North Central London Health and Care Integrated Care System

North West London Integrated Care System

NHS

ICB Change Update

Camden Health and Adult Social Care Scrutiny Committee

24 March 2026

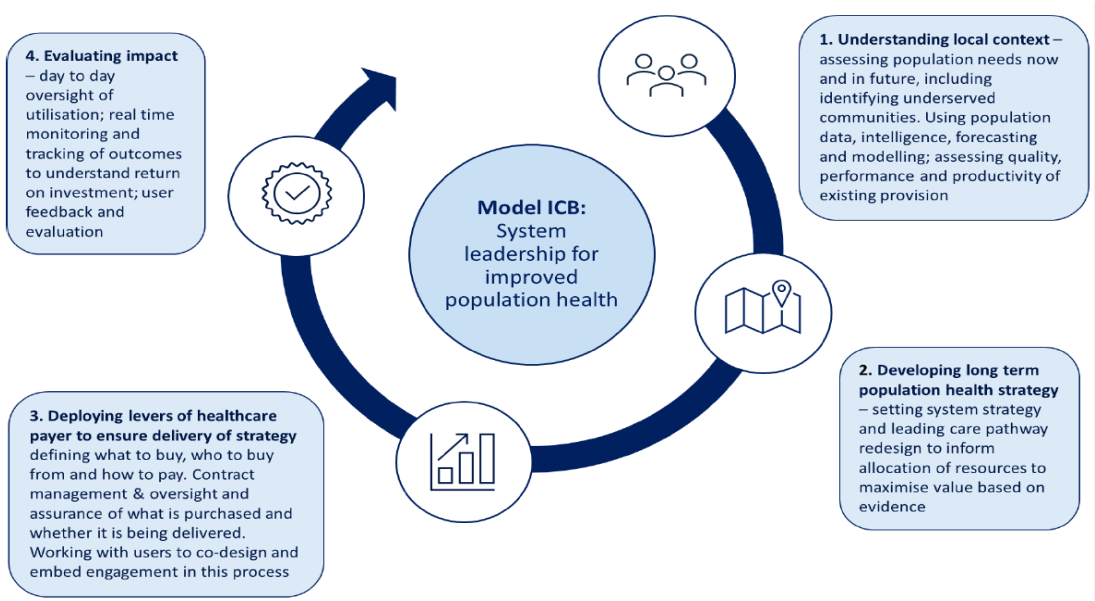
A recap of the changes asked of ICBs

- In March 2025, ICBs across England were asked to reduce running costs by around 50% (an operating budget now set at £19.00 per head of population) and shift to a **new role as strategic commissioner**.
- In July, the Boards of NCL and NWL ICBs agreed that the two organisations should merge. This process is significantly underway and we will **legally merge** on 1 April 2026, forming a new organisation, **West and North London ICB.**
- It is important to note that to meet these nationally set cost reductions, we will have to make substantial changes to how we operate and how we work with partners, as we reset relationships and priorities in the new organisation.
- We are committed to **keeping our partners informed** and communicating as far as possible as we develop our new operating model.

‘Model ICB’ blueprint

Purpose

- Reinforcing the role of ICBs as strategic commissioners
- Moving away from clinical delivery and provider management



Core functions and activities

1. Understanding local context
2. Developing population health strategy
3. Delivering the strategy through payer and commissioning functions and resource allocation
4. Evaluating impact
5. Governance and core statutory functions
6. The model also presumes each ICB will also continue to need a set of enabling functions

The challenge and the opportunity

- Across West and North London, **we spend around £12 billion a year** on health and care for a population of approximately 4.5m people.

- **Most of this money is currently used in hospitals and crisis services**. This has been important to manage hospital demand, and short-term pressures over the years, but it is not delivering fair outcomes. It is unsustainable, with rising acute spend and increasing demand.

- **Life chances across West and North London are not equal**. **There is a 17-year variation in healthy life expectancy across neighbourhoods**, with people in our most deprived communities experiencing significantly poorer outcomes.

- **As a newly formed ICB we have the opportunity to reshape where investment goes.** By proactively looking after those with greater need, and promoting prevention, we can make it easier for everyone to access urgent care when they need it, and better address future demand.

Setting up a new organisation

- **Katie Fisher has now joined as our interim CEO for nine months** with a focus on supporting the two ICBs through merger and the launch of the new organisation.
- There is still a lot of work to do before merger, including extensive NHS England assurance and starting the process to recruit a permanent CEO.
- There is huge complexity in the practicalities of bringing two organisations, with distinct cultures and ways of doing things, together - and we want to make sure we are designing ways of working that sets WNL ICB up for success.
- On 1 April we will ensure that the foundations are in place to support our staff, and meet our statutory obligations, with clear points of contact for key services.

Our priorities and future strategy

As we move into being West and North London ICB across 13 boroughs, we will be shaping our future strategy to focus our priorities for the new organisation. We aim to have this process complete by Summer and will be involving stakeholders at key points.

