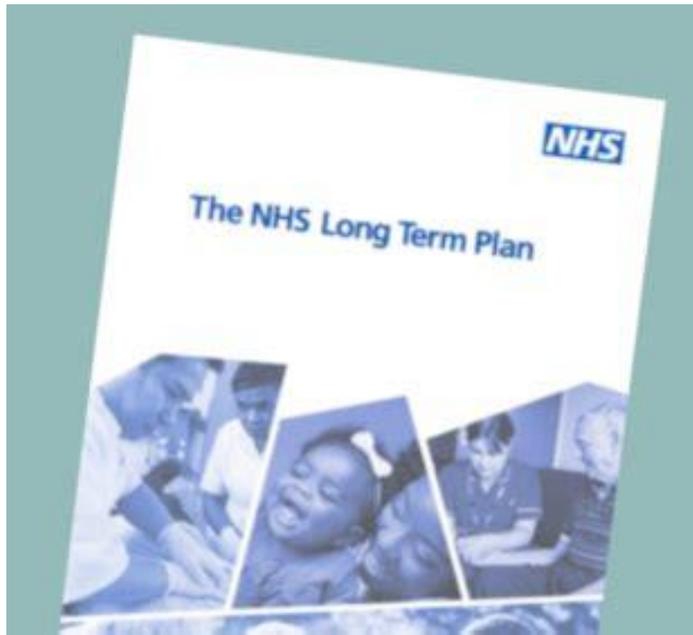


# Integrated Care Systems Integrated Care Partnerships PCNs/Neighbourhoods

Understanding what they all are and where the VCS fits in



# But first a bit about Voluntary Action Camden

(just 4 slides, skip them if you know it already!)

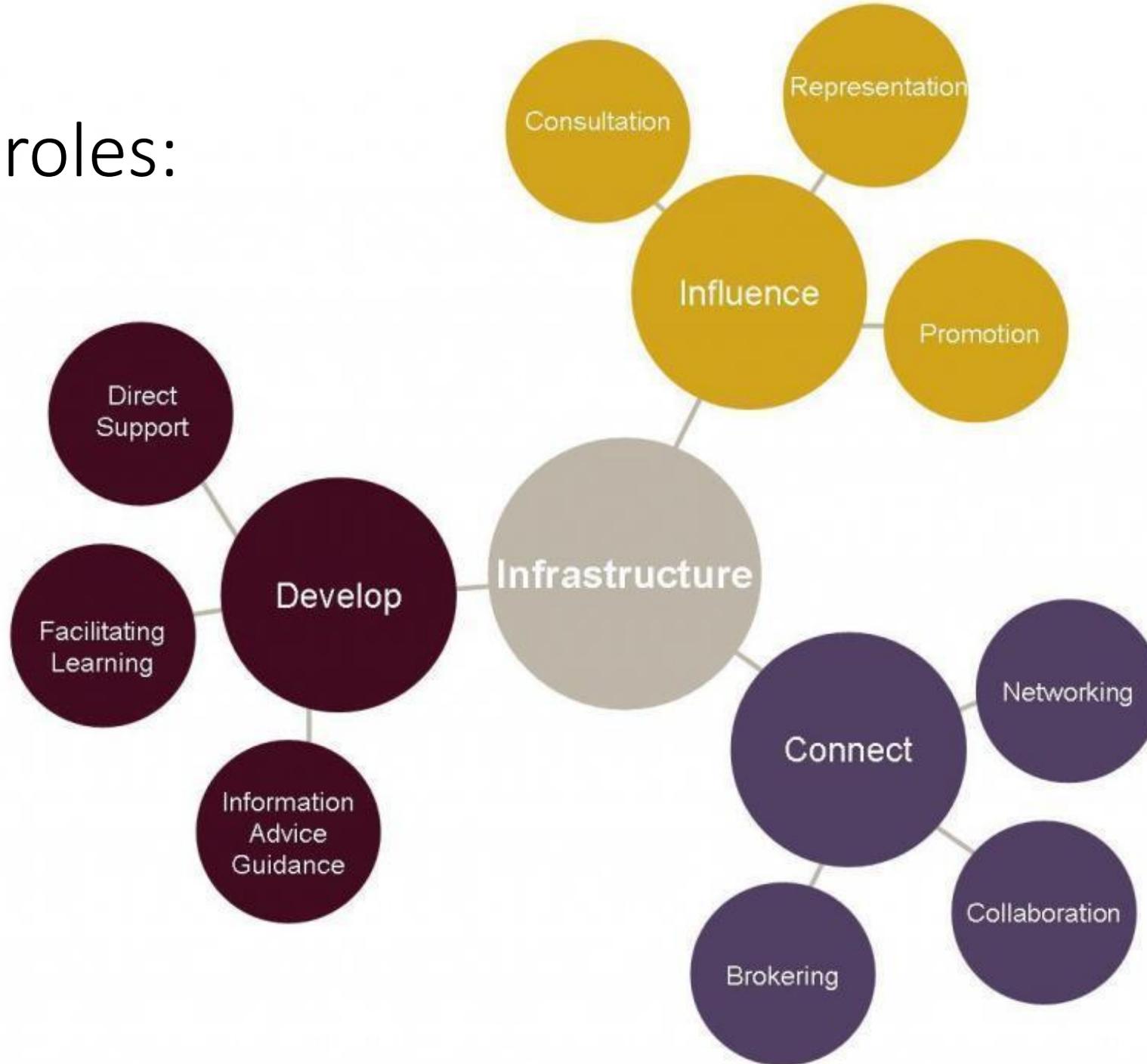
- Founded 1907 as the Hampstead Council for Social Welfare
- A registered charity, democratically controlled by the members
- 9 staff, 30 volunteers
- Turnover ~ £500K
- 280 members and 1800 subscribers
- Helped found many organisations over the years from Volunteer Centre Camden to Endangered Bodies.
- Involved in many social change movements from Social Work in 1900s to Social Prescribing 100 years later.

