West and North London update

NHS
West and North London

Joint Health Overview and Scrutiny Committee

July 2026

Context

A single West and North London ICB

NHS West and North London ICB serves 4.5 million residents across 13 boroughs

Responding to the national requirement to transform ICBs

We are working to reduce operational budgets by 50% and shift to the strategic commissioning model set out in the national ICB Blueprint, by redesigning structures and ways of working

Sharper focus on population health, outcomes and equity

We base strategic commissioning decisions on population need, reduce inequalities, use data and engagement more effectively and direct resources to improve outcomes and value

Clearer, simpler, more consistent organisation

We are ensuring WNL ICB is easier to navigate, financially sustainable, aligned to statutory functions, and built on clear delineation of responsibilities

Our purpose as WNL ICB

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

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WNL patch and communities

Across West and North London, **we spend around £12 billion a year** on health and care serving 13 boroughs with a population of approximately 4.5m people.

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Challenges and 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 the £12 billion spent a year on health and care is currently used in hospitals and crisis services.** This has been important to manage hospital demand, and short-term pressures, but it is not delivering fair outcomes and is unsustainable.
- **Life chances across West and North London are not equal.** There is a 17-yearvariation in healthy life expectancy across neighbourhoods, with people in our most deprived communities experiencing significantly poorer outcomes.
- **We have to maintain a grip over the commissioning reality of today** while driving the emergence of new commissioning models and provider relationships e.g. partnerships, integrators, collaboratives.
- Fundamentally, **we aren't yet where we want to be**.

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West and North London Integrated Care Board

A new organisation

1 April 2026 marked the formation of West and North London Integrated Care Board.

There is huge complexity in bringing together two organisations and we have worked to ensure a smooth transition.

As the new organisation continues to take shape, we expect the new structure to be fully in place after the summer.

The ICB exists **to strategically commission healthcare services that improve the health and lives of West and North London residents**. We add value to the system by:

- **Understanding the needs of local people** through data, connection with our communities and a clinically-led approach
- **Making informed decisions on how to best meet those needs** within our budget
- **Use commissioning levers** to drive consistency, equity and improve outcomes for patients

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A summary of our changing role

From		To
Borough level partnerships	→	**Integrator models to lead locally**
Regulation and performance management of NHS Trusts	→	**Strategic commissioner, improving population health through proactive and preventative care**
Detailed service design and day to day oversight of service delivery	→	**Providers and partners to take more local ownership in oversight of key services**

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Priorities for West and North London ICB's first year

Deliver operational commitments and financial plan

Agree and monitor commissioner financial plan for 26/27, support providers with efficiency, deliver NHSE performance requirements, and statutory commitments.

Set the new organisation up for success

Delivery of 'day 1' executive commitments, **complete staff recruitment**, ensure clear comms to partners, **establish governance** structures, align legacy systems and develop values.

Invest the 1% for impact

Prioritise **high-impact population health interventions**, learning lessons about how we take forward the longer-term strategy. In 2026/27, this investment amounts to £60m (£120m full year effect), with plans to increase this by this by 1% annually up to 5%.

Develop a clinically-led strategy

Understand population needs **through segmentation and variation in outcomes,** set a clear plan for change in spend for **greatest impact in outcomes, demand and cost.**

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The West and North London Integrated Care Board 10-year strategy is being developed

We want to work to improve health and services for 4.5 million people living across our 13 boroughs.

There are three connected goals guiding our strategy.

1. Healthier lives for everyone

- Help people stay well for longer
- Prevent illness, not just treat it
- Reduce health gaps between communities

2. Less pressure on services

- Support people earlier and closer to home
- Focus help on those who need it most
- Make it easier to manage health day-to-day

3. Make the best use of our money

- Spend where it makes the biggest difference
- Reduce waste and variation
- Keep services affordable for the future

The strategy will be developed working with our communities and shaped by resident and patient insight

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Retaining our statutory duties

- The new ICB still retains our **statutory responsibilities and we have put risk assessments in place for each function during transition**

- The ICB is committed to ensuring that **safeguarding arrangements** remain robust and will maintain existing partnerships with local safeguarding boards and agencies to ensure we can deliver high quality services for residents

- The ICB will continue to provide Designated Clinical Officers for CYP SEND. Although there are different hosting arrangements for NCL DCOs, the ICB will provide oversight of all DCOs and continue to support joined up working and sharing of best practice.

