



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

<b>Date:</b>	Thursday 15 <sup>th</sup> July
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	NHS Commissioning changes update - ICS development
<b>Report of:</b>	Health & Wellbeing Board
<b>Wards Involved:</b>	All Wards
<b>Financial Summary:</b>	N/A
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### 1. Executive Summary

- 1.1 Health and Local Authority partners across North West London (NWL) are taking relevant steps towards development of the new NWL Integrated Care system (ICS), which will operate in shadow form from October 2021, and is expected to become a statutory body in April 2022.
- 1.2 The ICS will agree core strategic priorities for NWL, and bespoke priorities for Boroughs, based on locally identified need. The ICS financial strategy will directly tackle inequalities and direct resource where the need is greatest and reduces the current variation in outcomes within and between boroughs.

### 2. Key Matters for the Board

- 2.1 Local Authorities and the NHS in NWL will, together with residents, deliver a real and felt difference in care and outcomes in NWL through the ICS. We are determined to maintain our commitment to collaborative action, along with the

agility and pace in decision-making that has characterised our response to the pandemic and vaccine.

- 2.2 North West London was formally designated as an ICS from April 2021, and ICSs are expected to become statutory bodies from April 2022, pending national legislation. In reality, we have been working as an ICS across all parts of the local NHS and our eight local authorities for some time, and this partnership working was strengthened as we worked together in response to the Covid-19 pandemic.
- 2.3 Our collective leadership is committed to continued progress in improving outcomes and supporting recovery while responding to the proposed new legislation to embed new arrangements for collective strategic planning and collective accountability across partners.
- 2.4 Together we will do the following.
  - Agree core strategic priorities for ICS and bespoke priorities for Boroughs. And agree an ICS financial strategy that directly tackles inequalities and directs resource where the need is greatest and reduces the current variation in outcomes within and between boroughs.
  - Ensure integrated delivery, as local as possible, through the eight ICPs.
  - Hold ourselves and each other to account through trusting relationships and good governance.
- 2.5 The NHS in NW London has a significant underlying deficit. We are working to understand the drivers of this deficit and we will reduce costs through increased productivity which will not impact on the quality of patient care.
- 2.6 The ICS has an independent Chair, Dr Penny Dash and an interim Chief Executive, Lesley Watts (also chief executive of Chelsea and Westminster NHS Foundation Trust). Statutory accountability remains with statutory bodies – Trust boards, local authorities and the CCG governing body – until ICSs become statutory bodies and take on the CCG statutory functions.
- 2.7 The ICS will operate formally in shadow from October and subject to proposed legislation, is expected to become a statutory body in April 2022.
- 2.8 We expect senior appointments to the NW London ICS to be confirmed in the autumn. Our current ICS plan will be further developed following the publication of the ICS Design Framework by NHS England on 16 June 2021. All partners will work together to design a governance structure that will assure the success of the ICS and maximise opportunities for residents and stakeholders to work with us to deliver on our vision.

### **3. Options / Considerations**

3.1 The Health and Wellbeing Board is asked to review the approach to ICS development described, and comment as appropriate.

### **4. Legal Implications**

4.1 There are no legal implications of the paper.

### **5. Financial Implications**

5.1 There are no financial implications of the paper.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact:**

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**APPENDICES:** N/A

**BACKGROUND PAPERS:** N/A