



North Central London ICB and North West London ICB
Board of Members Meeting in Common
28 January 2026

Report Title	Chief Executive Officer's Report	Date of report	21 January 2026	Agenda Item	3.2			
Lead Director / Manager	Not applicable.	Email / Tel		Not applicable.				
Board Member Sponsor	Frances O'Callaghan Chief Executive, NCL ICB and NWL ICB							
Report Author	Frances O'Callaghan	Email / Tel		Frances.o'callaghan@nhs.net				
Name of Authorising Finance Lead	Not applicable.	Summary of Financial Implications None.						
Report Summary	The Chief Executive's Report shares highlights from the work of NCL and NWL ICBs and their partners and key issues for Board Members' consideration that are not covered elsewhere on the agenda.							
Recommendation	The NCL and NWL ICB Boards are asked to NOTE the content of this report.							
Identified Risks and Risk Management Actions	Where applicable, any risks are identified within the report.							
Conflicts of Interest	There are no conflicts of interest arising from this report.							
Resource Implications	There are no direct resource implications arising from this report, although areas described have resource implications for the ICBs.							
Engagement	Engagement activities are highlighted as appropriate.							
Equality Impact Analysis	There are no equality impacts arising from this report.							
Report History and Key Decisions	This report is a standing item on the agenda of Board of Members' meetings.							

Next Steps	None.
Appendices	None.



Chief Executive's Report

1. Introduction

- 1.1 This report presents key updates from the work of the North Central London (NCL) and North West London (NWL) Integrated Care Boards (ICBs), and our partners. It covers issues for the Boards' consideration not addressed elsewhere on the agenda.
- 1.2 This will be my final Chief Executive's Report, ahead of my departure from the ICBs on 31st January. It has been a privilege to lead North Central London over the past 6 years, working alongside extraordinary colleagues and partners to strengthen our system, improve services and tackle health inequalities for our communities. More recently, I have been equally proud to work with teams across North West London, and to see the depth of collaboration and shared purpose that has emerged as we have come together around common ambitions. I offer my sincere thanks to everyone who has contributed, day in, day out to the delivery of improvements in health outcomes for our residents and patients.

2. Organisational Change Programme

- 2.1 Work to establish West and North London ICB (WNL ICB) on 1 April 2026 is progressing through a structured change programme, aligned to the national Model ICB Blueprint and London's emerging operating model. A formal staff consultation on the proposed operating model and organisational structures commenced on 8 December 2025 and concludes on 25 January 2026. This is being delivered under a single, harmonised Change Management Policy and Procedure agreed in partnership and with executive oversight. The consultation covers the proposed transfer of staff into the new statutory body (subject to national approvals), the proposed target operating model structure and working arrangements, and a small number of specific service/team hosting changes planned alongside the transition.
- 2.2 The programme is designed to be transparent, fair, and evidence-led, with multiple routes for staff and trade unions to shape the final proposals as we move towards the Model ICB blueprint. Partnership working with trade unions is embedded throughout, with a schedule of regular engagement to surface and resolve issues quickly. Alongside the consultation, a voluntary redundancy scheme has been opened to provide additional flexibility and support to colleagues.
- 2.3 Equality and inclusion have been built in from the outset. A joint Equality Impact Assessment has been completed for the consultation and the



voluntary redundancy scheme, drawing on workforce data and setting out mitigating actions, with further assessment planned once consultation outcomes are confirmed. A comprehensive package of wellbeing, careers and financial wellbeing support is in place to support staff through change, complemented by a bespoke staff survey (with strong response rates across both ICBs) and follow-on focus groups to ensure cultural and organisational development needs inform implementation.

- 2.4 Following consultation closure, feedback will be reviewed through late January/early February, outcomes communicated in mid-February, and subsequent processes will begin in March - ensuring readiness for staff transfer and the new operating model to stand up from April 2026.
- 2.5 A more detailed update on the ICBs' transition work is covered in item 2.1 at the Board meeting.