# Our main roles:

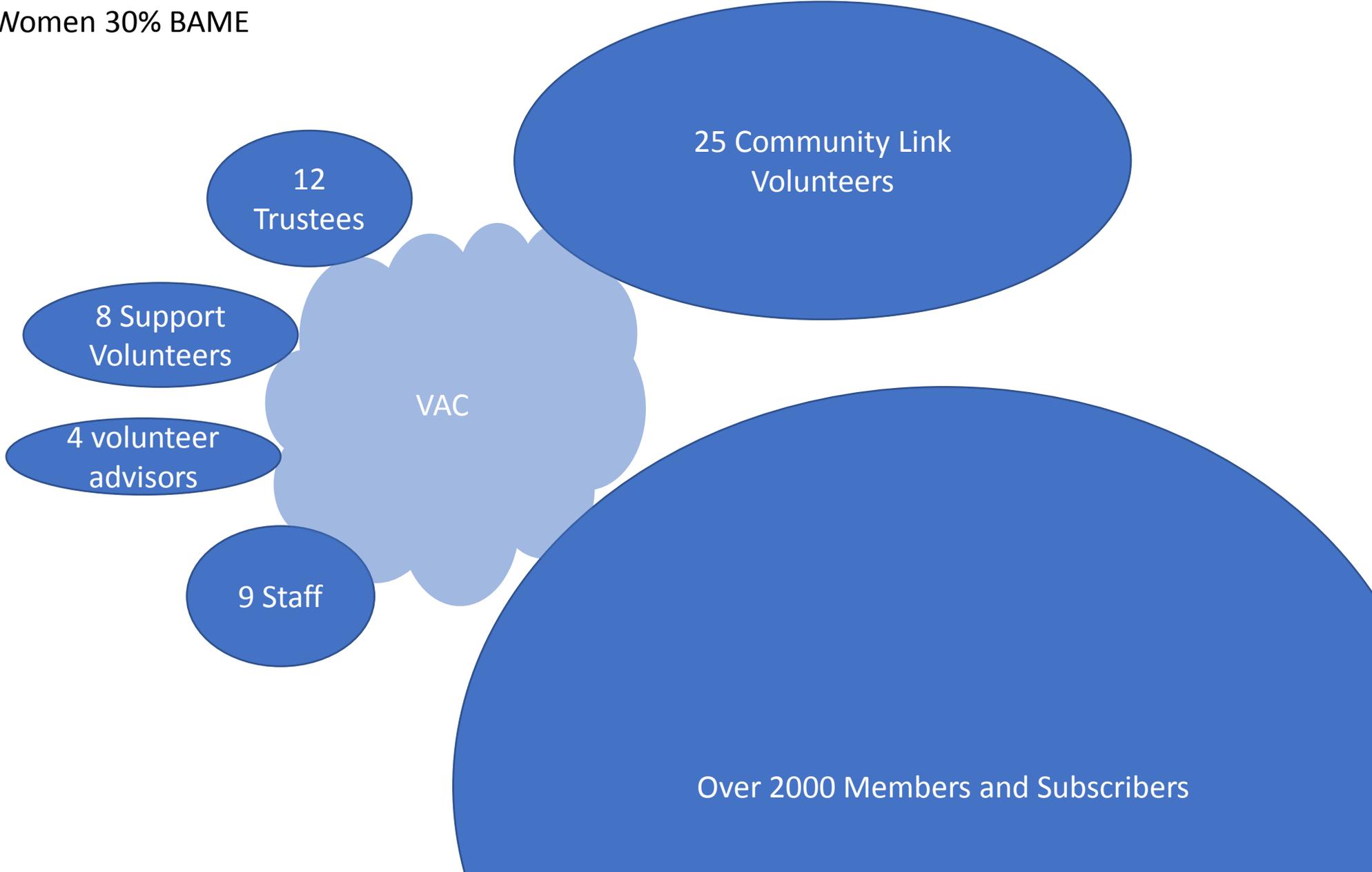
Develop

Connect

Influence



Management Team: 75% Women 25% BAME  
Staff team: 67% Women 67% BAME  
Trustees: 60% Women 30% BAME





