

## Draft ICS Health and Care Strategy

| Wards Affected:                                       | All   |
|---|---|
| Key or Non-Key Decision:                              | No decisions (seeking feedback only)  |
| Open or Part/Fully Exempt:                            | N/A   |
| No. of Appendices:                                    | Appendix 1 – ICS Health and Care Strategy<br>Presentation                                 |
| Background Papers                                     | Draft strategy paper<br>One-page summaries  |
| Contact Officer(s):<br>(Name, Title, Contact Details) | Cassandra Dorries<br>Head of Strategy, North West London ICB<br>cassandra.dorries@nhs.net |

## **1.0** Purpose of the Report

- 1.1 To update the Board on progress for the ICS Health and Care strategy and ask them to consider the supporting one-page summaries and provide feedback to NWL Integrated Care Board on any suggested amendments.
- 1.2 In common with all Integrated Care Systems, North West London Integrated Care System is required to produce a strategy which must cover both health and care (i.e., health and relevant local authority services).
- 1.3 The NHS and local authorities are required to 'have regard' to the strategy. The strategy has been prepared for, and must be adopted by, the North West London's Integrated Care Partnership. The Partnership brings together local authorities and the NHS across our eight boroughs.
- 1.4 The strategy has taken, as its starting point, the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies developed for each borough and incorporated resident insights. The strategy aims to highlight where boroughs and the NHS can go further, faster for our residents by working together. It does not attempt to collate everything that each partner in the ICS is doing. For example, the 'shared outcomes' reflect the judgment of the DPHs of the outcomes that could be improved faster by working together.
- 1.5 It is structured around the ICS' programmes, which are the delivery vehicles for the strategy. It informs the one-year delivery plans of all the ICS programmes. Priorities for the programmes are then grouped into six cross cutting themes.

- 1.6 The draft strategy was published on 21<sup>st</sup> May. The Brent Health and Wellbeing Board is asked to challenge and comment on the strategy in particular, what areas members of the HWBB believe should be emphasised, amended, or removed. The strategy was also presented to Brent's PCEG on 13<sup>th</sup> June and the ICB Board on 26<sup>th</sup> June.
- 1.7 Input from all PCEGs, BBPs, HWBBs, alongside input from our residents, will then be synthesised into the next draft of the strategy.

## 2.0 Recommendations

- 2.1 For the Health and Wellbeing Board to consider the supporting one-page summaries and provide feedback to NWL Integrated Care Board on any suggested amendments.
- 3.0 Detail
- 3.1 N/A
- 4.0 Financial Implications
- 4.1 N/A
- 5.0 Legal Implications
- 5.1 N/A
- 6.0 Equality Implications
- 6.1 N/A

## Report sign off:

Dr Charlotte Benjamin ICS Chief Medical Officer, NHS NWL