

NCL Change Programme Frequently Asked Questions (FAQs)

Updated 1 August 2019

NHS Long Term Plan

What is the NHS Long Term Plan?

The NHS Long Term Plan, published in January 2019, sets out a 10-year practical programme of phased improvements to NHS services and outcomes.

The NHS Long Term Plan will involve redesigning healthcare so that people get the right care, in the right place, at the right time and making best use of the available resources.

[You can read more about the NHS Long Term Plan here.](#)

Integrated Care Systems / Partnerships

What is an Integrated Care System?

Integrated care systems (ICSs) will bring together local organisations to redesign care and improve health for local people. Integrated care systems will involve commissioners and providers working closely with local authorities to make shared decisions on how to use resources, design services and improve the health of their local populations. ICSs will integrate:

- primary and specialist care
- physical and mental health services
- health and social care.

[You can read more about integrated care systems here.](#)

What is an Integrated Care Partnership?

Integrated Care Partnerships (ICPs) involve commissioners, providers and other organisations working together to improve health and care for residents' in one borough. So, in North Central London, there will be five ICPs – Barnet, Camden, Enfield, Haringey and Islington.





<p>Is the Integrated Care System the same as the Sustainability and Transformation Partnership?</p>	<p>As envisaged in the NHS Long Term Plan, the NCL Integrated Care System will take forward the work begun by our Sustainability and Transformation Partnership (STP). It will continue to focus on health and care services working together to provide more coordinated care to patients and improve overall health outcomes for local people. However, we will work together in new ways within the ICS and ICPs, with new opportunities for integration at the front line, and in commissioning and delivery of services. Over time, this will mean moving to new governance arrangements.</p>
<p>The vision of the Integrated Care System sounds great but what does it actually mean? Will there be cuts to services?</p>	<p>In 2016, NHS organisations and local councils came together to form the North Central London Sustainability and Transformation Partnership (STP), working together to improve health and care for patients.</p> <p>This partnership is now evolving to form an integrated care system, a new type of even closer collaboration. NHS organisations, in partnership with local councils and others, will work together to manage resources, delivering NHS standards, and improving the health of the population of North Central London (Barnet, Camden, Enfield, Haringey and Islington).</p> <p>With our NHS organisations working together in this way, alongside councils and drawing on the expertise of others such as local charities and community groups, we can provide better and more joined-up care that is tailored to the individual needs of patients and residents.</p> <p>The aim is not to cut services, but to look at how we can collectively make decisions on best using resources to have the biggest impact on health and wellbeing.</p>
<p>What stage are we currently at in developing our NCL Integrated Care System and borough Integrated Care Partnerships?</p>	<p>We are at an early stage. Councils, NHS commissioners, providers and other stakeholders are currently working together on integration planning at a NCL and borough level, including engaging with residents. We will submit our response to the NHS Long Term Plan in November 2019.</p> <p>The five CCGs are also in the planning stage on merging to form one CCG, after Governing Bodies gave permission for this planning to proceed in May 2019. The next step will be for Governing Bodies to decide in September whether to submit a formal application to merge from April 2020 to NHS England. An important part of the application will be demonstrating that the CCGs have undertaken robust engagement with key stakeholders to inform our plans.</p>





<p>Where does general practice fit within the future Integrated Care System?</p>	<p>General practice sits at the heart of the future Integrated Care System model in London. We are in a positive position in NCL, with strong Federations and Neighbourhoods established and established Primary Care Networks. Community and other services will be designed around these networks, to ensure we are bringing care closer to the homes of our residents. This will focus funding around local services that our residents can access more easily, offer more joined-up care and are focussed more on prevention of poor health.</p>
<p>Are we looking at how other Integrated Care Systems have been formed to help inform our plans and sharing best practice?</p>	<p>Yes, we will definitely take learning from areas of the country that are further ahead in this journey. We have visited Greater Manchester to learn from their arrangements, and work closely with colleagues across London (including South East London, which has just been designated as an ICS). NHS England and Improvement are supporting us with knowledge and information sharing.</p>
<p>What would this look like at a borough level?</p>	<p>The main providers and commissioners would work together in borough-based integrated care partnerships. Over time lots of the work the borough CCG currently does, including system leadership on pathway design and resource allocation, would move to the ICPs. It will be very important to have a unified primary care voice within these partnerships, supported by robust Federation(s) arrangements to represent primary care within the ICPs.</p>
<p>How is planning being taken forward for the integrated care partnerships?</p>	<p>Each borough will form a local care partnership board that would start to consider what a provider alliance might look like. This would have representation from primary care providers, community, acute providers and mental health. This forum would start the early discussion on how we work together, what good provider representation looks like, what good governance looks like, and how commissioners can facilitate providers to come together as an integrated care partnership.</p>
<p>What will the decision making process around integrated care partnerships look like?</p>	<p>Decision-making architecture and assurance processes will need to be mature before commissioners can pass the responsibility to a provider alliance. We need to accelerate work to evidence the maturity of our integrated care partnership to demonstrate its capability and capacity to hold delegated functions.</p>
<p>What role will Integrated Care Partnerships play in resolving social care challenges?</p>	<p>Councils are key partners in the development of the NCL Integrated Care System and borough Integrated Care Partnerships, alongside NHS commissioners and providers. This recognises that there are many areas where we need to consider residents' health and care needs together, to make a real difference to outcomes. It will also allow us to collectively tackle some of the challenges we face around the financial sustainability of both the health system and the social care system.</p>



