

# Progress update on Health and Care Integration: National, Regional (North West London) and Locally in Harrow

Lisa Henschen, Managing Director, Harrow Borough-Based Partnership

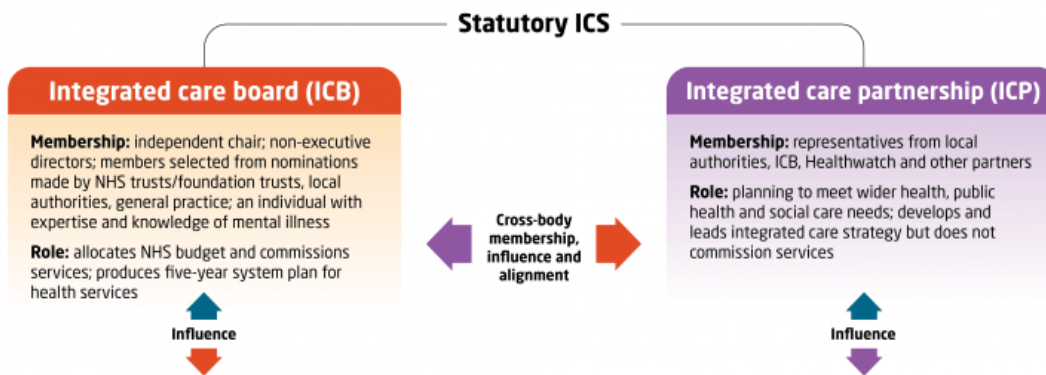
Isha Coombes, Borough Director (Harrow), North West London CCG

# National position

# Health and Care Bill: Integrated Care

## Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022



Geographical footprint	Partnership and delivery structures	
	Name	Participating organisations
<b>System</b> Usually covers a population of 1-2 million	<b>Provider collaboratives</b>	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
<b>Place</b> Usually covers a population of 250-500,000	<b>Health and wellbeing boards</b>	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	<b>Place-based partnerships</b>	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
<b>Neighbourhood</b> Usually covers a population of 30-50,000	<b>Primary care networks</b>	General practice, community pharmacy, dentistry, opticians

TheKingsFund

System working towards integrated care has been underway for many years. It will now be formally cemented in Legislative Framework through the Health and Care Bill.

The statutory ICS will be made up of two key bodies:

- **Integrated care board (ICBs)** will take on the NHS planning functions previously held by clinical commissioning groups (CCGs) and are likely to absorb some planning roles from NHS England.
- **Integrated care partnerships (ICPs)** will operate as a statutory committee, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care. ICPs will include representatives from the ICB, the local authorities within their area and other partners such as NHS providers, public health, social care, housing services, and voluntary, community and social enterprise (VCSE) organisations. They will be responsible for developing an integrated care strategy, which sets out how the wider health needs of the local population will be met.

# Moving to the Integrated Care Board

**The Integrated Care Board will begin on 1 July 2022.**

## **What happens to NW London CCG?**

- The CCG will continue (as a statutory body with all existing duties and functions) until 30 June 2022
- CCGs will be disestablished under the Act, and their functions will be largely subsumed into the functions of the ICS bodies
- Governing bodies will cease to exist on abolition of CCGs
- All CCG staff will transfer to the NW London ICB under TUPE (Transfer of Undertakings (Protection of Employment)) regulations. (Following staff consultation)

## **1 July is just the beginning**

- North West London will seek to shape the new organisation together; staff, stakeholders and communities. This will start with the constitution and five year plan

# North West London (regional) position

# The North West London Integrated Care System

The North West London vision is to improve people's life expectancy and quality of life, reduce inequalities and achieve health outcomes on a par with the best global cities. They have four key objectives as set out nationally by NHS England:

Improve outcomes in population health and health care

Prevent ill health and tackle inequalities in outcomes, experience and access

Enhance productivity and value for money

Support broader economic and social development

# There are nine core programmes to deliver this vision

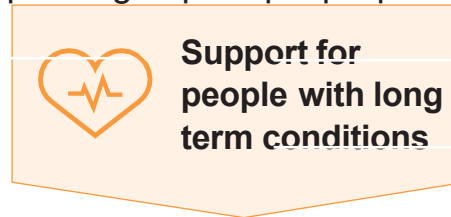
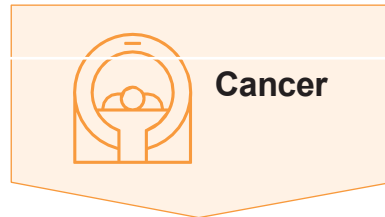
## Four delivery programmes

- 1 Improving health and reducing inequalities in health
- 2 Local care including primary care
- 3 Mental health and care for people with learning disabilities and autism
- 4 Acute care:
  - Urgent and emergency
  - Elective (high volume/low complexity, outpatients and diagnostics)
  - Critical care
  - Specialist (low volume/high complexity care)

## Five enablers

- 5 Workforce
- 6 Research and innovation
- 7 Digital
- 8 Data
- 9 Finance and estates

There are also a number of clinical networks focused on specific groups of people/patients, these include:



# The Integrated Care Board brings together partners and leaders from across the ICS. The board has statutory responsibility for NHS expenditure

## NW London Integrated Care Partnership (quarterly) Chair: Penny Dash

- Develop overall strategy to meet the wider health, public health and social care needs inc. goals to reduce inequalities and economic development (built from local borough based needs assessments, e.g. JSNAs)
- Align purpose, ambitions and strategy of partners
- Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes
- Develop approach to consultation and engagement
- Refer decisions back to Integrated Care Board as appropriate.

## NW London Integrated Care Board (monthly) Chair: Penny Dash

- Develop a plan to meet the health needs of the population (based on the ICP's strategy)
- Allocate NHS resources to deliver the plan and deliver financial sustainability
- Establish joint working arrangements to deliver the plan
- Assure plans and metrics in place to review delivery against strategy
- Agree capital plan for NHS
- Secure the provision of health services
- Hold all parts of system to account for delivery of ICS objectives and ICS programmes (where NHS funds are used)
- Plan for, respond to and lead recovery from incidents
- Support collaborative problem solving and drive transformation.

## Eight LA Leaders and eight LA CEOs

(Every 6 weeks) LA/ICS engagement

- Discuss all major proposals
- Support collaborative system problem solving and improvement.

## NW London Chairs (monthly) Chair: Penny Dash

Dash

- Engagement of NHS Chairs and LA leaders
- Support collaborative system problem solving and improvement.

**KEY:** Blue boxes - *statutory bodies* Orange boxes - *non statutory*



# Harrow position

# The Harrow Borough Based Partnership

**Borough Based Partnerships will be critical drivers of change in the new system.**

**The Harrow Borough Based Partnership brings together our NHS organisations, Harrow Council, our GPs, and local Voluntary & Community Sector.**

**We strive to support each other and our communities as equal partners focussing on better health and wellbeing for all.**