We will be considering key areas as part of our strategy, including:

1. Reducing inequalities
2. Investing strategically to prevent ill health
3. Better supporting people with the greatest needs, so everyone stays well
4. Make care more local and easier to access
5. Empowered local people that feel more confident about their health and wellbeing

Why we are here

To strategically commission healthcare services that improve the health and lives of West and North London residents, both now and in the future

How we add value

Understand the needs of our population

- Using data and engagement to understand population need and preferences
- Population segmentation and risk stratification
- Identification of health inequalities

Make decisions on how to best meet their needs with the money we have

- Resource allocation
- Deciding what services to commission
- Commissioning for health equity
- Evaluating impact and value

Shape the provision of healthcare services

- Driving transformation and innovation in healthcare delivery
- Shaping the provider market and encouraging supply
- Holding providers to account for the delivery of high-quality services

Where we fit

ICB

- Commission local and delegated healthcare services for our population
- Convene the system to align strategic direction and an integrated plan
- Shape the provider market
- Ensure providers deliver high-quality services in line with their contracts
- Work with partners to address the wider determinants of health and to secure innovation

Providers

- Deliver high-quality healthcare services to the population – including hospitals, GPs, community providers, and mental health services
- Working closely in partnership with each other to ensure services are integrated and to address operational challenges
- Drive innovation and transformation to improve quality, access and productivity

NHS England

- Set policy and direction
- Determine funding allocation
- Regulate providers and ICBs
- Directly commission some highly specialised services

Defining our changing role

What the ICB continues to hold 'tightly'

Essential for system leadership, assurance and statutory duties

- **Strategy and priorities –** System wide commissioning strategy, outcomes and population health priorities
- **Resources and frameworks -** Funding envelopes, commissioning frameworks, contracting and assurance
- **Governance and assurance -** Quality, safety, finance, decision-making and statutory accountability
- **System enablers -** data, analytics, digital, capital and estates strategy

What the ICB might hold more 'loosely'

Stops or moves to new arrangements across partners

- **Operational work -** clinical delivery, flow, escalation, discharge and winter
- **Detailed service design and tailoring -** Pathways, models and local adaptation
- **Delivery of Partnership work programmes –** local programmes and projects, delivery of system programmes, neighbourhood models and integration
- **Day to day oversight of provision -** Oversight of delivery, budget utilisation, issue resolution and operational forums
- **Convening within place** – e.g. Borough Partnerships, local forums, local operational issues

WNL ICB Governance

- West and North London ICB Board of Members is proposed to comprise 20 voting members: the Chair, Non-Executive Members, Partner Members (local authority, Trusts/Foundation Trusts and Primary Care) and ICB Executives. Role profiles have been developed for Non-Executive and Partner Members – and recruitment will take place in February - early March.

- A top-level committee structure has been developed – with the aim of ensuring a robust governance framework that reflects the new purpose and operating landscape for ICBs.

- Detailed work will continue to develop the full corporate governance arrangements. The new Board of Members, at its meeting on 1st April 2026, will be asked to approve the Terms of Reference of the committees that are directly accountable to the Board.

Statutory duties

- The ICB will still retain our statutory responsibilities post-transfer.
- We will work to ensure we continue to work effectively with partners to maintain quality for residents
- While there will be a significant reduction of ICB staff, we have put risk assessments in place for each function and Councils will be engaged in workshops to develop services and integration with partners in the coming weeks.

Approach to Neighbourhood Health

- Across West and North London we will have approximately **50 neighbourhoods and be serving over 4.5 million people.** These exact boundaries will be shared when they are agreed.

- **Across WNL we have now established an integrator partnership in each of the 13 boroughs.** These are a mix of primary care organisations, councils, acute organisations and community trusts. Their role is to work in partnership with the local place to deliver neighbourhood health, whilst reporting into the Borough Partnerships.

- **To accelerate this ambition, there are some services that are moving further faster towards neighbourhood health.** These services have the foundations in place already to deliver integrated working to those with long-term conditions. These places are: Haringey, Hillingdon and the Bi-Boroughs (largely Kensington, Chelsea and Westminster). They will have a responsibility to share learning across the system to help others deliver neighbourhood health too.

- **The forming of the new organisation coupled with the commitments of the wider system provide a major opportunity to accelerate the development of the neighbourhood work** and a shift towards a providing equitable, proactive, integrated and person-centred care.

What we've heard from stakeholders: 1 of 2

Question	What we know currently
How will place based work be reflected in the new organisation?	We remain committed to working with our local authority partners – individually and collectively – to commission, deliver against statutory duties, set local priorities via Health and Wellbeing Boards and engage with elected members. Each ICB Directorate has a role to play here. Given the job of strategic commissioning, the scale of reductions in capacity and the further delegation of duties to ICBs from national and regional teams – we have had to compromise on some of the work we have done historically. In particular, operational support. The NHS 'face of place' will be increasingly provider-led. Our new Neighbourhood Commissioning and Transformation Unit (NCTU) will connect with borough partnerships but also work across boroughs & closely with the 'integrator' functions.
How will clinical leadership change?	The new medical and nursing directorates will provide clinical leadership to support strategic commissioning and the government's three shifts. Clinical leadership will support innovation and transformation while ensuring we fulfil our statutory responsibilities and business priorities.
What will happen to the statutory duties?	We will retain our statutory responsibilities post-transfer. We are transferring individualised commissioning teams to a delegated provider. There will be no immediate or noticeable change for service users when these services have been delegated. The same staff will provide the service.

What we've heard from stakeholders: 2 of 2

Question	What we know currently
Will you still be focused on reducing inequalities?	Reducing inequalities remains a strategic priority for the new organisation. We are currently shaping a strategy for the new organisation and this will remain a key priority area.
Could decentralisation increase inequalities and variation across boroughs?	We will continue to work with partners on our approach to neighbourhood health and delivery of the government's three shifts towards providing equitable, proactive, integrated and person-centred care. We'll share learning and approaches across West and North London.

Indicative timeline