with the Alliance to ensure that the VCSE are seen as a key and equal strategic partner of the NCL ICB and ICS.
- We are working with the Alliance to develop a Memorandum of Understanding which will lay out how we will work together over the coming year and beyond – including where the Alliance sits within our newly forming Governance structures.
- We are also in the process of co-designing elements of our first year delivery plan with the Alliance.

ICS partners: Cancer Alliance

- The North Central London Cancer Alliance works to innovate, coordinate and transform cancer services to support the prevention, diagnosis and treatment of cancer for the local population.
- The Alliance works with multiple partners including hospital trusts, GP practices, charities, healthcare commissioners, local councils and patients.
- Priorities are focused on meeting the national targets for the early diagnosis and treatment of cancers, and developing pathways for treatment and tailored care for people with a cancer diagnosis.
- The Cancer Alliance is hosted by University College London Hospitals NHS Foundation Trust.
- The Alliance's ongoing work can be summarised into three main areas:
 1. Encouraging presentation for early diagnosis
 2. Optimising and reducing variation in diagnosis and treatment
 3. Provision of high-quality personalised support and care for all patients diagnosed with cancer.
- In addition, they play key role in supporting the recovery of cancer services in the area impacted by the COVID-19 pandemic.
- Further information can be found: www.nclcanceralliance.nhs.uk

Working with residents as partners

Listening to our people and communities

- We are committed to helping all residents in NCL to start well, live well and age well, and to deliver the ambitions set out in the NHS Long Term Plan (2019), and the Covid-19 response and recovery plans for North Central London.
- An important focus will be how we deliver engagement with people and communities at NCL-level, and also within the five Borough Partnerships.
- At every level of NCL we will champion the importance of engagement and of utilising coproduction with our communities in shaping priorities and plans set by the System.
- We recognise the diversity of NCL across the communities we serve. We commit throughout our engagement work to explore the best method(s) that will reach our local communities and elevate their voices. We will use a range of these engagement methods throughout our work:
 - Engagement: Proactively seeking the views of residents through engagement provides rich insight into our local communities' lives, their concerns, needs, understanding and skills.
 - Deliberative and participative models: large-scale transformation programmes of work will seek to ensure active participation of our people and communities through a variety of methods, in particularly reaching out to communities that are less represented through traditional engagement routes, and in services.
 - Consultation: we will follow this formal, statutory process when proposing significant service change.

Listening to our people and communities

- The NCL ICS is committed to helping residents to 'live well'. This recognises the significant impact of wider determinants of health, and the value of enabling self-care and investing in prevention. Helping residents to navigate the complex health and care system, including through access to local social prescribing services, is an important part of this.
- Although much of this will be achieved through how the CCG prioritises, plans and delivers services, engagement and co-design / co-production has an important contributory role.
- Our objectives for working with our people and communities are:
 - ✓ We will involve and engage residents and service users in our work, from commissioning decisions to healthcare service design to the delivery of community wellbeing projects
 - ✓ The range of voices informing our commissioning will reflect the diversity of our communities, including those who are socially excluded, vulnerable or experience the worst health
 - ✓ People will be supported to look after their own health, including through enabling access to wellbeing and self-care opportunities across North Central London
 - ✓ Our communities will feel informed about and involved in our plans, policies, strategies and activities, and community and engagement work, across North Central London.

Working with our communities

- We learnt from working alongside our communities to support the roll out of the COVID-19 vaccine how we can work very differently and reach those most in need.
- We recognise that the NHS does not have all the skills and capabilities and we need to work with others to learn.
- Community empowerment and recognising the value of collaboration with the voluntary sector will need to be at every level of the system.
- We have to challenge the systems that have driven planning around organisational units to plan with and around communities.

Traditional council	Community powered council
People are considered passive 'customers', 'residents', 'clients' or 'users'	People are considered active 'citizens', 'communities' or 'participants'
Transactional relationships 'you pay your taxes and we provide yours services'	Reciprocal relationship 'what can we do together to make things better?'
Consultative engagement style 'do you approve of this?'	Deliberate engagement style 'what do you want to do together?'
Prioritising institutional expertise as the source of best practice	Combining institutional and community expertise to gain diverse insights
Micro-managerial and hierarchical partner with local organisations	Facilitative and collaborative partner with local groups and organisations
Siloed departmental working style with one-directional, vertical connections to core leadership	Joined up working style shaped by a share vision for change and horizontal connections
Hub-and-spokes leadership structure where everything is managed at the top	Distributed networks of leadership where everyone has a voice
Risk adverse culture emphasising blame and regulation	Experimental, learning culture emphasising trust and development
Commissioning model which incentivises competition uniformity and a focus on service outputs	Collaboration model which incentivises flexibility a focus on improving community outcomes

Source: www.newlocal.org.uk/inpractice

Community involvement and engagement

There are a wide range of structures already in place across NCL in which we can continue to, and build on our involvement and engagement of our communities. These include:

