



North Central London
Integrated Care Board

Our new organisational design

With effect from April 2024

Why did we develop a new organisational design?



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We redesigned the structure of the ICB and the way that we work to better meet the needs of our population, our people, our system, and our partners

- **Background**

- When we transitioned to an ICB on 1 July 22, we mapped structures from the CCG into new directorates, but no further organisational design was undertaken. This was in line with guidance from NHS England
- Following the creation of the ICB, we focused on developing our ambitious ICS Population Health and Integrated Care Strategy, developing the relationships that we have with our partners, and understanding the capacity and capability that exists within the ICB and across the system
- In 2023, we recognised that we needed to change to better meet the needs of our population, our people, our system, and our partners
- We therefore launched an organisational change programme to redesign the structure of the ICB and the way that we work, so that we can deliver on our collective ambitions
- We launched our new structure on 1 April 2024 following consultation with staff and engagement with partners across the Integrated Care System



Why did the ICB need to change?

Our new design will enable us to deliver our Population Health and Integrated Care Strategy and ensure we are as efficient and effective as possible

1

To deliver our Population Health and Integrated Care strategy, we needed to change what we do and the way we do it. The pandemic highlighted the significant health inequalities that exist within our population – we need to work with our partners across health and social care to better focus our resources on addressing these inequalities and on driving improvement in population health. Our new organisational design will ensure we have the right capacity and capability to do that

2

We recognised that our current structure and ways of working needed to better align with our purpose as an ICB – we are the product of several mergers and restructurings and there are multiple areas of duplication across the organisation. Our staff had told us that many of our core processes were ineffective and inefficient and that they wanted more clarity in relation to roles, priorities, and accountabilities

3

NHS England had also given ICBs clear direction to reduce running costs by 30% in real terms by 2025/26 and we could only do that and continue to drive improvement in outcomes for our population, by rethinking the way that we operated as an organisation and a system

Four key outcomes

Our organisational change programme focused on the delivery of four key outcomes



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An organisation and system with the capacity and capability to deliver our priorities, including our ambitious Population Health Improvement strategy



A system that is high performing and leverages the individual and extraordinary strengths of our people, providers and partners across NCL



An environment where everyone can thrive at work through fulfilling roles, career progression opportunities and a supportive and effective working environment



A streamlined and efficient organisation with resources focused on those areas that matter the most

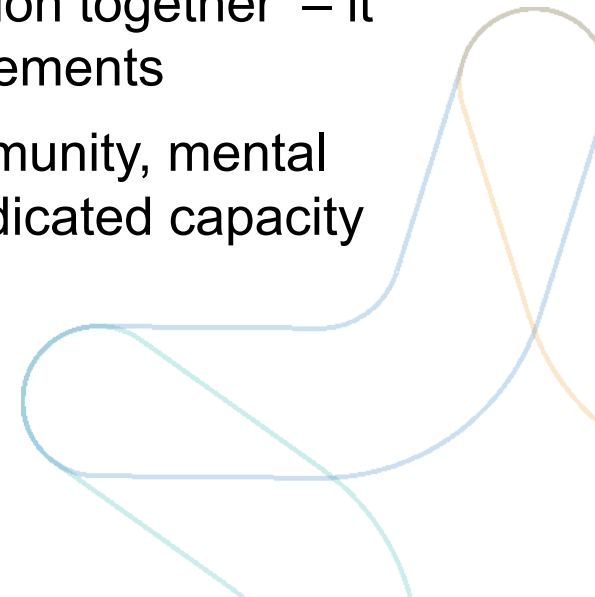


Our new organisational design



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- Our new design focuses more of our human resource on integration, transformation, delivery and areas of focus like prevention, health inequalities, pathway and service development, quality improvement, neighborhoods and integrated teams
- Underpinning the design is a model that provides an equitable 'core' of staff resource per borough, supported by wider teams
- We have created new Borough Integration Units which are aligned with Council teams. Roles in this team are flexible, helping us adapt to priorities as they are set
- This is about **how** we deliver together, not **what** services that we commission together – it does not affect our joint commissioning intentions or our section 75 arrangements
- Senior leadership for 'sectors' will work across boroughs (for primary, community, mental health, children and young people and so on) with a mix of flexible and dedicated capacity working locally to shape, drive and lead our work



