North Central London
Integrated Care Board

NHS North Central London ICB
Board of Members Meeting

30 September 2025
2.20pm – 3.30pm
Clerkenwell Room
Laycock Professional Development Centre
Laycock Street
London N1 1TH

1.	**INTRODUCTION**				
1.1	Welcome and Apologies	Chair	Note	Oral	2.20pm
1.2	Declarations of Interest (not otherwise stated)	Chair	Note	2	
2.	**STRATEGY AND BUSINESS**				
2.1	Winter 2025/26 Planning	Richard Dale	Approve	9	2.25pm
2.2	Medium Term Financial Planning Update	Stephen Bloomer	Note	27	2.40pm
2.3	Governance Update	Ian Porter	Approve	40	2.55pm
2.4	Start Well Paediatric Surgery Decision-Making Business Case	Sarah Mansuralli	Approve	50	3pm
3.	**ANY OTHER BUSINESS**				
4.	**DATE OF NEXT MEETING**				
4.1	11 November 2025				

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Board of Members Meeting
30 September 2025

Report Title	Declaration of Interests Register – NCL ICB Board of Members	**Date of report**	15 September 2025	**Agenda Item**	1.2
Integrated Care Board Sponsor	Mike Bell Chair, NCL and NWL ICBs	**Email / Tel**		Michael.bell2@nhs.net	
Lead Director / Manager	Frances O'Callaghan Chief Executive, NCL and NWL ICBs	**Email / Tel**		frances.o'callaghan@nhs.net	
Report Author	Andrew Tillbrook Board Secretary	**Email / Tel**		andrew.tillbrook@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications**		Not applicable.	

Report Summary

Members and attendees of the NCL ICB Board of Members meeting are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest, or need to be considered for the first time due to the specific subject matter of the agenda item.

A conflict of interest would arise if decisions or recommendations made by the Committee could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence.

Any such interests should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair and transparent and offer value for money.

If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway.

Members are reminded to ensure their declaration of interest form and the register recording their details are kept up to date.

Members and attendees are also asked to note the requirement for any relevant gifts or hospitality they have received to be recorded on the ICB Gifts and Hospitality Register.

Recommendation	The Board of Members is asked to: • **NOTE** the requirement to declare any interests relating to the agenda; • **NOTE** the Declaration of Interests Register and to inspect their entry and advise the Board Secretary of any changes; • **NOTE** the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.
Identified Risks and Risk Management Actions	The risk of failing to declare an interest may affect the validity of a decision / discussion made at this meeting and could potentially result in reputational and financial costs against the ICB.
Conflicts of Interest	The purpose of the Register is to list interests, perceived and actual, of members that may relate to the meeting.
Resource Implications	Not applicable.
Engagement	Not applicable.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions	The Declaration of Interests Register is a standing item presented to every meeting of the Board of Members.
Next Steps	The Declaration of Interests Register is presented to every meeting of the Board of Members and regularly monitored.
Appendices	The Declaration of Interests Register.

NCL ICB Board of Members Declaration of Interest Register - Sept 2025

Name	Current Position (s) held- i.e. ICB Board, Trust, Member practice, Employee or other	Declared Interest - (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or Indirect?	Nature of Interest	Date of Interest				Actions to be taken to mitigate risk (to be agreed with line a manager of a senior CCG manager)
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	Date declared	Updated	
Members												
Mr Micheal **Bell**	North Central London and North West London Integrated Care Systems		yes	no	no	Direct	Chair	01/09/2025	current	09/09/2025		
Mr Micheal **Bell**	NCL and NWL ICB Boards		yes	no	no	Direct	Chair	01/09/2025	current	09/09/2025		
Mr Micheal **Bell**	Chair of NCL ICB Finance Committee							01/09/2025	current	09/09/2025		
Mr Micheal **Bell**	Member of Population Health Strategy Commissioning Committee							01/09/2025	current	09/09/2025		
Mr Micheal **Bell**	Chair of NCL ICS Community Partnership Forum							01/09/2025	current	09/09/2025		
	Chair of Integrated Care Partnership							01/09/2025	current	09/09/2025		
Mr Micheal **Bell**		Lewisham and Greenwich NHS Trust	yes	No	no	Direct	Chair	01/09/2025	current	09/09/2025		
Mr Micheal **Bell**	Attend other committees as and when required	MBARC consultants Current clients are: Welsh Government – Financial inclusion and Social Justice services, from 2013 to ongoing ZPB - Strategic Adviser , from 2013 to ongoing DAC Beachcroft – Strategic Adviser, from April 2020 to ongoing Rinnova - Strategic Adviser, from 2022 – ongoing Visiba Health Care – Chair UK Advisory Board, from Jan 2022 to ongoing Stratis - Strategic Adviser, from 2022 – ongoing WA Communications – Strategic Adviser, from Mar 2023 to ongoing Healios - Strategic Adviser, from April 2025 to ongoing Oviva - Advisory Board Member, from August 2025 to ongoing	yes	yes	No	Direct	Director	07/08/2003	current	09/09/2025		Business is conducted outside ICB working hours
Ms Frances **O'Callaghan**	Chief Executive of North Central London Integrated Care System	Labour Party	no	no	yes	direct	Member of Labour Party	25/05/2023	current	26/05/2023	15/08/2024	This declaration and any potential conflicts of interest were fully assessed by the Governance and Risk Team. Appropriate mitigating actions have been put into place and will be adhered to.'
Ms Frances **O'Callaghan**	Member of ICB Board of Members	UCL Partners	yes	yes	no	direct	Director	31/03/2023	current	15/08/2024		
Ms Frances **O'Callaghan**	Member of ICB Finance Committee											
Ms Frances **O'Callaghan**	Member of ICB Population Health Strategy Commissioning Committee											
Ms Frances **O'Callaghan**	Member of ICB Executive Management Team											
Ms Frances **O'Callaghan**	Member of ICB Community Partnership Forum											
Ms Frances **O'Callaghan**	Attend other ICB Committees as necessary											
Mr Stephen **Bloomer**	Chief Finance Officer		no	no	no	n/a				12/05/2025		
Mr Stephen **Bloomer**	Chief Finance Officer and Deputy Chief Executive	North West London ICB	no	no	no	n/a		01/07/2022		12/05/2025		
Mr Stephen **Bloomer**	Member of the NCL ICB Board of Members		no	no	no	n/a				12/05/2025		
Mr Stephen **Bloomer**	Member of the NWL ICB Board of Members	North West London ICB	no	no	no	n/a		01/07/2022		12/05/2025		
Mr Stephen **Bloomer**	Member of NCL ICB Finance Committee		no	no	no	n/a				12/05/2025		
Mr Stephen **Bloomer**	Member of NCL ICB Strategy and Development Committee		no	no	no	n/a				12/05/2025		
Mr Stephen **Bloomer**	Member of NCL ICB Executive Management Team		no	no	no	n/a				12/05/2025		
Mr Stephen **Bloomer**	Attend NCL ICB Audit Committee		no	no	no	n/a				12/05/2025		
Mr Stephen **Bloomer**	Chair of NCL ICB Procurement Oversight Group		no	no	no	n/a				12/05/2025		
Mr Stephen **Bloomer**	Member of NWL ICB Finance Committee	North West London ICB	no	no	no	n/a		01/07/2022		12/05/2025		
Mr Stephen **Bloomer**	Member of NWL ICB Strategy and Development Committee	North West London ICB	no	no	no	n/a		01/07/2022		12/05/2025		
Mr Stephen **Bloomer**	Member of NWL ICB Executive Management Team	North West London ICB	no	no	no	n/a		01/07/2022		12/05/2025		
Mr Stephen **Bloomer**	Attend NWL ICB Audit Committee	North West London ICB	no	no	no	n/a		01/07/2022		12/05/2025		
Mr Simon **Perry**	Non Executive Member of NCL ICB Board and Chair of NCL ICB Audit Committee		yes	no	no	Direct		01/09/2025	current	16/09/2025		
Mr Simon **Perry**	Non Executive Member of NWL ICB Board and Chair of NWL ICB Audit Committee		yes	no	no	Direct		01/04/2025	current	16/09/2025		
Mr Simon **Perry**		Pungo Ltd t/a Joy a social prescribing software business. Joy has an annual contracts for Social Prescribing software with NWL ICB amounting to £283,500 per annum from 1.5.25 and with two PCNs in NCL amounting to £11,264 per annum I have a minority shareholding of less than 3% in Joy	no	no	yes	Direct	Non Executive Director (unpaid)	20/12/2020	current	16/09/2025		Recuse myself from any discussion of Social Prescribing
Mr Simon **Perry**		Anmut Ltd	yes	no	yes	Direct	Non Executive Director (paid)	26/04/2024	current	16/09/2025		
Mr Simon **Perry**		Anmut Consulting Ltd	yes	no	yes	Direct	Non Executive Director (unpaid)	26/04/2024	current	16/09/2025		
Mr Simon **Perry**		NED Bibby Financial Services Ltd	yes	no	yes	Direct	Non Executive Director (unpaid)	22/03/2021	current	16/09/2025		
Mr Simon **Perry**		Forest School, London	no	no	no	Direct	Non Executive Director and Governor (unpaid)	14/11/2018	current	16/09/2025		
Mr Simon **Perry**		Sylvestrian Enterprises Ltd	no	no	no	Direct	Non Executive Director (unpaid)	15/11/2023	current	16/09/2025		
Mr Simon **Perry**		Snaresbrook Preparatory School Ltd	no	no	no	Direct	Non Executive Director (unpaid)	01/09/2025	current	16/09/2025		
Mr Simon **Perry**		SHE(Online) Ltd	no	no	no	Direct	Non Executive Director (unpaid)	01/09/2025	current	16/09/2025		
Mr Simon **Perry**		Richmond Holdings (Jersey) Ltd	yes	no	no	Direct	Non Executive Director (paid)	01/07/2017	current	16/09/2025		
Mr Simon **Perry**		Richmond UK Top Holdco Ltd	yes	no	no	Direct	Non Executive Director (paid)	12/10/2027	current	16/09/2025		
Dr Jo **Sauvage**	Chief Medical Officer		yes	yes	no	direct		01/07/2022	current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of ICB Board		no	yes	no	direct			current	10/07/2022	27/08/2025	

Dr Jo **Sauvage**	Executive of CMO and Place Directorate	London Clinical Executive Group	no	yes	no	direct	NCL Clinical Representative		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of ICS Community Partnership Forum	London Primary Care School Board	no	yes	no	direct	ICS Representative		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of Primary Care Committee	London Primary Care Board	no	yes	no	direct	ICS Representative		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of Quality and Safety Committee	London Urgent and Emergency Care Board	no	yes	no	direct	NCL Representative		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of the Population Health Strategic Commissioning Committee	Greener NHS England, London	no	yes	no	direct	Clinical Director		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of ICB Executive Management Team	NCL ICB Sustainability Clinical Network	no	yes	no	direct	Clinical Lead		current	10/07/2022	27/08/2025	
Dr Jo **Sauvage**	Member of Expert Advisory Group for EBI	Hosted by Academy of Royal Colleges	no	yes	no	direct	Member		current	10/07/2022	27/08/2025	
		Net Zero Clinical Transformation Advisory Board	no	yes	no	direct	Member		current	01/02/2025	27/08/2025	
Dr Jo **Sauvage**	attend sub committees of the Board as and when required		no	yes	no	direct	Clinical Director		current	06/07/2023	27/08/2025	
Dr Jo **Sauvage**		City Road Medical Practice	yes	yes	yes	direct	salaried GP	01/03/2024	current	01/02/2025	27/08/2025	Excluded from discussions involving City Road Medical Centre
Dr Jo **Sauvage**	Clinical Director Greener NHS, NHS England London	NHS England London	yes	yes	no	direct	Clinical Director, interest pertains to clinical leadership at London regional level	05/11/2018	current	10/07/2022	27/08/2025	Financial remuneration for the sessions worked; same terms and conditions as ICB office holderexcluded from discussions involving City Road Medical Centre
Dr Jo **Sauvage**	Employed as GP	Islington GP Federation	no	yes	no	direct	Employee of Islington GP Federation	01/04/2024	current	01/02/2024	27/08/2025	
Dr Jo **Sauvage**	Employed at City Road Medical Centre	South Islington PCN	no	yes	no	direct	GP Pracitce is a member	01/07/2019	current	01/02/2024	27/08/2025	
Ms Liz **Sayce OBE**	Non Executive Member, Deputy Chair and member of the ICB Board							01/07/2022	current	26/08/2022	28/01/2025	
Ms Liz **Sayce OBE**	Chair of ICB Remuneration Committee										28/01/2025	
Ms Liz **Sayce OBE**	Chair of ICB Quality and Safety Committee	Action on Disability and Development International	no	yes		direct	Co Chair	26/01/2021	current	26/08/2022	28/01/2025	
Ms Liz **Sayce OBE**	Member of ICB Primary Care Committee	London School of Economics	yes	yes		direct	Visiting Professor in Practice		current	26/08/2022	28/01/2025	
Ms Liz **Sayce OBE**	Chair NCL People Board	Royal Society of Arts	no	no	yes	direct	Fellow		current	26/08/2022	28/01/2025	
Ms Liz **Sayce OBE**		Government commissioned independent review of Carer's Allowance overpayments	yes	no	no	direct	Lead	01/11/2024	30/06/2025	16/10/2024	28/01/2025	
Ms Liz **Sayce OBE**		Furzedown Project, Wandsworth, Charity no 1076087	no			direct	Chair of Trustees	24/11/2022	current	24/11/2022	28/01/2025	
Ms Liz **Sayce OBE**		Consultancy roles	no	no	no	indirect	My partner offers consultancy across the UK to mental health services, sometimes working with NHS Trusts, local authorities or voluntary sector organisations		current	26/08/2022	28/01/2025	
Professor Ibrahim Ibrahim **Abubakar**	Non Executive Member, Member of the ICB Board									23/11/2023	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**	Member of the Population Health Strategic Commissioning Committee									23/11/2023	01/08/2025	
Professor Ibrahim Ibrahim **Abubakar**		University College London	yes	yes	no	direct	Vice-Provost (Health)	2023	current	23/11/2023	11/08/2025	
Professor Ibrahim Ibrahim **Abubakar**		Faculty of Population Health Sciences, UCL Professor of Infectious Disease Epidemiology.	yes	yes	no	direct	Dean	2016	current	23/11/2023	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		UCL Partners	no	yes	no	direct	director	Dec-23	current	02/07/2024	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		UCL Health Committee	no	yes	no	direct	Committee member	2023	current	02/07/2024	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		Great Ormond Street Hospital Biomedical Research Centre Strategy Board	no	yes	no	direct	Co Chair	2023	current	02/07/2024	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		UK Health Security Agency, Medical Directorate	no	yes	no	direct	Hon Consultant	2016	current	02/07/2024	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		Royal Free Hospital, Respiratory Medicine	no	yes	no	direct	Hon Consultant	2012	current	02/07/2024	27/01/2025	Fotude does no business with the NHS and is a global health entity but registered in the UK
Professor Ibrahim Ibrahim **Abubakar**		Fotude Ltd, Company number 13479358	yes	yes	yes	direct	Director	Jun-21	current	23/11/2023	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		Global Preparedness Monitoring Board.	no	yes	no	direct	Member	2022	current	23/11/2023	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		Research Projects- various, including National Institute for Health and Care Research	yes	yes	no	direct	Led, co-led a range of research projects and their funding	2019	current	23/11/2023	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		Employment by Mount Vernon Cancer Centre	no	no	no	indirect	Partner	2018	current	23/11/2023	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		NTM Network UK (new charity for Non Tuberculous Mycobacteria)	no	yes	no	direct	Trustee	Dec-23	2025	23/11/2023	27/01/2025	
Professor Ibrahim Ibrahim **Abubakar**		Resolve to Save Lives (US not for profit entity)	no	no	yes	direct	director	Aug-25	current	11/08/2025		This organisation has no business in the UK
Jenny **Goodridge**	Chief Nursing Officer		no	no	no	n/a				13/02/2018	13/02/2025	
Jenny **Goodridge**	Member of ICB Board											
Jenny **Goodridge**	Member of Executive Management Team											
Jenny **Goodridge**	Member of Quality and Safety Committee											
Jenny **Goodridge**	Member of Strategy and Development Committee											
Jenny **Goodridge**	Member of Primary Care Committee											
Mr Mark **Lam**	Standing Participant of the ICB Board		no	yes	no	Direct	Member	01/03/2023	current	12/04/2023	27/01/2025	
Mr Mark **Lam**		Royal Free Hospitals	yes	yes	no	Direct	Chair	01/04/2021	current	12/04/2023	27/01/2025	