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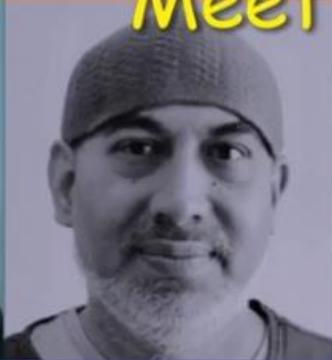


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# Meet the VAC Team



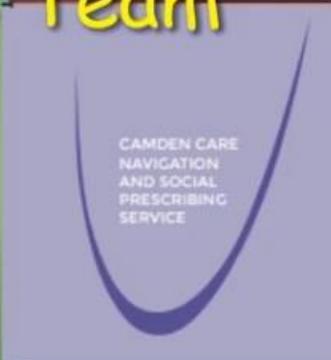
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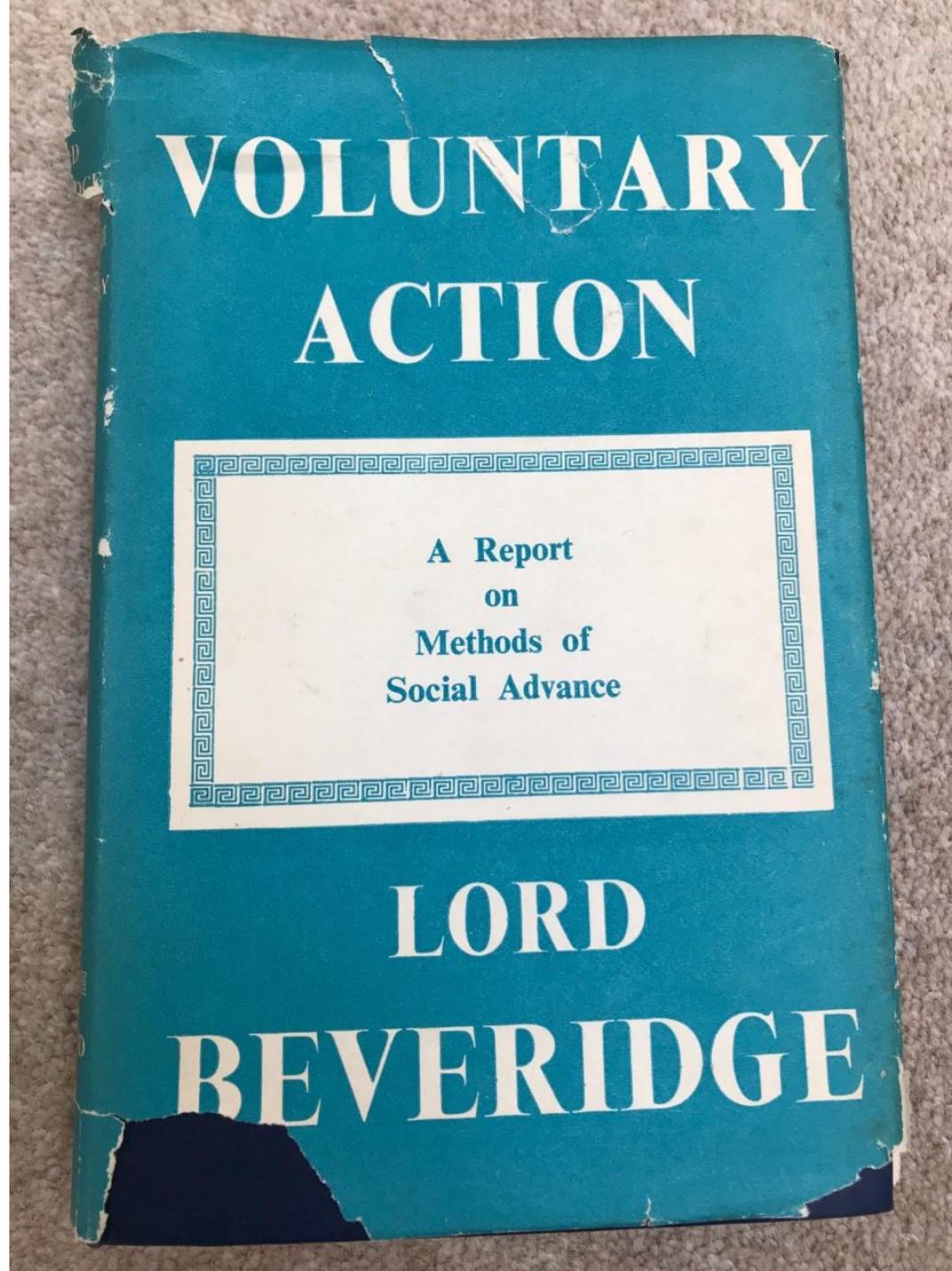


