Legislation will require us to have an Integrated Care Partnership that brings together all partners, and an Integrated Care Board that has statutory responsibility for NHS expenditure. In addition, we will engage the LA Leaders Group and NW London Chairs. The statutory responsibilities of Health and Well Being boards and Overview and Scrutiny Committees remain unchanged

Statutory bodies

NW London Integrated Care Partnership (quarterly)
Chair: Penny Dash

- Develop overall strategy to meet the wider health, public health and social care needs inc. goals to reduce inequalities and economic development (built from local borough based needs assessments, e.g., JSNAs)
- Align purpose, ambitions and strategy of partners
- Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes
- Develop approach to consultation and engagement
- Refer decisions back to Integrated Care Board as appropriate

NW London Integrated Care Board (monthly)
Chair: Penny Dash

- Develop a plan to meet the health needs of the population (based on the ICP's strategy)
- Allocate NHS resources to deliver the plan and deliver financial sustainability
- Establish joint working arrangements to deliver the plan.
- Assure plans and metrics in place to review delivery against strategy
- Agree capital plan for NHS
- Secure the provision of health services
- Hold all parts of system to account for delivery of ICS objectives and ICS programmes (where NHS funds are used)
- Plan for, respond to and lead recovery from incidents
- Support collaborative problem solving and drive transformation

Non-Statutory group

8 LA Leaders & 8 LA CEOs (6 weekly**)**
Chair: Graham Henson

- LA/ICS engagement
- Discuss all major proposals
- Support collaborative system problem solving and improvement

NW London Chairs (monthly)
Chair: Penny Dash

- Engagement of NHS Chairs and LA leaders
- Support collaborative system problem solving and improvement

North West London Integrated Care System

NWL ICS already has four objectives and nine programmes

Four Delivery Programmes*

1	Population Health & Reducing Inequalities in Health
2	Local care including primary care
3	Mental health and care for people with learning disability and autism
4	Acute care: • Urgent and emergency • Elective: High volume, low complexity, outpatients and diagnostics • Specialist Care • Critical Care

Four Objectives

A	Improve outcomes in population health and health care
B	Prevent ill health and tackle inequalities in outcomes, experience and access
C	Enhance productivity and value for money
D	Support broader economic and social development

Five Programme Enablers

5	People
6	Research, education & innovation
7	Digital & Data
8	Estate: including new hospitals
9	Corporate services

North West London Integrated Care System

Transition update on delivery and governance

Delivery

- Each programme is defining how it will deliver each of the four ICS objectives and, importantly, how success will be measured meaningfully. This must be agreed by the end of 2021.
- Local authority leadership is particularly welcomed to deliver the fourth objective: to support broader economic and social development.
- Many programmes, for example young people's mental health and prevention of obesity, require good comparative data and joint working between the eight boroughs and between health and care.
- The immediate short-term priority, given the exceptional demand on all services, is to work together to deliver optimum care throughout winter (winter plan) and vaccination.

Governance

- Rob Hurd, ICS CEO starts 6th January 2022.
- Substantive recruitment of two statutory posts in the ICS Executive will commence in January: Medical Director and Chief Nurse.
- The draft ICS Constitution to be submitted 5th December 2021. Regarding membership of the Integrated Care Board (ICB), we will mirror the minimum national requirement e.g. LA CEO x1, NHS provider x1, ICS CEO.
- The legislation is likely to be delayed beyond April 1st 2022, however, we will continue to work as a shadow ICS driving delivery at all times.
- The integrated health and care leadership of borough-based partnerships (BBP) and their detailed delivery plans will be confirmed in the New Year.

The draft composition of the NW London Integrated Care Partnership and Integrated Care Board is set out below

NW London Integrated Care Partnership

(Statutory Partnership body[1]) - Quarterly

- All members of NW London ICS Integrated Care Board (see opposite)
- Local authority Chief Executives (x8)
- Voluntary sector
- Citizen/lived experience, Health Watch
- Brunel and Imperial Universities
- Large local employer

NW London Integrated Care Board

(NHS Statutory body successor to Partnership Board)- Monthly

- Independent chair of NW London ICS
- Non executives up to 4
- Chief executive, NW London ICS
- NHS Trusts
- Place based Partnerships
- Local authority chief executive
- Director of Public Health
- Primary Care lead (a GP)
- Members of ICS executive
- CEO AHSC
- CEO AHSN

We will revisit membership once the legislation has passed Parliament

1 Not yet established

North West London Integrated Care System

Place based partnerships (boroughs) are the engine room to join up care around our population. They are not statutory bodies and the ICB remains accountable for NHS resources deployed at place level

Principles agreed by the Partnership Board

- The ICS will deliver on its objectives (improving outcomes, reducing inequalities, improving productivity and contributing to wider society) through our place based partnerships - by engaging residents, joining up care for and with them, and working through and alongside local communities and partners
- Our place based partnerships include local government (social care and public health), mental health, community and primary care, as well as residents and patient groups
- Like trusts and local authorities, places are part of the ICS and are therefore involved in ICS priority and objective setting through our programmes. In addition, we propose place based partnerships are included in the ICB
- Authority, and commensurate accountability, should be devolved to place in order to:
    - Enable local action within a clear ICS framework of objectives, consistent application of ‘what works’ and minimum expectations of access and outcomes
    - Enable local tailoring of services to meet the needs of particular populations
- Places will work collaboratively where scale is necessary to achieve a critical mass to get the best outcomes and to minimise variation in the experience, access and outcomes for our resident

NWL places already have delegation and influence and have developed priorities and plans for delivery

Areas that are formally delegated

- Primary care (in particular, locally enhanced services (LES))
- Better Care Fund
- Placements (including continuing health care)
- Anything covered by a section 75 agreement with a local authority

Areas places are involved in decision making

- Minimum standards and service specifications for primary and community care (through the local care board)
- Minimum standards and service specifications for community mental health care (through the mental health programme board)
- Setting of North West London wide priorities and programmes (e.g., diabetes)
- Levelling up of investment in services (i.e., allocation of growth monies; for 2022/23, allocations of money previously received continues)

In addition:

- Members of places (e.g., primary care, community care, social care, mental health) can reallocate monies between themselves locally where they agree this will improve services