Mr Mark **Lam**		Games Workshop Group PLC	yes	yes	no	Direct	Chair (from 01/11/2024)	12/04/2023	current	12/04/2023	27/01/2025	
Mr Mark **Lam**		Lowland Investment Company PLC	yes	no	yes	Direct	Non Executive Director	17/12/2023	current	11/01/2024	27/01/2025	
Baroness Julia **Neuberger DBE**	Partner Member of the Board ICB			yes	no	direct	Member	01/07/20222	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**	Member of ICB Strategy and Development Committee		no	yes	no	direct	Member	01/07/20222	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**	Chair of Partnership Development Committee in Common (between UCLH and Whittington)		no	yes	no	direct	Chair	01/05/2023	current	31/01/2025	31/01/2025	
Baroness Julia **Neuberger DBE**		UCLH	yes	yes	no	direct	Chair	25/02/2019	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger**		Whittington Health Trust	yes	yes	no	direct	Chair	01/04/2020	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger**		Walter and Liesel Schwab Charitable Trust	no	yes	no	direct	Trustee	06/12/2001	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger**		Rayne Foundation	no	yes	no	direct	Trustee	09/09/2018	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger**		The Lyons Learning Trust	no	yes	no	direct	Trustee	13/04/2016	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger**		Leo Baeck Institute	no	yes	no	direct	Trustee	15/07/2020	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**		Yad Hanadiv Charitable Foundation	no	yes	no	direct	Trustee	2021	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**		House of Lords	yes	yes	no	direct	Independent Cross Bench Peer	2011	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**		West London Synagogue	no	yes	no	direct	Rabbi Emirata	01/03/2020	current	07/07/2022	31/01/2025	
Baroness Julia **Neuberger DBE**		Oversight Committee, City of London Centre	no	yes	no	direct	Chair	15/07/1905	current	31/01/2025	31/01/2025	
Baroness Julia **Neuberger DBE**		Jewish Community's BRCA Testing Programme	no	no	no	direct	Public Voice Representative	01/11/2022	current	16/07/2023	31/01/2025	
Ms Harjinder **Kandola MBE**	Partner Member of the Board ICB							01/07/2022	current	21/07/2022	11/02/2025	
Ms Harjinder **Kandola MBE**		North London NHS Foundation Trust (formerly Barnet Enfield Haringey Mental Health Trust and Camden and Islington Foundation Trust)	yes	yes	yes	direct	Chief Executive	16/07/2018	current	21/07/2022	11/02/2025	
Ms Harjinder **Kandola MBE**		UCL PARTNERS LIMITED Company number 06878225	no	yes	no	direct	Director	27/01/2023	current	11/06/2024	11/02/2025	
Mr Ian **Porter**	Executive Director of Corporate Affairs	no interests declared	No	No	No	No		01/11/2016	current	01/07/2022	31/01/2025	
Mr Ian **Porter**	Board Attendee ICB										31/01/2025	
Mr Ian **Porter**	Audit Committee, attendee										31/01/2025	
Mr Ian **Porter**	Procurement Oversight Group, voting member										31/01/2025	
Mr Ian **Porter**	Remuneration Committee, attendee										31/01/2025	
Mr Ian **Porter**	Member of ICB Executive Management Team										31/01/2025	
Mr Ian **Porter**	System Management Board, attendee										31/01/2025	
Mr Ian **Porter**	Member of NCL Community Partnership Forum										31/01/2025	
Mr Ian **Porter**	Culture & Oversight Group, co-chair										31/01/2025	
Mr Ian **Porter**	Member of Financial Recovery & Investment Board										31/01/2025	
Mr Ian **Porter**	Wellbeing Group, chair										31/01/2025	
Mr Ian **Porter**	Other working groups as required										31/01/2025	
Dr Jonathan **Levy**	Partner Member of the ICB Board		yes	yes	no	Direct		01/07/2022	current	04/07/2022	28/01/2025	
Dr Jonathan **Levy**	Member of ICB Quality and Safety Committee Chair of ICB Integrated Medicines Optimisation Committee	James Wigg, Queens Crescent GP Practices	Yes	Yes	No	Direct	GP Partner	01/11/2015	current	10/09/2019	28/01/2025	
Dr Jonathan **Levy**		JS Medical GP Practice	Yes	Yes	No	Direct	GP Partner	01/10/2024	current	21/09/2024	28/01/2025	
Dr Jonathan **Levy**		Enterprise Medic Limited	Yes	Yes	No	Direct	Consultancy services to James Wigg and Queens Crescent Practice. Sole Director and sole shareholder	01/09/2015	current	10/09/2019	28/01/2025	
Dr Jonathan **Levy**		Kentish Town South Primary Care Network	Yes	Yes	No	Direct	Practice is a member of PCN	06/07/2020	current	06/07/2020	28/01/2025	
Dr Jonathan **Levy**		Kentish Town South PCN Ltd (Company number 12723647)	Yes	Yes	No	Direct	Practices are members of the PCN and I am the	06/07/2020	current	06/07/2020	28/01/2025	This company does not contract with
Dr Jonathan **Levy**		Enterprise Textiles (Properties) Ltd (00995733)	Yes	Yes	No	Direct	Director and Shareholder	10/01/2024	current	01/03/2024	28/01/2025	
Dr Jonathan **Levy**		Camden Health Partners (06584530)	Yes	Yes	No	Direct	Shareholder in GP Federation	01/09/2015	current	10/09/2019	28/01/2025	THE company has never traded and has
Dr Jonathan **Levy**		James Wigg Practice Ltd	Yes	Yes	No	Direct	Director and Shareholder	01/09/2015	current	13/06/2024	28/01/2025	
Dr Jonathan **Levy**		N15 PCN	Yes	Yes	No	Direct	JS Medical Practice is a member of PCN	01/10/2024	current	21/09/2024	28/01/2025	
Dr Simon **Caplan**	Partner Member of the ICB Board		yes yes	yes	no	Direct		01/07/2022	current	04/07/2022	27/01/2025	
Dr Simon **Caplan**	Member of ICB Audit Committee	Fernlea Surgery	yes yes	yes	yes	Direct	Partner	1990	current	26/01/2021	27/01/2025	
Dr Simon **Caplan**	Member of ICB Strategy and Development Committee	NCL GP Providers Alliance	no	yes	yes	Direct	Board Member (Haringey rep)	01/05/2022	current	04/07/2022	27/01/2025	
Dr Simon **Caplan**	Chair of Medicines Clinical Reference Group	Jewish Care (National charity)	no	yes	yes	Direct	Member of Clinical Governance Committee	2010	current	26/01/2021	27/01/2025	
Dr Simon **Caplan**		Federated4Health	no	yes	yes	Direct	Practice is a member	2016	current	26/01/2021	27/01/2025	
Dr Simon **Caplan**		Welbourne PCN	no	yes	yes	Direct	Practice is a member	01/06/2020	current	26/01/2021	27/01/2025	
Dr Simon **Caplan**		NHSE & I (London region) Medical Directorate	yes	yes	yes	Direct	Senior Clinical Advisor NHSE & I	01/04/2020	current	26/01/2021	27/01/2025	
Dr Alpesh **Patel**	Board Member Attendee and Co-Chair of GPPA	White Lodge Medical Practice	Yes	Yes	No	direct	GP Partner	1998	current	27/01/2016	15/02/2025	
Dr Alpesh **Patel**	Member of ICB People Board	General Practice Providers Alliance (GPPA)	Yes	Yes	No	direct	Chair	2022	current	11/07/2023	15/02/2025	
Dr Alpesh **Patel**		Gemini Health (10958572)	Yes	Yes	No	direct	Director	Aug-17	current	27/01/2016	15/02/2025	
Dr Alpesh **Patel**		Enfield Healthcare Cooperative Ltd (10892687)	Yes	Yes	No	direct	Co Chair and Executive Director	Sep-17	current	27/01/2016	15/02/2025	
Dr Alpesh **Patel**		Enfield One Ltd (10474084)	Yes	Yes	No	direct	Director			27/01/2016	15/02/2025	
Dr Alpesh **Patel**		White Lodge Medical Services Ltd (06859832)	Yes	Yes	No	direct	Director	2009	current	27/01/2016		
		Enfield GP Federation Training Hub Ltd (1505731)	Yes	Yes	No	direct	Director	16/08/2023	current	15/02/2025	15/02/2025	
Dr Alpesh **Patel**		Enfield Health Partnership Limited, Provider of community gynaecology service	Yes	Yes	No	direct	Shareholder 5%	Mar-13	current	27/01/2016	15/02/2025	

