

# We are NHS North West London...



# Who we are and what we do

We are **NHS North West London**, the integrated care board (ICB) covering eight London boroughs: Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon Hounslow, Kensington and Chelsea and Westminster.



We have an **annual budget of £6 billion** and serve a diverse population of **2.1m residents**.



We work with people who live and work in North West London to **plan and improve** health and care services.



We are here to help local people live healthier lives, improve the quality of healthcare, tackle inequalities and make sure the NHS makes best use of resources.

We coordinate the North West London integrated care system (ICS) which brings together all parts of the local NHS with our eight local authorities.

# Our Joint Forward Plan sets out our priorities over the next five years

We have collectively identified nine priorities for the NHS across North West London to focus on over the five years period covered by this Joint Forward Plan. These priorities will benefit from a system-wide approach. Our collaboratives and enabling teams will support these priorities, while our borough based partnerships will supplement these with local priorities where there is specific local need. We have a set of corporate objectives, to help us deliver these priorities.

 <p><b>PRIORITY 1:</b> Reduce inequalities and improve health outcomes through population health management</p>	<p>Develop and embed a population health management capability and focus on areas where outcomes, access and experience vary most to reduce inequalities and improve health and wellbeing</p>
 <p><b>PRIORITY 2:</b> Improve children and young people's mental health and community care</p>	<p>Improve health and wellbeing outcomes for children and young people, including targeted interventions for our core at risk groups</p>
 <p><b>PRIORITY 3:</b> Establish Integrated Neighbourhood Teams (INTs) with general practice at their heart</p>	<p>Establish INTs with primary care at their heart to improve same day access to care for those who need it and provide proactive joined-up care for people with long term conditions or complex needs</p>
 <p><b>PRIORITY 4:</b> Improve mental health services in the community and for people in crisis</p>	<p>Maximise the productivity of community-based mental health services and increase access to mental health crisis services</p>
 <p><b>PRIORITY 5:</b> Embed access to a consistent, high quality set of community services by maximising productivity</p>	<p>Implement a common core offer in community services (initial focus on community nursing, community beds and neuro rehab) and then drive increased productivity across these services.</p>
 <p><b>PRIORITY 6:</b> Optimise ease of movement for patients across the system throughout their care – right care, right place</p>	<p>Deliver improvements across the system to ensure patients are treated in the most appropriate setting – avoiding admission, minimising hospital stays and supporting timely discharge</p>
 <p><b>PRIORITY 7:</b> Transform maternity care</p>	<p>Improve maternity services to reduce inequalities in outcomes and improve quality for all</p>
 <p><b>PRIORITY 8:</b> Increase cancer detection rates and deliver faster access to treatment</p>	<p>Improve early diagnosis by tackling variation in screening and deliver faster and more efficient access to diagnosis and treatment.</p>
 <p><b>PRIORITY 9:</b> Transform the way planned care works</p>	<p>Transform planned care to reduce waiting times for diagnostics, outpatients and elective surgery and manage rise in demand for hospital services so patients can be seen in the most appropriate setting</p>

Our enabling programmes are vital in supporting all of our priorities:

PRODUCTIVITY

WORKFORCE

DIGITAL & DATA

ESTATES

COMMUNICATIONS & INVOLVEMENT

# Our new organisation structure and ways of working will help us implement our plans

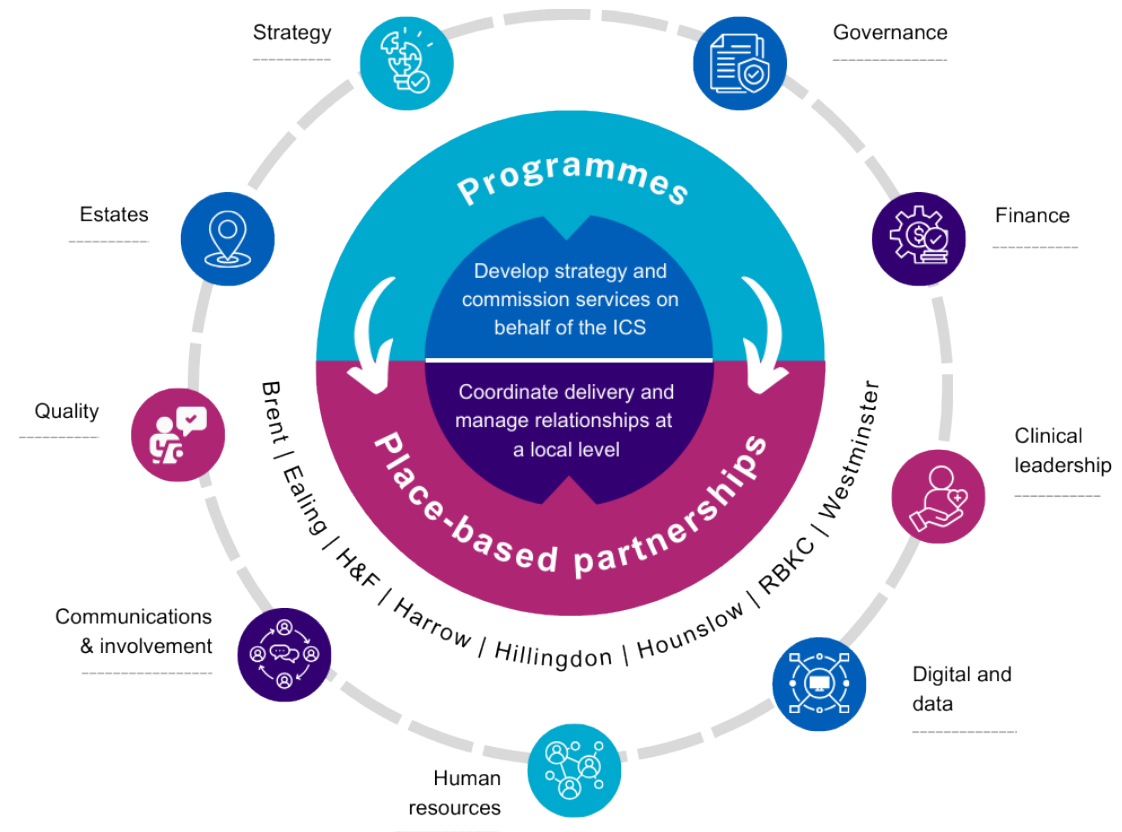
**ICS programme teams** develop strategy and best practice across our system, coordinate delivery, review progress and ensure accountability.

