



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	25 March 2021
Classification:	General Release
Title:	New NHS regional structure – briefing on the White Paper and local ICP update
Report of:	North West London CCGs
Wards Involved:	All
Financial Summary:	Not Applicable
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1. Executive Summary

- 1.1 The report provides details of the NHS White paper 'Integration and Innovation: working together to improve health and social care for all' published on 11 February 2021, which sets out proposals to streamline and update the legal framework for health and care.

2. Key Matters for the Board

- 2.1 The paper is presented to the board for noting and comments on the national direction of travel and local Integrated Care Partnership (ICP) development.

3. Background

- 3.1 The 'Integration and Innovation: working together to improve health and social care for all' white paper was published on 11 February 2021.

- 3.2 Based on legislative proposals from the NHS, the White Paper sets out proposals to streamline and update the legal framework for health and care. The white paper will be debated in Parliament in May and, subject to approval, would receive Royal assent in January 2022.
- 3.3 The proposals in the white paper include:
- 3.3.1 ICSs will become statutory bodies with a board that will include NHS trusts and Foundation Trusts, general practice and local authorities. In addition, there will be a health and social care partnership board. The legislation is likely to be permissive and not too prescriptive. Further planning guidance is expected in April 2021.
 - 3.3.2 Responsibility for primary medical, dental, ophthalmic and community pharmacy services will transfer from NHS England to the NHS ICS statutory body. Core primary care contracts will still be nationally determined. ICSs will also take on responsibility for some specialised and public health services. National standards will be set.
 - 3.3.3 The NHS will only need to tender services when it has the potential to lead to better outcomes for patients.
 - 3.3.4 The Healthcare Safety Investigations Branch will be established permanently into law as a statutory body so it can continue to reduce risk and improve safety.
- 3.4 In accordance with the emphasis in the white paper on “place”, locally with our boroughs we will continue to progress our Integrated Care Partnerships (ICPs) across Central London & Westminster and West London & RBKC footprints with our local NHS partners, including primary, community (CLCH), mental health (CNWL) and voluntary sector partners.
- 3.5 The ICPs for both boroughs have recommenced our integration efforts with the establishment of a “Leadership Quartet” – which includes Local Authority, Primary Care, Community Health and Mental Health. The developments are bringing together a Bi-Borough framework and also addressing local needs and development at the Borough level (e.g. Cancer Screening, Long Term Conditions, Urgent response) and Neighbourhood level (e.g. cancer screening, inequalities, etc).

3.6 The Leadership Quartet will be meeting jointly as a bi-borough group to recommend the programme of work, how we will work together to ensure effective delivery, and other requirements to refresh our ICP efforts across the bi-borough.

3.7 We have identified some emerging ICP priorities, building on both local and NW London priorities as follows:

3.7.1 Mental Health (incl. Dementia)

3.7.2 Air quality and associated clinical conditions

3.7.3 Obesity

3.7.4 Vaccinations

3.7.5 Care Homes

3.7.6 Discharge

3.7.7 Health inequalities

3.8 The key framework of domains / themes which will underpin ICP working and delivery of all priorities includes:

3.9 Patient and Resident outcomes

3.10 Operational delivery and performance

3.11 Culture and organisational development

3.12 Communications and engagement

4. Options / Considerations

4.1 North West London will formally become an ICS on 1st April 2021, though we are already working in practice as an ICS. All parts of the NHS and all eight local authorities are part of the ICS.

4.2 Note the revised and refreshed approach for Integrated Care Partnerships (ICPs) for both borough and CCG footprint – as part of the ICS development in NWL.

5. Legal Implications

5.1 Subject to parliamentary approval, ICSs will become statutory bodies from April 2022.

5.2 No legal implications for Integrated Care Partnerships (ICPs)

6. Financial Implications

6.1 Not Applicable at this time.

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

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APPENDIX A: NHS White Paper 2021 – NHS North West London briefing

1. White Paper overview

The 'Integration and Innovation: working together to improve health and social care for all' white paper was published on 11 February 2021.

Based on legislative proposals from the NHS, the White Paper sets out proposals to streamline and update the legal framework for health and care. The white paper will be debated in Parliament in May and, subject to approval, would receive Royal assent in January 2022.