NHS North West  
London Clinical  
Commissioning  
Group

Harrow Council

Harrow's Primary  
Care Networks

NHS Central  
London Community  
Healthcare NHS  
Trust

NHS Central and  
North West London  
NHS Foundation  
Trust

NHS London North  
West University  
Healthcare

Harrow Community  
Action

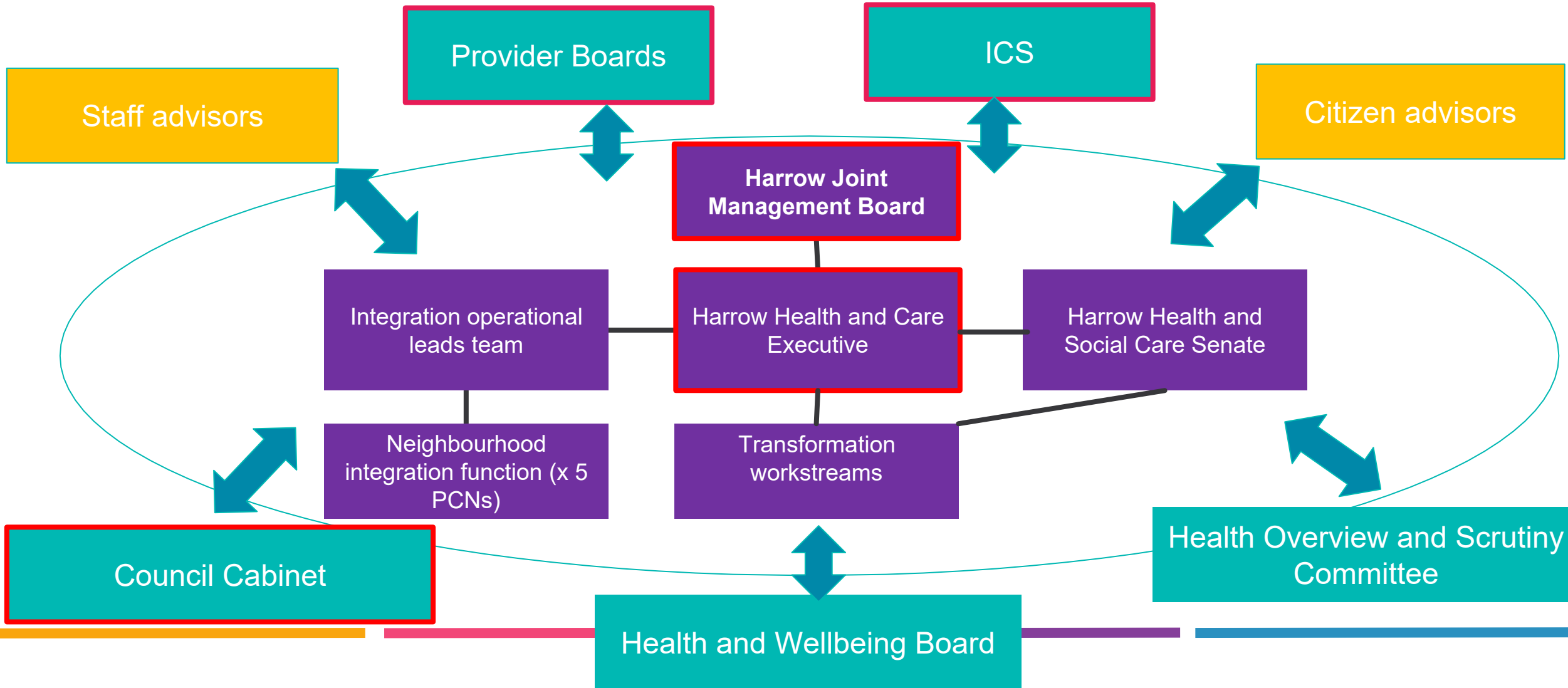
Harrow Health  
Community Interest  
Company