Our commitments to partners

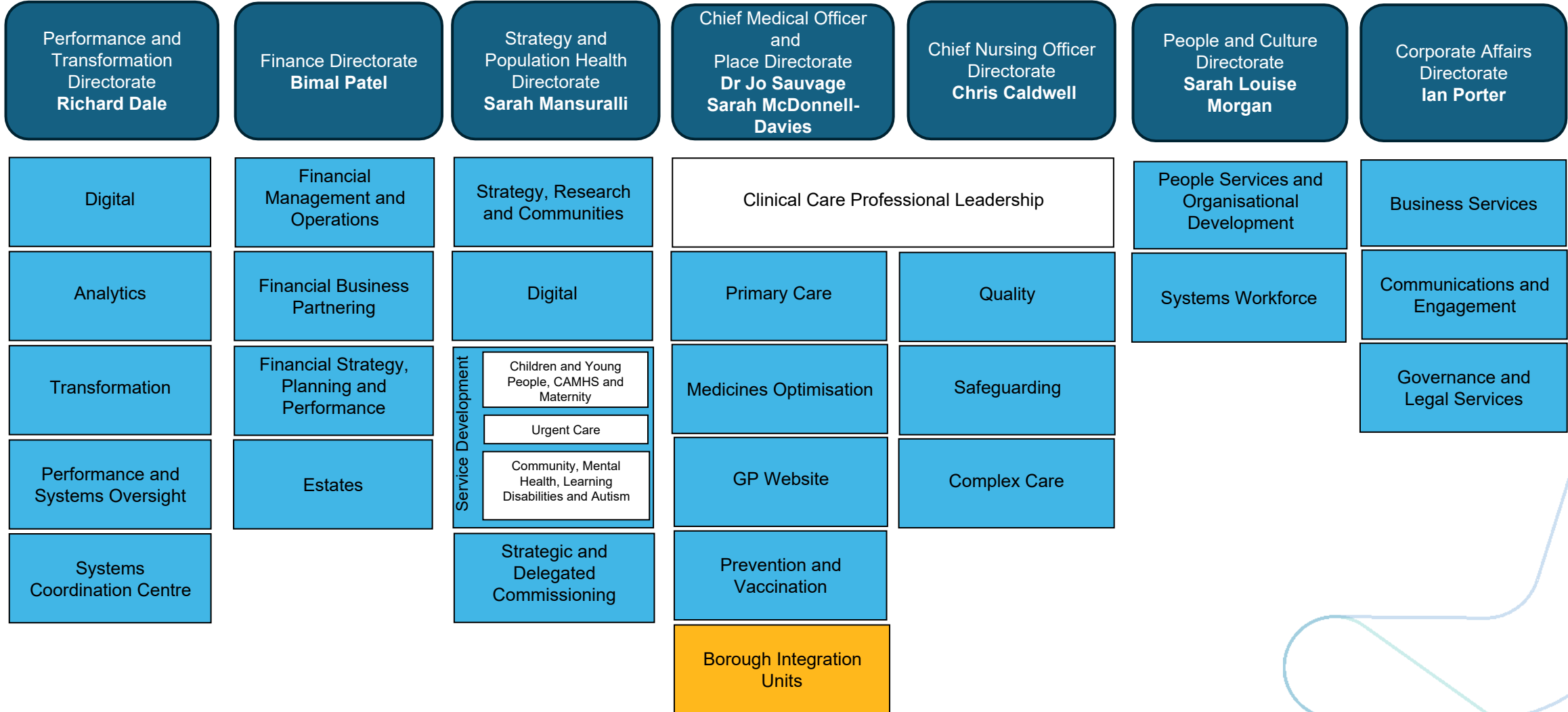


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- We will continue to deliver our shared statutory duties and programmes of work – including safeguarding, work under the Better Care Fund, and Section 75
- Our aim is to maintain and strengthen delivery of key programmes of work – integrating and transforming services with Councils and the wider Borough Partnership. Again, our ambitions in this regard are unchanged
- It's an opportunity to reimagine the way we deliver our work together locally – including our joint commissioning
- We see opportunities to refresh and strengthen partnership arrangements at place level, including with providers who will also contribute to achieving borough partnership and system priorities
- Our commitment to tackling health inequalities remains at the heart of everything we do



NHS North Central London Integrated Care Board
Phill Wells – Chief Executive Officer