The proposals in the white paper include:

- ICSs will become statutory bodies with a board that will include NHS trusts and Foundation Trusts, general practice and local authorities. In addition, there will be a health and social care partnership board. The legislation is likely to be permissive and not too prescriptive. Experience of systems will inform planning guidance expected in April 2021.
- Responsibility for primary medical, dental, ophthalmic and community pharmacy services will transfer from NHS England to the NHS ICS statutory body. Core primary care contracts will still be nationally determined. ICSs will also take on responsibility for some specialised and public health services. National standards will be set.
- The NHS will only need to tender services when it has the potential to lead to better outcomes for patients.
- Healthcare Safety Investigations Branch permanently into law as a statutory body so it can continue to reduce risk and improve safety.

2. NW London progress to date

In NW London, the joint working approach we have taken over the last year in establishing the NW London ICS means that the governance and structures we already have put in place have anticipated much of what was outlined in the white paper. While we will be formally established as an ICS in April 2021, we are already working as an ICS across NW London.

The white paper is in effect an enabler, to formalise the improvements in patient care and whole system working that we need to make.

We have far reaching and ambitious plans and a clear focus on where we will start. We have a relentless focus on tackling health inequalities and have developed a joint NW London strategy, including a plan for addressing digital exclusion.

Already in NW London we have the following in place:

- Joint health and local government partnership board chaired by Penny Dash
- Borough based partnerships with a leadership team working on delivery e.g. vaccination, discharges
- Governance arrangements at system level that provide joint opportunity to debate and agree strategy
- Place-based integrated care partnerships as the cornerstones of delivery
- Development of joint provider working, e.g. mental health, community, acute and PCNs
- A pragmatic approach to establishing the Single CCG from April 2021 that will bring the CCG and ICS leadership together
- Moved away from commissioner provider split and working as one across NW London on priorities and managing resources
- Increased oversight role for the system demonstrated through current system focus on maternity, elective restoration, children's mental health
- Focus on population health and reducing inequalities.

3. How joint working has already improved care

We already have a number of success stories to report from partnership working across our emerging ICS in NW London.

- We have maximised our care to patients and kept our staff as safe as possible during the pandemic by working together without organisational boundaries. This included moving patients, staff, and personal protective equipment (PPE) between sites where appropriate.
- We have established a robust network of responsive and proactive care for people suspected or diagnosed with Covid-19, including escalated care clinics in every borough for patients discharged from hospital or diagnosed in the community, and remote monitoring support for patients with Covid-19 symptoms.
- We use our data to track uptake of Covid and flu vaccination by deprivation and ethnicity using our Whole Systems Integrated Care data tool. This data is shared weekly with local teams and engagement who can then target their community activity.
- Working closely with our local authorities, we have put in place a robust programme of support to our care homes, including infection prevention and PPE training and advice.

- We have established a new psychological therapy service available to support health and care workers. The 'Keeping Well' service is designed to help all staff working in the NHS, residential homes and care facilities through any mental health challenges they face during the pandemic and beyond.
- Our acute trusts are working together to optimise elective care and ensure equity of access, in response to extremely high numbers of people waiting for planned treatment as a result of the pandemic.
- We are consolidating our high volume, low complexity elective care into surgical hubs so we can carry out more procedures, ensure equality of access, raise quality and reduce waiting times. For example, over 500 patients waiting in The Hillingdon Hospital for cataract surgery were treated in the Central Middlesex surgical hub.
- 'C The Signs' - a general practice advice algorithm - has been rolled out across every GP practice in NW London, supporting clinical staff in their diagnostic decision-making to identify patients who may be at early stages of developing a cancer.
- Working with our local primary care networks, local authorities and CCGs, our mental health trusts have launched new integrated models of mental health care, helping service users avoid crisis through management in the community.
- Our mental health trusts are recruiting to ensure we have 24/7 community teams in place to support people in crisis, in addition to our 24/7 single point of access and alternatives to admission such as mental health cafes.
- We are driving a programme to improve the physical health and wellbeing of autistic people and those with learning disabilities in NW London, including improving uptake of screening, flu vaccinations and physical health checks.

4. Next steps

North West London will formally become an ICS on 1st April 2021, though we are already working in practice as an ICS. All parts of the NHS and all eight local authorities are part of the ICS.

Subject to parliamentary approval, ICSs will become statutory bodies from April 2022.

BACKGROUND PAPERS:

Link to White Paper: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>

Link to Kings Fund Paper on ICS Development:



integrated-care-syst
ems-London-2021_0.