St Luke's Hospice

# Harrow Borough Based Partnership Governance Structure

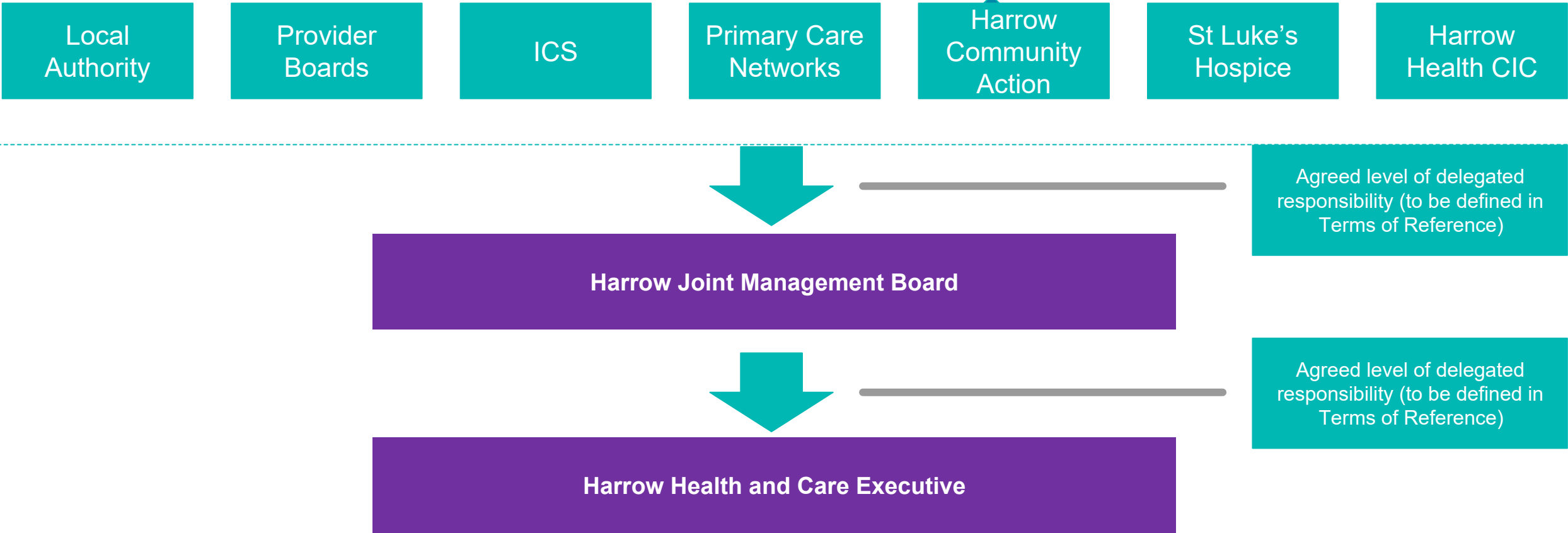
Decision making

Statutory Body



# Decision-making Structure in the Harrow ICP

## Sovereign Organisational Governance and Decision Making



# Our mission

Working with children, families and communities  
in Harrow to support better care and healthier  
lives

# Delivery framework and partnership priorities

**Our mission: Working with children, families, and communities in Harrow to support better care and healthier lives**

Our objectives	<p>1. Reduce health inequalities through embedding a robust population health management approach at a borough and neighbourhood level</p>	<p>2. Developing truly integrated out of hospital teams at a neighbourhood level to improve our citizens experience of care and reduce unplanned acute care and intensive social care packages</p>	<p>3. Deliver transformational change in care pathways to deliver high quality integrated care, improving outcomes and addressing variation</p>
Core work programme	<ul style="list-style-type: none"> <li>Set our Harrow Population Health Management methodology and implement at borough and neighbourhood level</li> <li>Aligning data and intelligence across partnership organisations</li> <li>Delivery of core 20 plus 5 programme</li> </ul>	<ul style="list-style-type: none"> <li>Digital integration</li> <li>Estates development as an enabler for integration</li> <li>Integrating our training and education offer across the partnership</li> <li>Strengthening our support to carers</li> <li>Supporting the development of Harrow's Primary Care Networks</li> </ul>	<ul style="list-style-type: none"> <li>Frailty through implementation of the integrated frailty model for Harrow</li> <li>Long term conditions care, with specific focus on diabetes care and hypertension</li> <li>Mental Health and learning disability services transformation</li> <li>End of life care: strengthening integration and ensuring a choice of where to die for Harrow citizens</li> </ul>
Delivery priorities for 2022/23	<ul style="list-style-type: none"> <li>Establish a community capacity building and leadership programme for Harrow to support community groups access to help them address issues which are important to them.</li> </ul>	<ul style="list-style-type: none"> <li>Workforce development programme:               <ul style="list-style-type: none"> <li>In the long term by promoting, as a partnership, Harrow as a place to live and work</li> <li>In the short to medium term, better engagement and problem solving with our front-line teams to support retention and best use of our resources</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Deliver transformational change for our children and young people, through:               <ul style="list-style-type: none"> <li>A "think family" approach across all workstreams</li> <li>Strengthening the integration between health, social care and schools</li> <li>Integrated physical and mental health services, across primary and secondary care, aligned at a neighbourhood level</li> </ul> </li> </ul>