**Place-based partnerships** coordinate local delivery of these strategies to ensure seamless delivery of local health and care services. They manage local relationships: eg coordinating patient flow, working with health and wellbeing boards and local partners and enhance core standards where need for improvement is identified.

**ICB corporate teams** are aligned to support this.

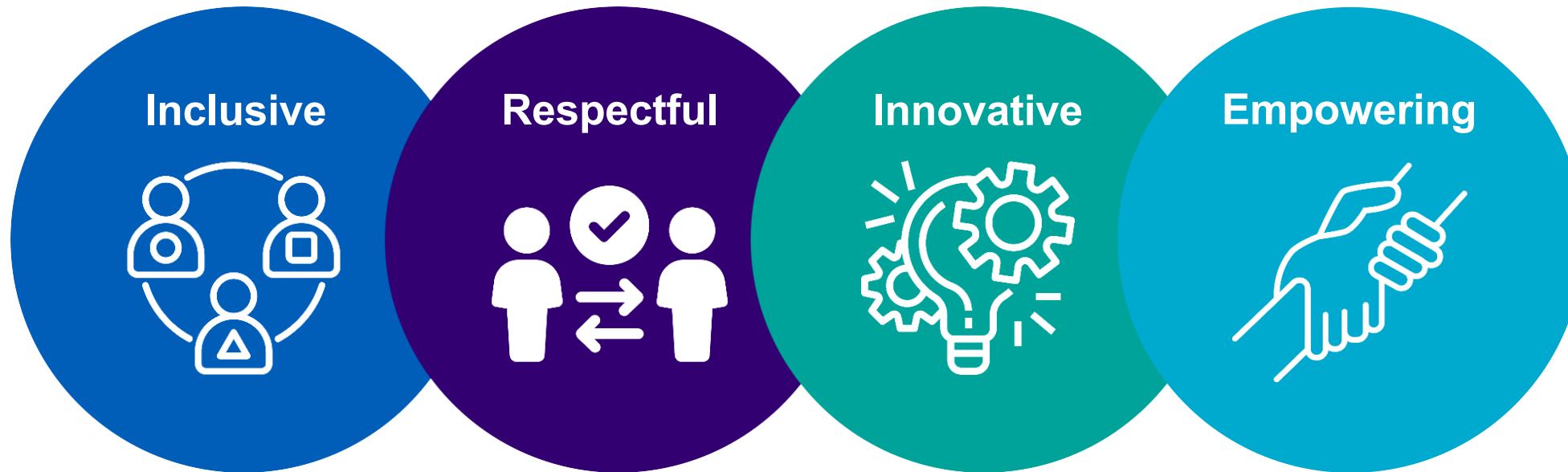
Our **organisational design** programme is in place to create the right conditions for staff to deliver our objectives. The programme will:

- support our new teams to develop
- celebrate, support and benefit from the diversity of our workforce
- put in place and deliver a workforce development programme
- facilitate joint working in the ICB and with our partners
- improve prioritisation, matching deliverables to capacity
- standardise and improve processes and governance
- consistently evaluate what we do.