NCL ICB Board of Members Declaration of Interest Register - Sept 2025

Dr Alpesh **Patel**		Enfield Healthcare Alliance	Yes	Yes	No	direct	Shareholder less than 5% (as White Lodge	2015	curremt	27/01/2016	15/02/2025	
Dr Alpesh **Patel**		North London NHS Foundation Trust	No	Yes	No	indirect	spouse is a Pyschiatrist at Trust	27/01/2016	currrent	27/01/2016	15/02/2025	
Dr Alpesh **Patel**		NCL training Hub	Yes	Yes	Yes	direct	Clinical Lead	01/04/2022	current	12/12/2022	15/02/2025	
Dr Alpesh **Patel**		NHSE	Yes	Yes	Yes	direct	GP Appraiser	2016	current	12/12/2022	15/02/2025	
Dr Alpesh **Patel**		Enfield Borough Partnership Convenor	Yes	Yes	Yes	direct	Convenor	01/05/2023	current	11/07/2023	15/02/2025	
Dr Alpesh **Patel**		Enfield Health Partnership Limited (Federation)	Yes	Yes	Yes	direct	co-chair	mid 2020	current	12/12/2022	15/02/2025	
Dr Alpesh **Patel**		Enfield Care Network	Yes	Yes	Yes	direct	Practice is a member of PCN	01/07/2019	current	08/05/2020	15/02/2025	
Dr Alpesh **Patel**		P3 Partners Ltd (10145052)	Yes	Yes	Yes	direct	director	25/04/2016	current	09/05/2024	15/02/2025	the NHS.
Dr Alpesh **Patel**		Northiam Associates Ltd (10099504)	Yes	Yes	Yes	direct	director	04/04/2016	current	09/05/2024	15/02/2025	company dissolved 15/10/2024
Dr Alpesh **Patel**		UCL Health Alliance (14534913)	Yes	Yes	Yes	direct	director	03/04/2023	15/10/2024	04/10/2024	15/02/2025	this entity does not currently contract directly with the NHS.
Dr Alpesh **Patel**		Taycrest LLP (OC359600)	Yes	Yes	Yes	direct	member	01/12/2011	current	15/02/2025		this entity does not currently contract directly with the NHS.
Dr William **Zermansky**	Board Member Attendee and Co-Chair of GPPA	Highgate Group Practice	yes	yes	no	direct	GP Partner (from 2025, at Practice since 2007)	2007	current	10/09/2025		
Dr William **Zermansky**		UCLH	yes	yes	no	direct	GP registrar trainer at UCLH	2007	current	10/09/2025		
Dr William **Zermansky**		Haringey GP Federation	yes	yes	no	direct	Practice is a member	2016	current	10/09/2025		
Dr William **Zermansky**		North West PCN, Haringey	yes	yes	no	direct	Practice is a member	01/05/2019	current	10/09/2025		
Dr William **Zermansky**		Haringey LMC	yes	yes	no	direct	Practice is a member	2007	current	10/09/2025		
Mr Richard **Dale**	Executive Director of Transtion and Performance	No interests declared	No	No	No	No		03/07/2018	current	04/09/2019	07/02/2025	
Mr Richard **Dale**	Member of Executive Management Team										07/02/2025	
Mr Richard **Dale**	ICB Board of Members, attendee										07/02/2025	
Mr Richard **Dale**	Finance Committee, attendee										07/02/2025	
Mr Richard **Dale**	Audit Committee, attendee										07/02/2025	
Mr Richard **Dale**	Strategy and Development Committee, attendee										07/02/2025	
Mr Richard **Dale**	Quality and Safety Committee, member										07/02/2025	
Mr Richard **Dale**	ICS Digital Board member										07/02/2025	
Mr Richard **Dale**	System Management Board, member										07/02/2025	
Mr Richard **Dale**	ICS Community Partnership Forum, member										07/02/2025	
Sarah **Mansuralli**	Chief of Strategy and Population Health	No interests declared	No	No	No	No		07/11/2018	current	07/11/2019	27/01/2025	
Sarah **Mansuralli**	Member of Executive Management Team										27/01/2025	
Sarah **Mansuralli**	Attend ICB Board of Members										27/01/2025	
Sarah **Mansuralli**	Exec Lead for Strategy and Development Committee										27/01/2025	
Sarah **Mansuralli**	Attend Finance Committee										27/01/2025	
Sarah **Mansuralli**	Exec Lead for ICS Population Health & Inequalities Committee										27/01/2025	
Sarah **Mansuralli**	Deputy Chair Procurement Oversight Group										27/01/2025	
Sarah **Mansuralli**	Attend other committees as required										27/01/2025	
Sarah **McDonnell-Davies**	Executive Director of Place	No interests declared	no	no	no	no		20/06/2018	current	20/06/2018	18/08/2025`	
Sarah **McDonnell-Davies**	Member of Executive Management Team										18/08/2025`	
Sarah **McDonnell-Davies**	Attend ICB Board of Members										18/08/2025`	
Sarah **McDonnell-Davies**	Member of Population Health Strategic Commissioning Committee										18/08/2025`	
Sarah **McDonnell-Davies**	Exec Lead for Primary Care Committee										18/08/2025`	
Sarah **McDonnell-Davies**	Exec Lead for Integrated Medicines Optimisation Commmittee										18/08/2025`	
Sarah **McDonnell-Davies**	Member of ICS Digital Board										18/08/2025`	
Sarah **McDonnell-Davies**	Member of System Management Board										18/08/2025`	
Sarah **McDonnell-Davies**	attend other NCL / Borough related meetings as required										18/08/2025`	
Sarah **Morgan**	Chief People Officer Member of the Executive Member Team		yes	yes	no	Direct	01/07/2022	04/07/2022	current	04/07/2022	27/01/2025	
Sarah **Morgan**	Attendee of ICB Board of Members									04/07/2022	27/01/2025	
Sarah **Morgan**	Member of ICB People Board									04/07/2022	27/01/2025	
Sarah **Morgan**	Voting member Primary Care Committee									04/07/2022	27/01/2025	
Sarah **Morgan**	Member of the Population Health and Inequalites Committee									04/07/2022	27/01/2025	
Sarah **Morgan**	ICB Culture and Operations Group co-chair									04/07/2022	27/01/2025	
Sarah **Morgan**	Attend Remuneration Committee	Good Governance Institute	no	no	yes	Direct	Faculty member	01/12/2020	current	04/07/2022	27/01/2025	Ensure that any contractual arrangements that may involve Fresh Visions or the parent organisation Southern Housing are declared as a conflict of interest as operate out of London
Sarah **Morgan**	Member of the Strategy and Development Committee	Fresh Visions People Ltd Charity no 1091627	no	no	yes	Direct	Trustee / Director and Chair from 6 December 2023	22/04/2022	current	04/07/2022	27/01/2025	Manage any contractual arrangements through procurement team
Sarah **Morgan**		Kaleidoscope Health and Care (not for profit Social Enterprise)	no	yes	no	Direct	Member of a professional network of health and care professionals including alumni of the NHS general management graduate scheme	2016	current	13/12/2023	27/01/2025	manage contributions in line with ICB guidance
Sarah **Morgan**		University of Birmingham, School of Social Policy, Health Services Management Centre	no	no	yes	Direct	Honorary Associate Professor	01/10/2023	current	13/12/2023	27/01/2025	Manage any contractual arrangements through procurement team
Sarah **Morgan**		Southern Housing Group	no	yes	no	Direct	Independent Member	01/06/2024	current	16/06/2024	27/01/2025	
Victoria Lawson	Chief Executive	Islington Borough Council	yes	no	no	direct	Chief Executive and Managerial leadership of the LB of Islington	08/01/2024	current	04/02/2025		non NHS and non health related
Victoria Lawson	Member of the NCL ICB Board of Members	Clayton Cottages Ltd, Company number 15309742	yes	yes	yes	direct	Director	27/11/2023	current	04/02/2025		
Victoria Lawson		Council receives various grants and funds,	no	no	no	indirect	Council receives various grants and funds,	ongoing	ongoing	04/02/2025		
Victoria Lawson		Connections with any voluntary / other organisations contracting for NHS services?	no	no	no	indirect	None – except those that the Council may commission or procure. - no personal / financial interests	ongoing	ongoing	04/02/2025		

NCL ICB Board of Members Declaration of Interest Register - Sept 2025

Councillor Peray Ahmet	Councillor and Leader of the Council Haringey Borough Council							02/02/2025	current	02/06/2025		
Councillor Peray Ahmet	Member of the NCL ICB Board of Members							02/02/2025	current	02/06/2025		
Councillor Peray Ahmet		LGA General Assembly					Member		current	02/06/2025		
Councillor Peray Ahmet		London Councils Leaders Committee					Member		current	02/06/2025		
Councillor Peray Ahmet		Centre London Forward					Member		current	02/06/2025		
Councillor Peray Ahmet		London Council's Audit committee					Chair		current	02/06/2025		
Councillor Peray Ahmet		Labour Party Unison					Member		current	02/06/2025		
Councillor Peray Ahmet		Unite the Union					Member		current	02/06/2025		

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
30 September 2025

Report Title	Winter 2025/26 Planning	**Date of report**	28 August 2025	**Agenda Item**	2.1
Lead Director	Elizabeth Ogunoye Director of System Operations & Assurance	**Email**		Elizabeth.ogunoye2@nhs.net	
Board Member Sponsor	Richard Dale, Executive Director, Performance & Transformation.				
Report Author	Mita Joshi Head of Operations and Assurance	**Email**		Mita.Joshi2@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** At the time of this report there is no financial requirements specific for winter planning has been identified. Actions are in line with agreed capacity funding distributed at the start of the year. However, this will be kept under review and highlighted as appropriate.			
Report Summary	This report briefly describes the NCL approach to winter planning with particular focus on prevention, capacity and leadership as outlined in the national 2025/26 Winter Plan checklist. Our approach to planning is underpinned by a commitment to collectively developing and testing the winter plan as a system and prioritising NCL how will : • Improve vaccination rates • Increase the number of patients receiving care in primary, community and mental health settings • Meet the maximum 45-minute ambulance handover time standard • Improve flow through hospitals with a particular focus on patients waiting over 12 hours and eliminating corridor care • Set local targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings. As such, we continue to enhance services to ensure that during this winter the NCL system is improving access to primary and community care; driving improvement to prevent avoidable admissions and discharge rates whilst making more effective use of community beds and care home facilities and using technology to support people to stay well at home. Specifically: • Strengthening vaccination offer to increase uptake and improve accessibility for staff and vulnerable patients, including children.				

	• Providing proactive care for complex health needs and long term conditions, including outreach to severely frail. • Expand MHCAS (Mental Health Crisis Assessment Centre) offer to north of NCL and embed principle of using community alternatives for patients not requiring physical health intervention. • Reduce long Mental Health inpatient stays and out of area placements, as well <24 hours wait in ED for patients requiring admission to mental health beds. • Enhancement of ICC Hub including implementation of the call before convey principle and integration with the System Coordination Centre (SCC). • Realise benefits from Bed Productivity Programme • Refine existing policies and procedures to reduce impact of IPC (Infection Prevention and Control) in ED and to maintain G&A (General and Acute) bed capacity • Optimise processes to support flow, such as criteria to admit methodology. To facilitate implementation of the winter plan, there site-based and system-level winter UEC metrics are being developed. These will be tracked and reported in the weekly CEO level system pressures report and implementation overseen by the COO level weekly NCL Flow Operational Group, with accountability to the CEO level NCL Flow Board. There is a daily rhythm of 10am site check ins and 24/7 real time monitoring system. The SCC and system wide OPEL action cards will help manage this risk in real time with system CEO oversight via the system management board.
Recommendation	The Board of Members is asked to **APPROVE** the ICB Winter 2025/26 Board Assurance Template prior to the document submission to the region.
Identified Risks and Risk Management Actions	Generally, NCL system risk centres around the interdependency between primary care, community, acute, social care partners and LAS, as well as staff capacity and resilience. As such, the ICS continues monitoring agility of each system partner through the COO level NCL Flow Operational Group. In addition, there is particular attention afforded to 2nd to 18th January as a time of expected heightened pressure this winter. Therefore, a set of extraordinary actions are being worked up by system partners to mitigate these risks. Again these focus on prevention, admission avoidance, flow/discharge and communication (see Appendix 1).
Conflicts of Interest.	Not applicable.
Resource Implications.	Not applicable.
Engagement.	There has been engagement with the NCL Flow Operational Group, which has COO level representation from all parts of the system, reporting into CEO level Flow Board. Additionally, the NCL Clinical Advisory Group (CAG) has also contributed to the approach to planning for winter 2025/26.
Equality Impact Analysis	Not applicable.
Report History and Key Decisions.	Not applicable.

Next Steps	Not applicable.
Appendices	Appendix 1 : Evidence of key actions to support winter resilience.

Winter Planning 25/26

Board Assurance Statement (BAS)

Integrated Care Board (ICB)

Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the ICB's Board has oversight that all key considerations have been met. It should be signed off by both the ICB Accountable Officer and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Integrated Care Board's (ICB) name.

This section gives ICBs the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025.**

Integrated Care Board:	North Central London ICB

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the ICB Winter Plan for 2025/26.	Yes	Approved via ICB Executive Team and NCL Flow Board
A robust quality and equality impact assessment (QEIA) informed development of the ICB's plan and this has been reviewed by the Board.	Yes	Undertaken assessment using ICB QEIA framework
The ICB's plan was developed with appropriate levels of engagement across all system partners, including primary care, 111 providers, community, acute and specialist trusts, mental health, ambulance services, local authorities and social care provider colleagues.	Yes	Via Flow Operational Group, which has COO level representation from all parts of the system, reporting into CEO level Flow Board
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	3rd September NCL event and 16th September NHS E regional event
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Richard Dale, NCL ICB Executive Director lead Peter Landstrom (SRO for NCL ICS)
Plan content and delivery		
The Board is assured that the ICB's plan addresses the key actions outlined in Section B.	Yes	All sections have been addressed
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	Additional mitigating actions proposed for 2nd to 18th January 2026
The Board is assured there will be an appropriately skilled and resourced system control centre in place over the winter period to enable the sharing of intelligence and risk	Yes	Established SCC with "accreditation" which is fully staffed

Integrated Care Board:	North Central London ICB

balance to ensure this is appropriately managed across all partners.		

ICB CEO/AO name	Date	ICB Chair name	Date

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. Vaccination programmes across all of the priority areas are designed to reduce complacency, build confidence, and maximise convenience. Priority programmes include childhood vaccinations, RSV vaccination for pregnant women and older adults (with all of those in the 75-79 cohort to be offered a vaccination by 31 August 2025) and the annual winter flu and covid vaccination campaigns.	Yes	Trajectories in place to manage take up across priority populations.
2. In addition to the above, patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses should receive targeted care to encourage them to have their vaccinations, along with a pre-winter health check, and access to antivirals to ensure continuing care in the community.	Yes	Plans in place, jointly with partners.
3. Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible.	Yes	Plans in place, jointly with partners. This includes a focus on MH crisis planning.
Capacity		
4. The profile of likely winter-related patient demand across the system is modelled and understood, and individual organisations have plans that connect together to ensure patients' needs are met, including at times of peak pressure.	Yes	Initial modelling undertaken, additional mitigating actions proposed for peak pressure period (2nd to 18th January 2026)
5. Seven-day discharge profiles have been shared with local authorities and social care providers, and standards agreed for P1 and P3 discharges.	Yes	In place
6. Action has been taken in response to the Elective Care Demand Management letter,	Yes	A proactive, system-wide approach to elective

issued in May 2025, and ongoing monitoring is in place.		recovery has been agreed and actions being implemented
Leadership		
7. On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	Well established on-call arrangements in place in NCL
8. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	Via Raidr, with all COOs and operational leads having access

North Central London Health and Care
Integrated Care System

Appendix 1 – NCL UEC Winter Assurance Evidence

What the system will collectively do to further support resilience during winter 25/26

North Central London Health and Care
Integrated Care System

Theme	Priority Area / Workstream	Key Actions	Timeframe	Lead
Prevention	Vaccination	Targeted approach to increasing uptake for staff and vulnerable patient including children	Q3–Q4	Nick Ince, NCL ICB
Demand Management	Awareness of community services across NCL	Catalogue of available community services across NCL to guide clinicians about availability support for admission avoidance and discharge.	Q3–Q4	Elizabeth Ogunoye, NCL ICB
	Alternatives to ED)	UCR clinician presence in the ICC hub to optimise referrals to UCR and support ICC teams with UCR training. Initial areas of focus hoist issues and catheters (30/40 cases per week get taken to hospital).	Q3-Q4	Kay Isaac (CLCH) & Vanessa Odlin (CNWL)
Discharge and Flow	IPC/G&A Bed Capacity	Refine IPC policy to support flow and preserve G&A capacity.	Q3	CNOs & COOs
	Admission prioritisation	Embed “criteria to admit” across pathways	Q3	James Avery (NCL ICB) and provider clinical leads.
	Facilitating discharge	Explore implementation of Bridging Service (Minerva)	Q3	Chin Okunuga (WH)
Mental Health	Joint Learning	MH Improvement Group to facilitate learning across the system with clinical representation	Q3	Mark Angus (RFL) and Adele McCormack (NLFT)
	Crisis Plan Review for known MH Patients attending ED	Review of known patients attending ED, to understand drivers and implement remedial actions	Q3	Adele McCormack (NLFT)
	MHCAS Expansion	Establish MHCAS north of NCL	Q4	Adele McCormack (NLFT) and Johanna Reilly (NMUH)
	Increase use of crisis alternatives	Progress work with Met Police to embed principles of using community crisis centres for MH patients not requiring physical health intervention	Q3–Q4	James Johnson (LAS)
Monitoring of risk/reporting	UEC Winter Metrics via FOG	Define system metrics and agree thresholds	Q3	Elizabeth Ogunoye (NCL ICB)

Vaccination Delivery

North Central London Health and Care
Integrated Care System

NCL has worked in partnership across system and place levels to increase access and reduce inequalities.
NCL is planning the following approach to deliver systematic and continuous engagement to improve confidence to people who are vaccine hesitant and marginalised groups through a 3 step approach.