3. System Pressures

- 3.1 Across North Central and North West London, operational performance is under increasing winter pressure, with sustained demand and higher patient acuity affecting flow across urgent and emergency care. There are pressures around timely discharge, workforce capacity in system coordination and discharge functions, and increased ambulance activity in some areas. While overall A&E four-hour performance has remained broadly close to plan, the systems continue to see pressure on ambulance handovers and bed availability, requiring close day-to-day coordination, agreed escalation processes and senior oversight to maintain safe and effective services.
- 3.2 Planned care also remains challenging across the footprint. The combined waiting list (PTL) is behind plan, and targeted Quarter Four actions are in place - supported by non-recurrent NHS England investment - to prioritise those waiting the longest while sustaining progress against wider Referral to Treatment (RTT) standards. Diagnostics continues to be a key constraint, with performance impacted by a small number of high-volume modalities and capacity pressures within providers and work is ongoing through recovery plans, mutual aid and waiting list initiatives, alongside continued monitoring through system performance and delivery forums.
- 3.3 Mental health demand continues to affect system flow, including delays for some people in crisis who require onward admission, reinforcing the importance of strengthening crisis alternatives and improving pathways between acute and mental health services.
- 3.4 Financial pressures across the systems also remain significant and require careful prioritisation of operational mitigations to ensure they are sustainable and deliver the greatest benefit for residents. Overall, both systems are maintaining a strong grip through winter plans, daily oversight arrangements, and coordinated demand management - supported by measures such as



Pharmacy First, enhanced access routes and system coordination - while keeping performance and risk under continual review. We continue to provide our full support to the systems, across both ICBs, through the System Co-ordination Centres' (SCC) in meeting the winter challenges.

4. Winter wellness campaigns

- 4.1 Across NCL and NWL, our Winter Wellness communications have focused on helping residents to stay well, protect themselves through vaccination, and use the right services first time - particularly NHS 111 and Pharmacy First - thereby easing pressure on urgent and emergency care. In NCL, the campaign has been our most targeted and data-led to date, prioritising residents with long-term conditions and parents of young children and using clear calls to action delivered through trusted local clinicians and community voices. Reach and engagement have been strong, but we recognise we need to translate this into further improvements in uptake and timely access, particularly for groups and places where coverage remains below our ambition.
- 4.2 There is early evidence of positive impact. In NCL, flu vaccination uptake has improved across several key groups and the system reports being one of the most improved in London at this point in the programme, with an estimated 15,000 more people vaccinated compared to the same point last year. The campaign has also supported community pop-up delivery to reach low-uptake communities, with clinics and workshops delivered through VCSE partnerships and culturally tailored engagement (including multi-lingual sessions) to address persistent inequalities in uptake. While this progress is welcome, overall uptake is still not where we want it to be, and targeted outreach will continue through the remainder of winter.
- 4.3 In NWL, the winter campaign has similarly blended vaccination promotion with practical access messaging—highlighting walk-ins and catch-up clinics, and supporting residents to navigate services such as NHS 111, 111 online, and Pharmacy First. Activity in December included radio and digital advertising, extensive outdoor placements, and a strong programme of community engagement, with 19 community groups mobilised, 20+ events delivered, and around 4,200 face-to-face contacts/conversations reported. Campaign reach has been substantial, with hundreds of thousands of impressions for flu, NHS 111, and Pharmacy First, and sustained digital engagement since early September.
- 4.4 Taken together, the campaigns demonstrate a balanced, prevention-led approach: increasing protection through vaccination, improving public understanding of alternatives to A&E, and using community-led delivery to reach residents who may otherwise face barriers to access. Both systems will



complete a full evaluation at the end of the winter period, bringing together communications performance, community insight, and service-demand indicators to inform continuous improvement and planning for future seasons.

5. NCL Emergency Preparedness, Resilience and Response Assessment

- 5.1 The ICB completed its annual Emergency Preparedness, Resilience and Response (EPRR) Core Standards self-assessment, with NHSE confirming a rating of Fully Compliant. System-wide assurance reviews were also undertaken across all NCL Trusts, with all organisations receiving positive assurance outcomes (Fully or Substantially Compliant). Preparations are in hand to ensure a smooth transition of the EPRR function into the merged organisation from 1 April, with continuity of assurance and system oversight maintained.
- 5.2 With NWL having previously completed the assessment, as reported to the December Board, both ICBs are assured and fully compliant.

6. Primary Care Access Recovery

- 6.1 As part of delivering the national Primary Care Access Recovery Plan and in supporting practices more generally, NCL and NWL ICBs are taking a data-driven, insight-led approach—combining performance and patient experience data with local intelligence, including on commissioned services, to identify where practices need targeted support and tailoring interventions accordingly. Early signs are positive, with results of the GP Patient Survey 2025 showing improvement across many NCL and NWL practices and overall.
- 6.2 NCL has the second-highest proportion in London of residents rating their experience of contacting their practice as 'good,' exceeding both London and national averages. Performance in NWL is also improving, with more residents reporting that general practice has improved over the past 12 months. In addition, NWL has the highest proportion of patients in London reporting that they were able to see or speak to their preferred clinician when contacting their practice, again outperforming both London and national averages.
- 6.3 All PCNs are also delivering annual Capacity and Access Improvement Plans supported by PCN Development Funding, underpinned by infrastructure upgrades such as cloud-based telephony across all practices with call queuing and call-back functionality. Finally, we continue to support adoption of the NHS App to improve access and release capacity: both ICBs have recruited NHS App Ambassadors and have increased the number of registered patients who are signed up to the App.