# We want our **values** to underpin our ways of working

Our values can be summarised as follows:

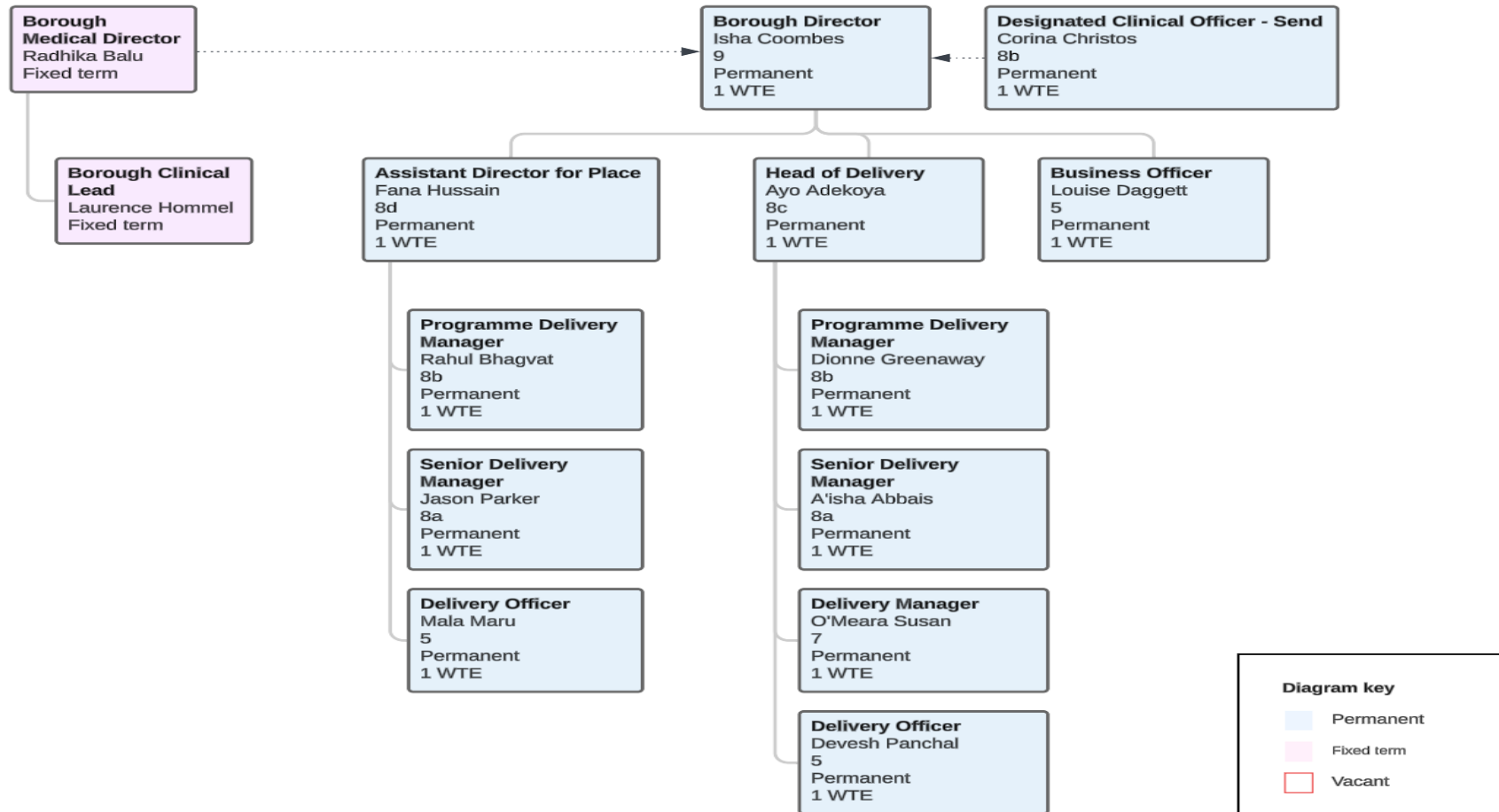


We want to be an **inclusive, respectful, innovative** and **empowering** organisation.

These values will underpin how we work with colleagues, partners and residents.

(More detail on our values can be found on Collabor8.)

# Harrow Borough Structure



# Appendix: About North West London

North West London is one of the biggest and most complex Integrated Care Systems nationally. We have a diverse population of over two million people, who come from over 200 different ethnicities.



## Our population is:

- **Younger than elsewhere in England.** The median age across our boroughs ranges from 35 to 39 with the median age across Integrated Care Boards in England averaging 40.
- **One of the fastest growing.** Population projections are uncertain due to the ongoing impact of factors like immigration, COVID-19 and Brexit, but an increase of over 100,000 by 2040 is predicted.
- **More diverse,** with our residents speaking well over 60 different languages. Brent, Harrow, Ealing, Hounslow and Hillingdon all have a higher share of non-white population than the London average. After 'white ethnicity' the largest ethnic population is 'Asian/Asian British'.
- **More affluent, but with pockets of significant deprivation.** Kensington and Chelsea and Westminster have the highest gross disposable income in North West London and nationally, however also have the highest proportion of homes with no central heating.
- **Has a higher life expectancy** than the national average, but with a **difference in life expectancy** between our most affluent and most deprived neighbourhoods of almost two decades.
- Has **higher unemployment rates and rates of people economically inactive** than the national average, and this is higher still in our most deprived populations

## North West London by numbers

**2.1m** resident population

**1,300** GPs

**65,000** NHS employees

**8** Boroughs

**276** care homes

**349** GP practices

**1,500** adult social care staff

**1** ambulance trust

**4** acute trusts

**1,500** voluntary organisations

**4** community and mentalhealth trusts