1. Learning and Evaluation from HI approaches to date.

NCL will review the learning from the Spring 2025 campaign, including:

- **Face-to-face teaching** of pre-registered adult nursing, mental health & midwifery students at Middlesex University on the value of vaccination and NMC responsibilities in relation to patient vaccination
- Vaccination at **short stay inpatient units** where uptake was low.
- Opportunistic vaccination to the **immunosuppressed** cohort at UCLH's Macmillan Cancer Centre.

NCL will also review learning from a communications perspective. NCL ICB sent information from its Medical Director, including:

- **A poster** outlining eligible cohorts. Patients could scan a QR code and book a vaccination appointment via the National Booking System.
- **A letter** from the NCL ICB Medical Director about the Spring 2025 campaign
- A letter **template** which could be customised and sent to eligible patients

2. Identification of ongoing health inequalities

Data and Health Analytics

Local intelligence

NCL continues to experience variation between groups in terms of vaccination uptake.

The immunosuppressed cohort has particularly low vaccination uptake rates.

At the end of the Spring 2025 campaign, the immunosuppressed uptake was 15.6% in NCL against a London uptake of 15.4% and an England uptake of 25%.

HSCW uptake is also low, with a frontline HCW flu uptake of 34.9% across London. Nursing & midwifery is 33.9% and student uptake is 19.2%

3. Future planning Autumn 2025

Sustaining
Spreading
Scaling

NCL has a wealth of experience and expertise in delivering vaccinations to **underserved communities.** Building on the previous learning and depending on resources available, NCL is planning to:

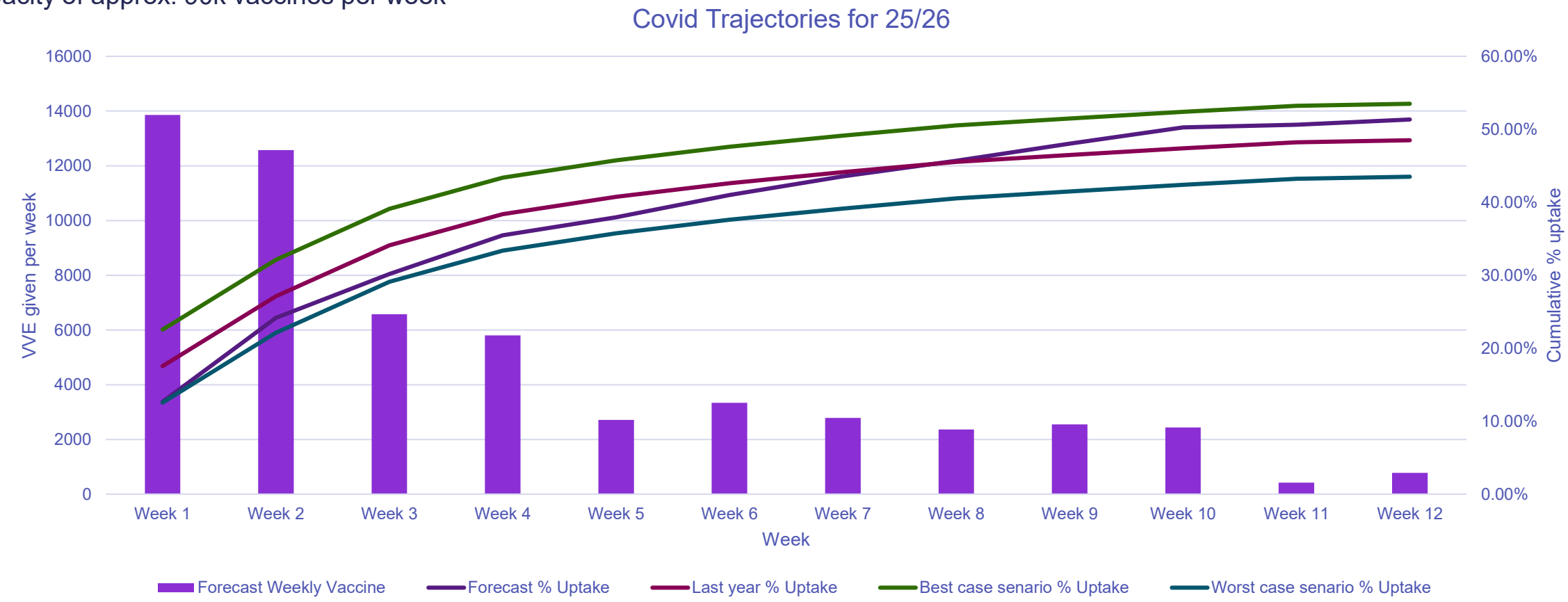
- use **data based approach** to retain vaccination sites across NCL to ensure equity of access
- retain a central **outreach team** through the lead provider model to enable flexibility to target groups of lower uptake
- continue **place based/borough level immunisation and vaccination groups**. These groups will develop and implement hyperlocal plans for Autumn/Winter Covid vaccinations.
- Primary Care Networks will deliver a **call and recall** approach for vaccinations including immunosuppressed and marginalised groups.
- Actively contribute to the **London Vaccination Steering Groups** to learn from others and realise benefits pan-London.
- **Share learning from Middlesex University teaching** pan London to improve uptake in nurses, midwives and healthcare students.
- UCLH and the Whittington will work with UCL Partners to **evaluate the cost effectiveness of vaccinating in a hospital setting.**

- Programme Team has worked in partnership across system and place levels to increase access and reduce inequalities
- Key Factors that underpin the outreach approach include:
  - The clinic location and community targeted is data driven
  - Flex delivery dates and times to ensure equity of access (i.e. school holidays and religious festivals)
  - A local booking system facilitates appointment planning. Advertised 'walk-in' access targets those facing digital exclusion.
  - Tailoring of communication to ensure the service is accessible (working with London Vaccination Steering Groups)
  - Translated digital leaflets are provided via the UKHSA website and hard-copy leaflets in the top twelve NCL spoken languages.
  - Collaboration with stakeholders at local level, innovating to expand the offer and advertising of additional health and non-health services (such as cost of living advice) at outreach clinics to incentivise attendance amongst the intended population.
- UCLH delivers influenza vaccination, blood pressure checks, smoking cessation advice, loneliness checks, BMI checks and diabetes risk assessments

Vaccination trajectories (Covid)

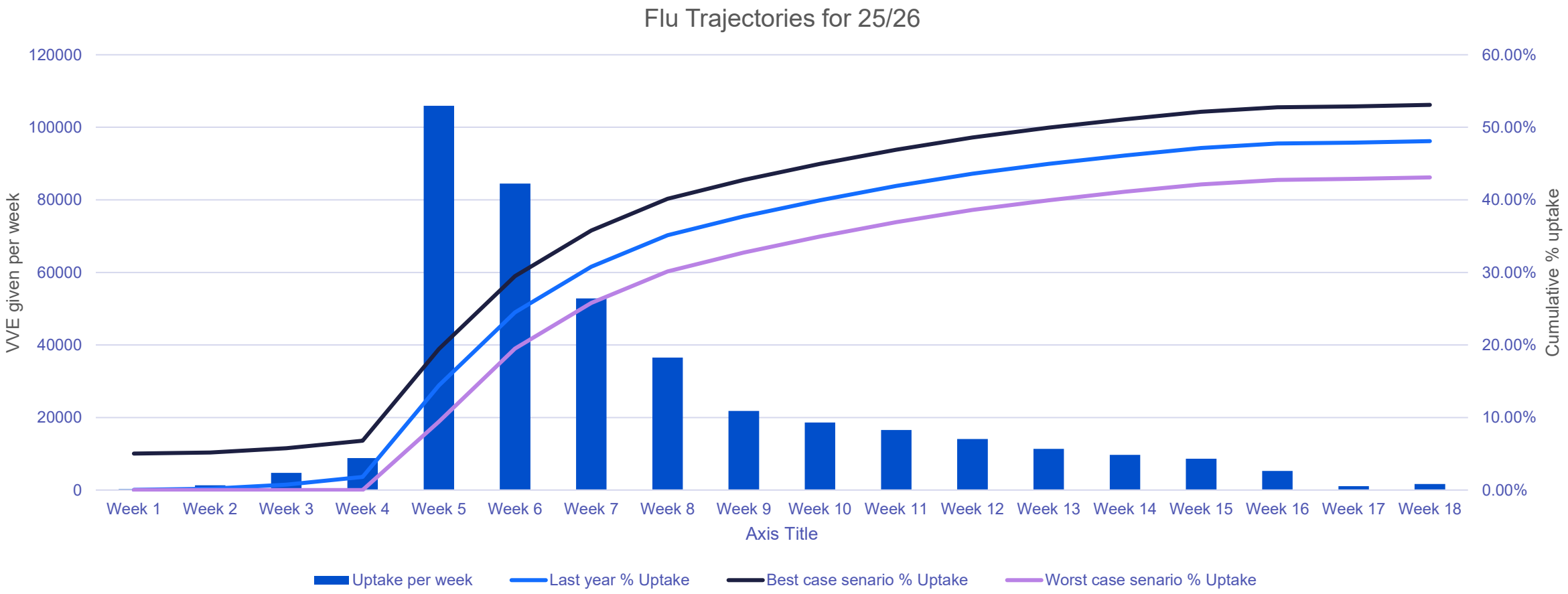
North Central London Health and Care
Integrated Care System

The Covid vaccination programme is aimed at adults aged >75 years, residents in care homes for older adults and individuals who are immunosuppressed. Data is used to inform vaccine access across NCL, via community pharmacies, PCNs and NHS Trusts. There will be capacity of approx. 90k vaccines per week



Vaccination trajectories (Flu)

North Central London Health and Care
Integrated Care System



P1 and P3 Discharge Trajectories

North Central London Health and Care
Integrated Care System

Through the BCF 2025/26, NCL has worked with local authorities to agree capacity and demand for P1 an P3 profiles, to support “shift left.” By shifting left, we are supporting patients to be more independent and access step down care more quickly. Profiles were submitted for all boroughs, as part of the BCF 25/26 submission and these will be subject to further revision as part of the quarter 2 review in October 2025.

Pathway 1	2025/26 Actual to M03, Projection from July												
ProviderGroup	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Barnet Hospital	118	101	139	153	192	112	135	175	146	127	104	121	1,623
North Mid	296	307	299	120	207	138	161	211	195	200	196	207	2,536
Royal Free	257	268	290	320	388	257	234	289	221	247	227	247	3,245
UCLH	294	310	270	265	301	224	176	336	245	313	231	277	3,242
Whittington	74	79	104	92	105	86	111	129	105	111	88	107	1,191
Total	**1,038**	**1,064**	**1,103**	**950**	**1,193**	**817**	**818**	**1,139**	**912**	**997**	**846**	**959**	**11,837**

Pathway 3	2025/26 Actual to M03, Projection from July												
ProviderGroup	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Barnet Hospital	6	6	17	16	20	13	15	24	16	11	12	12	167
North Mid	40	39	33	0	18	4	24	52	48	37	27	33	355
Royal Free	9	13	19	11	6	16	10	13	14	12	18	15	156
UCLH	3	2	3	6	2	3	2	4	1	0	4	2	32
Whittington	30	37	20	19	18	33	28	28	9	23	27	27	300
Total	**88**	**96**	**93**	**52**	**64**	**69**	**78**	**121**	**88**	**82**	**89**	**90**	**1,009**

Proposed UEC Winter System Dashboard

North Central London Health and Care
Integrated Care System

Core UEC Metrics

						Acute Providers					
Metric Description	**Units**	**Data Frequency**	**Week Ending**	**Target**	**NCL**	RFL	NMUH	RFH	BGH	UCLH	WH
A&E 4-hour Performance	%	Daily	17/08/2025	78%	**78.9%**	79.5%	72.7%	79.5%	80.4%	75.3%	67.9%
A&E 4-hour Performance (Paeds)	%	Daily	17/08/2025	Improve	**88.8%**	90.8%	92.1%	96.0%	80.7%	81.8%	84.7%
A&E (Type1) 12-hour Breach %	%	Daily	17/08/2025	<10%	**11.6%**	16.2%	16.7%	17.6%	14.2%	4.0%	9.9%
MH Patients waiting >24 hours in ED for admission	%	Daily	17/08/2025	Reduce	**31%**	40%	56%	60%	0%	0%	25%
MH Patients waiting >24 hours in ED (all)	%	Daily	17/08/2025	Reduce	**9%**	12%	12%	17%	6%	6%	8%
Ambulance Cat2 Response Time	hh:mm	Weekly	17/08/2025	00:30	**00:37**						
Ambulance Handover (>45mins)	Total	Daily	17/08/2025	0	**177**	145	64	40	41	6	26
Ambulance Handover (<30mins)	%	Daily	17/08/2025	95%	**66.9%**	58.6%	58.1%	64.3%	53.7%	90.7%	68.2%
Average Length of Discharge Delay	Days	Monthly*	June 25	n/a	**4.2**	4.7				2.7	6.6

nt

Winter Metrics

						Acute Providers					
Metric Description	**Units**	**Data Frequency**	**Week Ending**	**Target**	**NCL**	RFL	NMUH	RFH	BGH	UCLH	WH
Non-Elective LoS (>0 days)	Days	Weekly	10/08/2025	0.4 decrease	**8.6**	8.2	9.2	7.7	7.5	9.9	8.8
Flu & Covid admissions (>0 days)	Total	Weekly	17/08/2025	n/a	**3**	3	3	0	0	0	0
Temporary Escalation Space (TES) Usage (ED)	Total	Daily	17/08/2025	Reduce	**318**	176	153	23	0	0	142
TES (non-ED) - daily census	Total	Daily	17/08/2025	Reduce	**23**	23	7	11	5	0	0
UCR 2-hour Response	%	Monthly	29/06/2025	70%	**88.2%**						
UCR Referrals	Total	Monthly	29/06/2025	Increase	**156**						
Virtual Wards Occupancy	%	Daily	17/08/2025	80%	**75.7%**						

The UEC Winter System Dashboard will enable NCL ICS to monitor performance and serve as a mechanism to have early sight of emerging risks. The dashboard will be monitored via Flow Operational Group.

