

West and North London 10-year strategy: Health and Wellbeing Board discussion



A new organisation creates the opportunity to think and commission differently

Bringing together the legacy North Central London and North West London footprints creates a £12bn budget to improve health and care across our population. This organisational moment gives us the opportunity to set a clear long-term direction as the strategic commissioner responsible for improving the health of our population.

Combining scale with a sharper focus on place, population and outcomes.

THINK DIFFERENTLY

Combine insight, relationships and strengths across both legacy systems — while staying rooted in borough and neighbourhood needs.

COMMISSION DIFFERENTLY

Use population evidence, outcomes and value to shape priorities, resource decisions and the services needed for the future.

FOCUS RELENTLESSLY

Put inequalities at the centre, targeting action and investment where need is greatest.

The pressure on our health and care system is converging across outcomes, access and cost

WNL is a £12bn system facing widening health gaps, rising expectations for, convenient access, personalised care and advice, digital-first experiences, joined-up services, and greater control over health — while costs shift toward crisis care.

OUTCOMES & INEQUALITY

17-year

gap in healthy life expectancy between WNL neighbourhoods

≈3-year

fall in healthy life expectancy over the last decade

1 in 3

five-year-olds have tooth decay; mental health needs continue to rise

ACCESS IS SHIFTING

14%

of UK adults hold private medical insurance — 7.6m people

24%

already use AI tools or social media for health guidance

32%

lower private GLP-1 prescription uptake in the most deprived communities

HOSPITAL & COST

51% → 56%

acute share of spend, from 2019/20 to 2025/26

13% / 16%

potentially preventable emergency inpatient activity / low-intervention A&E attendances

>£1bn

projected “do nothing” deficit by 2035/36

Why this matters

Without change, unequal access will grow while more of the budget is absorbed by avoidable hospital and crisis care.

West and North Londoners are clear about what they need from us

Feedback from engagement with our communities, staff and other stakeholders highlights that people want simpler access; fairer, joined up services; a greater focus on prevention and proactive care; and trusted relationships with their care teams.

Views from our:

Theme	Residents and communities	Staff and clinicians	Partners and stakeholders	Implications for our 10-year strategy
 Make it simpler	Access is difficult, services are hard to navigate, information is inconsistent, and people do not know where to go for help.	Pathways are complex and fragmented, creating inefficiencies for both staff and patients.	System structures and organisational boundaries can make services difficult to access and coordinate.	Design around people's lives , not organisational structures — with simpler access, clearer navigation and seamless pathways.
 Make it fairer	Some communities experience greater barriers, lower trust, discrimination and poorer access to services.	Services need to be more inclusive, culturally competent and responsive to differing needs.	Reducing inequalities and improving outcomes for underserved populations must be a core priority.	Make equity core design principle rather than a standalone programme, targeting resources where need is greatest.
 Make it work together	People experience fragmented care, repeated assessments and poor coordination between services.	Integrated teams, continuity of care and neighbourhood working are essential for quality and sustainability.	Stronger collaboration across health, local government and the VCSE sector is needed to improve outcomes.	Shift towards integrated neighbourhood models , with shared responsibility for outcomes and stronger partnership working.
 Focus on prevention	People want support earlier, closer to home and before problems reach crisis point.	Rising demand cannot be met through treatment alone; prevention and self-management are critical.	Wider determinants, community resilience and long-term population health are key concerns.	Rebalance investment towards prevention , early intervention and community-based support.
 Build trust and relationships	People want to be listened to, involved in decisions and treated as individuals.	Stable teams and continuity of relationships improve outcomes and staff experience.	Trusted community organisations play a vital role in engagement and service uptake.	Put relationships, co-production and trusted community partnerships at the centre of delivery.

We want to improve outcomes for the 4.5 million people living across our 13 boroughs