**HASEL HOOSHIAR**  
Data and Website Volunteer

# NHS - How it started

- 1942 Beveridge Report led to calls for a National Health Service
- 1948 NHS Founded
- Public sector takeover and loss of friendly societies and VCS involvement and 'bribery' of GPs not what Beveridge had in mind
- Wrote Voluntary Action report in 1948 as corrective

Beveridge proves to be half a century ahead of his time by looking at the contribution the voluntary sector makes to a broader interpretation of health than was taken by the NHS in 1948.



A major ESRC study compared two moments in the NHS's history: When it was founded in 1948 (then) and 2019 (now).

Discourses of Voluntary Action at Two Transformational Moments of the Welfare State, the 1940s and the 2010s, ESRC, 2019.

# 1948

- Universal and free at point of delivery
- Primary Care (GPs) for all
- But Acute needs – hospital focussed – dominates

# 2019

- Universal and free at point of delivery (with some provisos)
- Nature of illness shifted from acute to chronic, from physical to mental, from fixable to maintenance
- Prevention and maintenance now dominate

How do we shift the money from big expensive hospitals to prevention and maintenance in the community?

# Similarities between 1948 and now

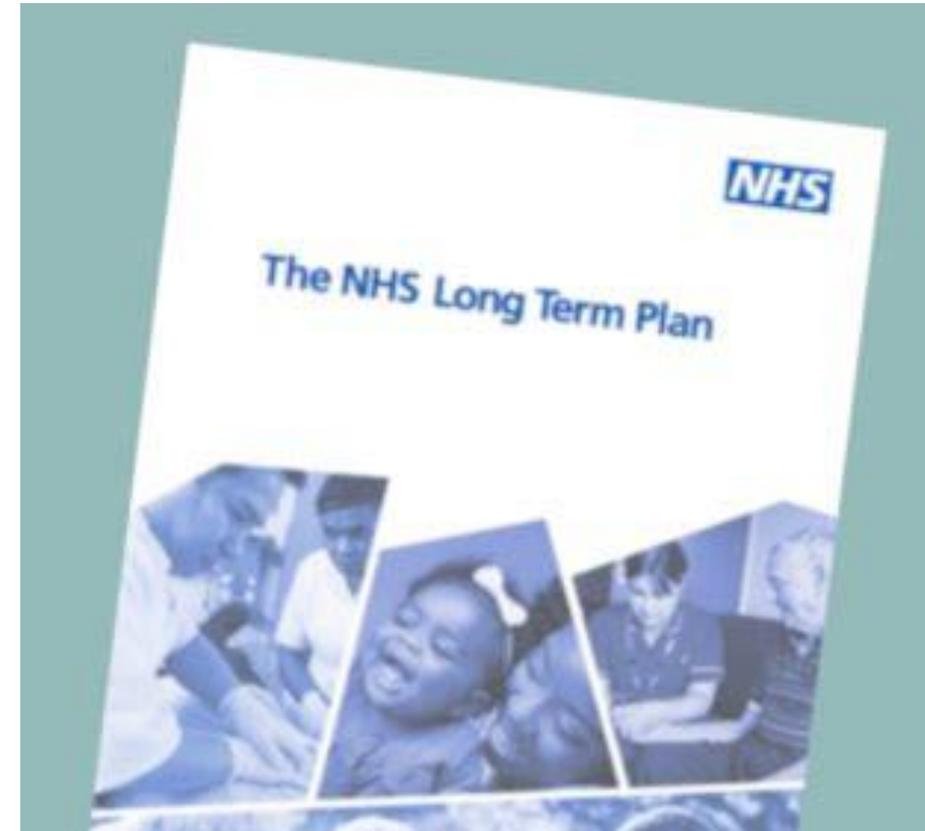
- Reactionary Media hostile to progressive ideas
- Austerity
- Level of trust in charities is the same

# Differences between 1948 and now

Then		Now
Shift to the left, an expanding social democratic state	vs	Shift to the right with a shrinking neoliberal state
A collectivist spirit of reconstruction	vs	Individualist, populist spirit - every man for himself/no such thing as society
A pragmatic partnership between the state and the voluntary sector	vs	An increasingly antagonistic environment for voluntary action

