NHS England

To: Mike Cooke, Chair, North Central London ICB

cc. Frances O'Callaghan, Chief Executive Officer, North Central London ICB
Martin Machray, Executive Director of Performance, NHSE London

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BY EMAIL

Dear Mike

North Central London Integrated Care Board - Annual Assessment 2022/23

NHS England has a legal duty, as set out in the Health and Care Act 2022, to undertake an annual assessment of Integrated Care Board (ICB) performance.

Before setting out the outcome of our assessment I would first like to express my thanks for, and acknowledgement of, all the work that you and your leadership team, and colleagues throughout the ICB, have put into securing the effective transition from the CCG and the establishment of the ICB, and the progress made in the first nine months of ICB delivery.

Integrated Care Boards were formally established on 1 July 2022 and this assessment sets out NHSE's consideration of how the Integrated Care Board has discharged its key statutory duties since establishment through the 2022/23 financial year. In making this assessment we have sought to acknowledge the relative infancy of ICBs, having only been statutory bodies for nine months of the 2022/23 financial year. We are also mindful of the developing local strategic aims of the Integrated Care System (ICS) as set out in the Integrated Care Strategy for the system and articulated through the Joint Forward Plan for the ICB.

For 2022/23 NHS England has undertaken a narrative based assessment of Integrated Care Boards. This letter provides a summary assessment of North Central London (NCL) ICB's delivery of its functions aligned to the four core objectives of an ICS, and its key duties. It also covers the ICB's role in providing and supporting leadership and effective governance across the system. In support of our assessment, we have also sought views from the relevant Health and Wellbeing Boards (HWBs) and from the Integrated Care Partnership (ICP), and their input is reflected in the assessment as appropriate.

System leadership
We appreciate the work that has taken place in this period to manage the transition and to establish the NCL ICB on a sound footing. We also acknowledge the ongoing work as the ICB looks to implement a sustainable and effective structure and operating model, and

its work to establish positive relationships with key partners across the system, to deliver the national and local priorities for health.

We note the role that the ICB has played in working across, and with, a range of partners to support the development of the system wide North Central London Population Health and Integrated Care Strategy setting out the ambitions and priorities for the system at both system wide and local level. We also note the progress of the work that the ICB has led to develop the NCL Delivery Plan, which incorporates the ICB's Joint Forward Plan, which will complement and support the delivery of the strategy by setting out the detailed delivery arrangements that will give effect to the Strategy; and an outcomes framework that will be used to identify and articulate variation and need across the system, support the development and implementation of initiatives, and measure their impact both at system and place levels.

We note the focus that the ICB has put on engagement with a range of health and care partners, including the Voluntary, Community and Social Enterprise (VCSE), and with local communities in developing its strategies and plans and welcome the development of the two engagement strategies during the year.

We would add here that feedback from one of the system's Health and Wellbeing Boards, recognises that 2022/23 has been a transition year in a time of significant challenge, and is positive about the commitment from the ICB to the aims and objectives of the Joint Local Health and Wellbeing Strategy. The HWB has also acknowledged the progress that has been made in supporting delivery of a number of the initiatives in the strategy. The HWB has identified some areas where it believes there may be opportunities for further improvements in joint collaborative working. These include stronger and more direct engagement; continuing progress in providing substantive management support into the board and in ensuring appropriate capacity at Borough level; development of impact evaluation at a local level; extending the availability and consistency of data at local level; and greater engagement on how to address inequalities at a local level.

We welcome the work that the ICB has done to establish its Board and wider leadership team and governance structures, including the appointment to key clinical posts and the identification of Board roles with lead responsibility for priority areas, such as mental health. We note the development of the Clinical Advisory Group, building from its establishment to respond to the Covid pandemic, to provide a broad remit of advice and guidance, and input to the development and assurance of service changes and innovations. These are complemented by the continuing development of a range of clinical networks across the ICB and the routine engagement with related professional groups.