<p>What safeguards are there to stop a commercial entity or a major acute trust dominating an ICP?</p>	<p>Integrated Care Partnerships will be partnerships between public sector bodies, and will not therefore include in their core membership any commercial entities. Acute commissioning will be undertaken at an NCL level, ensuring a consistent approach across all acute providers. Delegation to ICPs will be dependent on ICPs demonstrating the strength of their partnership arrangements, and how all the different sectors will work together for the benefit of their local population.</p>
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<h2 style="color: #0070C0;">Proposed NCL Merger</h2>	
<p>What stage are the plans to merge the north central London (NCL) CCGs at?</p>	<p>NCL Governing Bodies support the direction of travel, recognising that we cannot improve outcomes for patients with increasingly complex health needs, reduce costs and sufficiently drive up quality within the current system. Regarding timings, the five NCL CCGs have agreed to undertake planning work towards a potential merger from April 2020.</p>
<p>What is the next step on the NCL CCGs merger?</p>	<p>The five CCGs have submitted a non-binding expression of interest to NHS England stating that we want to merge. In September, the five Governing Bodies can vote to approve an application to NHS England to formally merge from April 2020.</p>

<h2 style="color: #990066;">Patients and residents</h2>	
<p>What will be different for patients?</p>	<p>Looking more widely at the development of an NCL Integrated Care System and partnerships at borough level, in many ways there won't be major changes for our residents. For example, residents will still see their local GPs, access local health visiting services etc.</p> <p>However, by joining together in this new approach to commissioning and provision, we hope to offer major benefits to our patients – local services that our residents can access more easily, offer more joined-up care and are focussed more on prevention of poor health. Our aim is also to make sure that the quality of care, and work to tackle inequalities, is more consistent across the five boroughs.</p>





<p>By moving towards a single CCG in each ICS area, what consultation with NCL residents are CCGs planning?</p>	<p>The merger is not a change of service for residents so we won't be formally consulting on the CCGs merging in the way that we would if we were proposing a change to a clinical service (for example, the current consultation on proposals to relocate services from Moorfields Eye Hospital's City Road site). However, residents will most definitely be involved in our response to NHS Long Term Plan and the development of our integrated care systems. As part of this work, we are already working with Healthwatch, voluntary sector organisations, elected council members and CCG lay members to design what this engagement will look like through the new NCL STP Engagement Advisory Board. This will inform the work we do over the summer, and ensure that we have a good plan in place to have discussions with staff, member GP practices, stakeholders and residents through our normal engagement channels.</p>
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<h2>Primary care</h2>	
<p>What is a Primary Care Network?</p>	<p>Primary care networks (PCNs) bring together health professionals to provide an expanded health and care service for 30,000-50,000 patients in a particular local area. PCNs will provide access to GPs, nurses, specialist clinicians, allied health professionals such as pharmacists, physiotherapists and podiatrists, who will be joined by social care and voluntary sector support staff.</p>
<p>How will the primary care networks be engaged in this process to bring them on board?</p>	<p>GP clinical leads from the five boroughs are involved at an NCL- and borough-level in the development of plans for Integrated Care System and borough-based Integrated Care Partnerships. The Primary Care Network Clinical Directors will be heavily involved in work at a borough and locality level to develop and implement further plans for building more community and social care services around the emerging Networks, which is a key element of the integration work.</p>
<p>How will general practice be represented in the partnership, and planning? How much voice will primary care have alongside large Trusts?</p>	<p>Local general practice needs to start to think now about how to best prepare for this alliance working, to develop a strong voice and place representatives with the right experience 'in the room'. GPs need to consider who the best people are to be Primary Care Network Clinical Directors, to represent local GPs within the integrated care system, and to undertake the clinical commissioner role. The local Federations may also want to start to think about how they could work jointly with the other borough Federations, within the emerging NCL integrated care system.</p>