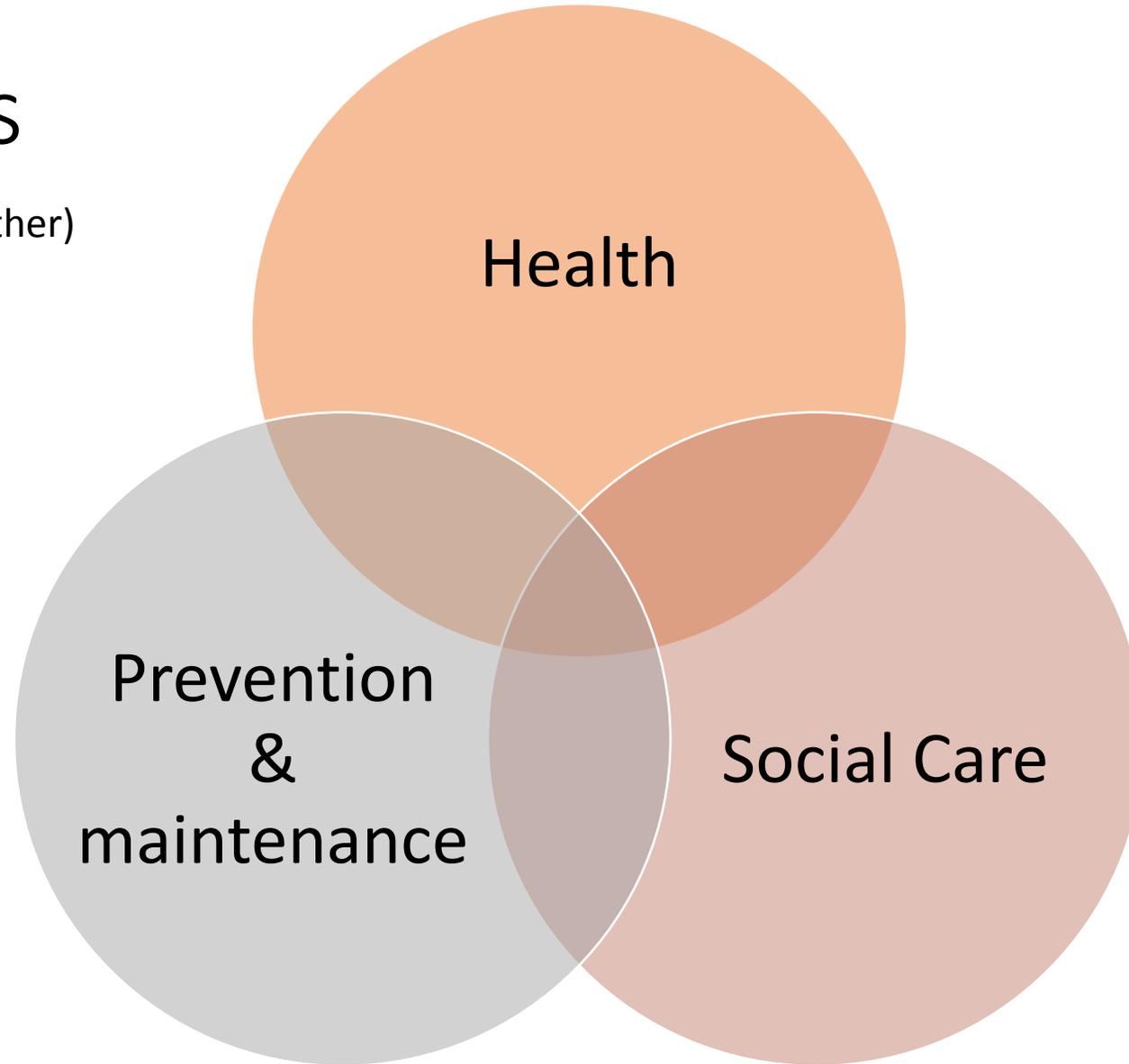
# January 2019 – Boom!

- NHS Long Term Plan Published
- 120 Pages
- Shift to:
  - Primary Care
  - Digital
  - cannot 'treat our way out of health inequalities'
  - Social care
  - Prevention
  - integrated, place-based care



