

Listening to you

Preparing for transition to an Integrated Care System

North Central London CCG



FEBRUARY 2022

About us



About Traverse



Traverse is a leading independent consultancy, driven by a social purpose.

Voluntary, public, and private organisations, trust us to help them understand what people and communities think about complex issues.

We believe that an inclusive society that works for everyone must be based on good evidence, and the voices of citizens.

We are specialists in designing engagement & consultation processes to support decision-making.



Who is here to help?



Rob Francis

Head of Engagement at Traverse

Any questions:

michael.flynn@traverse.ltd

Michael, Emily and Julie

Facilitators

Igor

Tech support

Louis, Jemma, Aine and Niamh

Notetakers

Workshop timetable



7 February
2-4pm

Setting of Strategy
and/or delivery of
transformational
activity

14 February
2-4pm

Commissioning
health care services

**21 February
2-4pm**

**Provision of
technical, analytical
or performance
improvement work**

28 February
2-4pm

Provision of
corporate services

9 February
10am-12pm

Commissioning
health care services

16 February
10am-12pm

Setting of Strategy
and/or delivery of
transformational
activity

23 February
10am-12pm

Provision of clinical
services, quality or
safeguarding
support

2 March
10am-12pm

Provision of support
to primary care
services

Today's objectives



What do we want to achieve today?

- **Understand** how you feel about the impending changes;
- **Identify** any opportunities in the new scenario;
- **Consider** what challenges lie ahead and how they can be tackled;
- **Reflect** on how you can work together and alongside key partners in the future;
- **Contribute** thinking to development plans for the ICS and place-based partnerships.
- **Create** a space for wider reflections on how you feel.

Agenda



Time (pm)	Item
2:00	Welcome and Introductions
2:10	Where we are on the transition to an ICS
2:15	Your survey feedback
2.30	Breakout group 1: Concerns and opportunities
2:55	Break
3:05	Feedback from breakout group 1
3:15	Breakout group 2: Preparing for transition
3:40	Feedback from breakout group 2
3:50	Q&A and close

ICS update



North Central London Integrated Care 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.

NHS North Central London Integrated Care Board (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

Development of Primary care networks will expand to incorporate general practice, community pharmacy, dentistry and opticians.