We look forward to working with the ICB as its focus switches increasingly to the implementation of the Population Health and Integrated Care Strategy and the Delivery Plan.

Improving population health and healthcare

Following its formal establishment, the ICB has put in place a governance structure to support oversight and assurance of quality and safety across the ICB and the wider system. The structure and the approach are based on the National Quality Board guidance, with a System Quality Group (SQG) and a Quality and Safety Committee (QSC) which is a sub-committee of the ICB Board, and which includes members from providers and Healthwatch.

We note the relationship and engagement that has taken place between the ICB Quality team and the ICB's providers, including the Quality Team attending provider Quality and Safety Committees, to work collaboratively to address quality and safety risks and to identify improvement initiatives. We note that the quality team is also engaged in regular performance and oversight meetings between the ICB and its providers. This includes engagement, on a Multi Disciplinary team (MDT) basis with other teams from the ICB, with those providers in NHS Oversight Segment 3 to help identify actions to address their challenges and to provide support on improvement actions. We also welcome the focus of the quality team on supporting primary care.

We welcome that the quality and safety framework also includes the continuation of the Infection Prevention Control (IPC) forum, established initially in response to the pandemic, which operates to bring together IPC Directors from across all partners with a role in health and care within the ICS to collaborate on actions to address identified risks and to provide mutual support.

We note that the ICB has implemented and supported a range of initiatives aimed at delivering improvements in quality of, and access to, services including activities at both system, borough and more localised levels. We note the strong commitment to engagement and collaboration with a range of partners and with public and communities, including the five borough-based places, and the engagement that has taken place. We welcome the development of the two strategies, Working with People and Communities and Working with VCSE, to give a focus to embedding and extending engagement, via a range of approaches, to inform the identification of priorities and the actions to address them, including health inequalities at local and system-wide levels.

The ICB has had to address, in common with all ICBs, the ongoing impact of the pandemic and the increase in waiting lists, and operational performance has remained challenged during 2022/23. For Urgent and Emergency Care (UEC), performance deteriorated between March and December 2022 and has remained below the 95% standard. Performance improved from 61.8% in December 2022 to 71.3% in April 2023, although this remains below its performance at the start of the year. 12-hour breaches increased during the year peaking in December; they have since decreased but are also still above the level at the beginning of the year. The mean for ambulance hand-over delays remained relatively flat, despite some fluctuation throughout the year.

The Referral to Treatment (RTT) waitlist has increased by 7.8% from the start of the year, driven by increases across six of the ICB's seven relevant providers. However, there have been reductions in long waits (52 weeks, 78 weeks and 104 weeks) across the year.

For cancer, performance in March 2023 had deteriorated by 4.3% compared to April 2022. Performance against the Faster Diagnosis standard has improved slightly at year end but remains below the standard. The Decision to Treat (DTT) backlog has remained relatively flat, though the no DTT backlog is improving.

We welcome the active interest the ICB has taken in maternity and that it has offered robust support to a provider in the national maternity support programme. The StartWell programme has been highly structured in offering review and insight of effective system working. The Local Maternity and Neonatal System (LMNS) is established. We do note that it has had several rapid leadership changes and so we would now be looking to it to embed improvements in the coming year as it stabilises.

The ICB has made excellent progress delivering physical health checks for people with severe mental illness, exceeding the 22/23 target. The ICB continues to make good progress in the expansion and transformation of community mental health services, linking closely with primary care and voluntary, community and social enterprise (VCSE) services. For people accessing NHS Talking Therapies, the ICB has consistently exceeded the 22/23 targets for 6-week and 18-week waiting times.

The system faces challenges with access across Talking Therapies, Perinatal, and Children and Young Peoples' mental health services, driven by workforce barriers and low referrals.

For patients with learning disabilities and autism NCL has faced significant challenges across the programme on most indicators throughout 22/23. We have noted, however, very good progress on annual health checks. We believe that stability of the programme structure, and identification of the high impact interventions that can support achievements within the LTP, will be needed to continue this progress. We also welcome the more positive end to the year on Children and Young people (CYP), although note the ICB did not meet its plans in respect of inpatients for both adults and CYP. The ICB may want to consider how it can support and accelerate the Keyworker programme, and also consider investment into Autism diagnostic support.