Additionally, the following indicators are in development, awaiting formal definitions from NHSE and confirmation of data source;

- Internal Discharge Delays >48 hrs
- Primary Care Utilisation

Elective Recovery Plan

North Central London Health and Care
Integrated Care System

Headline Expectation	Description	ICS Action / Impact & Interventions
Reduce elective care demand growth	Achieve overall elective care demand growth of no more than 0.2%, down from 1.8% unmitigated forecast, through clinically-led interventions.	The Performance Improvement Team is working collaboratively with acute providers, primary care, and wider system partners to identify productivity gains and implement measures to contain waiting list growth. This includes developing single points of access / enhanced triage hubs, and identifying opportunities for increased utilisation of Advice and Guidance pathways in specialties where the greatest impact on demand reduction has been identified.
Implement clinically-led demand management initiatives	Optimise referral management through: • Specialist advice and guidance • Triage models • Straight-to-test pathways • Patient-initiated follow-up (PIFU) Reduce unwarranted diagnostic referrals to create capacity for clinically necessary care.	The ICB is supporting a provider-led, clinically owned model for demand management, acting as the system convener to enable adoption of enhanced triage, straight-to-test pathways, and expanded Advice and Guidance as refernced above.
Develop Neighbourhood Health Service models	Focus on: • Preventing avoidable and costly hospital admissions • Improving timely access to urgent and emergency care	ICB-led development of Neighbourhood Health Service models is progressing in partnership with system stakeholders to redesign care pathways and strengthen community-based provision.
Maximise care for low-risk patients in non-cancer settings	Sustain and embed pathways including: • Faecal immunochemical test (FIT) in lower GI pathways • Low-risk pathways for post-HRT bleeding • Breast pain only clinics	This work is being driven through a provider-led approach, with a focus on sustaining and optimising pathways that support delivery of care in non-acute settings for low-risk patients.
Enhance productivity in cancer pathways	Improve throughput and efficiency, for example: • Use of teledermatology for urgent suspected skin cancer referrals	Productivity improvements in cancer pathways are a core focus of the Cancer Alliance, supported by system-wide engagement to deliver targeted interventions and best practice adoption.
Fully utilise Community Diagnostic Centres (CDCs)	Ensure CDC capacity is optimally used through: • "One-stop shop" clinics in gynaecology, urology, breast, and dermatology • Integration of wider community health services within CDC sites where feasible	CDC utilisation is being led through the ICB Transformation function and is transitioning towards a provider-led operating model to maximise capacity and improve patient access in line with the Model ICB implementation process.
Support primary care with referral management solutions	Help primary care adopt referral management and procurement approaches by: • Using the Provider Selection Regime (PSR) flexibly • Leveraging the updated NHS Standard Contract and Indicative Activity Plans to manage activity	The ICB-led MDT Indicative Activity Plan Programme is progressing to deliver acute and non-acute provider engagement, with acute engagement concluding on 4 July and non-acute engagement completing by 18 July. A strategic commissioning model is in development and being actively tested as part of this process.
Use data-driven insights and tools	Engage with NHS England Data & Analytics to: • Review refreshed opportunity metrics (RightCare, Model Health System) • Reduce unwarranted variation • Prepare for the Federated Data Platform commissioning solution	This work is led by the ICB with ongoing engagement from NHS England to embed data-driven insights, reduce variation, and strengthen strategic commissioning capabilities.
Demonstrate accountability for demand management	Monitor and manage elective care activity, evidenced through: • The NPAF metric on % growth in waiting list size • Regular performance reviews by NHS England	The ICB continues to focus on demand management and monitors performance rigorously against NPAF metrics and elective care trajectories in collaboration with system partners.
Commission and align services strategically	Commission and coordinate primary, community, and acute services to ensure patients receive care in the most appropriate setting and sustain RTT and Cancer Waiting Time Standards.	The ICB is embedding a strategic commissioning approach to align capacity and service models across the system, ensuring care is delivered in the most clinically appropriate settings to maintain access and performance standards.

Proposed extraordinary in extremis actions to support peak pressures during 2nd to 18th January 2026

North Central London Health and Care
Integrated Care System

Theme	Action/s	Leads
Prevention	Community teams' presence in care homes for training and supervision to avoid delays for care home staff to accept patients.	Kay Isaac & Vanessa Odlin
	Primary care to target planned increased capacity for during this period	Sarah McIlwaine
Admission Avoidance	Can Silver Triage service be made available (virtually) to care homes to enhance support and facilitate care homes to take more risks safely and appropriately.	Vanessa Odlin
Flow/ Discharge	All acutes to explore the benefit of focusing respiratory clinician in ED	COOs (Acute, community & mental health providers).
	Acute specialist sites to ask all relevant teams to clarify extraordinary actions for this time.	
	Explore working to a principle of 'funding without prejudice' for care packages including non-weight-bearing, and peg pts. Also, POC restarts to not require the normal level of ASC paperwork and approvals	Carol Baxter, Sheila Oshea & Richard Elphick
Comms & Escalation	Streamlined discharge escalation meetings to allow social care team time to act on actions requiring their input.	Acute & MH COOs
	Activate an enhanced Teams chat channel to ensure prompt escalations to senior decision makers for quick resolutions.	Elizabeth Ogunoye

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
30 September 2025

Report Title	Medium-Term Financial Planning update	**Date of report**	11 September 2025	**Agenda Item**	2.2
Lead Director / Manager	Stephen Bloomer Chief Finance Officer	**Email / Tel**		stephen.bloomer@nhs.net	
Board Member Sponsor	Not applicable.				
Report Author	Gary Sired Director of Financial Strategy, Planning and Performance	**Email / Tel**		g.sired@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Organisations will be required to prepare credible, integrated five-year plans 2026/27 – 2030/31 which demonstrate how financial sustainability will be secured over the medium term.			
Report Summary	The draft Planning Framework for the NHS in England was updated on 8 September 2025, setting out a more strategic approach to medium term planning. It includes clear roles and responsibilities for organisations following the changes to the NHS operating model, and a draft timetable for 2026/27 plan submission. This pack sets out the key messages from the draft Framework and outlines the joint approach to planning discussed between colleagues at NCL and NWL ICBs.				
Recommendation	The Board of Members is asked to **NOTE** the requirements of and issues to consider in producing a Medium Term Financial Plan for the merged ICB covering 2026/27-2020/31.				
Identified Risks and Risk Management Actions	Not applicable.				

Conflicts of Interest	This paper was written in accordance with the Conflicts of Interest Policy.
Resource Implications	The report sets out the published allocations for 2025/26 for both NCL and NWL ICBs and a combined position to give an indication of the size of the new organisation
Engagement	This report is presented to the Board.
Equality Impact Analysis	This report has been written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	This is the first time that a Medium-Term Financial Planning update for 2026/27 – 2030/31 has been presented to Part 1 of the Board.
Next Steps	• Embed the joint planning process and complete phase one of the planning framework. • Finalise the 'deconstructing the block' exercise across NCL and NWL, and the zero-based contracting exercise in NCL. • Agree joint commissioning intentions. • Agree contract baselines and consistent planning assumptions with providers. • Review of NHS England productivity and efficiency opportunities packs when available. • Working with London Region on the potential impact of the new financial framework and the approach to capital planning. • Work required in 2025/26 to support delivery of the running cost reductions from 1 April 2026. • Further discussion and progress updates at NCL and NWL Committees and Boards in Common, as established.
Appendices	The appendix at the end of the report covers the national planning architecture, key NHS planning roles and responsibilities and a draft timetable for 2026/27 and medium-term planning.

NHS
North Central London
Integrated Care Board

Medium-Term Financial Planning update

NCL ICB Board
30 September 2025

Introduction

North Central London
Integrated Care Board

- The draft Planning Framework for the NHS in England was updated on 8th September, setting out a more strategic approach to medium term planning. It includes clear roles and responsibilities for organisations following the changes to the NHS operating model, and a draft timetable for 2026/27 plan submission.

- This pack sets out the key messages from the draft Framework and outlines the joint approach to planning discussed between colleagues at NCL and NWL ICBs.

Key Messages (1 of 2)

North Central London
Integrated Care Board

- Organisations will be required to prepare **credible, integrated five-year plans 2026/27 – 2030/31** which demonstrate how **financial sustainability will be secured over the medium term**.

- The framework sets out a two-phase process:
  - Phase One – Running through to the end of September, this phase focuses on laying strong foundations for effective planning. It involves building a robust evidence base, including data-driven insights into population health needs, service demand, workforce supply and capacity, and financial outlooks.
  - Phase Two – Launching in early October, this phase will coincide with the publication of multi-year 'planning guidance' and allocations, enabling ICBs and providers to fully develop their medium-term plans and take them final plans through boards for assurance and sign off in December.

Key Messages (2 of 2)

NHS
North Central London
Integrated Care Board

- The key output from the ICB will be a **five-year strategic commissioning plan**, incorporating a population health improvement plan (PHIP) that brings together local neighbourhood health plans.
- Providers will be required to produce **five-year integrated delivery plans.**
- The plan **submissions will be for individual organisations with no requirement for a system plan**, however, triangulation of activity, finance and workforce plans will be expected.
- **Plans are to be developed on the basis of the organisational form on 1st April 2026 which means a single plan for the new ICB**.
- Medium term plans will need to take account of further delegation of commissioning responsibilities over the period eg screening, vaccination services and health and justice.
- The roles and responsibilities and draft timetable are included in the appendix.

NCL and NWL – Joint Approach

North Central London
Integrated Care Board

- The expectation is NHS England will publish a single allocation for the new ICB for the planning period which will not be disaggregated or ringfenced.
- The timelines for the release of planning guidance and plan submission have been brought forward this year. This will be ahead of the formation of the new organisation structure and teams, and so a joint approach from existing planning teams across NCL and NWL is required.
- A steering group has been established, attended by the joint CFO with representation from finance and performance leads in each ICB.
- Working groups are now in place for Budget Setting, Planning Triangulation, Contract Finance and Capital.
- Key issues for working groups to consider:
    - Consistent underlying position
    - How do we deal with future growth funding to North London?
    - What is the impact of the NHS block contract deconstruction exercise on ‘unearned income’ position established in NWL, and zero- based contracting currently underway in NCL on acute, mental health, community and primary care?
    - How do we model for specialised commissioning and understand the true-up position?
    - Do we continue to balance as a system and how do we remain aligned?
    - How do we model the neighbourhood health plans including shifting the balance of funding between Acute and Primary / Community?
    - How do we set local prices going forward so we have a position for North London?
    - Harmonisation of commissioning processes
    - Strategic capital priorities including prior commitments, backlog maintenance and digital
    - Impact of the move to £19 / head of population for running costs
    - How do we manage competing challenges e.g. move to new national ledger ISFE2 in October and preparation for single ledger for the merged ICB and a merger process

ICB Allocation – Indicative

North Central London
Integrated Care Board

- The table sets out the published allocations for 2025/26 for both ICBs and a combined position to give an indication of the size of the new organisation.
- The £ / head of registered population and distance from target (DFT) are based on the published 2025/26 position and will be refreshed for 2026/27 – 2030/31
- The combined allocation of c. £10.9bn before running costs is indicative only and doesn't include adjustments for in-year funding changes or the allocation change to reflect the reduction in ICB management costs.
- Multi year allocations 2026/27 – 2030/31 are expected to be published early October along with the planning guidance.
- The merged ICB has an indicative running cost allocation of £83.4m based on a target of £19 / head of population.
- The combined population is 4,390,591 made up of NCL 1,749,195 and NWL 2,641,396.

£m	NCL 2025/26 £m	NWL 2025/26 £m	Combined 2025/26 £m
Core Programme	3,179.5	4,642.8	7,822.3
£ / head	*£1,741*	*£1,594*	
Distance from Target %	*1.1%*	*-2.3%*	
Core Programme - Post Convergence Allocations	223.8	328.2	552.0
Primary Medical Care Delegated	326.8	495.1	821.9
£ / head	*£179*	*£170*	
Distance from Target %	*-0.9%*	*-3.8%*	
Primary Care Delegated Other (DOP)	169.7	250.8	420.5
Specialised Commissioning	584.5	708.4	1,292.9
£ / head			
Distance from Target %	*15.5%*	*-6.1%*	
Total ICB Allocation before Running Costs	4,484.1	6,425.5	10,909.6

Next Steps

North Central London
Integrated Care Board

- Embed the joint planning process and complete phase one of the planning framework.
- Finalise the ‘deconstructing the block’ exercise across NCL and NWL, and the zero-based contracting exercise in NCL.
- Agree joint commissioning intentions.
- Agree contract baselines and consistent planning assumptions with providers.
- Review of NHSE productivity and efficiency opportunities packs when available.
- Working with London Region on the potential impact of the new financial framework and the approach to capital planning.
- Work required in 25/26 to support delivery of the running cost reductions from 1st April 2026.
- Further discussion and progress updates at NCL and NWL Committees and Boards in Common, as established.