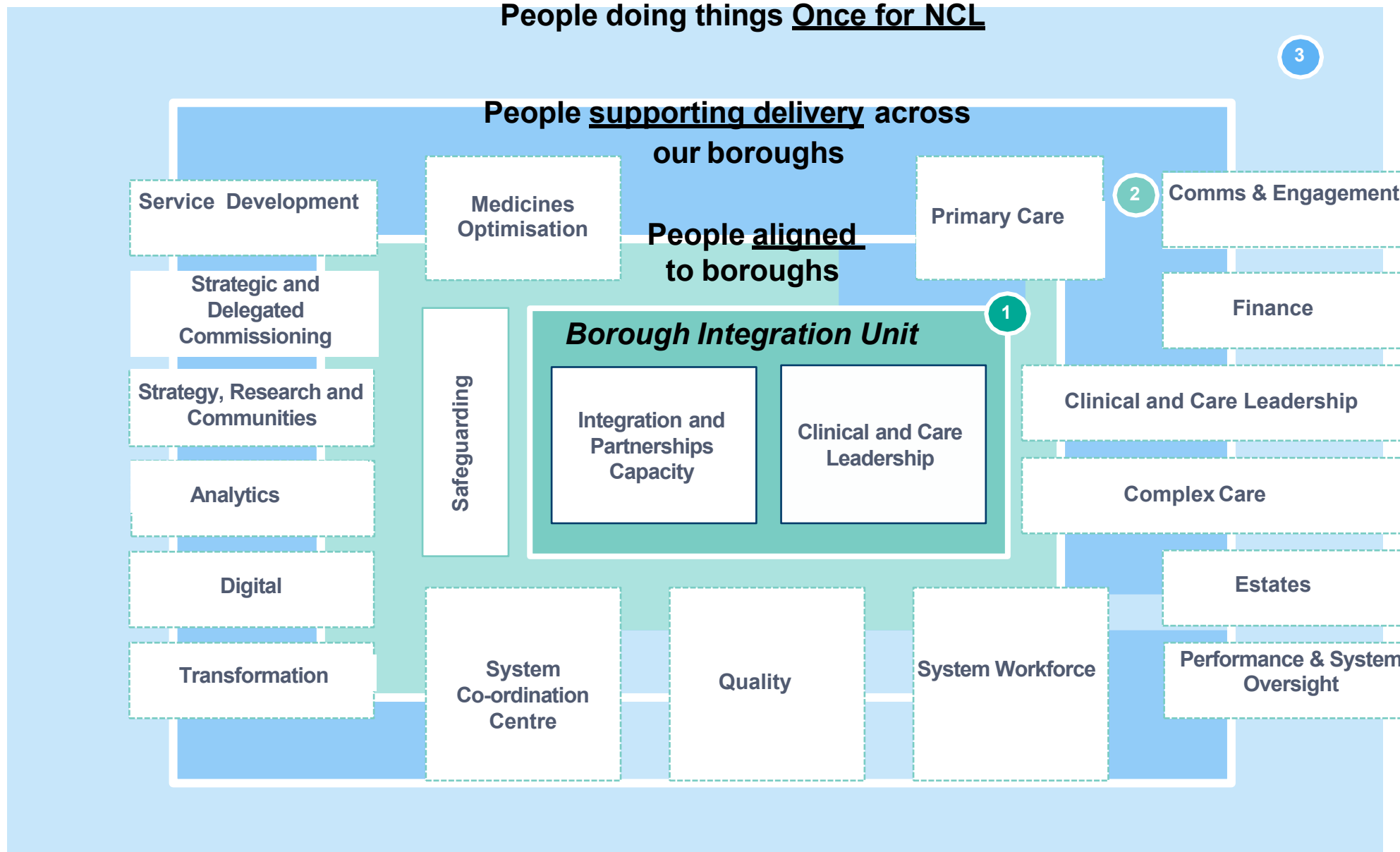
Borough Integration Units are the focal point for delivery at Place