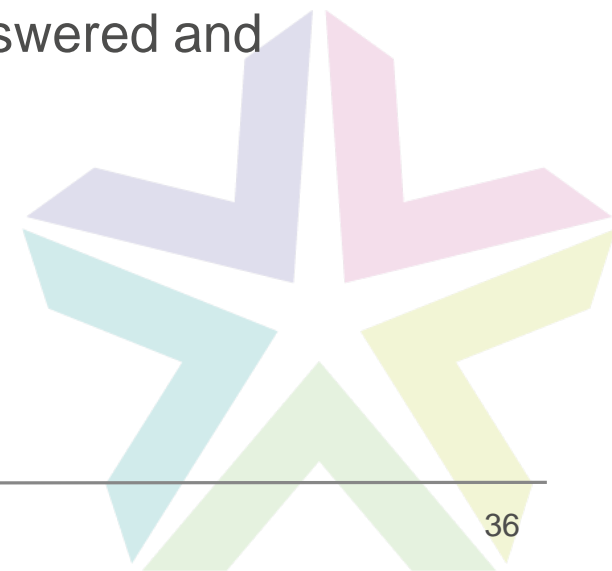
- Borough groups including Health and Wellbeing Boards and scrutiny committees.
- Integrated Care Partnership Boards
- System quality groups
- Public engagement groups
 - patient and public reference groups (for example, our residents health panel)
 - citizens' panels
 - forums to engage with specific equalities protected groups
 - expert by experience and VCSE members of programme boards for specific workstreams
 - strategic co-production groups
 - patient participation groups (PPGs).
- Partners across the ICS – both NHS and local authority – have patient and resident groups that have active roles in local health and care work that is undertaken. We will work with our partners to join up the existing groups and build on the already established relationships and ways of working to ensure continuous improvement.

Involvement principles

1. We proactively seek to understand resident and communities' priorities, experiences and aspirations for health and care.
2. We provide clear and accessible public facing information about our vision, priorities, plans and progress to build understanding and trust.
3. We put people and communities at the centre of our planning, decisions, and the design and delivery of services and wellbeing projects.
4. We feedback how insights people share with us influence plans, decisions and services, being honest where change has not been possible.
5. We proactively seek to hear from the diverse communities in NCL and build relationships with those less heard, including those who are socially excluded, vulnerable or experience the worst health, to reduce inequality in care access, experience and outcomes.
6. We use insight, engagement and co-production to achieve accountable health and care services, to redesign services and to tackle system priorities in partnership with people and communities.
7. We use community development approaches that empower people and communities, building on community assets and strengths to improve health and wellbeing and reduce inequalities.
8. People are supported to look after their own health, including through enabling access to wellbeing and self-care opportunities across North Central London.
9. We work with our Voluntary, Community and Social Enterprise sector and Healthwatch as key and equal partners.
10. We are committed to learning from what works and building on the assets of all ICS partners – networks, relationships, activity in local places.

Engaging with stakeholders

- The NCL ICS has developed and strengthened relationships with key stakeholders throughout the pandemic, which will be further built on as we move forward as a strategic partnership.
- Stakeholders are updated on and engaged with ICS development through a wide variety of communications and engagement activity including email and newsletter updates, one-to-one or small group sessions, planned meetings and committee papers.
- A detailed programme of engagement opportunities, leads identified for relationship management and forward planning has helped to reduce duplication and ensure key messages relevant to each stakeholder group are appropriately updated.
- Feedback from stakeholders is captured so that questions asked can be answered and addressed through ongoing communications, and that their needs are met.



Continuing to manage transition risks



The ICB will continue to work with partners to manage strategic risk

Risk	Mitigation
There is a risk that leadership and system capacity through ongoing pandemic response will be stretched, limiting benefits and/or affecting continued pandemic response	<ul style="list-style-type: none"> • Robust project management and critical path planning • Early escalation of issues • Use of existing system fora • Linking ICS development with pandemic response • Protected time for leaders to manage system issues, transformation and transition priorities
There is a risk of taking on further delegated responsibilities without the capacity and/or resources to fully deliver current objectives	<ul style="list-style-type: none"> • Continued dialogue with NHS England on responsibilities in scope, priorities, and resource to deliver • Link with regional and national stakeholders to inform the delegation agreement • Review current performance and quality information for services proposed for delegation to understand (and proactively manage) any potential risks
There is a risk that staff focus and morale is affected by a period of change	<ul style="list-style-type: none"> • Continued comms and engagement with staff through a wide range of channels • Established HR framework to support change processes fairly and consistently • OD work across organisation and broader system
There is a risk of differing system views around where strategy, planning and delivery take place	<ul style="list-style-type: none"> • Borough partnership design events and OD support • Cross-borough and system level conversations with leaders from Councils and other partners • NCL population health outcomes framework coproduced with Directors of Public Health
There is a risk that new channels / fora take time to embed resident voice in system discussion	<ul style="list-style-type: none"> • NCL Community Partnership Forum to provide oversight and assure that residents' voices are heard • Ongoing engagement campaign • Close working with JHOSC and HASCs jointly with councils