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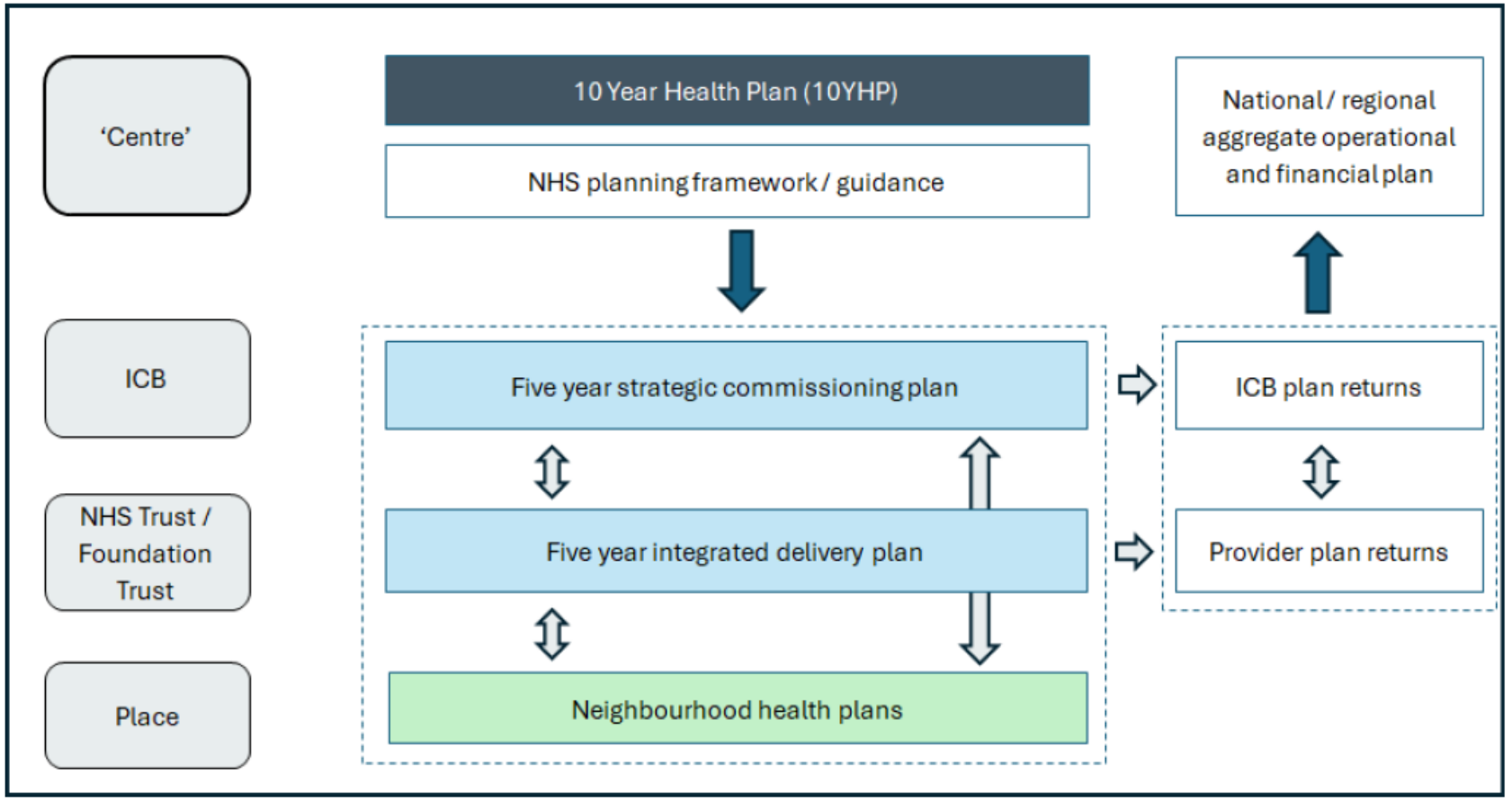
Integrated Care Board

Appendix

National Planning Architecture

North Central London
Integrated Care Board

Relationship between key elements of the national planning architecture



Key NHS planning roles and responsibilities

North Central London
Integrated Care Board

Key NHS planning roles and responsibilities

Providers:

- Develop strategic, operational and financial plans to deliver on national and local priorities, including pathway redesign and service development.
- Develop and continuously improve the foundations for integrated planning including robust demand and capacity modelling and triangulation across quality, finance, activity and workforce plans.
- Ensure strong clinical leadership in plan development and linked decision making.
- Collaborate with system, place and provider collaborative partners to ensure plans support the delivery of the best outcomes for local populations and the most effective use of collective resources.
- Work with ICBs to ensure plans reflect agreed commissioned activity levels and align to the overall system strategy.

Regions:

- Support ICBs and providers to 'create the conditions' for effective, integrated planning across the region, including assessment of planning maturity.
- Lead those planning activities where a regional or cross-system response is required e.g. strategic infrastructure planning, long term workforce planning, education and training capacity planning.
- Support and assure ICB and provider responses to nationally mandated elements of NHS planning including risk assessment, coordinating appropriate support, and plan acceptance.
- Work closely with national teams to design national planning products and processes and support capability and capacity building.

ICBs:

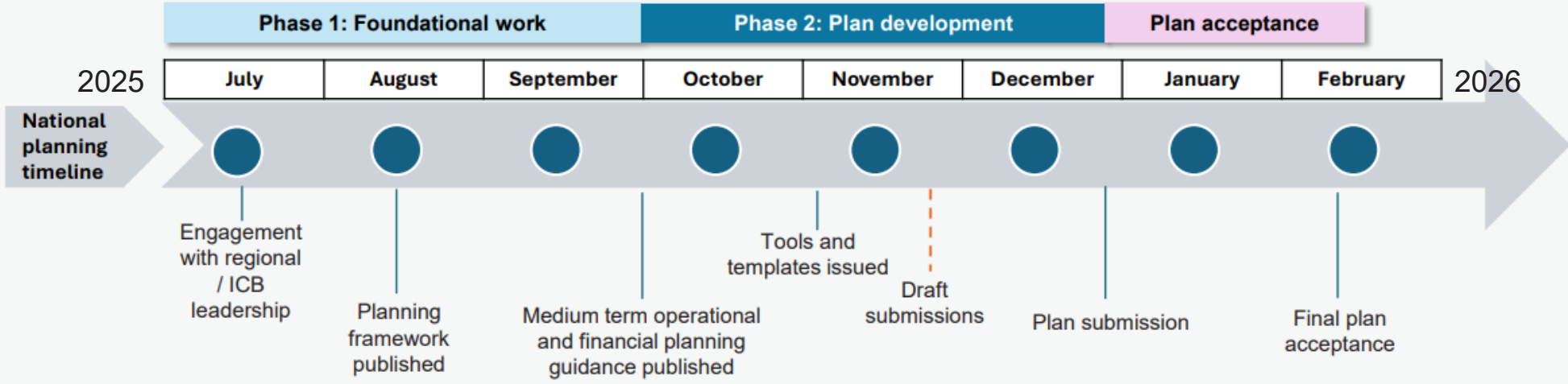
- Set overall system strategy to inform allocation of resources to improve population health outcomes and ensure equitable access to healthcare.
- Lead system level strategic planning, ensuring effective demand management and optimal use of collective resources.
- Set commissioning intentions and outcome-based service specifications to enable providers to undertake effective operational planning aligned to national and local priorities.
- Convene and co-ordinate system-wide planning activities e.g. pathway redesign, neighbourhood health, fragile services, capital and estates.
- Work closely with region on planning activities where a cross-system or multi-ICB response is required.
- Co-ordinate system response to nationally determined NHS planning requirements, working with region and providers.

National:

- Set strategic direction and national priorities and standards for the NHS.
- Develop and continuously improve the national planning framework, including specific requirements for the nationally co-ordinated element of NHS planning.
- Support capability and capacity building across the system and promote sharing and adoption of best practice.
- Deliver centrally developed resources, such as analytical tools, data packs, modelling assumptions, and templates to reduce duplication and ensure consistency.
- Provide guidance and technical support to underpin planning and assurance processes
- Work closely with regions, ICBs and providers on the design and refinement of national planning products and processes.

Draft Timetable for 2026/27 and Medium-Term planning

North Central London
Integrated Care Board



Regional activities	Develop medium-term strategic framework Engage with ICBs and providers to identify support needs		Risk-based planning support to ICBs and providers		Review of draft plans	Plan assurance and acceptance	
ICB activities	Set up process, governance and build a robust evidence base	Create outline commissioning intentions and discuss with providers	Integrated planning		Finalise plans & board sign-off	Respond to outcome of plan assurance	Prepare to implement plans
Provider activities	Set up process, governance and build a robust evidence	Complete foundational work	Integrated planning		Finalise plans & board sign-off		
Outputs		Underlying financial position Block contract reviews		Draft Planning returns	Five year plans National returns		

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
30 September 2025

Report Title	Governance Update	**Date of report**	3 September 2025	**Agenda Item**	2.3
Lead Director / Manager	Ian Porter, Executive Director of Corporate Affairs	**Email / Tel**		lan.porter3@nhs.net	
Board Member Sponsor	Mike Bell, ICB Chair Frances O'Callaghan, CEO				
Report Author	Andrew Spicer, Assistant Director of Governance, Risk and Legal Services	**Email / Tel**		Andrew.spicer1@nhs.net	
Name of Authorising Finance Lead	Not applicable.	**Summary of Financial Implications** Not applicable.			
Report Summary	The NHS is currently undergoing a period of major national transition, underpinned by the NHS 10 Year Plan and the Model ICB Blueprint. To support these changes the ICB is continually reviewing its governance arrangements. <u>Population Health Strategic Commissioning Committee ('PHSCC')</u> There are some proposed amendments to the Terms of Reference for the PHSCC to support the ICB's role as a strategic commissioner. The proposed amendments include strengthening the purpose and role sections to reflect the ambitions of the NHS 10 Year Plan and the Model ICB Blueprint, the delivery of Integrated Health Organisation and the ICB's role in overseeing market management. The proposed amendments were considered by PHSCC at its meeting on 13th August 2025 and were supported. The proposed revised Terms of Reference are included at Appendix 1. The Board of Members is asked to **APPROVE** the revised Population Health Strategic Commissioning Committee's Terms of Reference. <u>Constitution</u> NHS England has mandated a minor change to our Constitution to remove the prohibition on ICB CEOs holding joint CEO appointments in other ICBs. This is to help support the joint CEO appointment across Norh Central London and North West London ICBs. The prohibition was contained in the national model ICB Constitution so NHS England has also mandated this change to North West London ICB Constitution. The revised Constitution will be published on the ICB's website once we have received confirmation of final approval by NHS England.				

	The Board of Members is asked to **NOTE** the revision to the Constitution. <u>Functions and Decisions Map and other governance documentation</u> Any approved amendments to committee Terms of Reference will need to be reflected, as appropriate, in the ICB's Functions and Decisions Map and in other relevant governance documentation. The Board of Members is asked to **APPROVE** the amendments to the Functions and Decisions Map and the amendments to other governance documentation.
Recommendation	The Board of Members is asked to: • **APPROVE** the revised Population Health Strategic Commissioning Committee's Terms of Reference; • **NOTE** the revision to the Constitution; • **APPROVE** the related amendments, as above, to the Functions and Decisions Map and to other governance documentation.
Identified Risks and Risk Management Actions	The proposed changes will strengthen the Board and its Committees' ability to discharge their functions.
Conflicts of Interest	Conflicts of interest are managed in accordance with the ICB's Conflicts of Interest Policy.
Resource Implications	The proposed changes will support the ICB is better using its resources.
Engagement	The Population Health Strategic Commissioning Committee considered and supported the proposed amendments to its Terms of Reference at its meeting on 13 August 2025.
Equality Impact Analysis	This paper has been written in accordance with the provisions of the Equality Act 2010.
Report History and Key Decisions	The following governance papers have been presented to the Board of Members: • Supporting Documents to the Constitution- 4 July 2022; • Committee Terms of Reference- 4 July 2022; • Committee Terms of Reference, Standing Financial Instructions and Chair's Action Report- 27 September 2022; • Amendments to ICB Governance Arrangements- 20 November 2022; • Amendments to the ICB's Governance Arrangements- 7 February 2023; • Governance Review- 25 July 2023; • Update to Governance Arrangements- 7 November 2023 • Update to Committee Terms of Reference- 7 May 2024; • Update to Constitution and Committee Terms of Reference- 12 November 2024; • Governance Update- 7 May 2025.
Next Steps	If the ICB Board approve the recommendations the next step is to implement them.
Appendices	Appendix 1: Draft Population Health Strategic Commissioning Committee Terms of Reference.

NHS North Central London
Integrated Care Board
Population Health Strategic Commissioning Committee
Terms of Reference

1. Introduction

1.1 The Population Health Strategic Commissioning Committee ('Committee') is established in accordance with the Constitution of NHS North Central London Integrated Care Board ('ICB'). It is a committee of the ICB's Board of Members.

1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Purpose

2.1 The purpose of the Committee is to:

a) Oversee and drive the delivery of the North Central London approach to strategic commissioning and the development of a Commissioning Strategy, which will derive from the NCL Population Health and Integrated Care Strategy ('Population Health Strategy') and be in line with the 10 Year Health Plan;
b) Ensure a commissioning construct is created to deliver Integrated Health Organisations (IHOs), Neighbourhoods and other new models of care;
c) Oversee the accompanying financial strategy (ensuring necessary linkage and alignment with the ICB's Finance Committee);
d) Ensure resources are concentrated appropriately to address health inequalities and achieve the ICB's three strategic objectives of:
    - Knowing our population (segmentation, stratification and actuarial approach);
    - Developing our approach to strategic commissioning;
    - Delivering the Neighbourhood model;
e) Approve the commissioning of health services that deliver the Population Health Strategy and the ICB's wider strategic objectives;
f) Oversee the development of North Central London ('NCL') system plans, the ICB's commissioning strategies and plans to ensure they:
    - 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;
g) Provide assurance to the Board of Members that the ICB is discharging its statutory duties relating to strategic commissioning functions effectively in line with the Model ICB;
h) Oversee the implications and market management outcomes from the commissioning strategy;
i) Oversee the Primary Care Committee, the Individual Funding Request ('IFR') Panel, the IFR Appeals Panel and the Local Care Infrastructure Delivery Board.

3. Role

3.1 The Committee will:

a) Work together to provide system challenge and support, ensuring that decisions are made in the best interests of our population;
b) Provide clinical and senior management leadership for at scale and transformational strategic developments and service improvement strategies;

c) Oversee the development and implementation of the ICB's strategic approach to commissioning and associated strategies - which support delivery of the wider long-term objectives aligned to NHS policy direction/guidance;
d) Ensure service improvement and commissioning plans reduce the impact of inequalities;
e) Approve the ICB's annual plan and/or key national plan submissions to regulators as required;
f) Approve the commissioning and decommissioning of healthcare services for our population. This includes (but is not limited to) investment and disinvestment decisions, and service reconfigurations;
g) Oversee market management implications, recognising changes in provider landscape;
h) Oversight of key population health and health inequality metrics and associated links to strategies and priorities;
i) Oversee the development of collaborative, joint and/or delegated commissioning arrangements to support population health and inequalities improvements across North Central London;
j) Oversee and approve the ICB's approach to a) Digital and b) Estates strategic developments, ensuring they align with the strategic objectives of the ICB, the 10 Year Health Plan and the Model ICB;
k) Approve business cases, service specifications and authorise investment expenditure from within the Committee's delegated authority limits;
l) Identify and ensure the delivery of strategic redesign work streams, including clinical input to these;
m) Monitor and review the effectiveness and the implementation of development or service improvement strategies, plans and redesign work streams;
n) Oversight of the annual contracting round;
o) Ensure that investments are affordable, value for money, sustainable and are underpinned by a robust and deliverable efficiency plans, where appropriate;
p) Make decisions on behalf of the ICB on recommendations from the System Management Board as appropriate;
q) Ensure place alignment with system-wide priorities and objectives;
r) Ensure that service development decisions reflect the ICB's patient and public and equality and diversity strategies;
s) Review performance issues that require a service improvement decision, service development and/or contract action and make decisions, provide advice and guidance or make recommendations to the Board of Members as appropriate;
t) Consider and act upon the strategic commissioning implications of any issues referred by the Board of Members or any of its committees or sub-committees;
u) Determine arrangements to enable patients to make informed choices (for example, through the provision of relevant and timely information and where appropriate the development of personal budgets and care plans);
v) Provide assurance to the Board of Members that significant service development and improvement risks are being properly managed and agree remedial actions where necessary;
w) Make recommendations to the Board of Members and/or any of its committees as appropriate;
x) Consider Individual Funding Requests ('IFR') applications where the value exceeds the IFR Panel's financial authority limits (this is currently set at £50,000 per year per case);
y) Consider any matter referred from the Primary Care Committee;
z) Consider any matter referred from the Local Care Infrastructure Delivery Board;
aa) Consider any commissioning matter referred from the Integrated Medicines Optimisation Committee.