Barnet Camden Enfield Haringey Islington

Operating model



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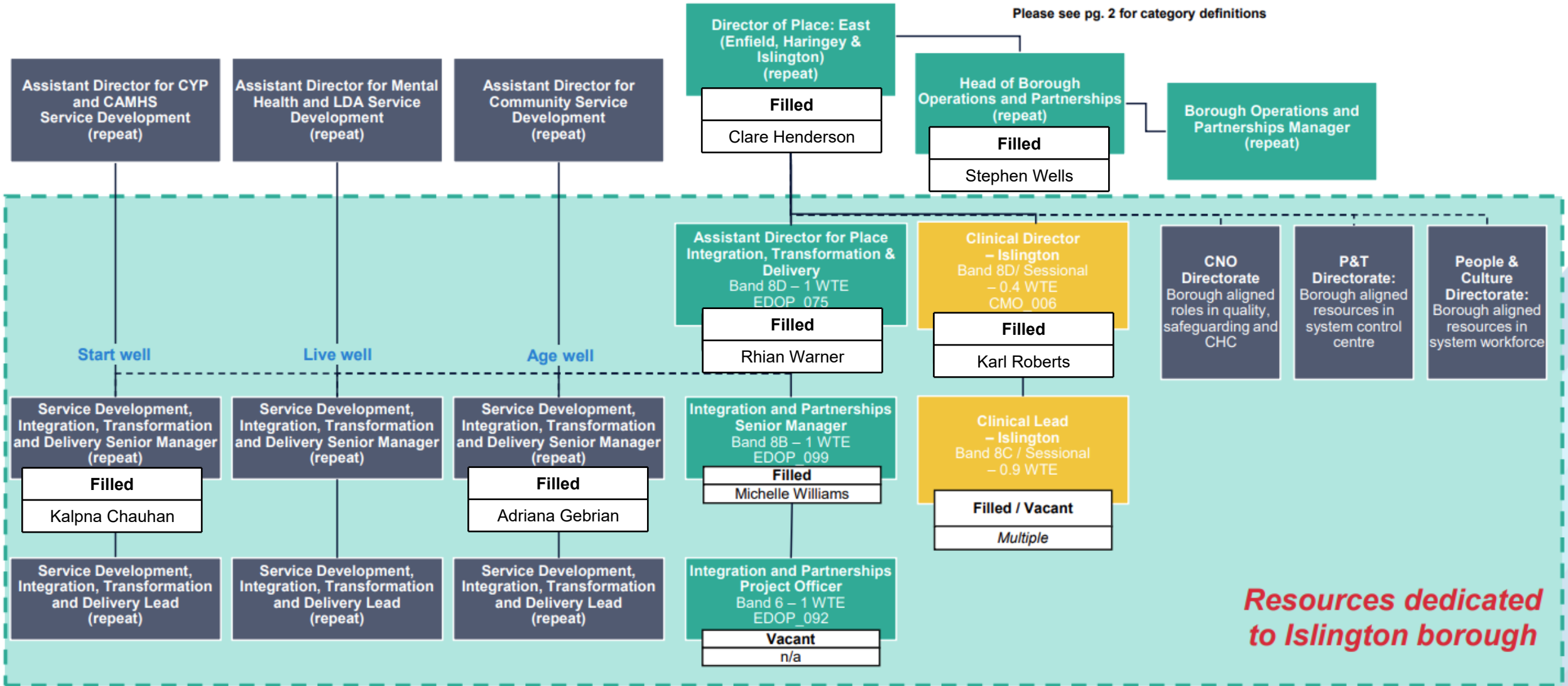


Islington Borough Integration Unit Team

Key

- Permanent post
- Fixed term temporary post
- Not employed by ICB
- Role in another Team or Directorate
- Joint post or jointly funded post

Please see pg. 2 for category definitions



Resources dedicated to Islington borough

Example key activities for Borough Integration Units

Local commissioning activity

- Planning, delivery, and monitoring of Better Care Fund and S75s
- Planning and delivery of local CIPs against small contracts register
- Planning and recommissioning of local services with small contracts team
- Supporting local SEND inspections and other regulatory actions
- Information management (e.g., updating of contract registers)
- Qualitative insights
- Supporting the management of local service performance
- Delivery of local care service developments, including End of Life Care and care homes

Transformation

- Delivering major programmes and service reviews
- Engaging in the design and redesign of programmes, as needed
- Local stakeholder engagement and management, including patient and public engagement
- Providing soft intelligence via a combination of data and local insights

Local integration, population health, and inequalities

- Informing / co-developing population health priorities
- Supporting the delivery of local/system/regional/national population health and inequalities initiatives (e.g. Core20PLUS5)
- Delivering support for neighbourhood teams and networks
- Workforce development and economic regeneration
- Embedding digital initiatives (primarily HealthIntent)
- Using service development plans as the basis for integrating services, and pathways to deliver greater integrated care
- Interfacing with local authorities, health and wellbeing boards and scrutiny committees

Operations

- Winter resilience planning
- Responding to system pressures
- Implementing changes to local processes, working with the Urgent Care Operational Improvement team and service development teams
- Responding to local operational issues that require a joined-up response
- Delivering key local priorities (e.g., Vaccinations)