



North Central London
Clinical Commissioning Group

Older People's Partnership Board

6 October 2020

North Central London CCG



North Central London
Clinical Commissioning Group

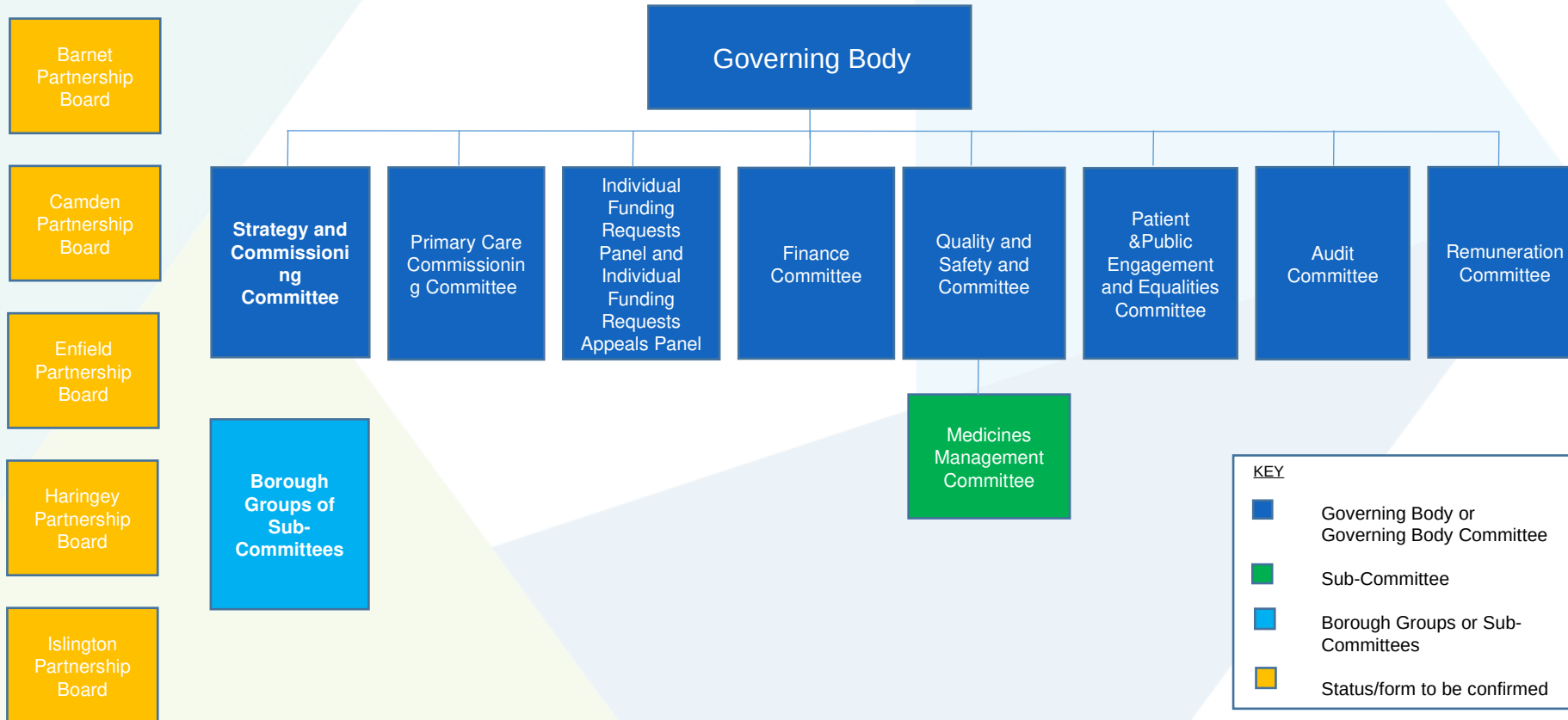
- NHS Long Term Plan published early 2019 - setting out the direction of travel for integrated local health and care systems, with one strategic commissioning organisation at the heart
- North Central London CCG was established in April 2020, bringing together five north London boroughs – Barnet, Camden, Enfield, Haringey and Islington.
- We are a clinically-led and member-driven CCG with the 200 GP practices across Barnet, Camden, Enfield, Haringey and Islington making up our membership.
- Each year we outline the services we plan to commission based on the needs of the people living in Barnet, Camden, Enfield, Haringey and Islington.
- The services include acute, primary care, community and mental health services for adults and children, as well as a range of other health and care services.
- To shape our plans we listen to people who use the services we commission and the many dedicated professionals who work to deliver them.