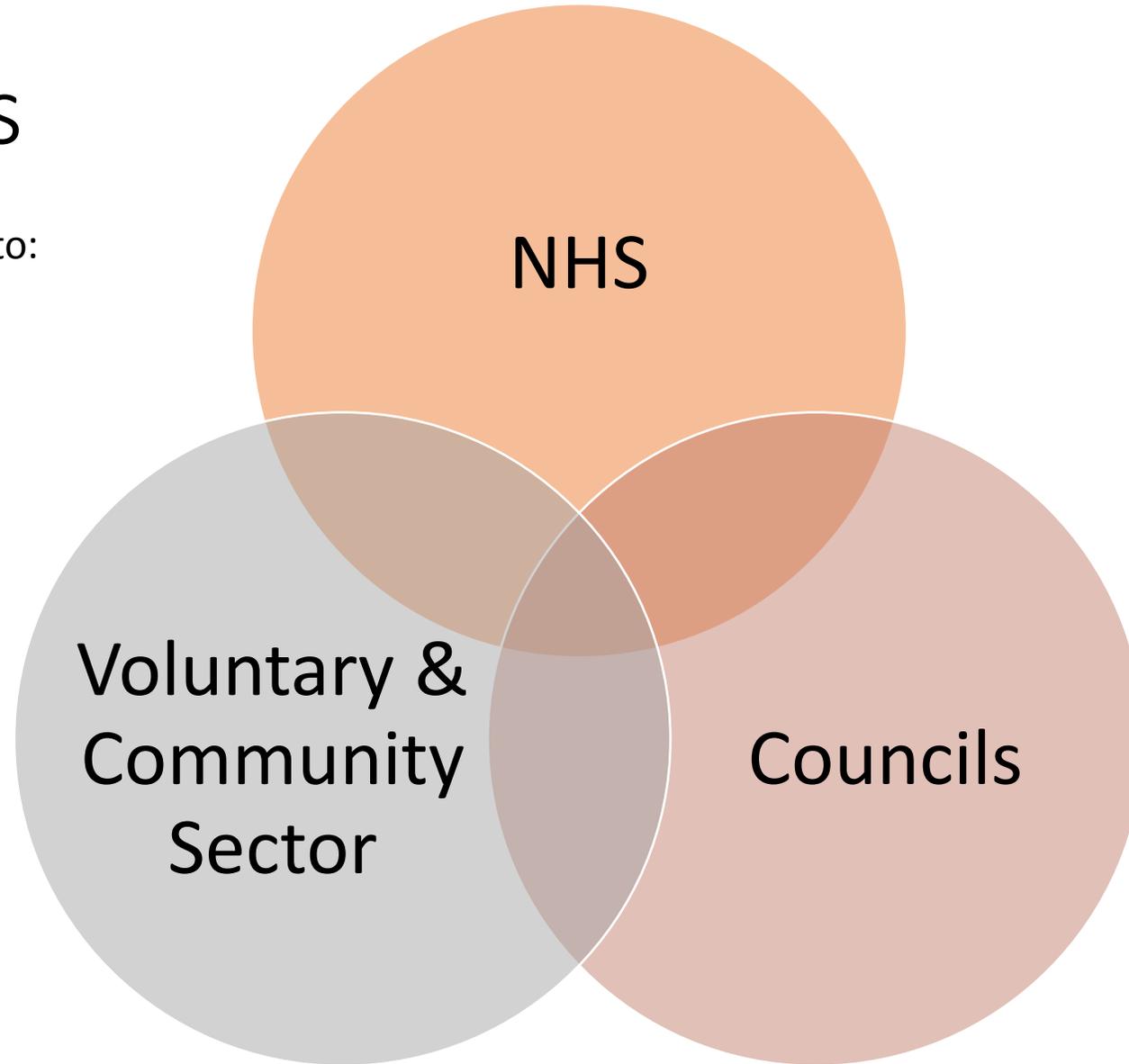
# 3 Systems

(to bring together)



# 3 Systems

Roughly correspond to:



3 Levels:

System

Place

Neighbourhood

Which looks like this in North Central London:

NCL

Camden

Barnet

Enfield

Islington

Haringey

Neighbourhood  
1

Neighbourhood  
2

Neighbourhood  
3

Neighbourhood  
1

Neighbourhood  
1

Neighbourhood  
1

Neighbourhood  
1

Neighbourhood  
2

## 3 New Names:

System = Integrated Care System  
(ICS)

Place = Camden Integrated Care Partnership  
(ICP)

Neighbourhood = Primary Care Network led locality  
(PCN)

# Strategic bodies leading each of the layers

System – NCLCCG

Place – HWBB, LCPB

Neighbourhood – PCNS ?