The Quality and Safety Committee (QSC) referenced above, includes within its remit responsibility to provide assurance, oversight and scrutiny for Safeguarding within the ICB. We note that it has approved NCL's Safeguarding Adults and Safeguarding Children Policies.

The Safeguarding team's role and responsibilities are clearly demonstrated in the CYP safeguarding framework. We would invite the ICB to consider including sectors such as education and housing within its CYP safeguarding to help ensure that safeguarding work is further joined up and robust. We note active participation in reviews and promoting learning across the region, and we welcome the priority given to senior level attendance from the ICB at local Safeguarding Children Partnerships and Safeguarding Adult Boards.

We have referenced above the two Working in Partnership strategies and the strong engagement that has already taken place and that the implementation process in on-going. We note that a system wide role has been developed to represent the five Healthwatch organisations on key ICB. We note that in 2023/24 recruitment will start for new community participant roles, who will sit on a number of ICB committees and key decision-making forums.

We welcome the investment of resources to develop a more personalised care approach, in particular for health inclusion groups as part of the ICB's reducing inequalities approach. Examples include the LMNS recruitment of a midwife to support the delivery of Midwifery Continuity of Carer (MCoC) Choice and Personalisation; and recruitment of six lived experience members to participate in monthly co-production meetings and lead workshops with other service users to gather their views and experiences on personal budgets.

Tackling unequal outcomes, access and experience.

We note the range of complementary actions the ICB has taken, building on engagement with local partners and communities, to inform and develop its approach to addressing health inequalities. These include the production of the Population Health and Integrated

Care Strategy and the Population Health Outcomes Framework, supported by implementation of its two key engagement strategies, to identify unwarranted variation and priority actions to address inequalities at appropriate system, borough and more local levels. Underpinning these strategies is a residents' health panel comprising approximately 1,000 residents from across the five boroughs. During 2022/23 this panel was consulted on the NCL Start Well Programme for children and young people, Musculo Skeletal (MSK) services, fertility policy and vaccinations and we note this work is set to expand this year.

We welcome the continuation of the Health Inequalities Fund and note its strong weighting towards the most deprived wards, along with funding to address specific challenges at sub-ward level, which has supported a range of projects in 2022-23. We also note the focus on evaluation, recognising that the impact of some projects will take longer to come through; and the need to test innovative approaches. We note the support and range of projects delivered through the five Boroughs, and the extensive working with VCSE to support difficult to reach groups.

There is good balance in the ICB's approach. We note it is engaging with the national CORE20PLUS5 programme and as part of this approach is engaged with health watch to work as community connectors in support of hypertension case finding as part of the national inequalities strategy. It has also continued its work supporting people experiencing homelessness on discharge from hospital with the provision of additional wrap around support packages, and a pilot funded by the Department for Levelling Up, Housing and Communities to provide drug and alcohol treatment grants. Complementing this approach are a range of hyperlocal initiatives aimed at improving health and wellbeing whilst reducing inequalities. These include, amongst others, specific research with the Gypsy Roma Traveller (GRT) community, the Revival Christian Church and eastern European health outreach workers from Edmonton Community Partnerships in order to explore reasons for low participation in school aged vaccination programmes; and a peer education programme aimed at increasing awareness of Cardio Vascular Disease (CVD) and increased uptake of blood pressure (BP) monitoring amongst Somali and South Asian communities.

Enhancing productivity and value for money

The system successfully delivered a breakeven plan in year (£300k surplus), managing deteriorations in specific providers with improved results in other providers. The ICB delivered a £25.8m surplus to cover net provider deficits of £25.5m. Providers stayed within the provider capital spend limit, spending £218.6m against the allocation of £219.1m, with the ICB spending all of its £9.2m primary care capital limit.