CCG Governance



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Robust, transparent and efficient governance arrangements are at the heart of North Central London CCG. The Governing Body is the primary decision making vehicle for the NCL CCG – supported by eight Governing Body committees reporting into it. There continues to be borough-level decision-making arrangements for primary care, community, and mental health commissioning within schemes of delegation



The Governing Body will have a clinical majority and comprise **17 Voting Members**:

Elected roles

- 10 Elected Clinical Representatives (2 from each borough)

Appointed roles

- 1 Secondary Care Consultant
- 1 Registered Nurse
- 3 Lay members with different remits including patient and public engagement, equality and diversity and finance.

Executive Director roles

- 1 Accountable Officer
- 1 Chief Finance Officer

Attendees (non-voting)

- Other Executive Directors on the NCL Executive Management Team
- 1 Healthwatch representative from across NCL
- 1 Director of Public Health from across NCL
- 1 local authority Councillor from across NCL

KEY

- Governing Body or Governing Body Committee
- Sub-Committee
- Borough Groups or Sub-Committees
- Status/form to be confirmed

Improving outcomes and tackling inequalities

- Our goal is to help residents to start, live and age well in NCL, and deliver the best possible health outcomes and reduce inequalities across all our boroughs
- We have made real progress in recent years to help residents live healthier lives for longer, and to ensure high quality, safe services are available when people need health and care support.
- However, there is still work to do to tackle health inequalities in NCL. Some communities face barriers to accessing services, experience greater ill health and, for some, a shorter life expectancy.
- Working together as a system we need to plan and deliver services together that will have the greatest impact on removing these inequalities, and tackling discrimination and racism in everything we do.
- We know that Covid-19 will have deepened these inequalities.

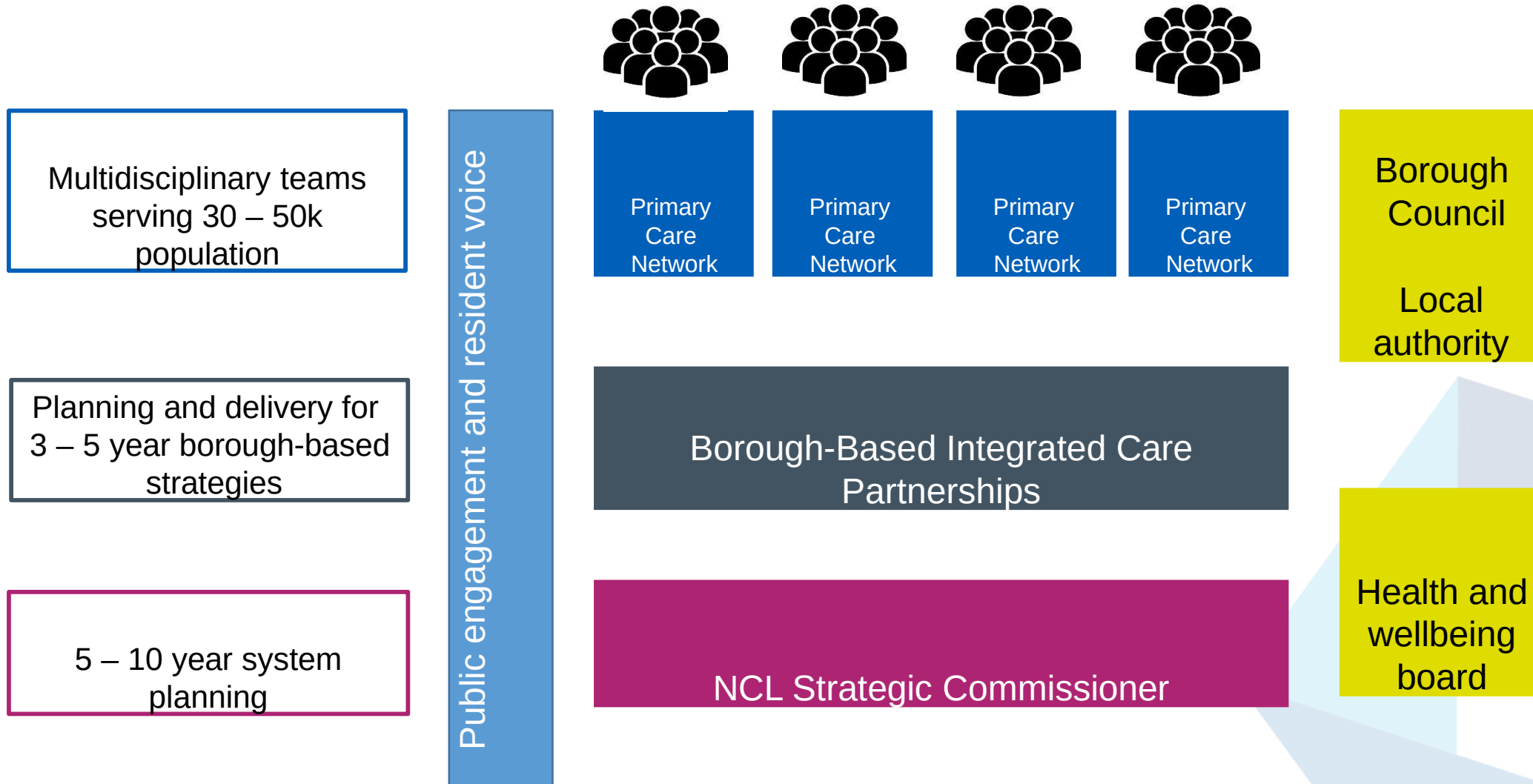
North Central London Integrated Care System