- **All Age Continuing Healthcare and Complex Care individualised commissioning responsibilities were delegated to Central London Community Healthcare NHS Trust (CLCH) from 1 July 2026.** WNL ICB holds statutory responsibilities for the service, including oversight and final decision-making, while the assessment and contracting for the services has transferred to CLCH.

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Continued partnership working

- We have worked with council partners to develop **Better Care Fund plans** and has submitted to NHS England. This will be a transitional year with opportunity to set baseline metrics, develop understanding and learning so that we can make informed decisions for future years through strengthened Health and Wellbeing Boards.

- We have worked with councils, health providers, schools and parents to submit initial **SEND reform plans** in June that contain proposals to support children earlier and based on need. We also have a number of other transformation plans to improve services and will develop system wide enablers, such as better use of data and digital support to develop and deliver our core offer.

- We no longer convene **borough partnerships**. We are working to develop and define the role of the integrators and set out clear expectations for their responsibilities and accountabilities to the ICB and to Borough Partnerships. The Neighbourhood Commissioning and Transformation Unit will be the contact point within WNL ICB.

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All Age Continuing Healthcare and Complex Care

On 1 July, the ICB successfully transferred our complex care and All Age Continuing Care operational function to Central London Community Healthcare NHS Trust CLCH).

This transfer introduces additional expertise in service delivery, unlocks new opportunities for innovation, and enhances professional support for staff.

The ICB retains statutory responsibilities and oversight of the service and recruitment to the structure is underway to deliver these duties.

All service users have received letters regarding the changes in the operational function. This has included the fact that there is no change to contact details for the service. Therefore, services should see no change to their existing care packages/case manager.

SEND arrangements

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The ICB recognises its continued role as part of local area partnerships to support children and young people with SEND.

- The ICB **will nominate individuals to attend each local area's SEND Partnership Board**, with further discussion to understand the supporting governance structures. Attendance at sub-level groups will need further consideration. We will work closely with area partnerships likely to be inspected within the next 12 months on the partnership approach to self-evaluation and overall readiness. The ICB will support the close involvement of health partners in SEND governance arrangements.

- Each **borough will have a named individual from the ICB CYP Commissioning team** to provide a single point of contact in regard to commissioned services.

- As per SEND Reform Plans**, the ICB will continue to collaborate with local authority partners on the establishment of the SLT Advanced Practitioner roles,** understand and facilitate the commissioning arrangements require for some of the Experts at Hand provision and liaise with providers and local authorities on the most effective and efficient ways to support data sharing.

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WNL ICB representation at meetings

We will continue to work collaboratively with partners and ensure appropriate representation and accountability at statutory meetings:

- **Health and Wellbeing Boards** – we have allocated a named Director level contact for each Board. Where a decision is required, we will ensure representatives with the right authority and knowledge are in attendance.

- **Joint Health Overview and Scrutiny Committees (JHOSCs)** – We will continue to attend formal JHOSC meetings where there are relevant items on the agenda relating to our strategic commissioning role and responsibilities.

- **Health and Social Care Scrutiny Committees (HASCs)** – ICB will attend HASCs based on relevant agenda items relating to our strategic commissioning responsibilities. In some cases it may be more appropriate for providers or integrators to take a lead, depending on the topic.

