
North East London Integrated Care System (NEL ICS) FAQs

PART ONE – THE HEALTH AND CARE ACT

What is an Integrated Care System (ICS)?

ICSs are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

The [NHS Long Term Plan](#) confirmed that all parts of England will be served by an ICS from April 2021, building on the lessons of the earliest systems. With each part of the country now ready to function as an ICS, NHS England and NHS Improvement has asked the Government and Parliament to establish ICSs in law and to remove legal barriers to integrated care for patients and communities. Decisions on legislation will now be for Government and Parliament to make.

What is the Health and Care Act and what are the main changes in it?

In July 2021 the Government published the Health and Care Bill setting out how it intends to reform the delivery of health services and promote integration between health and care in England. In April 2022 the Queen approved the Bill, which means it has now become the [Health and Care Act](#), the most significant health and care law in England since the Health and Social Care Act 2012.

The aims of the Act are to set up systems and structures to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The Act is an important step on the journey towards establishing ICSs on a statutory footing, which will take place on 1 July 2022. This next phase of system development continues and builds on the evolution of local partnerships and collaborative ways of working over several years, with the first ICSs created in 2018, emerging from Sustainability and Transformation Partnerships – north east London was designated an ICS in December 2020. The vision for greater integration was laid out in the Five Year Forward View and further cemented by the NHS Long Term Plan in 2019 while also incorporating valuable lessons learnt from the pandemic. It gives the NHS and our partners greater flexibility to deliver joined-up care to the increasing numbers of people who rely on multiple different services.

You can read more about the Health and Care Act [here](#).

What does this mean for north east London (NEL)?

The Health and Care Act becoming law means that from 1 July 2022 NEL CCG will no longer exist and a new organisation will be established called the Integrated Care Board (ICB). The NEL ICS will be the collective term for: the ICB, a system-wide Integrated Care Partnership (ICP) convened by the NHS and the eight councils in NEL, seven place-based partnerships (spanning City and Hackney, Barking and Dagenham, Havering, Redbridge, Newham, Tower Hamlets and Waltham Forest – all of which include NHS, council, and community partners) and a number of provider collaboratives covering acute, mental health, community care, primary care and the voluntary sector.

The ICS is how we describe all partners across the system working with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity.

What is an Integrated Care Board (ICB)?

ICBs will be statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the ICS. The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions. It will also be accountable for NHS spend and performance within the system.

The ICB will be responsible for the NHS budget and statutory board members include: an ICS Chief Executive Officer, ICB Chief Finance Officer, ICB Chief Nurse and ICB Medical Director, alongside local authority representatives, primary care, providers and non-executive members (the equivalent of lay members).

What difference will the ICB make for our local communities, patients and staff?

There is a strong focus on working with people and communities and ICBs are expected to develop a system-wide strategy for engaging with people and communities by July 2022. This strategy will be based on ten principles, which include:

- putting voices of people and communities at the centre of decision-making and governance at every level of the ICS
- ensuring engagement starts early when developing plans
- ensuring people and communities are informed about how their engagement has influenced activities and decisions
- ensuring there is a strong focus on co-production.

ICBs are expected to gather intelligence about the experience and aspirations of people who use care and support, and have clear approaches to using these insights to inform decision-making and quality governance.

You can read more about the expectations of ICBs in involving people and communities [here](#).

In NEL, Healthwatch colleagues, voluntary and community sector leads, and engagement staff across ICS partner organisations are working together to develop plans for strong public and patient voice throughout the NEL ICS.

What is an Integrated Care Partnership (ICP)?

Alongside the ICB, there will be another formal board called the ICP - this will bring together wider partners working within and across the integrated care system and will be responsible

for a system-wide health and care strategy that sets out how they will meet the needs of the local area.

Both the ICB and ICP will be established in statute, with their functions and cross-system membership being critical in removing existing barriers to integrated care for patients and communities.

What is a provider collaborative?

Provider collaboratives are partnership arrangements involving at least two trusts working at scale across multiple places, with a shared purpose and effective decision-making arrangements, to:

- reduce unwarranted variation and inequality in health outcomes, access to services and experience
- improve resilience by, for example, providing mutual aid
- ensure that specialisation and consolidation occur where this will provide better outcomes and value.

In NEL we have emerging provider collaboratives across the acute trusts, mental health trusts, community care and increasingly collaboration across primary care.

What is a place-based partnership?

Place-based partnerships are collaborative arrangements involving the organisations responsible for arranging and delivering health and care services in a locality or community. They involve the NHS, local government and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities (people who use services, their representatives, carers and local residents).

In many cases they also include other community partners with a role in supporting the health and wellbeing of the population and addressing health inequalities, such as housing associations, skills and education services and representatives of local business.

In NEL we have seven place-based partnerships: City and Hackney, Barking and Dagenham, Havering, Redbridge, Tower Hamlets, Newham and Waltham Forest.