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- We want our residents to live healthier lives and get the care and treatment they need, in the right place, at the right time
- We are working to deliver improvements in outcomes through changes in the way we plan and deliver health and care services
- Building on the foundations laid by our Sustainability and Transformation Partnership we have formed an Integrated Care System for NCL
- NCL CCG, local NHS organisations, Councils and others will have collective responsibility for:
 - Improving the health of the residents
 - Integrating care & breaking down barriers between services
 - Delivering NHS standards
 - Managing resources

What does the NCL ICS look like?

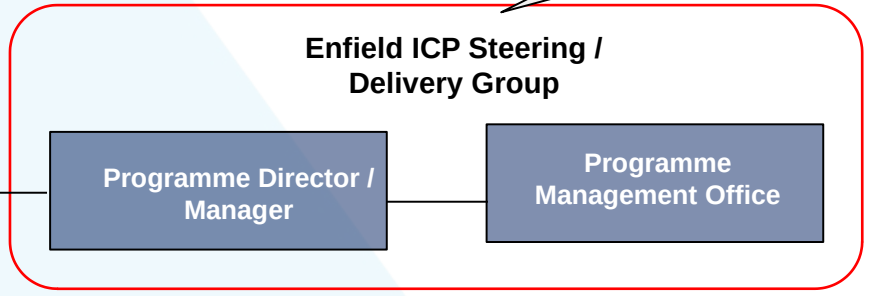




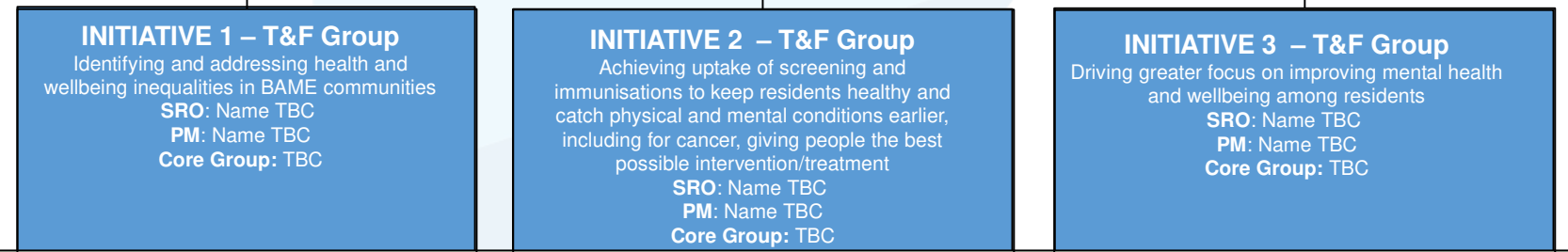
Enfield ICP Programme governance structure