Primary Care Commissioning Overview

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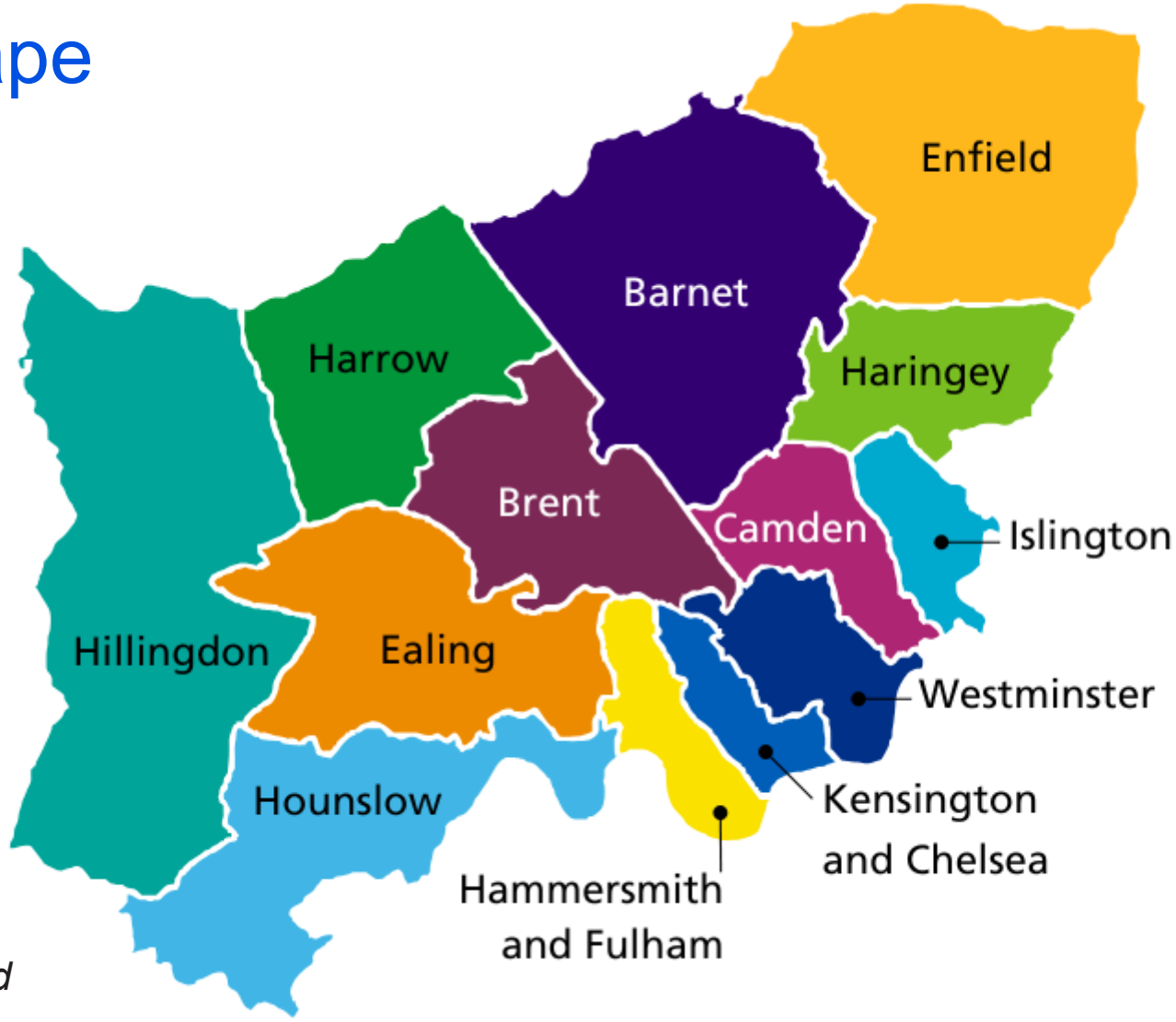
- The Primary Care Commissioning Team leads the design, contracting, performance management and transformation of primary care services across WNL covering over 500 providers across general practice, dental, optometry and community pharmacy.
- The team integrates contracting, commissioning, programmes and business functions to deliver delegated and locally commissioned services, ensuring a streamlined and consistent approach.
- Its core responsibilities include procurement and contract management, performance and regulatory assurance, service development and improvement, and delivery against national and local priorities, working collaboratively with clinical, finance, workforce, neighbourhood and strategy colleagues.
- The Primary Care Commissioning Pillar is made up of 4 units:
  - **Primary Care Contracting**
  - **Commissioning and Programmes**
  - **Business Processes**
  - **Business Transfers**

Primary care landscape

- **Practices: 508**
  NWL: 329 NCL: 179
- **PCNs: 79**
  NWL: 47 NCL: 32
- **Neighbourhoods: 53**
  NWL: 33 NCL: 20
- **Federations – 16**
  NWL: 10 NCL: 6
- **Primary Care Provider Collaboratives: 2**
  Primary Care Provider Collaborative and General Practice Provider Alliance



