



**Report for: Health and Wellbeing Board**

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**Date of Meeting:** Thursday 7<sup>th</sup> November

**Subject:** North West London - Integrated Care Board (ICB) Organisational Restructure

**Responsible Officer:** Isha Coombes  
Harrow Borough Director – NWL ICB

**Public:** Yes

**Wards affected:** All Wards

**Enclosures:** About North West London ICB Report

## **Section 1 – Summary and Recommendations**

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The purpose of this report is to update the Health & Wellbeing Board on the outcome of the NWL ICB organisational restructure. The report sets out the new Harrow team structure as well the roles and responsibilities of the ICB.

**Recommendations:**

The Board is requested to: note the report

## **Section 2 – Report**

### **Background**

The NWL ICB embarked on a significant organisational redesign programme, in response to the changing NHS landscape to make sure we have the right culture, capacity and capability to work as an integrated care board on behalf of our residents.

The ICB is a different kind of organisation to a Clinical Commissioning Group (CCG). Our role in the system is to integrate, coordinate and transform services to improve the health of our populations and reduce inequalities across our patch. Our work is planned and commissioned 'once for North West London' through our transformation programmes with the local delivery of this being coordinated by our borough teams, supported by our corporate services.

The national 30% reduction in running costs of ICBs made it essential that the ICB undertake an organisational restructure to ensure compliance with financial requirements set by NHS England.

The first phase of the North West London ICB organisation design programme concluded on 31 August. The new team structures came into effect from the 1st September, with a period of transition to allow staff to settle into their new roles.

It should be noted that this represents an overall reduction in number of people within the ICB Borough team from 24 to 14 which includes clinical and non-clinical staff. In addition, there has been movement of people across North West London and a change in people who have been supporting the partnership programmes.

This of course brings risk to continuity and pace of change over the transition period and the first 100 days. The second phase of the redesign programme is focusing on embedding the new ways of working.

### **Ward Councillors' comments**

### **Financial Implications/Comments**

No financial impact on the Local Authority

### **Legal Implications/Comments**

The key responsibilities of the Health and Wellbeing Board include:  
To agree health and wellbeing priorities for Harrow  
To develop a joint health and wellbeing strategy  
To promote joint commissioning  
To ensure that Harrow Council and the Integrated Care Board's commissioning plans have had sufficient regard to the Joint Health and Wellbeing strategy

To consider how to best use the totality of resources available for health and wellbeing, subject to the governance processes of the respective partner organisations as appropriate.

To oversee the quality of commissioned health services

To provide a forum for public accountability of NHS, public health, social care and other health and wellbeing services

Undertake additional responsibilities as delegated by the local authority or the Integrated Care Board e.g. considering wider health determinants such as housing, or be the vehicle for lead commissioning of learning disabilities services.

## **Risk Management Implications**

Risks included on corporate or directorate risk register? **No**

Organisational risks associated with the overall reduction in the workforce and implementation of the new ICB operating model are held by NWL ICB.

The risk to continuity and pace of change over the transition period and the first 100 days are being addressed by implementing the new operating model, workforce development and improving organisational effectiveness through streamlined processes.

Separate risk register in place? **No**

The relevant risks contained in the register are attached/summarised below. **n/a**

The following key risks should be taken into account when considering this report:

## **Equalities implications / Public Sector Equality Duty**

Was an Equality Impact Assessment carried out? **No**

NHS NWL ICB undertook an EIA and is responsible for delivery of mitigations.

If yes, summarise findings, any adverse impact and proposed actions to mitigate / remove these.

NA

## **Council Priorities**

Please identify how the decision sought delivers this priority.

**1. A council that puts residents first**

2. **A borough that is clean and safe**
3. **A place where those in need are supported**

NHS NWL ICB has reaffirmed its commitment to local partnerships and collaborative delivery of health and care priorities.

## **Section 3 - Statutory Officer Clearance (Council and Joint Reports)**

**Statutory Officer: Belvin Corriette**

Signed on \*behalf of/by the Chief Financial Officer

**Date: 21/10/2024**

**Statutory Officer: Sharon Clarke**

Signed on \*behalf of/by the Monitoring Officer

**Date: 21/10/2024**

**Chief Officer: Carole Furlong**

Signed by the Director of Public Health

**Date: 23/10/2024**

## **Mandatory Checks**

**Ward Councillors notified: No, as it impacts on all Wards**

## **Section 4 - Contact Details and Background Papers**

**Contact:**

Isha Coombes

Harrow Borough Director – NWL ICB

07824 4551181

**Background Papers:** List **only non-exempt** documents (ie not Private and Confidential/Part II documents) relied on to a material extent in preparing the report (eg previous reports). Where possible also include a web link to the documents.

If appropriate, does the report include the following considerations?

1. Consultation
2. Priorities

NA  
NA