Brent NHS North West London	**Brent Health and Wellbeing Board** 24 July 2025
	Report from Brent ICP

Reconfiguration of the ICB and Impact on Services

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Jonathan Turner Borough Director, Brent ICP jonathanturner2@nhs.net Tom Shakespeare Director Integrated Care Partnership, Brent Council Tom.shakespeare@brent.gov.uk

1.0 Executive Summary

1.1. To provide committee members with an update on the reconfiguration of the ICB and potential implications on services.

Background/Context

1.2. In March 2025, NHS England announced that that ICBs would face approximately **50% in cost reductions** in the 2025/26 financial year in order to refocus resource on frontline care as part of the 10 Year Health Plan. This paper seeks to update the HWB on NHS North West London's work to respond to this, in line with NHS England's Model ICB blueprint and a strategic commissioning approach.

Overview

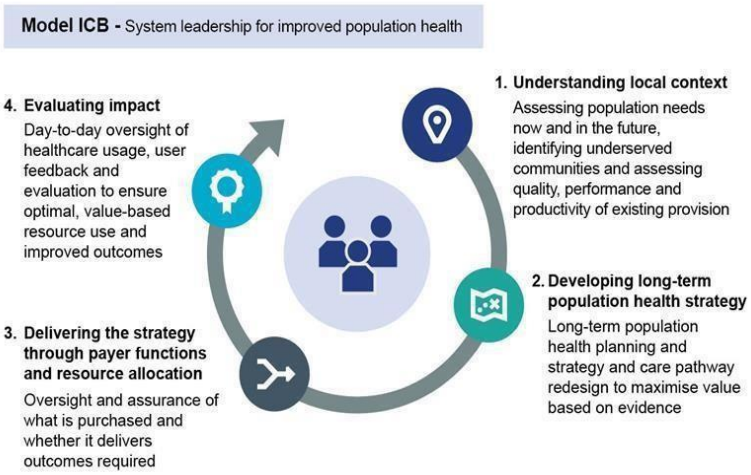
1.3. In March 2025, NHS England announced that that Integrated Care Boards (ICBs) would face approximately 50% in cost reductions in the 2025/26 financial year, in order to refocus resource on frontline care as part of the 10 Year Health

Plan. NHS Trusts were also directed to reduce spending on corporate functions to pre-pandemic levels.

1.4. The government also announced that it would be merging NHS England with the Department of Health Social Care, with similar cost reductions to the wider NHS.

1.5. This set of announcements was followed by NHS England's publication of a Model ICB Blueprint, setting out a new role for ICBs as a strategic commissioner – with the aim of assessing population needs and reducing inequalities, assessing the quality and performance of provision, developing a population health strategy, delivering the strategy, and evaluating impact.

Figure 1: A Model ICB



North West London Integrated Care System

NHS North West London

1.6. In May, the ICB submitted to NHS England a draft operating model for what the organisation might look like, working within the new strategic commissioner remit and the target funding envelope of £19 per head of population budgets for each ICB, (expected to be met within this financial year.

1.7. In June the ICB received NHS England's feedback on its Model ICB submission, which asked it to develop an options appraisal on future clustering with North West and North Central London ICBs, including the option of full merger.

1.8. The ICB's priority is to ensure that any decision is in the best interests of patients and residents in North West London, and that we become the most effective strategic commissioner that it can be.

1.9. In addition to developing as a strategic commissioner, there are many current functions undertaken by the ICB that will not be the ICB's responsibility in the future; ICBs are required to work partners to transfer responsibility for these safely over time.

1.10. To note:

- Further NHS England guidance on specific areas to build consistency and accelerate progress e.g. Safeguarding, SEND, CHC is expected by the end July.

- ICBs have been told they will continue to coordinate systems for this winter, therefore we will need to ensure that we have resilient processes in place for winter 25/26.

Drivers for change

1.11. When ICBs were established in 2022, they were given a wide range of both commissioning and provision responsibilities.

1.12. The national view is that this wide remit, along with the requirement on ICBs to ensure systems deliver financial balance, means that ICBs have struggled to use their powers to commission to the four ICS objectives:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development

1.13. The NHS needs strong commissioners who can better understand the health and care needs of their local populations, who can work with users and wider communities to develop strategies to improve health and tackle inequalities and who can contract with providers to ensure consistently high- quality and efficient care, in line with best practice.