Primary Care Commissioning Priorities

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Improving quality and reducing unwarranted variation: Continued focus on data-driven approach to drive improved quality and reduce unwarranted variation

Enhanced commissioning: roll out of Cardio Renal Metabolic services and review enhanced commissioning offer for increased alignment to support left shift

Neighbourhood models and delivering the left shift: defining core GP role, and role in neighbourhood model, including development of Integrated Neighbourhood Teams

Access: ensuring delivery of new national GP contract requirements, with continued focus on access, clinically urgent appointments and continuity

Improvement and change support: understanding and optimising demand / capacity and providing tools / targeted interventions to support practices

Strengthening contract management and performance oversight and developing a strategic approach to procurements, including APMS procurements

Primary Care Business Transfer Delivery Unit

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- In line with the Model ICB Blueprint, some Primary Care and Medicines Optimisation functions are proposed to transfer to provider organisations across NCL and NWL.
- This supports the ICB's future role as a strategic commissioner rather than a delivery organisation.
- The proposed changes aim to:
  - *Embed operational functions closer to frontline care delivery*
  - *Improve integration between commissioning and providers*
  - *Enhance responsiveness and support for practices and patients*
  - *Reduce duplication and streamline governance across the system*
  - *Support improved outcomes and more joined-up care for residents*
- There are proposed to be two separate provider teams: one supporting North Central London and one supporting North West London. Teams will work within their respective geographies rather than across the full West and North London footprint.
- Work is underway to identify the receiving providers, with staff transfer anticipated end of 2026/27

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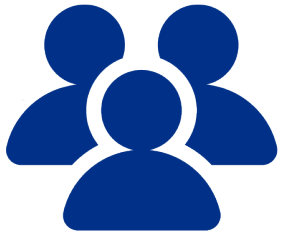
Community and mental health NHS providers



Community

- Central London Community Healthcare NHS Trust
- Central and North West London NHS Foundation Trust
- Whittington Health NHS Trust
- West London NHS Trust
- Royal Free London NHS Foundation Trust

Mental health

- Central and North West London NHS Foundation Trust
- North London NHS Foundation Trust (including Tavistock and Portman)
- West London NHS Trust

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Our providers – Acute and general

Chelsea and Westminster Hospitals NHS Foundation Trust

- Chelsea and Westminster Hospital
- West Middlesex University Hospital

Guy's and St Thomas' NHS Foundation Trust

- Royal Brompton Hospital

The Royal Marsden Hospital

Imperial College Healthcare NHS Trust

- Charing Cross Hospital
- Hammersmith Hospital
- St Mary's Hospital

London North West University Healthcare NHS Trust

- Central Middlesex Hospital
- Ealing Hospital
- Northwick Park Hospital
- St Mark's Hospital

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Our providers – Acute and general

Royal Free London NHS Foundation Trust

- Barnet Hospital
- Edgware Community Hospital
- Finchley Memorial Hospital
- Chase Farm Hospital
- North Middlesex University Hospital

Provider collaboratives

- North Central London Health Alliance
- North Central London Community CYP Mental Health Services Provider Collaborative
- North West London Acute NHS Provider Group

The Hillingdon Hospitals NHS Foundation Trust

- Hillingdon Hospital
- Mount Vernon Hospital

The Royal Marsden NHS Foundation Trust

- The Royal Marsden in Chelsea

University College London Hospitals NHS Foundation Trust

- University College Hospital

Whittington Health NHS Trust

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Our providers – Specialist

- Royal National Orthopaedic Hospital
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- London Ambulance Service NHS Trust
- West London Children's Healthcare

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What has changed for NHS Trusts?

There are some changes to how the ICB now works with NHS Trusts. The ICB's new role as a strategic commission means we more focused on population health strategy, patient outcomes, commissioning frameworks and resource allocation.

This means fewer operational requests from the ICB and less direct ICB involvement in operational delivery activities that are better led elsewhere

This includes:

- Borough level operational management, where the ICB no longer leads operational system flow or discharge coordination.
- System programmes such as digital and diagnostics pathway transformation are now being led by providers
- Assurance and escalation of individual quality and patient safety incidents has moved to NHS England
- Routine provider performance management has also moved to NHS England.