6.4 Despite this progress, pressure points remain. Same-day demand continues to be high and the “8am peak” still puts acute strain on phone access in some practices, with variation in experience between localities—particularly for residents who rely on telephone access or need additional support to navigate care. We will continue targeted support, strengthen care navigation and signposting (including Pharmacy First and NHS 111), and use insight to focus additional help where access, continuity and experience indicate the greatest need.

7. Dentistry Recognition

7.1 Access to NHS dental care remains a significant challenge for many residents, driven by sustained demand and capacity constraints across the dental workforce and estate, and we continue to work with partners to improve availability and reduce inequity in access. As part of our efforts, our Dental Clinical Lead, Dr Rakhee Patel, recently received a warm letter from the Mayor of London, Sir Sadiq Khan, in recognition of the success and impact of our Dental Transformation Programme, which won an HSJ award recently, and it is work worth celebrating.

7.2 By reinvesting NHS dental underspend and allocating a modest recurrent budget, we have successfully expanded access to primary dental care and implemented community-led prevention initiatives, addressing long-standing oral health inequalities. At a time when money is more constrained than ever, we thought it's important to demonstrate how positive results can come from this kind of activity, and the impact it has, particularly on underserved communities.

7.3 Fifteen workstreams have been put in place, built on strong partnerships with community dental services, local authorities, public health teams, schools, and charitable organisations. It aligns with NHS England's Core20PLUS5 framework, demonstrating how targeted investment and co-created initiatives can improve access, prevention, and equity in healthcare.

8. Continuation of WorkWell service

8.1 NCL and NWL ICBs have welcomed the news that following local pilot schemes, the WorkWell service which provides support to help people get into, and stay in, work, will be launched nationally, along with confirmed local funding for it to continue.

8.2 WorkWell is a voluntary service, jointly sponsored by the Department for Work and Pensions and the Department of Health and Social Care, designed to offer optional support to disabled people, or people with health



conditions, who would like support to stay at work, are planning to return to work after an absence, or who are looking for a new job.

- 8.3 The service offers support to people aged 16 or older who live in (or are registered with a GP within) 13 of the boroughs in North West and North Central London. It's delivered through a partnership including local NHS trusts, GPs, local authorities, Jobcentre Plus, and a delivery partner – employment charity, The Shaw Trust.
- 8.4 Since its launch in October 2024, WorkWell has supported over 6,400 disabled people and/or people with health conditions across North West and North Central London to find, remain in, or return to work after a period of absence.

Participants are matched to a Work and Health coach, with referrals possible from a number of routes, including self-referral, via their GP, or Jobcentre Plus (three of the most frequently used). The coach supports the participant to develop a personalised work and health plan.

9. Bacon Lane Surgery Visit

- 9.1 As the Chief Executive, I have very much valued opportunities to visit colleagues across the systems delivering front-line care to our patients. In January, I visited Bacon Lane Surgery in Edgware alongside our Chief Medical Officer, Dr Jo Sauvage, to recognise the practice's 75 years of service to its local community and to hear directly from the team about both their achievements and the challenges they face. The visit highlighted a practice with strong local roots that is also looking ahead—embracing multidisciplinary working and innovation, including the use of digital tools to improve access and day-to-day patient care.
- 9.2 The visit also reinforced the importance of ensuring our primary care estate can support modern models of care. The practice shared their current premises constraints and the need for upgrades to enable future service development. It was also a timely opportunity to celebrate local workforce development, including the completion of a clinical apprenticeship programme within the practice team - an example of how primary care is contributing to the NHS Long Term Workforce Plan and building capacity for the future.

10. Closing Reflections

- 10.1 As I close this report, I am confident, given the existing significant strengths in North Central and North West London, that strong foundations are in place for



the new West and North London ICB to successfully continue the delivery of improvements in health outcomes for patients and residents. These foundations will support the delivery of the nationally driven three shifts in the provision of health care: moving care closer to home through neighbourhoods, accelerating digital transformation, and strengthening prevention.

- 10.2 Population health sits at the heart of our approach, informed by a strong understanding of our communities, targeted strategic commissioning, and effective delivery through borough and neighbourhood-based partnerships.
- 10.3 I would like to thank our staff, board members, providers, and partners across all sectors for their continued commitment and contributions. The momentum across both NCL and NWL will provide the new West and North London ICB with a solid foundation. Moving forward, the new organisation will be well positioned to translate this shared ambition into sustained, measurable improvements in access, experience, and outcomes for the residents we serve.

Frances O'Callaghan
Chief Executive Officer