Place-based partnerships are sometimes also referred to as borough-based partnerships.

What will the name be for the whole NEL ICS?

We expect to continue to use North East London Health and Care Partnership (NEL HCP) as the name for our whole ICS of which the ICB, ICP, place-based partnerships and provider collaboratives are all part.

PART TWO – TRANSITION TO NEL ICS AND WORKING ACROSS MORE THAN ONE PLACE-BASED PARTNERSHIP

What is the purpose and key priorities for the NEL ICS?

Partners from the NHS, local authorities, voluntary and community sector, and Healthwatch have agreed the following purpose statement for the NEL ICS:

“We will work with and for all the people of north east London to create meaningful improvements in health, wellbeing and equity.”

Four key priorities have been identified as areas of focus that all partners across NEL will commit to delivering together in partnership, in addition to the many areas of work already underway:

Employment and workforce

To work together to create meaningful work opportunities for people in North East London

Children and young people

To make North East London the best place to grow up

Long term conditions

To support everyone living with a long term condition in North East London to live a longer, healthier life

Mental health

To improve the mental health and well being of the people of North East London

Read more about this, including how partners will deliver on these priorities [here](#).

How is the direction of travel different from what we are already delivering in north east London?

Working in a joined up and collaborative way is not new for NEL. The [The Health and Care Act](#) and subsequent changes build on our direction of travel and the expectations set out in the [NHS Long Term Plan](#). Over recent years we have been establishing and developing provider collaboratives, place-based partnerships, and the system wide response to the pandemic and roll out of the vaccination programme has been a demonstration of the ICS in action. We have a strong history of collaborative and partnership working and this new legislation will further strengthen our approach.

What does this change mean for how we work across more than one place-based partnership?

We have always said that most of our focus will be on delivering health and care as close to the patient/person as possible and only where it makes sense will we operate at a north east London wide level. However, we also don't want to undo some of the progress achieved across local authority footprints and where there is appetite to continue to work in this way for the benefit of local people then we will. This might be across BHR or, for example, across Newham and Barking and Dagenham due to the population growth along the river, or across Redbridge and Waltham Forest because of Whipps Cross Hospital.

What role will Primary Care Networks play and will they become NHS bodies?

Primary Care Networks are more than GP networks, they should involve local partners involved in direct patient care - some are doing this already and we are working with others to develop this further. They are not intended to be separate new NHS bodies, but are partnerships of local providers and have a key role to play in developing highly integrated and seamless care for local people.

In the new ICS will Acute Trusts still exist?

NHS Trusts will continue to exist in the new ICS as it's about local partners working more closely together to integrate health and care. NHS Trusts, primary care, local authorities, and voluntary and community sector organisations will all have a role in the ICS decision making and delivery.

How do smaller (non-NHS Trust) providers fit into the new ICS?

We are working closely with our voluntary, community and social enterprise (VCSE) sector umbrella organisations and were approved for funding and support to establish a VCSE collaborative across NEL. Redbridge Council for Voluntary Services is hosting this work which aims to map out what the sector is providing and contributing to health and care across NEL, and exploring the opportunities for the future – as providers of services as well as through helping us connect with communities.

What are the key indicators for measuring if the ICS is improving?

The key aspects that assess ICS delivery are the objectives that sit within the NHS Long Term Plan, the Operational Planning Guidance for 2021/22 (that has been split into H1 and H2 - half year 1 and 2) and the NHS People Plan. There are also other regional areas of focus, such as the vaccination programme and landing ICS architecture going forward.

We have also agreed a new approach with NHS England which is more collaborative – where we seek to support partners within our ICS where there are performance challenges. We will continue to monitor the NHS constitutional standards like A&E waits, but as an ICS we will set our own priorities together, with partner organisations mutually accountable for delivery. A key objective will be reducing health inequalities, and we will be working with partners on the metrics that we need to measure to know whether we are having the right impact.

How will the ICS and ICB be accountable to the public?

In north east London we are committed to open and transparent decision making, with participation as a core right for local people. Our purpose as an ICB is to serve the public by working together as partners in the best interests of local people. The ICS is made up of health and care organisations who each have their own statutory accountabilities to the public, and the ICB will have new duties.

The Health and Care Act includes a legal duty for ICBs to involve and consult with the public on planning and delivery. There is a clear role for local health and wellbeing boards, and the ICB and ICP health and care strategies will be published to ensure that there is transparency and accountability. We will make our decisions in public through our board meetings and publish an annual report on our progress, along with our annual accounts to show how we have spent public money.

Local borough and joint health overview and scrutiny committees and Healthwatch will continue to play a key role in the new system. We are also upwardly accountable through our regulator NHS England and through to the Secretary of State for Health and Social Care, and in turn to parliament and the electorate.