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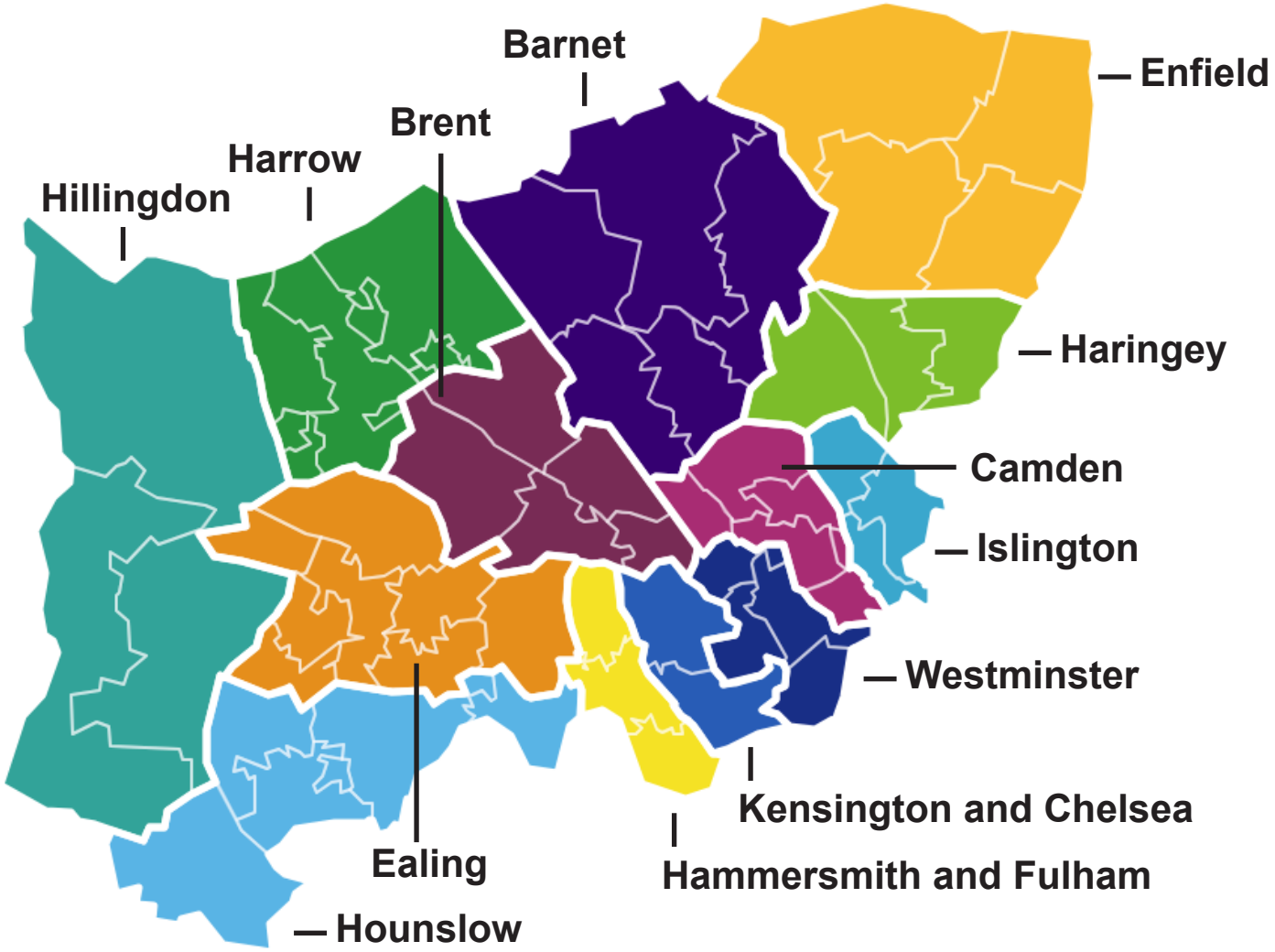
Our neighbourhoods

We are changing how care is delivered so it is more proactive and preventative for residents.