1.14. Improving strategic commissioning will support the realisation of the national ambition on the 'three shifts' outlined in the now-published 10 Year Health Plan:

- Shifting focus towards prevention
- Hospital care towards community/neighbourhood
- Analogue to digital technology.

1.15. The Model ICB Blueprint set out expectations for functions that new ICBs are expected to invest in over time:

- Population health management
- Expertise in health inequalities and inclusion
- Commissioning neighbourhood health
- Commissioning clinical risk management and intervention
- Core commissioning (e.g. contracting, purchasing, resource allocation, etc)
- Commissioning pathways (incl. specialised services and primary care)
- Evaluation methodologies using quantitative and qualitative data
- Understanding the causes, management and prevention of illness
- Strategy and strategic planning, including service redesign
- Strategic partnerships to improve population health
- User involvement, user-led design and deliberative dialogue

1.16. It also set out expectations relating to functions that are expected to transfer out of ICBs over time, along with an indication of the likely hosts:

Function	Transfer to
Oversight of provider performance	Regions
Strategic workforce planning	Regions/national

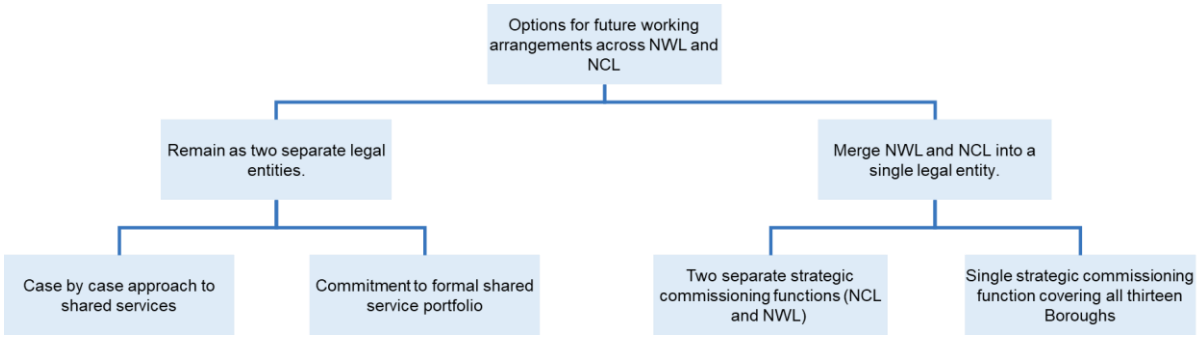
Infection prevention and control	Providers
Continuing Healthcare	Providers
Service development programmes	Providers
Development of Neighbourhood Health and place-based partnerships	Neighbourhood health providers
Safeguarding	Explore options to streamline and transfer some activities out of ICBs

2.0 Recommendation(s)

2.1. The options appraisal on future organisation form

2.2. Following the feedback from NHS England, which asked the ICB to develop an options appraisal for its future model, both NCL and NWL are working to develop these – considering the viability, benefits and risks of future design. The appraisal is being undertaken to support NHS North West London to become the best strategic commissioner for its population within the financial envelope it has available to it.

2.3. Draft options that are being assessed include:



2.4. The options developed will be evaluated to provide clear recommendation to the NWL Board. The initial proposed set of criteria are set out below, and are being reviewed by the NWL executive and senior leadership teams:

1. Improving patient outcomes through effective strategic commissioning
2. Strengthening Place and Neighbourhood arrangements to optimise outcomes
3. Retaining and attracting the best people
3. Protecting place neighbourhood, building neighbourhood health teams.
4. Resilient and cost-effective core functions
5. Time and cost of change.