GPs have come together into clusters called Primary Care Networks (PCNs)

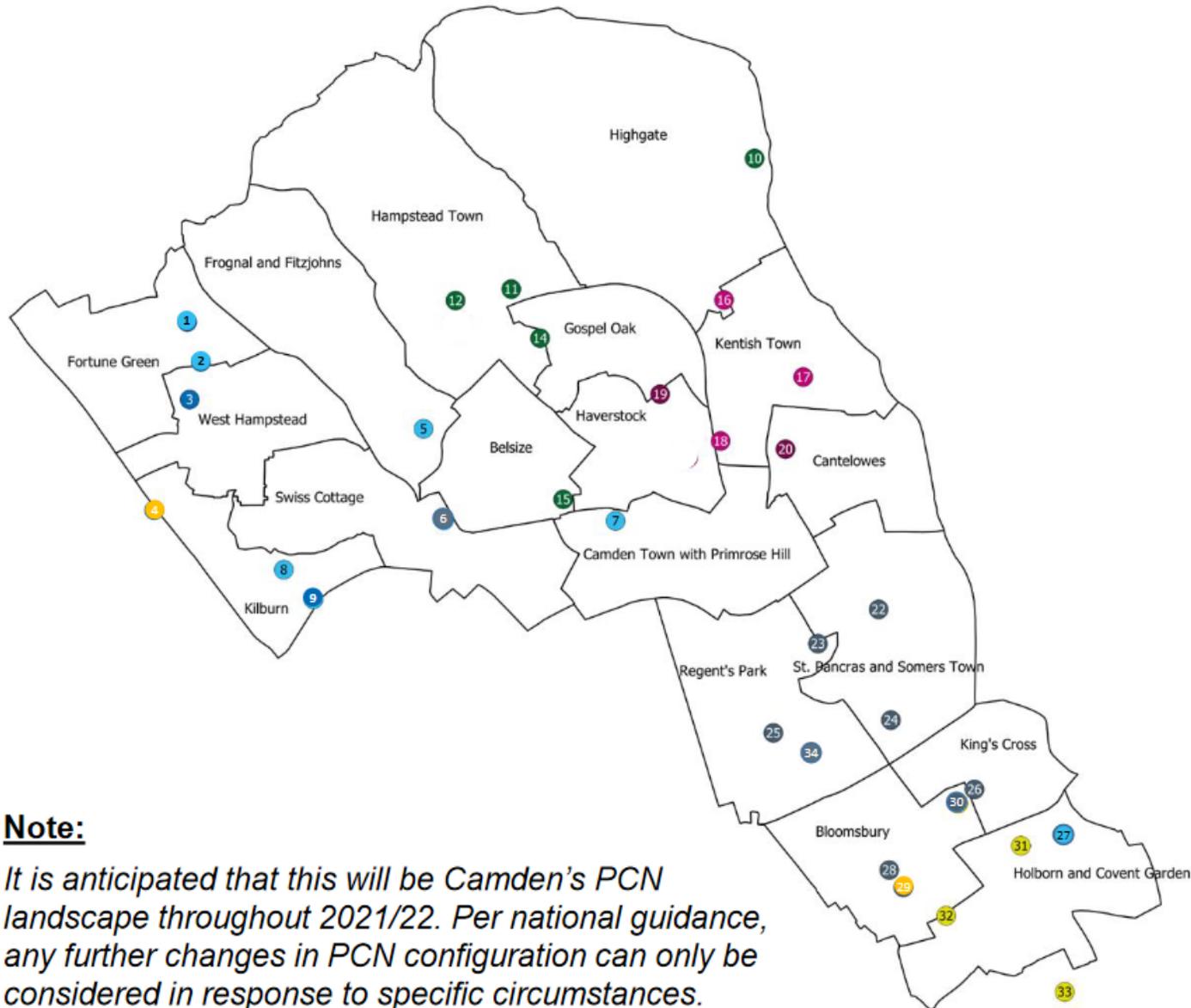
Who defines Neighbourhoods?

PCNs are taking the lead but...

Probably the most important layer in the new system for the VCS but also the least well defined or developed at the moment.

# Camden Primary Care Networks

As of June 2021



## Note:

*It is anticipated that this will be Camden's PCN landscape throughout 2021/22. Per national guidance, any further changes in PCN configuration can only be considered in response to specific circumstances.*