We have ambitious plans to transform services so that they are organised around “neighbourhoods”.

There are 53 in WNL, agreed by local partnerships.

Locally-led delivery will help care to be closer to communities and the people we serve.



Key

Neighbourhood boundaries

Neighbourhood health

Working in closer partnership with local authorities and the voluntary sector, we are moving towards a **preventative and proactive care approach** that will better respond to people's individual needs, because health and wellbeing are shaped by more than just medical care.

To support this transition, we have ringfenced 1% of our 2026/27 budget for investment in making **three big changes as part of a "left shift"** to how the NHS works, moving:

- from hospital to community
- from analogue to digital
- and from sickness to prevention.

In 2026/27, this investment amounts to £60m (£120m full year effect), with plans to increase this by this by 1% annually up to 5%.

Delivering Neighbourhood Health

Ongoing investment

In the coming year, we will continue to move investment from secondary care to neighbourhood, community and mental health services to improve sustainability, reduce acute demand and address inequalities, without destabilising providers.

In west and north London, we have identified three areas of focus for 2026/27:

- Integrated Neighbourhood Teams for complex adults
- Mobilisation support for integrators
- Core offers and pathway upgrades

Integrator arrangements

To facilitate this, an “integrator” in each borough will act as the “glue” that allows a diverse range of partners to work together. Bridging the gap between NHS, local authority and voluntary sectors, integrators range from single organisations to alliances of several partners.

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What are integrators and how will they work?

Role of Integrators

Integrator facilitate the delivery of Neighbourhood health and bridge the gap between NHS, local authority and voluntary sectors

Integrators will collaboratively work to:

- Coordinate delivery, support neighbourhood and place-based models and act as the leader and facilitator of neighbourhood integration on the ground
- Support borough partnerships, to improve collaboration and helping create the conditions needed for neighbourhood health services to succeed
- Provide additional leadership, coordination and support to help neighbourhood health services develop at pace and scale, improving outcomes and reducing inequalities for local communities

Borough	NWL Hosts* and NCL arrangements
Enfield	NMUH, Enfield GP Fed
Haringey	WH, Haringey GP Fed, Haringey Council
Islington	UCLH, WH, Islington GP Fed, Islington Council
Camden	UCLH, Camden GP Feds (x2)
Barnet	CLCH, Barnet GP Fed
Bi-borough	CLCH
H&F	CLCH
Harrow	CLCH
Brent	CNWL
Hillingdon	CNWL
Ealing	WLT
Hounslow	WLT

Looking ahead

- Following the formation of NHS West and North London on 1 April, we **continue to inform and engage stakeholders** throughout the implementation, involving partners in our decisions when we can.
- **Recruitment is ongoing**, and we expect the new organisation's final structure to be in place by summer this year. Please bear with us while we ensure our posts are filled.

Our involvement framework

- Work is also underway develop our involvement framework and in the coming months our Involvement, Engagement and Insight team will be talking to colleagues, local communities and residents to inform its approach.

Our priorities and organisational strategy

- Work is underway to **focus our priorities** and **shape our future** strategy. We aim to have our **strategy in place by autumn** and will involve local stakeholders at key points.

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Governance

- **West and North London ICB Board of Members** comprises 20 voting members: the Chair, Non-Executive Members, Partner Members (local authority, Trusts/Foundation Trusts and Primary Care) and ICB Executives.

- We have now confirmed **non-executive and partner members**: find out who they are here

- There will be **three local authority representatives** on WNL ICB Board and we are waiting for confirmation of who these representatives will be following recent local elections.

- A **top-level committee structure** has been developed – with the objective of ensuring a robust governance framework that reflects the new purpose and operating landscape for the ICB. You can find out more about how we are run on our website.

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Our Executive Team

Interim Chief Executive Officer
Katie Fisher

Chief Finance Officer and Deputy CEO
Stephen Bloomer

Chief Medical Officer
Dr Jo Sauvage

Chief Nursing Officer
Jennifer Roye

Chief People Officer
Sarah Morgan

Chief Strategy Officer
Richard Dale

Chief Transformation Officer
Sarah McDonnell-Davies

Executive Director of Transition
Ian Porter