4. Membership

4.1 The Committee shall comprise of the following voting members:

a) ICB Chair;
b) Two Non-Executive Members;
c) Three Partner Members;
d) Chief Executive;
e) Chief Finance Officer;
f) Chief Medical Officer;
g) Chief Nursing Officer;
h) Chief Strategy and Population Health Officer;
i) Executive Director of Place;
j) Executive Director of Transformation and Performance.

4.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

4.3 In accordance with the ICB's Constitution all voting members of the Committee must be approved by the ICB's Chair.

4.4 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

4.5 Voting members may nominate deputies to represent them in their absence.

5. Participants and Observers

5.1 The following people shall attend Committee meetings as standing participants:

a) The ICB Chief People Officer;
b) A representative from Adult Social Care;
c) A representative from Children's Services;
d) A representative from Public Health;
e) A representative from the GP Provider Alliance;
f) A representative from the VCSE Alliance;
g) A Community Participant.

5.2 Participants at Committee meetings are non-voting.

5.3 The roles referred to in the list of standing participants above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

5.4 The list of standing participants is contained in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

5.5 Standing participants may nominate deputies to represent them in their absence.

5.6 The Committee may invite or allow additional people to attend meetings as participants. Participants may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.

5.7 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.

5.8 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.

6. Chair

6.1 The Committee Chair shall be the ICB Chair**.** The Chair may nominate a deputy to represent them in their absence.

7. Voting

7.1 The ICB has agreed to use a collective model of decision making that seeks to find consensus between system partners and make decisions based on unanimity as the norm. This includes working though difficult issues where appropriate. If it is not possible to achieve unanimity a vote will be required. Voting shall be as per clause 7.2 below.

7.2 Each voting member of the Committee shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Committee Chair shall have the casting vote.

8. Quorum

8.1 The Committee will be considered quorate when at least six voting members are present which must include:

a) ICB Chair;
b) A Non-Executive Member;
c) Chief Executive or Chief Finance Officer;
d) Chief Medical Officer or Chief Nursing Officer;
e) A Partner Member;
f) Chief Strategy and Population Health Officer or Executive Director of Place or Executive Director of Transformation and Performance.

8.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements.

8.3 If a meeting is not quorate the Committee Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

8.4 In the circumstances where a quorum cannot be obtained in accordance with clauses 8.1 to 8.3 above the quorum shall be 4 non-conflicted voting members

9. Secretariat

9.1 The Secretariat to the Committee shall be provided by the Corporate Affairs Directorate.

10. Frequency of Committee Meetings

10.1 Committee meetings will be held six times per year but may hold additional meetings as and when necessary. The Committee Chair may call additional meetings or cancel meetings as necessary.

11. Notice of Meetings

11.1 Notice of a Committee meeting shall be sent to all Committee members no less than 7 days

in advance of the meeting.

11.2 The meeting shall contain the date, time and location of the meeting.

12. Agendas and Circulation of Papers

12.1 Before each Committee meeting an agenda setting out the business of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.2 Before each Committee meeting the papers of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.3 If a Committee member wishes to include an item on the agenda they must notify the Committee Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Committee Chair.

13. Minutes of Meetings

13.1 The minutes of the proceedings of a meeting shall be prepared by NCL ICB Governance, Risk and Legal Services Team and submitted for agreement at the following meeting.

14. Authority

14.1 The Committee is accountable to the Board of Members and will operate as one of its committees. The Committee must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.

14.2 The Committee is authorised by the Board of Members to obtain at the ICB's expense outside legal or other professional advice on any matters within the Committee's Terms of Reference.

15. Reporting Responsibilities

15.1 The Committee will report to the Board of Members on all matters within its duties and responsibilities.

15.2 The Committee may make recommendations to the Board of Members it considers appropriate on any area within its remit.

16. Delegated Authority

16.1 The Committee may agree to delegate its authority to a Committee member or members to make decisions on the Committee's behalf outside of a Committee meeting at its absolute discretion on a case by case basis.

17. Virtual Meetings and Decision Making

17.1 Committee meetings may be held in person or virtually.

17.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting (either in person or virtually) in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

18. Sub-Committees

18.1 The Committee has four sub-committees with delegated functions and authorities which are:

a) The Primary Care Committee;
b) The Individual Funding Requests Panel;
c) The Individual Funding Requests Appeals Panel;
d) The Local Care Infrastructure Delivery Board.

18.2 The Committee may appoint additional sub-committees to advise the Committee and assist it in carrying out its duties. The Committee may not delegate any of its functions, powers or decision making authority to any of its additional sub-committees.

19. Conflicts of Interest

19.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

19.2 The Committee shall have a Conflicts of Interest Register that will be presented as a standing item on the Committee's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Committee's agenda.

20. Gifts and Hospitality

20.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

20.2 The Committee shall have a Gifts and Hospitality Register and Committee members will have an opportunity to declare any new or relevant declarations of relevant gifts and hospitality as a standing item on the Committee's agenda.

21. Standards of Business Conduct

21.1 Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:
a) The law of England and Wales;
b) The NHS Constitution;
c) The Nolan Principles;
d) The standards of behaviour set out in the ICB's Constitution;
e) The Standards of Business Conduct Policy;
f) The Conflicts of Interest Policy;
g) The Counter Fraud, Bribery and Corruption Policy;
h) Any additional regulations or codes of practice relevant to the Committee.

21.2 The Committee will have access to sufficient resources to carry out its duties and Committee members will be provided with appropriate and timely training.

22. Review of Terms of Reference

22.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the Committee in fulfilling its functions and the wider experience of the ICB.

22.2 Going forward, these Terms of Reference will be reviewed as part of the merger arrangements with North West London ICB, and then also formally reviewed, as appropriate, annually. These Terms of Reference may be varied or amended by the Board of Members.

Date approved by the Board of Members:
Date of next review: To be confirmed - in preparation for April 2026

Schedule 1
List of Members

The voting members of the Committee are:

Position	Name
ICB Chair	
Non-Executive Member	
Non-Executive Member	
Partner Member	
Partner Member	
Partner Member	
Chief Executive	
Chief Finance Officer	
Chief Medical Officer	
Chief Nursing Officer	
Chief Strategy and Population Health Officer	
Executive Director of Place	
Executive Director of Transformation and Performance	

Committee Chair:

Position	Name
ICB Chair	

The standing participants are:

Position	Name
ICB Chief People Officer	
A representative from Adult Social Care	
A representative from Children's Services	
A representative from Public Health	

A representative from the GP Provider Alliance	
A representative from the VCSE Alliance	
A Community Participant	

North Central London
Integrated Care Board

North Central London ICB
Board of Members Meeting
30 September 2025

Report Title	Start Well Paediatric Surgery Decision-Making Business Case	**Date of report**	19 September 2025	**Agenda Item**	2.4
Lead Director / Manager	Sarah Mansuralli, Chief Strategy & Population Health Officer	**Email / Tel**		sarah.mansuralli@nhs.net	
Board Member Sponsor	Sarah Mansuralli, Chief Strategy & Population Health Officer				
Report Author	Anna Stewart, Director of Service Development: CYP, CAMHS, Maternity and Neonates	**Email / Tel**		anna.stewart3@nhs.net	
Name of Authorising Finance Lead	Gary Sired, Deputy Chief Finance Officer and Director of Financial Strategy, Planning and Performance	**Summary of Financial Implications** The financial implications of the potential service changes were considered as part of the development of the decision-making business case. The capital investment required for the plans at UCLH would be managed within UCLH's business as usual capital resources. The revenue cost of the Referral Hub would be partly funded by NCL ICB and partly by the North Thames Paediatric Network (NTPN).			
Report Summary	The ICB Board are being asked to make a decision on proposals for paediatric surgical services that were consulted on at the end of 2023 and beginning of 2024, with a further four-week period of engagement over the summer of 2025. Specifically, these proposals are changes to the location to access paediatric surgical services for young children and low volume specialties from Royal Free, North Mid, Whittington and Barnet to: • West London Children's Healthcare (St Mary's, Chelsea & Westminster) and Royal London (ENT by exception at Great Ormond Street Hospital and UCLH) for emergency surgery (neonates and complex continue at GOSH) • Great Ormond Street Hospital and UCLH for planned inpatient surgery • UCLH for day case surgery **ICB and NHSE role in decision making** The update for this Board meeting only relates to the paediatric surgery proposals. Alongside the consultations on paediatric surgery proposals the ICB also consulted on proposals for changes to maternity and neonatal services. A separate decision-making business cases on proposed changes to maternity				

	and neonatal services was approved by NCL ICB Board and NHS England Specialised Services in March 2025. Each proposal requires the agreement of the ICB Board. When reaching its decision, the ICB Board should seek to find consensus on each of the proposals. NHS England Specialised Services have been asked to endorse the proposals. Since publication of the pre-consultation business case (which NHS England co-sponsored), NHS England has delegated responsibility to NCL ICB for commissioning the specialised services that form part of these proposals. NHS England has nevertheless continued to work closely with NCL ICB on the development of the proposals, in its role as accountable commissioner. The ICB Board meeting will be attended by an NHS England (Specialised Commissioning) representative. The NHS England representative will not participate in any other business of the ICB Board meeting and will not count towards the quorum of the meeting. **Background to the programme and scope of this paper** The update for this Board meeting only relates to the paediatric surgery proposals. A separate decision-making business cases on proposed changes to maternity and neonatal services was approved by NCL ICB Board and NHS England Specialised Services in March 2025. Alongside the consultations on paediatric surgery proposals the ICB also consulted on proposals for changes to maternity and neonatal services. By way of background, the Start Well Programme was initiated in November 2021 to ensure that hospital-based maternity, neonatal and children and young people's services are best set up to meet the needs of the local population. The Start Well Programme is part of a wider strategic plan for health and care across the NCL Integrated Care System, which seeks to improve population health outcomes and reduce inequalities of access to high quality care, experience and outcomes for our residents. At its meeting held in November 2022, the ICB Board agreed to commence an options appraisal which would review options for the delivery of paediatric surgical services and identify options for public consultation (alongside developing options for maternity and neonatal services). At the meeting held in December 2023, the ICB Board agreed to commence public consultation on the proposed Start Well service changes. Proposals for paediatric surgical services were included in the public consultation, which ran for a 14-week period, between 11 December 2023 and 17 March 2024. The consultation resulted in a large amount of feedback on the proposals which has already been shared with the Board. An interim feedback report was brought to the ICB Board in the summer of 2024. The final feedback report was published in early November 2024, having gone through the ICB Strategy and Development Committee at its meeting in October 2024. These reports can be found here: • Full consultation report for children's surgery proposals The full consultation feedback report was shared with the ICB Board at the ICB Board Seminar on 10 December 2024 and discussed at its meeting on 25 November 2024. The full report has also been shared and reviewed by the Programme Board, the Clinical Reference Group and the Patient and Public Engagement Group.

	Due to changes in some aspects of the proposals regarding emergency surgery following consultation, there was a further 4-week period of further engagement between 23 June and 21 July 2025 on these changes. The report covering this additional engagement period can be found here: • NCL Paediatric Surgery Additional Engagement Report **Paediatric surgery proposals – recommended option**[1] Following consultation and the period of further engagement, the Programme has been working with governance groups to consider, and respond to, the feedback received during the public consultation/engagement and assurance process. This work has included: • Reviewing and addressing areas raised through the consultation and engagement • Updating the data used to inform the evaluation of the options, including using the latest activity data, travel times, workforce data and financial information • Revising the model of care in line with consultation feedback, particularly for emergency surgery, and updating it further following the period of additional engagement, particularly for ENT • Amending and evaluating the options in line with consultation feedback, particularly for emergency surgery, and updating it further following the period of additional engagement, particularly for ENT • Updating the integrated impact assessment and mitigations to potential disbenefits • Undertaking additional work on implementation, benefits identification and management and risks The Start Well Programme Board reviewed the outputs of the refreshed evaluation in the context of the consultation and engagement feedback at a Programme Board meeting on 12 September 2025. The Programme Board has recommended the following: 1. To implement the proposed paediatric surgery model of care which would be delivered through different types of units: local, specialist centre and highly specialist centre 2. To implement the proposed changes to the location to access paediatric surgical services for young children and low volume specialities from Royal Free Hospital, North Mid, Whittington Health and Barnet Hospital sites to: i. West London Children's Healthcare (St Mary's, Chelsea & Westminster) and Royal London (ENT by exception at Great Ormond Street Hospital and UCLH) for emergency surgery (neonates and medically/surgically complex continue at GOSH) impacting ~95 children per year plus an additional 45 assessments not resulting in a procedure. Children would continue to access care at their local site, as they do now, and would only be transferred for specialist care, if necessary. ii. Great Ormond Street Hospital and UCLH for planned inpatient surgery impacting ~25 children per year

[1] The documents that relate to these proposals are:
- NCL Paediatric DMBC
- NCL Paediatric IIA
- Full consultation report for children's surgery proposals
- NCL Paediatric Surgery Additional Engagement Report

iii. UCLH for day case surgery impacting ~150 children per year

3. To note that Barnet Hospital, North Mid, Royal Free Hospital, UCLH and Whittington Health would continue to deliver emergency surgery for children aged 5+ (plus orthopaedic, ENT and maxillo-facial for children aged 3-4) and ENT and dentistry day case surgery for child aged 3+ (plus those requiring a single overnight stay) where they do now. Surgical activity delivered at highly specialist units, such as neurosurgery, cardiothoracic surgery, major trauma and ophthalmology would continue to be delivered in line with the current pathways.
4. Working with the North Thames Paediatric Network to support implementation by establishing a referral hub for referring sites within NCL, developing standard operating procedures, supporting training and skills development, delivering the required capacity and continuing to communicate and engage with stakeholders.
5. To manage implementation through the Start Well Programme that would oversee the service transition and delivery of the recommendations throughout implementation.