<p>What role will GP neighbourhoods and Federations play in an Integrated Care Partnership?</p>	<p>There are several important roles. Firstly, general practice clinical expertise is essential in designing and leading the new NCL integrated care system and borough-level integrated care partnerships. This will be through both CCG clinical leads and through GP federation involvement.</p> <p>Secondly, the formation of GP networks and GP Federations in recent years have enabled our practices to work better together to improve services, outcomes and access for local patients. In the new system, more community and social care services will work with GP Neighbourhoods. This will allow us to deliver more care closer to home for our residents, in a more joined-up way.</p>
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<h2>Clinical leadership</h2>	
<p>What do these plans mean for clinical leadership?</p>	<p>Within the changing systems and structures there will be new clinical leadership roles – including clinical director roles within Primary Care Networks, an important role for GP Federations at the borough and NCL level, and clinical commissioning roles (focused more on developing the outcomes framework).</p>
<p>After the merger of the CCGs will local GPs still be leading commissioning for their local borough?</p>	<p>Clinical leadership would remain central to future commissioning. A new Governing Body would be formed for the NCL CCG that would include elected GP members from each borough. The emerging Integrated Care Partnerships at borough-level will also have strong GP representation. Our current clinical lead programmes are also being reviewed, to ensure we retain the strong GP input into clinical pathways and policies.</p>
<p>Clinical leadership in ICS development is as important as in ICP development. How is this happening?</p>	<p>There are clinical leaders represented at every level of the integration care work, including as members of the NCL STP Advisory Board and the NCL Integrated Care System Design Group, including Trust and general practice clinicians.</p>
<p>How will clinical leads be chosen at a north central London level? Will each borough be represented, or will it be on some other criteria?</p>	<p>Proposals for future CCG governance and committee structures are being developed as part of the overall merger plans. We will maintain strong clinical leadership in north central London at all levels in the system. Consideration is currently being given as to how best we also ensure strong clinical leadership, including through non-GB roles, in the emerging borough ICPs and the NCL ICS. Elected positions to an NCL CCG Governing Body would be on a similar basis to elected positions on the current NCL CCGs' Governing Bodies.</p>



<p>What would it mean for GPs in clinical leadership roles? There are many GP clinical leaders in CCGs who are not necessarily on their Governing Bodies.</p>	<p>We will maintain strong clinical leadership in north central London at all levels in the system. Future CCG arrangements for clinical leads are still being developed as part of planning for this.</p> <p>Consideration is currently being given as to how best we do this to ensure strong clinical leadership, including through non-GB roles across NCL, in the emerging borough ICPs and the NCL ICS.</p>
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Commissioning arrangements

<p>What does the Long Term Plan mean for commissioning?</p>	<p>The NHS Long Term Plan describes a leaner commissioning model with one strategic commissioning function at a north central London level. NCL outcomes will be set at this level and budget to deliver these outcomes delegated to borough-based integrated care partnerships, where responsibility will sit for resource allocation and service design. Over time, there would be a blurring of the purchaser/provider functions with commissioners taking on more of a facilitation role rather than direct decision making on service design or resource allocation.</p>
<p>Will councils have a relationship with the integrated care partnership or with the NCL strategic commissioning function?</p>	<p>The NCL system would have one CCG with a strategic commissioning function, with one Governing Body. In the early stages, a lot of what is currently done by commissioners at a borough level would continue within a borough-based commissioning function – working with providers (including the council). Over time, at a borough level the commissioner presence would lessen and focus mainly on outcome setting. The divide between commissioner and provider would become less significant, with commissioning done in partnership.</p>
<p>Would the council hold a commissioning and a provider role?</p>	<p>CCGs already do a large amount of commissioning in partnership with the Council. The integrated care partnership would largely be a provider partnership including each council participating as a provider.</p>





Governance	
Once the five NCL CCGs have merged what will the governance arrangements be?	Proposals for the future governance arrangements for a merged North Central London CCG are being developed and will be shared with partners as this work proceeds.
How will the NCL integrated care system link with local democratic accountability in local authorities?	The local democratic accountability that Councils hold will remain unchanged but Councils will work closely with NHS organisations and others as partners within the North Central London (Barnet, Camden, Enfield, Haringey and Islington) integrated care system, working together to manage resources, delivering NHS standards, and improving the health of the population.
Is there any more detail on the governance of the integrated care partnerships and would that be the same across north central London, given they need to be responsive to local needs?	It is important that borough Integrated Care Partnerships are built 'from the ground up' reflecting local priorities, relationships and existing structures. However, they do also need to function together 'as a whole' under the NCL Integrated Care System, including in terms of governance, and there is work being done collectively to ensure this is the case.
What does the CCG merger mean for GPs on Governing Bodies and committees such as the current NCL Primary Care Commissioning Committees?	Proposals for future CCG governance and committee structures are being developed, and will be considered by the current Governing Bodies' – which includes elected GP members – as part of the overall merger plans.

Engagement	
What engagement is being done to inform NCL integration plans and CCG merger plans?	<p>The five CCGs are engaging with their staff, members and LMCs, Council leadership, and Healthwatch colleagues and Health and Wellbeing Board, on the plans to merge. Wide resident engagement is not being undertaken as this is an operational change that will not affect services.</p> <p>For the NCL response to the NHS Long Term Plan, Councils, Commissioners and NHS providers are working together on these plans, and collectively are engaging their staff, memberships, service users and with residents to shape these.</p>