- Shared programme delivery resource to drive implementation
- Maintain independence to balance stakeholder contributions



- Manages priorities for T&F group
- Ensures alignment of T&F groups
- Defines pathways to focus on
- Captures learning and best practice
- Develops integrated provider strategy and plan across providers for taking priorities forward
- Holds all providers to account for delivery



Enablers represented within each Initiative Task and Finish Group
Enablers report directly to ICP Programme Board

ENABLERS

	Comms and Engagement / Patient Representation			
	Population Health and Evidence			
	Integrated Commissioning / Decision Making			
	Infrastructure (Digital / IT / Workforce / Estates)			

“Working together, we will change the way we work in order to reduce inequality and to support all people in Enfield to live happy, healthy and rewarding lives”

Equal and inclusive, Quality, Accessible, Listening and Responsive, Integrated, Timely

Why are we doing this?

To address the Health and Care Challenges in Enfield:

Growing population and deprivation

- 330,000 – 4th largest London Borough
- 30% increase in population 2001-2025
- Moved from 12th to 9th most deprived London borough
- Language barriers – 100+ languages

Increasing need impacting wider determinants of health

- 1 in 5 workers low paid
- Debt, fuel and food poverty
- 250% increase in homelessness associated with private rental market evictions
- Youth violence +27%

East/West Inequality

- Life expectancy and living in poor health
- Households in poverty & child poverty
- Adult and child obesity
- School readiness and achievement

Differential service use East/West of borough

- NEL 12% and Elective 20% higher national average Edmonton Green
- 600+ attendances NMUH A&E with significant unregistered population

Differential investment

- Historic lack of investment in community and primary care services
- Significantly lower spend on community services per head of population than other NCL boroughs
- Fewer GPs and practice nurses than national average
- Austerity - Enfield Council cuts £178m since 2010 - £13m more in 20/21. Average reduction of £800 per household for core funded services

What will we do to achieve this vision?

We've developed a clear set of priorities for the Enfield ICP based on extensive engagement

Identifying and addressing health and wellbeing inequalities in BAME communities

- Improving self-care and management of LTCs
- Improve the knowledge and understanding of local services for BAME
- Driving up representation of those impacted by inequalities in PPRGs
- More engagement with BAME and deprived communities
- Measuring the performance and impact of services for all residents and BAME
- Ensure ICP members are positive corporate citizens in employment practices

Achieving uptake of screening and immunisations to keep residents healthy and catch physical and mental conditions earlier, including for cancer, giving people the best possible intervention/treatment:

- Exceeding childhood vaccinations targets for all communities
- Exceeding flu vaccination targets in winter 20/21
- Driving uptake of and concordance with cancer screening programmes
- Developing new and targeted comms/engagement campaigns

Driving greater focus on improving mental health and wellbeing among residents

- Proactively responding to the direct and indirect impact of Covid-19 by providing improved care offers
- Improve capacity and capability through local public services by developing networks of support, training and advice to improve the management of lower acuity mental health conditions (e.g. in schools and at work)
- Proactively ensure improved understanding of early support and access points for all communities that may need emotional resilience support as a result of covid related anxiety as well as those overrepresented with more severe and complex conditions

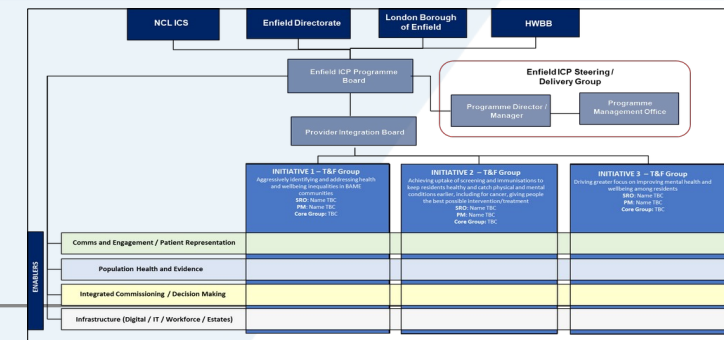
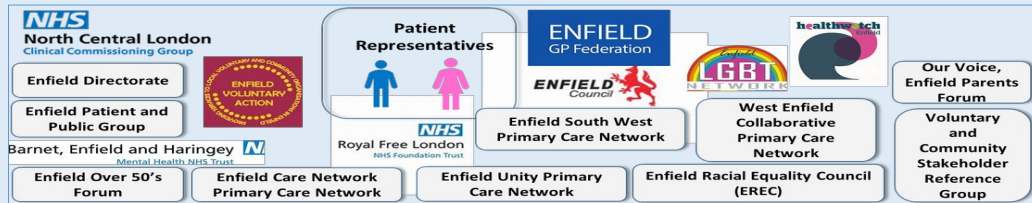
To address the local and national priorities:

- Delivering **NHSE's 8 tests** for the journey to a new health and care system
- Delivering the **London Vision and Touchstone**
- Supporting delivery of the **12 Expectations** for ICS Programmes
- Local priorities – Enfield HWBB, Enfield Poverty and Inequalities Commission, NCL ICS

How will we deliver these priorities?

Through a clear delivery plan and a robust and inclusive governance structure

To respond to the wide range of stakeholders involved in this process



- A Provider Integration Partnership Group will bring together providers from across the Health and Care system
- Separate Task and Finish groups will be established for each initiative, responsible for developing and implementing the plan to realise the required outcomes
- The Task and Finish groups will endure for the duration of delivery of the initiative, and will be replaced at the end of the initiative by a new set of T&F Groups
- Key enablers will support each T&F Group, to ensure a common approach to critical aspects of delivery across the system (e.g. Communications and Engagement, Population Health and Evidence etc.)

Flu vaccination

List of eligible patients includes:

- everyone aged 65 and over
- everyone under 65 years of age who has a medical condition
- everyone living in a residential or nursing home
- everyone who cares for an older or disabled person
- household contacts of anyone on the NHS Shielded Patient List

Please wait until you are called by your GP practice for a vaccination.

Flu video

https://youtu.be/9LeLXek0_xs

Flu information

<https://northcentrallondonccg.nhs.uk/my-health/protect-yourself-this-winter/>

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Flu leaflet



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**“Just”
the flu?**

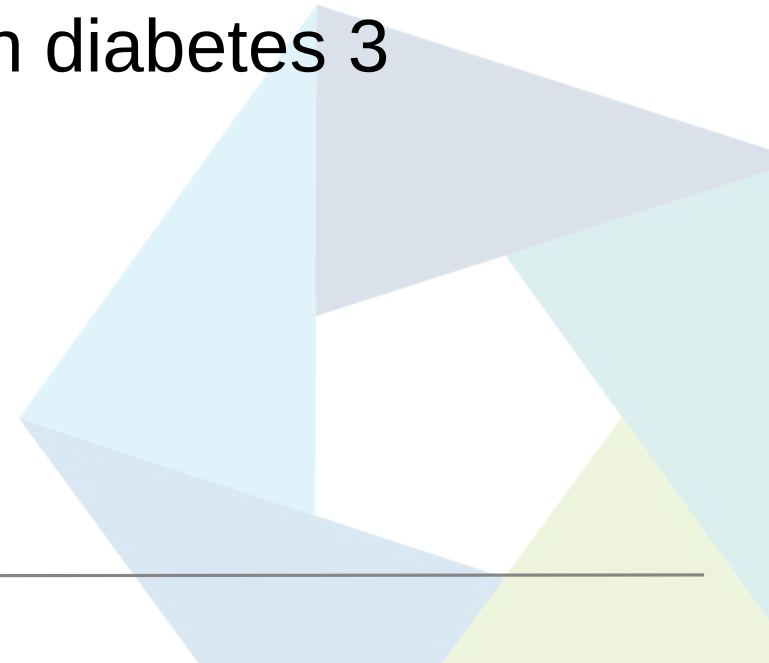
Each year the flu kills on average 11,000 people and hospitalises thousands more. There’s no “just” about it. The flu vaccine is free for those most at risk. Ask your GP or pharmacist.

Put getting your Flu jab at the top of your To Do list. Throughout the Coronavirus pandemic, we have all worked hard to protect our friends and families and our NHS. But winter is coming and we need to make sure that Flu doesn’t undo all our efforts. The Flu vaccine provides the best protection available against a virus that can cause severe illness.

Enfield good news

- 87.7% AF anticoagulated
- Best performing CCG in both North Central and NE London
- Higher than the average for NW, SW and SE London
- Also improved prevalence

Now starting to see equally impressive results with diabetes 3 treatment targets!



Questions