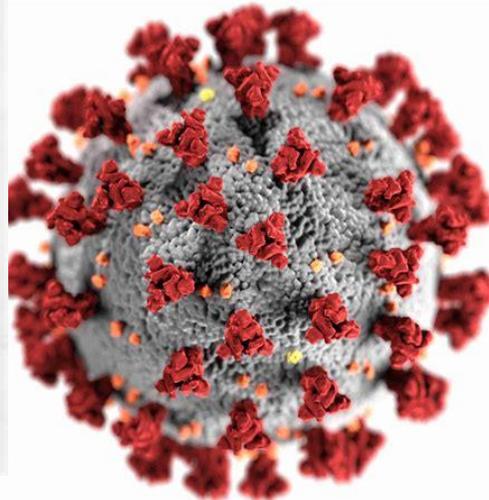
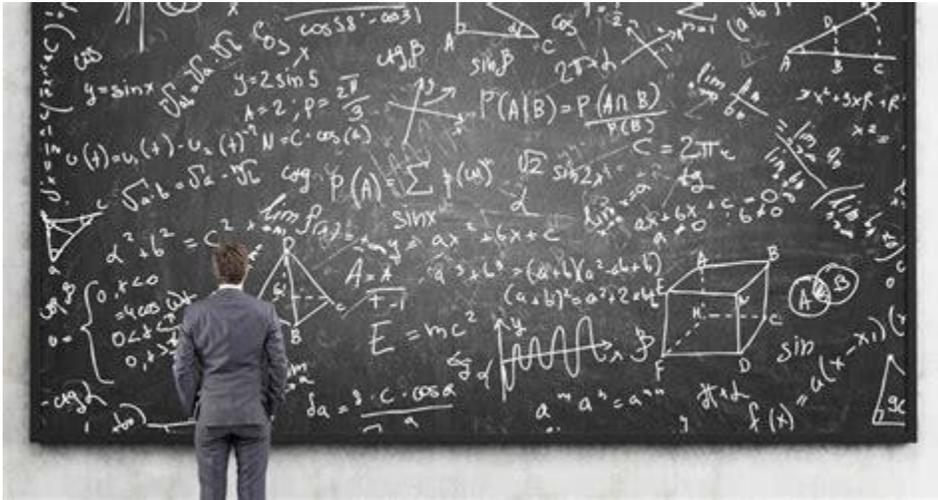
Key	Practice	PCN
1	Fortune Green Practice	Central Hampstead
2	Cholmley Gardens	Central Hampstead
3	West Hampstead Medical Centre	West Camden
4	Brondesbury Medical Centre	West and Central Camden
5	Daleham Gardens Health Centre	Central Hampstead
6	Swiss Cottage Surgery	Central Camden
7	Primrose Hill Surgery	Central Hampstead
8	Belsize Priory Medical Practice	Central Hampstead
9	The Abbey Medical Centre	West Camden
10	Brookfield Park Surgery	North Camden
11	Park End Surgery	North Camden
12	Keats Group Practice	North Camden
<b>Practice contract ended due to merger</b>		
14	Hampstead Group Practice	North Camden
15	Adelaide Medical Centre	North Camden
16	Parliament Hill Medical Centre	Kentish Town Central
17	The Caversham Group Practice	Kentish Town Central
18	Prince of Wales Group Practice	Kentish Town Central
19	The Queens Crescent Surgery	Kentish Town South
20	James Wigg Group Practice	Kentish Town South
<b>Practice contract ended due to merger</b>		
22	Kings Cross Surgery	Central Camden
23	Amphill Practice	Central Camden
24	Somers Town Medical Centre	Central Camden
25	Regents Park Practice	Central Camden
26	The Bloomsbury Surgery	Central Camden
27	Gray's Inn Medical Practice	Central Hampstead
28	Ridgmount Practice	Central Camden
29	Gower Street Practice	West and Central Camden
30	Brunswick Medical Centre	Central Camden
31	The Holborn Medical Centre	South Camden
32	The Museum Practice	South Camden
33	St Phillips Medical Centre	South Camden
34	Camden Health Improvement Practice (CHIP)	Central Camden

# How does the VCS make sense of this?

- New Strategic Bodies to engage with
- New Strategies being developed
- 3 levels to engage with rather than just 1
- Time commitments
- Engaging with 2 vast systems each with very different cultures and ways of doing things.
- What are the terms of engagement?
- What is happening with neighbourhoods?

# ...and finally, 3 Big Challenges

2. The most complex and ambitious reorganisation of health services coincides with the biggest health challenge in a century.



1. Money!  
Budgets must shift from acute hospitals to the community. And who will pay for care?



3. Unusually the reorganisation is happening first and the legislation to enable it following afterwards.



Further Reading



<https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>

<https://vac.org.uk/newsletter/voluntary-action-camden-spring-2021-update-to-members-and-subscribers/>

<https://vac.org.uk/category/news/>

# Strategic and operational bodies now



- Camden CCG Governing Body (ended March 2020)
- **Local Care Partnership Board (replacing Camden CCG)**
- NCL Social Prescribing and Personalised Care Advisory Group
- **Camden Community Providers Network**
- Haverstock Health Providers Forum
- **Camden and Islington NHS Trust Governing Body**
- Tavistock and Portman NHS Trust
- **NCL / North London Partners Residents Advisory Board**
- **CPPEG Forum**
- NHS Camden CCG Transformation Team Local Care Delivery Board
- **Ageing Better in Camden Strategic Board**
- Green Social Prescribing Partnership
- **Mental Health Resilience Network**
- Safeguarding Board
- **Health and Wellbeing Board**
- Borough Resilience Forum
- **Neighborhoods and Community Connectedness Working Groups**