West and North London

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

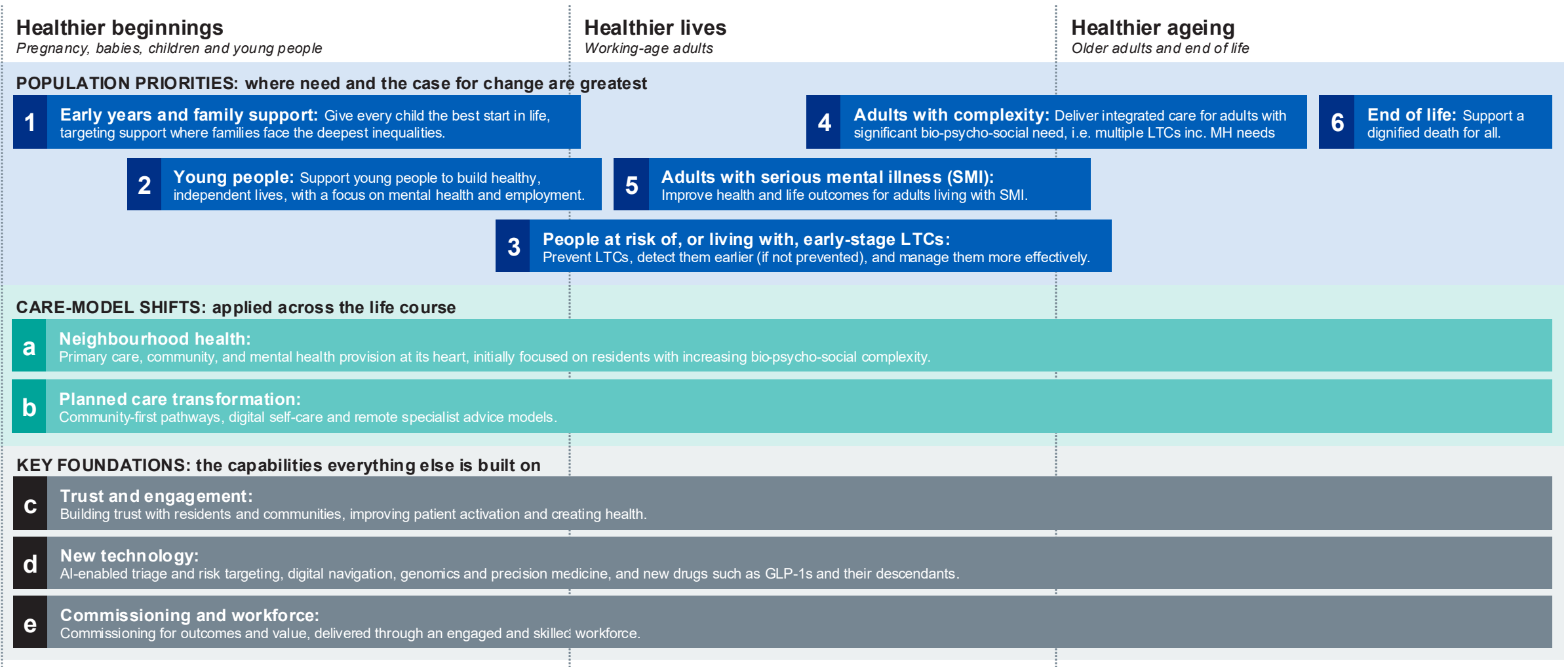
3 Make the best use of our money

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

Three connected goals guide our strategy — improving outcomes, easing pressure and making the best use of resources.

Six population groups are emerging as strategic priorities

Our strategy is framed around the life course, putting people at the heart, with a clear strategic shift towards prevention, proactive care and neighbourhood delivery and a focus on reducing disease progression, demand and inequalities.



Our methodology combines engagement with evidence and analysis

Residents and staff shape the strategy throughout; a five-step approach turns that insight into priorities.

ENGAGEMENT THROUGHOUT

Residents & service users

Review of existing engagement across West and North London

800+

engagement
events

160,000+

residents engaged or
reached

WNL health & care system staff

System-wide call for evidence and workshops shaping the vision and detailed strategy

ICB staff

Internal call for evidence and all-staff drop-ins as the strategy develops

EVIDENCE-LED DEVELOPMENT APPROACH

- 1

Understand people's needs

Population, service-use and resident insight
- 2

Look ahead

Growth, ageing, illness and demand forecasts
- 3

Check resource use

Spend, variation and external benchmarks
- 4

Find opportunities

Better outcomes, prevention, demand and value
- 5

Agree priorities

Evidence of what works and clear investment choices

Engagement and evidence come together at every stage — from understanding need to agreeing priorities.

Strategy development roadmap: from final strategy to delivery

	Completed work <i>May – July</i>	Analysis & refinement <i>Late July – mid-September</i>	Final strategy & governance <i>September – October</i>	Mobilisation & delivery <i>October onwards</i>
Strategy development	• Draft strategy and priorities • Interim IHNA evidence base • Guiding principles agreed • Initial delivery approach	• Final IHNA and inequalities analysis • Finance/activity model to align resource to need • Cohorts, enablers and delivery framework	• Final strategy documentation • Leadership socialisation • ICB governance preparation	• Strategy delivery plan agreed • Priority programmes and delivery teams mobilised • Strategy informs the provider planning round
Engagement, OD & enablers	• Staff engagement approach in place • Stakeholder survey issued • Residents forum complete • Further engagement plan	• Analyse call for evidence • Ongoing staff and stakeholder engagement • Additional resident engagement	• External communications materials as needed • Staff engagement on final strategy and implications	• OD work begins to build a high-functioning strategic commissioner • Enabling work mobilised to support delivery • Staff, provider and partner engagement continues

Health and Wellbeing Boards: Translating the strategy into action

WNL direction of travel should help to focus borough priorities, shared delivery and the actions needed locally.

Actions for Health and Wellbeing Boards

- 1

Anchor the strategy in borough priorities
Test the direction against the JSNA, local health inequalities, prevention priorities and wider determinants.
- 2

Align shared delivery
Identify where local government, place partnerships and the ICB need to act together – particularly on neighbourhoods, children and young people, mental health, prevention and left shift.
- 3

Define local commitments
Surface the specific actions, owners and dependencies needed locally to implement the strategy – including what the Board can help unlock.

How this should work in practice

- Common direction**

Use one shared narrative about the direction of travel
- Borough lens**

Ask what the strategy means for this borough, where shared delivery matters most and what needs to change locally.
- Clear accountability**

Ensure leadership for action, with sufficient structure to identify issues, actions and ownership.
- One feedback route**

Feed agreed issues and actions into the ICB through a clear route, avoiding multiple parallel conversations.

The ask today

Where is shared delivery most important for this borough – and what can the Board help to unlock?