Implementing the proposed model of care would resolve the issues identified in our case for change and ensure that paediatric surgical care:

- Is delivered in the right setting reducing the amount of time spent by children waiting to be seen and assessed by the right person
- Delivers clear emergency surgical pathways
- Reduces the amount of time spent by senior clinicians in local hospitals trying to get specialist advice and organising transfers
- Makes best use of the scarce specialist paediatric surgical workforce
- Enables sustainable volumes of surgical activity
- Delivers surgical activity in child friendly environment

We have considered feedback from the consultation and the period of further engagement, taking on board views from clinicians and the public in north London, and, as a result, have revised the proposals that we consulted on. The recommended option would address key drivers identified in the case for change and would achieve this without significant capital investment.

<u>Integrated Impact Assessment</u>

The ICB Board is reminded that the ICB's legal duties with regards to health inequalities and equality legislation include:

- The Public Sector Equality Duty, requiring the ICB to have due regard to the need to:
    - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
    - Advance equality of opportunity between people who share a protected characteristic and those who do not.
    - Foster good relations between people who share a protected characteristic and those who do not.
- The duty to avoid unlawful indirect discrimination. Unlawful indirect discrimination occurs when a policy that applies in the same way for everybody disadvantages a group of people who share a protected characteristic, unless the organisation applying the policy can show that there is a good reason for applying the policy despite the level of disadvantage to people sharing a protected characteristic (known as 'objective justification').
- The duty to have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved.

The Programme has updated the interim IIA that was developed at the PCBC stage, considering feedback received during public consultation and

	engagement, and reflecting the updated proposals. In particular, potential negative impacts of implementing the proposals on health inequalities and on groups sharing protected characteristics have been identified through quantitative and qualitative analysis. A series of mitigations have been developed to minimise potential negative impacts of the proposals that have been identified, and the full range of detailed mitigations can be found in the IIA. The potential impacts and proposed mitigations have been informed through feedback received during the public consultation and further engagement with a diverse range of stakeholders. These would continue to be iterated and reviewed during implementation. For each potential negative impact identified, the IIA sets out proposed mitigations, and whether or not the proposed mitigations would eliminate the potential negative impact. Where there is a potential residual negative impact on a group after mitigation, the IIA seeks to identify what that residual negative impact would be. In reaching its decision today, the ICB Board should consider in particular: (1) Whether the IIA demonstrates that the ICB has met its public sector equality duty as summarised above; (2) Where the implementation of the proposals would lead to negative impacts on any group sharing a protected characteristic that cannot be mitigated, whether there are good reasons for implementing the proposals that mean it should proceed, despite those disadvantages; and (3) Whether the IIA demonstrates that the ICB has met its duties in regard to health inequalities. <u>Implementation</u> In order to deliver these proposals, we would need to invest in some key enablers including: • **Referral hub**: the smooth set-up and operation of an NCL referral hub would support the transfer of children up to the age of 16 in an emergency. Cases would be directed via an algorithm to the provider with a suitable bed rather than on a purely geographical basis, allowing systemwide pathways and best use of available capacity. Where well-established protocols already exist (for instance in North West London via West London Children's Healthcare), the referral hub would act to signpost services, and support clinicians to find an alternative in the event of capacity constraints. • **Standard operating procedures:** Clear standard operating procedures (SOPs) and pathways would be defined and fully understood and communicated across all relevant sites. The development of clinical SOPs and pathways would be led by the North Thames Paediatric Network with dedicated clinical leadership. • **Workforce**: training and skills development of the remaining surgical workforce in local units to ensure there are the skills and capabilities in place to provide surgical and anaesthetic care for children aged 5 years and older. • **Finance**: delivering the required capacity and estate requirements at UCLH. The capital investment of ~£215k to deliver the additional day case bed capacity at UCLH (the majority of which has already been invested at risk) would be managed within UCLH's business as usual capital resources. The cost of the NCL paediatric referral hub is estimated at ~£160k per annum (with £48k funded non-recurrently during the first year of implementation by the North Thames Paediatric Network). The NCL referral hub would be hosted within the Children's Acute Transport Service (CATS) referral hub and would therefore be able to share costs and infrastructure with this service.

- **Communication and engagement**: to communicate the changes and engage with the local population and providers on these and the new pathways.

We have identified further enabling programmes, such as workforce development, that would need to be undertaken to support the implementation of the proposed changes.

Assurance and sign off
We have assured, approved and signed off the DMBC within the programme's governance process and structure. This includes:

- Sign-off of the recommendations by the Start Well Paediatric Surgery Clinical Reference Group and Start Well Programme Board which includes representatives of NHSE Specialised Commissioning, North West London ICB and North East London ICB
- Our feedback from consultation was shared with the NCL Joint Health Overview and Scrutiny Committee who provided local authority scrutiny of this programme and its work
- NHS England confirmed that no further assurance was necessary prior to decision-making following consultation and the period of further engagement

Decision making
The ICB Board is asked to decide whether proposals in the decision-making business case should be implemented, taking into account feedback from consultation and engagement, and the integrated impact assessment.

In making the decision there are several legal duties that decision makers need to take into account in their decision making. These include:

- ICBs (and other decision makers) must ensure that the decision-making complies with statutory duty to involve stakeholders under Section 14Z45 of the NHS Act 2006 (as amended by the Health and Care Act 2022)
- As part of this Board members should have read the consultation feedback report and report from the additional period of engagement so that they can be fully considered as part of deliberations on the final business case
- Significant changes require consultation with the local JHOSC to enable local authority oversight of healthcare changes
- ICBs must assess the impact of proposed changes on health inequalities and demonstrate compliance with equalities legislation as set out above
- The proposals have also been developed giving due consideration to NHS Service Change Guidance

Specialised commissioning

NHS England Specialised Services have been asked to endorse the proposals. Since publication of the pre-consultation business case (which NHS England co-sponsored), NHS England has delegated responsibility to NCL ICB for commissioning the specialised services that form part of these proposals. NHS England has nevertheless continued to work closely with NCL ICB on the development of the proposals, in its role as accountable commissioner.

The ICB Board meeting will be attended by an NHS England (Specialised Commissioning) representative. The NHS England representative will not participate in any other business of the ICB Board meeting and will not count towards the quorum of the meeting.

Next steps
Following a decision, NCL ICB will:

	• Communicate the results of this process to our audiences and stakeholders. • Continue to engage and involve audiences and stakeholders in the development of implementation plans should the decision be to go ahead with our proposals. • Establish the implementation programme governance arrangements, should the decision be made to go ahead with our proposals, including capacity to manage the operational implementation of the programme working closely with the North Thames Paediatric Network.
Recommendation	The Board of Members is asked to: • **CONSIDER** the feedback from consultation • **CONSIDER** the integrated impact assessment • **CONSIDER** the feedback from the additional period of engagement • **APPROVE** the Start Well programme decision-making business case: paediatric surgery.
Identified Risks and Risk Management Actions	Risk would be managed through the proposed implementation governance with oversight and monitoring of the risks being managed through the Start Well Programme Board. Operational risks would be monitored through programme, system, and Trust governance (where applicable). The top risks recorded on the Programme Board's risk register are as follows: • Ensuring staff maintain skills and competencies to fulfil the model of care. To be mitigated by working with the NTPN clinical leadership and system-wide expertise (e.g. at GOSH) for targeted CPD. • Ensuring there is capacity to transfer patients between organisations. To be mitigated by engagement with LAS and CATs and considering alternative modes of transport; training at local units; use of surgical assessments; clinically led operating procedures; oversight of by the Referral Hub and audits of transfers • Ensuring sufficient volumes of paediatric surgical activity is still delivered at local units. To be mitigated by a communication plan to ensure that families know how to access the right care in the right place. • Care pathways and processes may become complex and cause delays. This will be mitigated by providing clarity on existing pathways; working with NTPN to further define care pathways and clearly communicating them to all clinicians; and co-designing the referral hub with clinical and operational colleagues. • Information and data may not be easily shared due to different systems. This will be mitigated by working with the implementation of the London Care Record. • Age cuts offs may not be adhered to because of individual clinician scope and practice. This will be mitigated by clearly defined pathways; the support of the Referral Hub; training programmes; and audits of transfers.
Conflicts of Interest	None to note. A comprehensive conflict of interest register for all members of the Programme Board is in place and forms part of each agenda as a standing item to ensure full transparency.
Resource Implications	Capital investment of ~£215k to deliver the additional day case bed capacity at UCLH (the majority of which has already been invested at risk) would be managed within UCLH's business as usual capital resources. As a reminder, the capital cost of the proposals for paediatric surgery the pre consultation business case (PCBC) was £3.7m, which is significantly more than these revised proposals. The cost of the NCL paediatric referral hub is estimated at ~£160k per annum (with £48k funded non-recurrently during the first year of

	implementation by the North Thames Paediatric Network). The NCL referral hub would be hosted within the Children's Acute Transport Service (CATS) referral hub and would therefore be able to share costs and infrastructure with this service. The Start Well programme is a system priority programme. The decision-making business case sets out a structure to oversee implementation governance which includes considerable in-kind system resources in terms of executive clinical leadership and participation of clinical staff, communications, and financial leads in workstreams supporting the programme. The cost of the programme would be £310k and director level leadership would be provided in kind by the ICB and NTPN.
Engagement	The Start Well programme has been informed by a comprehensive approach to engagement with residents, service users and staff. This has included: • Engagement on our case for change in the summer of 2022 • Engagement to support the development of the interim IIA • A comprehensive 14-week consultation which reached thousands of people (from 11 December 2023 to 17 March 2024) • An additional 4-week period of further engagement on the proposals (from 23 June to 21 July 2025) • The Start Well Patient and Public Engagement Group (PPEG) has been involved as part of the process Engagement reports are included in the appendices of the DMBC.
Equality Impact Analysis	A thorough Integrated Impact Assessment (IIA) has been carried out and is published alongside the decision-making business case which includes looking at population groups with protected characteristics. • For people travelling to GOSH for planned inpatient surgery, an average increase in travel times for car/taxi (peak) by 29 minutes, by 20 minutes (off-peak) and public transport by 19 minutes and an average increase in taxi costs of £29 per journey. • For people travelling to UCLH for planned day case surgery or planned inpatient surgery, an average increase travel times for car/taxi (peak) by 26 minutes, by 18 minutes (off-peak), public transport by 11 minutes and an average increase in taxi costs of £26 per journey. • Children and young people would continue to access the emergency department (ED) at their local hospital for emergency paediatric surgery, and the majority would continue to be treated locally. This means there would be no change to where children and young people access emergency paediatric surgical care, and people would continue to access care at their nearest local ED, being transferred from their local ED to a specialist centre, if required. However, there may be an impact for families and carers visiting children and young people who have been transferred to a specialist centre at St Mary's, GOSH, Chelsea & Westminster, UCLH or Royal London from a local site. Children would be transferred to the specialist centre most able to meet their needs, which may not be the closest, although there is an intention to treat children as close to home as possible. • There would be a similar impact on travel times for vulnerable populations. People further away from the specialist centres may need to pay up to an additional maximum of £54 per taxi journey. Specific consideration would also need to be given to other access needs for

	vulnerable populations including digital access, access to cars, physical on-site access and cultural and language barriers. Mitigations have been developed to support children and their families to access surgical care that they need given this increase in journey time and cost, including: • Providing support with the costs of travel to hospital by raising awareness of schemes to support patients with travel costs and providing information on trust-level arrangements. • Supporting people who may be more vulnerable to the impacts of our proposals by communicating the changes, working with local hospitals to support families, communicating relevant arrangements for the reimbursement of travel expenses and continuing engagement with potentially impacted families and communities. • Communicating and engaging about implementation should changes be agreed by making sure information is accessible and widely shared and co-designing emergency redirection messaging with staff and parents. • Ensuring families understand the pathways of care by giving information to families and disseminating information through community groups. • Mitigations for those who may need extra support to access an unfamiliar hospital by providing information, offering opportunities to visit the site, ensuring appointments are at appropriate times and working with the Learning Disability Liaison Nurse and primary care colleagues. • Supporting families to travel to the hospital by providing clear, accessible information and linking to live journey planners. • Providing as much care locally as possible, especially for planned care, by having appointments locally where possible, offering virtual appointments and implementing hospital appointments at home, where possible. The IIA documents how the ICB has met its public sector equality duty and its legal duties in regard to equalities and health inequalities. In reaching a decision on whether to proceed with the recommendations, the ICB Board is asked to consider whether, where implementation would lead to negative impacts on any group sharing a protected characteristic that cannot be mitigated, there are good reasons for implementing the proposals that mean it should proceed, despite those disadvantages. The recommendation is that the benefits of implementing the proposals, as described in the DMBC, mean that it should be implemented, despite the identified disadvantages. The IIA builds on the interim IIA that was developed to support the pre-consultation business case and draws on the feedback that we heard during the consultation period. The IIA would continue to be iterated and reviewed during implementation.
Report History and Key Decisions	• September 2022 – next steps for the programme, governance and a report on the 10-week engagement period were presented at the ICB Board meeting. • November 2022 – approval sought for the recommendation to move to an options appraisal around the implementation of the maternity, neonatal and children and young people's surgery care models. • March 2023 – an update on the options appraisal as well as an amendment to the previously agreed paediatric surgery care model and recommendation. • July 2023 – update presented to the Board on the actions arising from the case for change but outside of the options appraisal.

	• December 2023 – requesting the Board's approval of the two pre-consultation business cases and to commence a 14-week consultation around proposed changes. • July 2024 – an update to the Board outlining the interim findings from the public consultation, the promotion and reach of the consultation and next steps being taken forward in response to the interim feedback themes. • November 2024 – review and discussion of the consultation feedback report at the Strategy and Development Committee Meeting. • March 2025 – approval of the DMBC for Maternity and Neonates • June 2025 – Paediatric surgery proposal update given at Strategy and Development Committee
Next Steps	If a decision is made to implement the proposals in the decision-making business case, the Board would continue to be updated on progress through implementation.
Appendices	Attached: • Decision making business case (DMBC) • Appendices including engagement reports and Integrated Impact Assessment (IIA) Appendices linked within the cover paper: • NCL Paediatric Surgery DMBC • NCL Paediatric Surgery IIA • Full consultation report for children's surgery proposals • Executive summary of consultation report for children's surgery proposals • NCL Paediatric Surgery Additional Engagement Report • NHS service change guidance