Our role

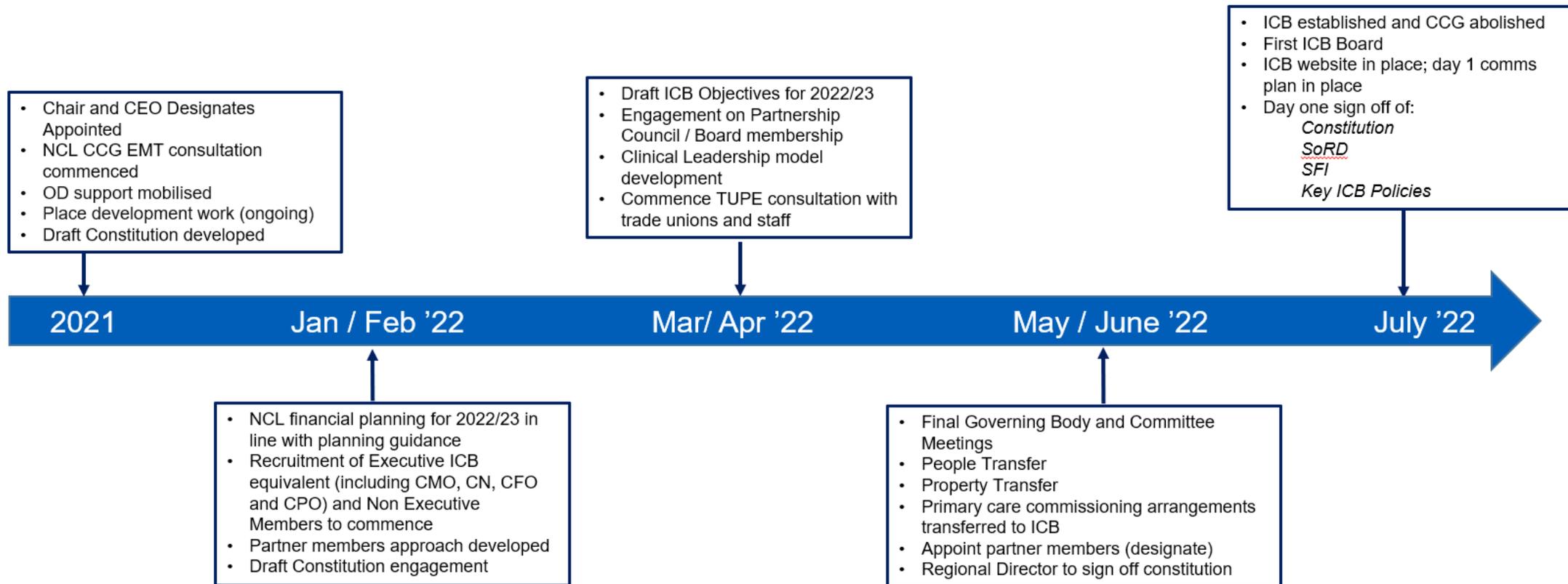


Previously...	Now...
<p>Health service focus e.g. on individual services and individual providers.</p>	<p>Population health focus e.g. collective responsibility for full range of determinants of health and wellbeing.</p>
<p>Organisational focus e.g. planning, delivery, accountability to your organisation only.</p>	<p>Facilitative approach across:</p> <ol style="list-style-type: none"> 1. System / NCL: setting and leading overall strategy, managing collective resources and performance, identifying and sharing best practice to reduce unwarranted variations in care, leading changes that benefit from working at a larger scale such as digital, estates and workforce transformation. 2. Place / Borough: where majority of changes to clinical services will be designed and delivered, population health management used to target interventions to particular groups, providers may work together to join up their services through alliances or more formal contractual arrangements. 3. Neighbourhood – PCNs and multidisciplinary teams: deliver coordinated, proactive care and support particularly for groups and individuals with the most complex needs.
<p>Contract enforcer e.g. annual contract round and use of contract levers.</p>	<p>System enabler e.g. transparency where there are challenges, shared problem solving, joint approaches.</p>
<p>Decision-maker e.g. CCG decisions & governance and oversight of individual services and actions. Supported by high bureaucracy, low trust processes.</p>	<p>Convener for collective decisions e.g. CCG focused on forging relationships, facilitation of solutions, shared decision making, low bureaucracy-high trust approaches.</p>
<p>Monitoring organisational performance e.g. activity and quality monitored organisation by organisation.</p>	<p>Monitoring system performance – shared accountability for performance and CCG role in improvement support.</p>

Timeline of transition to the NCL ICB



Following the delay to the target date, the timeline for our transition has been adapted to reflect further information made available and in line with legislative changes.



The current position



What we know already



COVID-19 has impacted greatly on the working lives of CCG staff. Many of you have had to rapidly form new relationships and priorities have changed dramatically. In a recent survey:

- Only 17% of you said the time pressures you were working under felt realistic;
- Only 26% said you felt part of the vision for the future.

However, despite the significant pressures, many of you felt more positive about the level of care and other services you were providing:

- 75% of you felt your role made a difference to patients/service users;
- 56% felt you were able to provide the level of care you aspired to.

Insights from recent staff questionnaire



Summary of feedback



We received a total of 62 responses to the recent staff questionnaire. In describing how you felt about the transition to an ICS:

- 47% of you said you were very, fairly or a bit excited.
- 29% of you were very, fairly or a bit concerned;
- 24% of you were neutral;

In describing how prepared you were for transition:

- 2% of you felt you were very prepared;
- 67% felt quite or slightly prepared;
- 26% felt not very or not prepared at all;
- 5% felt unsure.

“The system we are setting up seems large, sprawling and quite disconnected from the people on the ground who we are supposed to be helping. It's complex for people to navigate and complex the staff members working within it to navigate too - and I am worried that it will become even more complex after the transition.”

“Expecting reductions in staff numbers, job cuts, deletion of posts; Already have consultation fatigue.”

“Recent transitions have shown that staff find that there has not been sufficient engagement or planning to manage the change.”

“The pandemic has seen an increase in strategic work across NCL with both health and social care colleagues which has I feel been to the benefit of the patient.”

Your questions





Thank you

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