The ICB did not achieve its agency control total of £61.9m as actual spend in providers was £111.6m (£49.6m overspend); however, we note the 23/24 plan is within the 3.7% limit and expected to be achieved at an ICS level. The mental health investment standard was achieved, with the ICB reporting £347.4m spend vs £324.2m target.

The required NHS minimum investment of £120.8m into the Better Care Fund has been made along with an additional £248k discretionary NHS contribution.

The ICB delivered in full its planned efficiencies for 2022/23 of £120.0m (£32.8m net of impact on providers in system). The NCL providers delivered £80.9m of their £145.3m planned recurrent efficiencies (56%) and £97.8m of their £44.7m planned non-recurrent efficiencies (219%). The system reported in total £211.5m of efficiencies delivered (95%

of the total £222.8m plan). The increased delivery of CIP through non-recurrent means has, however, resulted in a challenging overall efficiency requirement in 2023/24.

We welcome the establishment of a digital inclusion framework to underpin identification and development of support initiatives for people at risk of digital inclusion and to increase the use of digital access channels across the ICB, working with NHS providers, councils and VCSE. We note that the initial focus is on improving remote access to primary care and outpatients.

We note the approach of the ICB Community Research Action Programme, working predominantly through the five boroughs, to systematically engage with people in local communities and understand their lived experience in order to shape new approaches to addressing their needs more effectively.

We note the formation of the Health Determinants Research Collaboration (HDRC), bringing together VCSE, residents, and higher education institutions alongside NHS and the local authority to embed research and data at the centre of the decisions being made around health.

Whilst we note these initiatives, we would like to understand more clearly how the ICB intends to maximise the potential of research for its system-wide and more localised approaches to innovation and improvement, including developing relationships, and strengthening existing ones, with life science and academic institutions, and other key partners in this area.

Helping the NHS support broader social and economic development
We have noted throughout the assessment the ways that the ICB has engaged with a wide range of partners and their related strategies and plans, to ensure that its work is both complementary and supportive. We note the emerging work the ICB is taking, particularly through its community team, to establish the ICB and the wider health system as an anchor institution and the range of work it has already made progress on.

We note the ICB's engagement in the development of a system-wide people strategy, aimed at securing a skilled and sufficient workforce and supporting that workforce to develop and progress, and its membership of the system-wide People Board. We welcome the work, including in partnership with VCSE, to develop and improve opportunities for local people to find roles in health and care and to support them to move into those roles. We welcome the ICB's commitment to being a London Living Wage system.

Amongst other initiatives we note the multi-partner programme to tackle serious youth violence across the five boroughs, working with local young people to co-design and deliver the project, and supported by a network of partners working to address a range of factors that can put young people at risk.

It is also welcome to see the ICB's involvement with partners to establish a framework to evaluate and assess the impact of its anchor work.

The ICB's Green Plan was published at the start of 2022/23 and sets out the actions that the ICB is taking, with health and other partners, to meet the net zero target. We note the arrangements in place to provide reporting to the Greener NCL Programme Board on progress with actions in the plan. We note the three initiatives, led by Trusts, to locally pilot and test options to address a key priority each with a view to identifying their potential for

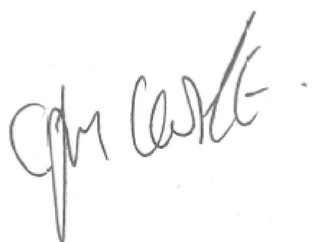
extension across the system. We also note that the ICB is building London wide relationships to share and learn from existing experience and best practice.

We ask that you share our assessment with your leadership team and consider publishing this assessment letter. NHS England will publish a summary of the outcomes of all ICB performance assessments as part of its 2022/23 Annual Report and Accounts.

Finally, I would like to take this opportunity to thank you and your teams for the hard work and effort in your first nine months of operation. We will continue to work with you in our shared ambition to improve healthcare for the local population and across the system.

Please let me know if there is anything in this letter that you would like to follow up on.

Yours sincerely,



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