2.5. The options appraisals is being discussed by the NCL and NWL Boards in public on 22 and 23 July respectively.

2.6. Indicative timeline and next steps

Now – Mid July: Work with leadership teams and relevant stakeholders to develop options appraisal.
Mid July – late July: Pre-ICB Board engagement
Late July: NCL ICB Board in public
Late July: NWL ICB Board in public

Beyond late July:

- Work with stakeholders and partners to develop the implementation plan
- Discussions with NHS England based on Board outcomes to define next steps
- Chair and CEO appointments process
- ICB Executive team consultation
- All staff consultation

2.7. The ICB continues to work towards 1 April 2026 as the start date for its new, reduced funding envelope.

Local Response

2.8. Whilst the ICB progresses with the merger decision and designing its new structure to meet the 50% reduction in resources, the leadership of the local ICP has taken discussions to our local ICP Executive Committee and we are in the process of completing a mapping exercise with a view towards integration across the partnership in the absence of an ICB staffing component within the borough-based partnership. The "integrator function" is expected to host any team members that support the development of Neighbourhood Teams and the progression of the ICP Partnership's priorities. We are also looking at whether partner organisations can take on more of the transformation functions that the ICB borough team are currently delivering, within their own transformation teams.

2.9. Bi-lateral meetings between each partner organisation and the ICP leadership team are happening during July and there will be discussions on an options paper at the next ICP Executive on 6th August 2025.

3.0 Contribution to Borough Plan Priorities & Strategic Context

3.1. Health and Wellbeing Strategy 2022-2027 – the national reforms are intended to have a more strategic focus on reducing health inequalities across all North West London boroughs, including Brent.

3.2. SEND Strategy 2021-25 – there is a national review of SEND legislation that the government is currently undertaking, and any structures will need to reflect these changes. Structures and posts within the ICB will need to reflect its changed statutory duties.

4.0 Stakeholder and ward member consultation and engagement

4.1. Working effectively with partners to take forward the Model ICB Blueprint

4.2. Whilst the decision following the board will be an important step forward for us, the model ICB development work continues in many areas, with a particular focus on those functions/ services which will no longer be delivered by the ICB.

4.3. This includes but is not limited to the neighbourhood integrator function, CHC, Complex care and some primary care functions.

4.4. Key points for partners at this time:

Co-design – the ICB is keen to continue to work most effectively with system partners to co-design the approach for services where responsibility for delivery is expected to transfer.
Staff - given all partners are having to restructure to some extent, we would like to work together to support staff and minimise the burden of redundancies.

4.5. To outline any consultation undertaken with stakeholders in developing the proposals and recommendations (both statutory and non-statutory) along with the engagement of ward members (where relevant).

4.6. Likewise, at a local level the Managing Director or the ICP will be engaging with all of the partner organisations about the best way to take the partnership forward in the absence of an ICB-hosted team, mapping current priorities and functions against future requirements and attempting to land a more provider-led transformation solution.

5.0 Financial Considerations

5.1. All ICBs in England are required to significantly reduce their operating costs by an average of 50% across England, and to hit an operating costs target of £19 per head of population.

6.0 Legal Considerations

6.1. Due regard will be given to legal human resources considerations e.g. where TUPE applies this will be honoured, and relevant contractual obligations to employees will be honoured such as contractual redundancy payments.

6.2. There are some legislative changes that the government is currently considering to frameworks such as the SEND framework, and both the council and the ICB in its future guise will need to adapt and comply with any changed legislative framework.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1. Equality and diversity will be monitored during the process and any ICB selection process to new posts within the structure will be designed to promote equality and diversity in selection.

8.0 Climate Change and Environmental Considerations

8.1. The ICB merger and reduction in headcount is likely to have a positive impact on climate change since it may allow for rationalisation of office space and the burning of fossil fuels to heat such offices.

9.0 Human Resources/Property Considerations

9.1. The changes will have an impact on ICB staff, with significant changes being made to the structures. Redundancies, whether through voluntary or compulsory means, will be required and the ICB will need to ensure that it meets best practice in change management processes to manage this change. If possible, staff will be redeployed within the NHS where they are displaced.

10.0 Communication Considerations

10.1. Decisions regarding the potential merger of the ICBs will be communicated via the ICB Communications Team following the decision with all key stakeholders, including the Council.

10.2. Ongoing communications regarding the restructuring and the 50% cost savings will take place via the Managing Director of the ICP into the Corporate Director of Service Reform and Strategy and the Chief Executive of the Council.

Report sign off:

Rachel Crossley
Corporate Director of Service Reform & Strategy